

Minutes Summary of the 2nd Meeting
- “Guidelines for Red Cross Activities during Nuclear Disasters” Committee -
(English Translation)

- Date and time: Monday, June 30, 2014; 14:00 – 17:00
- Venue: Audio-visual Meeting Room at the National Headquarters of the Japanese Red Cross Society (JRCS)
- Attendees:
Committee members: Masao Tomonaga (Chairperson), Shuichi Nishijima (Deputy Chairperson), Yurina Aikawa, Makoto Akashi, Satoshi Ishibashi, Kazuko Uno
Committee observers: Takeyoshi Saito, Yoichi Watanabe
Committee secretariat: Staff of the Nuclear Disaster Resource Center, JRCS (M. Yamazawa, K. Shiba, S. Sugai, J. Takahashi, G. Tsujita, K. Ujihara, C. Matsumoto)
Observers: Director, Disaster Management Division of Disaster Management and Social Welfare Department; Director, Disaster Preparedness Planning Task Force

1. Summary of discussion

The 2nd meeting of the “Guidelines for Red Cross Activities during Nuclear Disasters” Committee (hereinafter referred to as “the Committee”) was held. The summary of the discussion follows below.

■ Agenda 1: Progress report

- The discussion made at the 1st meeting of the committee was reviewed.
- Activities done by the Nuclear Disaster Resource Center (hereinafter referred to as “the NDRC”) after the 1st meeting were reported with regard to the Guidelines for Red Cross Activities during Nuclear Disasters (hereinafter referred to as “the Guidelines”) and the related areas.
- The following opinions came from the Committee members as to what needs to be considered:
 - I would like to suggest that JRCS staff also engage in information gathering at an offsite center where information will come in the case of emergency. Information gathering by the JRCS itself will allow them to provide their relief activities more smoothly.
 - In affected areas, not only physicians but also nurses and administrative staff will respond to survivors face to face. Therefore, all relief team members need to have knowledge and an understanding on radiation and people who are exposed to radiation.

- In the areas affected by the Fukushima Daiichi Nuclear Power Plant accident, there were some needs specific to a nuclear disaster (e.g. body contamination screening, etc.) among the survivors. I would like to suggest responding to such needs.
- In order to respond to the situation caused by the nuclear accident, it was decided at that time that any individual JRCS chapter could voluntarily dispatch their relief teams to Fukushima, which was an irregular practice. This led to no JRCS block representative chapter in charge of coordinating relief teams. As a result, it took time to send relief teams to Fukushima. It is necessary to make clear in advance about JRCS chapters in charge of coordination to make sure that relief teams can be sent to affected areas smoothly. Arrangements for dispatching relief teams and a chain of command also need to be considered based on the assumption of possible different cases.
- Activities at first aid centers during evacuees' temporary home returns should also be considered to support evacuees.

■ Agenda 2: Consideration of the Guidelines

- Prior to this 2nd meeting, the Committee secretariat considered events specific to a nuclear disaster. The results were shared with the Committee members.
- The Committee members basically agreed to a draft prepared by the Committee secretariat about where and what the JRCS should do.
- The JRCS is discussing activities to be provided in areas of evacuation orders, in parallel with the government's discussion. However, the government's discussion is not proceeding well at the moment. Thus, the Committee members agreed that the JRCS should first decide independently on how the JRCS should respond if a nuclear disaster occurs and once the government's discussion is completed, then the JRCS should ensure consistency with the government's conclusion.
- There have not been sufficient discussions and explanations made for the safety standards. More considerations need to be given.
- The following opinions came from the Committee members as matters that should be considered in the future:
 - Relief activities wearing protective suits may bring unease to survivors. Therefore, psychological effects on survivors during relief activities need to be taken into account.
 - It is important to build a network for relief activities in case of disasters. Collaboration relationship with other organizations/groups for relief activities should be built in a preparedness phase. In addition, whereabouts of equipment and supplies available in a case of nuclear disaster should be listed and the information should be shared visually.
 - Support should be taken into consideration also for secondary evacuation centers and welfare evacuation centers to which people requiring assistance in evacuation will flee in case of emergency.
 - Since there will be a limit on what local governments can do if a nuclear disaster occurs,

the JRCS should prepare to act voluntarily to some extent during the disaster. To make it possible, assessment of needs in affected areas will be important.

- I would like to suggest that what the JRCS Fukushima Chapter is doing for the recovery and reconstruction (e.g. Red Cross Health Class) is reflected in the Guidelines.
- The specific values of the safety standards for JRCS relief team members need to be explained in detail.

2. Discussions

■ Agenda 1: Progress report

The agenda was explained by the Committee secretariat. The explanation summary is as follows:

- For the purpose of reflecting the findings of the people who responded to the actual situation caused by the Fukushima Daiichi Nuclear Power Plant accident in the Guidelines, the Committee secretariat requested the JRCS Fukushima Chapter and the Fukushima Red Cross Hospital to participate in the Committee as the Committee observers. Following the request, a representative from the chapter and the hospital respectively became present at the Committee meeting from this 2nd meeting. In addition to these observers, the Committee secretariat requested directors of the related divisions of the JRCS Headquarters to participate in the Committee as observers. Besides the Committee meeting, an internal meeting to discuss the Guidelines has already been held twice, in which those directors also participated.
- Hearings with the Japanese Red Cross hospitals (hereinafter referred to as “JRC hospitals”) designated as secondary radiation emergency hospitals took place about how they are preparing for nuclear disasters and the possibility of cooperation among those hospitals. Information exchange meeting is planned between the JRC hospitals designated as radiation emergency hospitals.
- Information on the Committee meeting and the minutes summary has been disclosed through the Digital Archives of the NDRC.
- Given the activities that the JRCS has conducted so far, the preconditions of activities during nuclear disasters were confirmed as follows:
 - (1) JRCS relief activities can be largely divided into: (a) mandatory activities stipulated by laws; (b) voluntary activities that the JRCS conducts according to its mission. The JRCS should conduct their voluntary relief activities by utilizing their unique capabilities.
 - (2) JRCS relief activities should be conducted on the precondition that the safety of JRCS relief team members is secured.
- The JRCS activities conducted in Fukushima were organized, and events specific to a nuclear disaster were extracted.

Following the explanation, discussions were made by the Committee members as below.

(Note: CM = Committee member)

- Arrangements for relief activities: Dispatch of JRCS staff to an off-site center
 - CM: Dispatching of JRCS staff to an off-site center for information gathering may allow their relief activities to be performed more smoothly, because the most information comes in to the off-site center if a nuclear disaster occurs.
 - CM: Fukushima Prefecture is now preparing a new manual for radiation emergency medical care. The manual includes JRCS relief teams in the medical care arrangements for citizens living in Fukushima, as well as the Japan Self Defense Forces and fire departments.

- Relief supplies
 - CM: What kind of relief supplies are prepared for what purpose at the JRCS?
 - Secretariat: The relief supplies that the JRCS stockpiles across Japan are: 310,000 blankets; 34,000 sleeping kits; 90,000 emergency relief kits. These supplies are stockpiled in areas of each JRCS chapter in a prepared phase and are delivered to survivors at evacuation centers in a response phase. However, the quantities are much less than those prepared by each local government, because the JRCS prepares the relief supplies as an auxiliary role to the government.
 - Chairperson: What do you mean by the "equipment to respond to nuclear disasters"?
 - Secretariat: That means protective gears, dosimeters, ionization chambers and survey meters. The JRCS prepares the equipment to make sure that its relief team members can engage in relief activities more safely.

- Collaboration within the JRCS
 - CM: I appreciate the plan for collaboration between the JRC hospitals designated as radiation emergency hospitals. When the Fukushima Daiichi Nuclear Power Plant accident occurred, there was no cooperation seen between radiation emergency hospitals in Japan and that was one of the issues that emerged during the disaster. Therefore, it might be better to consider that the JRCS leads the collaboration among all radiation emergency hospitals across Japan as well as among the JRC hospitals.
 - Secretariat: For the collaboration among all radiation emergency hospitals across Japan, the National Institute of Radiological Sciences is leading the discussions and considerations, which is a top-down approach. On the other hand, what the JRCS is trying to do is a bottom-up approach, in parallel to the Japanese government's initiative.
 - CM: The hospitals which had been designated as radiation emergency hospitals for Fukushima were very close to the Fukushima Daiichi Nuclear Power Plant and included in the area of evacuation order. This did not allow those hospitals to work as radiation emergency hospitals. For this reason, the Fukushima Medical University

Hospital was forced to take on the main role of radiation emergency medical care in Fukushima at that time. For possible nuclear disasters, it is necessary to prepare back-up arrangements. In a preparedness phase, the JRCS may need to think about how hospitals should collaborate with each other in case of emergency.

- CM: The element of being a prefecture with a nuclear power plant used to matter in building a radiation emergency medical care system. However, the target areas for the system are planned to be extended. From the central and local governments' point of view, there will arise many elements to be considered in terms of regulations and financial resources. However, if the JRCS acts systematically, flexible response may be possible. In recent times, the JRCS relief staff of non-radiation emergency hospitals has been participating in training for radiation emergency medical care more frequently. That makes me feel that they are getting more conscious about radiation emergency medical care.
 - Chairperson: Governmental functions tend to be vertically divided. I expect that the JRC hospitals can horizontally cooperate with each other.
- Necessity of education and training for radiation in a preparedness phase
- CM: When the radiation emergency hospitals in Fukushima could not work after the nuclear accident occurred, there were very few alternative hospitals that could take on that role. It was the Fukushima Medical University Hospital that met requirements in terms of staff, facilities and equipment and large premises. Medical staff members were available at the university hospital. Also, at that time, radiation medical care experts were dispatched from Hiroshima and Nagasaki and engaging in relief activities at the Fukushima Medical University Hospital. These were the main reasons for the university hospital to have been able to take on that role.
 - Chairperson: During the nuclear disaster in Fukushima, there was no request made directly from the Japanese government for dispatching radiation medical care experts from non-affected areas to Fukushima. Governor of Fukushima took initiative in securing those experts.
 - CM: A hospital cannot work with only physicians. Nurses and administrative staff of some hospitals were concerned about acceptance of patients exposed to radiation, and those hospitals did not accept the patients. Since such patients cannot be responded to only by physicians, all hospital staff needs to have knowledge about radiation. There was confusion in accepting patients exposed to radiation also at the Fukushima Medical University Hospital. However, they were able to have the arrangements in place to accept the patients after radiation medical care experts gave lectures to the hospital staff including nurses and administrative staff.
 - Secretariat: The JRCS will provide training about radiation to their relief team members. A JRCS relief team includes administrative staff as well as physicians and nurses. We

will set JRCS safety standards, and also want to establish an environment which allows the relief team members to provide relief activities with reassurance. Experience matters in responding to disasters. However, it is difficult for the relief team members to experience nuclear disasters that occur less frequently. I think, therefore, that receiving training for nuclear disasters is more important than other disasters.

- Arrangements for relief activities: Chain of command
 - CM: How to dispatch JRCS relief teams described in the Guidelines draft is the same as that for other disasters. If a wide-area disaster occurs, the way of requesting the JRCS HQ for support through a JRCS chapter representing the block region may not work. That was the case for the Great East Japan Earthquake. The JRCS Miyagi Chapter representing the JRCS Tohoku Block region was not able to support other JRCS chapters of the affected block region, because Miyagi Prefecture was also affected by the earthquake and the Miyagi Chapter was very busy with relief activities in their prefecture. Therefore, it is needed to assume a wide-area disaster and consider taking a flexible response. Another issue emerged during the nuclear disaster in Fukushima. It was decided that JRCS relief teams could be sent to Fukushima not from specific chapters or blocks, but from any chapters of non-affected areas across Japan. This measure was counterproductive, because it became unclear who should be responsible for dispatching JRCS relief teams and this prevented the relief teams from being dispatched to the affected area. If a nuclear disaster occurs, JRCS chapters or JRC hospitals in non-affected areas may hesitate to send their relief teams. In case of possible nuclear disasters, it should be clarified in advance as to who will be responsible for dispatching JRCS relief teams in order to make sure that they can be sent to affected areas. For example, it is necessary to decide on what specific responses to take during an initial response phase, such as: sending some relief teams to affected areas from JRC hospitals designated as secondary radiation emergency hospitals, JRC hospitals in prefectures located next to affected prefectures or JRC hospitals under direct control of the JRCS HQ.

- Activities and mission
 - CM: Should the JRCS activities to be described in the Guidelines be additional activities to what the JRCS currently conducts? Should they be created from scratch based on the mission?
 - Secretariat: We hope to consider not only additional activities but also what the JRCS should do based on the mission. To make it possible, we would like to have opinions from the Committee members.
 - CM: I hope that the mission for the Red Cross activities during nuclear disasters will include not only the Red Cross seven fundamental principles but also the JRCS's own

mission that is stated: “We mobilize people who desire to save those who are suffering, and protect the life, health and dignity of human beings in any circumstances.”

- Survivors' needs

- CM: During the nuclear disaster in Fukushima, JRCS relief team members were requested by the survivors to provide them with body contamination screening or stable iodine tablets, or asked questions as to whether their evacuation centers were safe, or whether the survivors would not be exposed to radiation. To secure the safety of JRCS relief team members, the existing guidelines clearly describes that they should carry a personal dosimeter. In addition, it may be needed to consider preparing equipment to be used for survivors in order to respond to their requests immediately after a nuclear disaster occurs.

■ Agenda 2: Considerations of the Guidelines

The agenda was explained by the secretariat. The explanation summary is as follows:

- As the JRCS activities conducted in Fukushima were organized, events specific to a nuclear disaster were picked up as follows:
 - A nuclear disaster affects a wide area and that makes people flee an affected prefecture to other prefectures and causes a large number of evacuees. In addition, infrastructure for livelihood such as stores, public sector services and work places are lost, and recovery and reconstruction of the infrastructure are difficult.
 - The effects last for a long time, which leaves communities scattered and makes it difficult to keep or recover those communities.
 - Fearing health effects on children or seeking jobs, younger generations of multigenerational families may evacuate to far areas. As a result, family members may live separately. This will increase evacuation lives by only elderly families or mothers and children.
 - In addition to lack of basic knowledge about radiation, things changes from moment to moment during a nuclear disaster. This may increase the need for information.
 - Since radiation cannot be sensed, it is hard to recognize risks. This will increase fear and stress of survivors.
- The JRCS will be a main player in providing medical relief activities for survivors at first aid centers and hospitals, and in providing support for living at evacuation centers and temporary housing.
- Precondition of JRCS relief activities is to secure the safety of JRCS relief team members. That makes it possible to send JRCS staff to affected areas from many JRCS chapters and JRC hospitals and to provide continued support to the affected areas. Safety of the relief team members should be secured by limiting areas for their relief activities and managing their personal radiation doses.

- While securing the safety of the relief team members, it is also necessary to support the affected areas on a continued basis by mobilizing JRCS staff across Japan to rotate relief team members and by having appropriate arrangements in place.
- Support for people requiring assistance in evacuation¹ left in areas of evacuation orders needs to be considered in the future.

Following the explanation, discussions were made by the Committee members as below.

(Note: CM = Committee member)

- Events specific to nuclear disasters
 - CM: The phases need to be divided for discussion into: pre-crisis phase; crisis phase; post-crisis phase. And how long should the crisis phase be regarded? Looking back to the mobility of the survivors, many people moved out from Fukushima not soon after the accident but in around June 2011. Then it took as long as three years until they finally returned to Fukushima. I think that this was caused by failure in crisis communication.
 - Secretariat: The JRCS terminated their relief team activities in September 2011. It is not easy to clearly divide the activity phases, but assuming that the JRCS relief team activity period overlapped the crisis period, it was quite a long time.
 - CM: Response to crisis during a nuclear disaster takes longer than that of other disasters. That seems to be one of the characteristics of a nuclear disaster.
 - CM: Relief personnel for a nuclear disaster are limited. This leads to lack of staff to provide support in affected areas. That is also one of the characteristics. As a result, less assistance would go to the affected areas, and relief activities for hospitals and social welfare facilities left in areas of evacuation orders would be delayed. Lack of information about the affected areas would also hamper relief activities. Measures need to be taken, such as dispatching JRCS staff to an off-site center to gather information.
 - Chairperson: The JRCS needs to make sure that they can secure information that is necessary to determine on the safety of their relief team members, because that is the precondition to conduct their relief activities.
 - CM: "More need for information" is mentioned here. During this huge disaster followed by the nuclear disaster, there was depletion of information that people wanted to have but could not have, while things were changing very rapidly. Amid such a situation, what and how should the JRCS, a humanitarian organization, determine? How should they respond to a nuclear disaster? That will be a challenge for the JRCS.
 - Chairperson: How should a nuclear disaster be responded to while things change from time to time? This matters during a nuclear disaster. I think that the JRCS should

¹ **People requiring assistance in evacuation:** Of people requiring special care, people having difficulty in evacuation on their own in a case of disaster or in a case of possibility of disaster and requiring special assistance for a smooth and immediate evacuation. (Basic Act on Disaster Control Measures, Article 49 (10))
People requiring special care: The elderly, handicapped, infants and others requiring special care. (Basic Act on Disaster Control Measures, Article 8 (2) (xv))

independently secure the safety of their relief team members by measuring ambient dose rate in their activity areas and getting information on the environment. In that case, it is also effective to obtain cooperation from radiation experts such as radiological technologists.

- Secretariat: The JRCS group of radiological technologists is offering for an active cooperation in a case of nuclear disaster. Following their offer, we are now considering how we can collaborate with them.
 - CM: Measuring and reading of ambient dose rate needs high level expertise. Safety of JRCS relief team members may be secured by collaborating not only within the JRCS but also with other specialty organizations.
 - CM: Safety needs to be secured, but overreaction should be avoided. During the nuclear disaster in Fukushima, the relief activities wearing protective gear and alarming sounds from survey meters made survivors uneasy and shocked them. That traumatized some survivors of Fukushima at that time. Isn't it possible to share this experience within the JRCS and learn from it for the future?
- Necessity of a network build-up in a preparedness phase
- CM: During the nuclear disaster in Fukushima, special equipment and radiation experts in Japan were not sufficiently utilized. I think that the JRCS should list the whereabouts of the special equipment and build up a network of people for collaboration in case of nuclear disasters.
 - CM: The experience of the Great East Japan Earthquake made me again think about people requiring special care. I realized that the JRCS needs to pay attention to those people in providing activities.
 - CM: I think that the JRCS should build up a network for relief activities in case of disasters and the people of the network should meet face to face in a preparedness phase. When conducting relief activities during a disaster, knowing each other face to face is effective. It is also important to prepare the opportunities for them to build such relationships.
 - CM: The Great East Japan Earthquake drew much attention of people living not only in Japan but also overseas. That led to foreign experts dispatched to Japan and international donations received. Japan did not actively disseminate the information overseas. However, the dissemination of information during the disaster made us recognize how important it is to receive international assistance and support. It may be necessary to consider sending information overseas actively if a disaster occurs.
- Area of relief activities
- CM: I think that the JRCS relief activities should be performed in an area where radiation level is low (i.e. out of an area of evacuation orders) instead of an area with high radiation level, as mentioned in the Guidelines draft prepared by the Committee secretariat. Relief activities in such a high radiation level area should be conducted by other organizations

within the framework of the Japanese government system.

- CM: I think that JRCS relief activities at first aid centers during survivors' temporary home returns should also be considered. Furthermore, it would be ideal if additional activities could be provided at evacuation centers and other places to respond to survivors' need for information.
 - Secretariat: JRCS relief team members do not necessarily have enough knowledge about radiation. What survivors most want is, for example, how much radiation they are exposed to or how it would affect their health. However, that varies from person to person. Therefore, we think that it is difficult for the relief team members to respond to the survivors' need for information. As for the temporary home returns, the JRCS provided relief activities from May 2011 to March 2012.
 - Chairperson: It might be worth considering to leave the response to survivors' needs for information to experts instead of JRCS relief team members.
 - CM: During the nuclear disaster in Fukushima, DMATs contributed to transferring survivors to outside the affected area. How is the JRCS going to be involved in such transportation activities in the future?
 - Secretariat: We recognize that the transportation activities are what we should actively consider.
 - CM: In Fukushima, enough relief supplies and staff support were provided at primary evacuation centers. On the other hand, there was not enough support at some secondary evacuation centers and welfare evacuation centers. I think that the JRCS should think about supporting of people who are prone to less assistance.
 - CM: In Fukushima, social welfare facilities accepted people who required special care such as elderly and physically-disabled persons. Secondary evacuation centers were hotels or other facilities where families were accepted. The JRCS relief teams provided assistance also at secondary evacuation centers as well as primary evacuation centers in Fukushima. However, less medical relief activities were provided at welfare evacuation centers, because those centers were operated by nursing homes, and they had no problem with looking after people requiring special care. For new group homes which were constructed for elderly and physically-disabled persons after the earthquake, the JRCS provided equipment as one of the recovery programs funded by the international donations.
 - Secretariat: Support coordination for affected areas will be led by disaster medicine coordinators designated by local governments. The JRCS will provide necessary support for affected areas under instructions from the disaster medicine coordinators.
- Safety standards
- Chairperson: During a nuclear disaster, JRCS relief team members conduct relief activities while they are exposed to radiation. This is what differs from other disasters.
 - CM: The Japanese government's discussion is under way, which is not yet going into

details such as what should be done by individual organizations such as the JRCS and the medical associations. Therefore, it is necessary and effective that the JRCS independently considers what they should do in a case of nuclear disaster.

- CM: Data shows that there were less relief teams dispatched to Fukushima not only from the JRCS but also from other organizations. There is another data, which is a result of questionnaires asked to DMAT members who were dispatched to the affected area when the Niigata Chuetsu-oki (off the coast of Chuetsu) Earthquake occurred in 2007. One of the questions they were asked was: "If there was information out there that radioactive materials were leaked, did you hesitate to go to the affected area?" About 40% of the members responded, "Yes". It would be difficult for relief team members to provide relief activities reassured without fully understanding related knowledge and information, even if they have ones. Administrative staff and nurses should be provided education about nuclear disasters. On the other hand, nuclear disasters occur less frequently than other disasters. This makes it difficult to keep motivation about risk management. This should be taken into account.
- CM: The Japanese government is now considering responding to nuclear disasters not only by radiation emergency hospitals but also by disaster treatment base hospitals. Many JRC hospitals are designated as disaster treatment base hospitals. That may make it more difficult to divide the activity types between radiation emergency hospitals and disaster treatment base hospitals.
- Chairperson: The discussion pace of the JRCS is faster than that of the Japanese government. The JRCS should first consider what they should do in a case of nuclear disaster. Once the government makes a decision on what to do, there will be a need to check consistency between what the JRCS considered and the government's guidance. But that will be done in the future, not very soon.
- CM: I agree to the safety standard value of 1mSv for a one-week dispatch period. However, the reasons for setting the value should be explained in the Guidelines since this is not a low value, given that this is applied to relief activities for one week.
- Chairperson: The Guidelines draft sets a higher standard value for JRCS blood product transportation personnel. Is there any possibility of transporting blood products to an area of such a high radiation level?
- Secretariat: If a hospital is included in an area of evacuation recommendation in a case of emergency, it is hard for the hospital to prepare for a quick evacuation. Thus, it is assumed that in-patients stay in the area for some time and there could be some patients who need blood products. To supply blood products in a stable manner is one of the JRCS roles, and the JRCS has to ensure that those products will be delivered to hospitals. For these reasons, the higher standard value is set for those personnel.
- CM: I am concerned that the value of 1mSv may restrict JRCS relief activities. Low-dose radiation will not affect health. If such dose is unnecessarily set as a safety standard value,

the relief activities will be limited and this will mislead people. It should be described in the Guidelines that the safety standard value is not low per one-week dispatch period.

- CM: The upper limit of the safety standard for rescue operations set by the Japanese government is 100mSv/year. However, the limit is often secured within 30mSv in actual operations. To avoid safety standards to be misinterpreted, the JRCS should carefully describe their safety standards which are going to be set and consider how the standards should be operated during actual relief activities.
 - Chairperson: Standard values need evidence. The evidence should be specified in the Guidelines to avoid any misperception. The period unit for standard values should not be a year but a dispatch period.
 - CM: If hospitals and social welfare facilities are included in areas of evacuation orders when a disaster occurs, medical relief activities for them need to be provided, if temporarily. In that case, should the JRCS only wait for relief requests to come from those hospitals and facilities, and the central and local governments? If the JRCS thinks that their necessary costs cannot be guaranteed if they begin relief activities without such requests, I think that the JRCS should take some action to change such system.
 - Secretariat: To start relief activities after receiving a request is ideal. It should be considered whether we should not do anything until the request is made. We think that this matter should be discussed and considered at the opinion exchange meeting between JRC hospitals designated as radiation emergency hospitals held in the coming August. We recognize that many issues to be solved will arise, such as compensations to relief team members to be dispatched to areas of evacuation orders and the JRCS internal arrangements, if the JRCS decides to provide their medical relief activities for hospitals and social welfare facilities in areas of evacuation orders.
- Chain of command and understanding of needs in affected areas
- CM: Relief activities in affected areas depend on leadership during a disaster. Arrangements should be secured so that JRCS relief teams can take a quick action to respond to needs in the affected areas.
 - Chairperson: There needs to be a room for each JRCS chapter to provide relief activities spontaneously.
 - Secretariat: JRCS chapters of affected areas are able to request for support directly to the JRCS HQ.
 - Chairperson: On the other hand, the JRCS HQ also needs to give instructions directly to JRCS chapters. The JRCS HQ should take an overall control if a disaster occurs.
 - CM: Even if the JRCS HQ makes any decisions, their assessment of needs in the affected area will be important. The systems for assessment and education will need to be considered. The JRCS will need to learn from the know-how that the International Federation of Red Cross and Red Crescent Societies has.

- Stockpiling of supplies in a preparedness phase
 - CM: During the nuclear disaster in Fukushima, social welfare facilities in other prefectures across Japan were asked for support those in Fukushima, but some of them declined the request citing that gasoline could not be procured to travel to Fukushima. To avoid this situation during possible future disasters, preparations need to be done, for example, building a nationwide system to supply gasoline.
 - CM: In Fukushima, evacuation from the 30km-radius area from the Fukushima Daiichi Nuclear Power Plant had a ripple effect of lack of supplies also on the 50km-radius area. Preparations should be done with bearing in mind that a massive evacuation will have effects on the area of evacuation orders and beyond.

- Activities during a nuclear disaster
 - CM: If JRCS volunteer corps and Junior Red Cross volunteers in an affected prefecture can prepare a framework for accepting volunteers from non-affected areas before public support comes in, this may become an important activity for those Japanese Red Cross volunteers.
 - CM: It is important to include activities during recovery and reconstruction phases in the Guidelines. The JRCS Fukushima Chapter is now providing several support programs to temporary housing residents (e.g. psychological care) by trial and error. Of those, effective programs should be picked up and be reflected in the Guidelines.
 - Secretariat: We hope to have proposals for activities during recovery and reconstruction phases from the Committee members. If we can receive the proposals later, we would like to look into them.
 - CM: In the Guidelines draft presented at this meeting, “challenges which need to be considered” are pointed out. How will these challenges be addressed? If there are some issues which cannot be addressed only by the JRCS, they need to be summarized and raised to the Japanese government and related organizations.
 - Secretariat: First, we would like to discuss these challenges mentioned in the Guidelines draft with our internal related divisions and departments to move forward to solutions.

End of the minutes summary.