

Minutes Summary of the 3rd Meeting
- “Guidelines for Red Cross Activities during Nuclear Disasters” Committee -
(English Translation)

- Date and time: Monday, September 29, 2014; 14:00 – 17:30
- 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), Makoto Akashi, Kazuhiko Amano, Satoshi Ishibashi, Kazuko Uno, Masafumi Naito
Committee observers: Takeyoshi Saito, Yoichi Watanabe
Representative of the JRCS Headquarters: Hiroki Tomita, Executive Director General, Operations Sector
Committee secretariat: Staff of the Nuclear Disaster Resource Center, JRCS
(M. Yamazawa, S. Sugai, K. Shiba, J. Takahashi, G. Tsujita, K. Ujihara, C. Takahashi, K. Sakakibara)

1. Summary of discussion

The 3rd 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 2nd meeting of the committee was reviewed.
 - Activities completed by the Nuclear Disaster Resource Center (hereinafter referred to as “the NDRC”) after the 2nd meeting were reported with regard to the Guidelines for Red Cross Activities during Nuclear Disasters (hereinafter referred to as “the Guidelines”) and related areas.
 - The following opinions came from the Committee members as to what needs to be considered:
 - Local circumstances will need to be considered when implementing the Guidelines at each Japanese Red Cross (JRC) facility.
 - Support for JRC facilities should continue to be considered if designated as an evacuation area in the event of a nuclear disaster.

■ Agenda 2: Consideration of the Guidelines

- The Committee members pointed out some of the content, expressions and wording in the Guidelines draft. The Committee secretariat will consider them based on what was discussed at the 3rd meeting.
- The following opinions came from the Committee members as matters that should be considered in the future:
 - Activities in the response and recovery/reconstruction phases may need to be prioritized.
 - I would like to suggest that the necessity for collaboration with other organizations is included in “Considerations during Activities” section of the Guidelines.
 - I would like to suggest that support is considered to help evacuees to deal with misperceptions or biases relating to exposure to radiation they may encounter in places of their evacuation.
 - In April 2014, the Basic Act on Disaster Control Measures was revised and a clause of community disaster management plan was newly added. I would like to suggest that assistance activities for the community disaster management planning are included in examples of JRCS activities in a nuclear disaster preparedness phase.
 - The JRCS is expected to provide psychological care in affected areas as one of their roles, and a good response is expected.

■ Agenda 3: Handling of output of the Committee discussions

- The Committee members agreed that the output of the Committee discussions should be “the Guidelines” and “Matters for Discussion”.
- The Guidelines should be used as the JRCS course of action, and provided to the IFRC so that they can refer to them in creating their own guidelines.
- The Committee members agreed that “Matters for Discussion” will include issues which emerged during the discussions about the Guidelines and will be addressed by the JRCS and in cooperation with external organizations for solution, and will also continue to be further discussed.

2. Discussions

■ Agenda 1: Progress report

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

- The Committee secretariat reviewed the discussion at the 2nd meeting.
- The Committee secretariat reported on the progress of their activities regarding the Guidelines and related areas as follows:
 - The Committee secretariat visited JRC radiation emergency hospitals and interviewed relevant persons.

In addition, in order to enhance collaboration among JRC radiation emergency hospitals, the secretariat organized and held a meeting for medical personnel of those hospitals to exchange information and opinions. At the meeting, radiation emergency medical advisors were selected and agreed to cooperatively prepare a training program for JRCS relief team members. Also at the meeting, the JRC radiation emergency hospitals made presentations about their own arrangements for nuclear disasters. The presentations helped the meeting participants to recognize that the roles required for radiation emergency hospitals vary on the local circumstances of the prefectures with a nuclear power plant. They also became aware that it will be necessary to organize which roles are universal and which roles are specific to each hospital.

- Relevant persons of the JRCS Headquarters, who are the Guidelines observers, shared what had been discussed at the Committee.
- The Reference Group Meeting on Nuclear & Radiological Emergency Preparedness will be held in Fukushima from October 27th to 30th. At the meeting, the Red Cross and Red Crescent societies' members will observe the current situation of Fukushima, and the JRCS will share how we have been working on the Guidelines draft with the members and the IFRC.

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

(Note: CM = Committee member)

- CM: Response to a nuclear power plant accident will be affected by accident conditions. Evacuation will depend on local circumstances of the nuclear power plant area such as geography, population distribution and natural environment. Assumed number of evacuees varies according to the area. So, it is important to respond to a nuclear accident based on local circumstances.
- Secretariat: A nuclear power plant accident could cause evacuation in a wide area, but we have learned that there is no information sharing between prefectural governments. We hope that the information sharing among JRC hospitals would trigger this problem to be considered.
- CM: Evacuation is not about a linear distance from a nuclear power plant. Geographical factors need to be considered. In other words, evacuation will need to be locally considered.
- CM: I would like to know what was discussed about a team of nuclear disaster response specialists.
- Secretariat: At a working group meeting organized by the Secretariat of the Nuclear Regulation Authority, a suggestion was made that medical relief teams join fire fighters at an accident site to work with them. Following this discussion, we thought that the JRCS would have to consider sooner or later how we should deal with this suggestion.

Therefore, we interviewed relevant persons of JRC radiation emergency hospitals to hear their views on this.

- CM: It is absolutely impossible for medical personnel who have not received special training to work in a hot zone, even in a warm zone. They would hamper well-trained staff when working in a hot or warm zone. For that reason, I think that medical personnel without any special training should stay outside a hot zone.
- Secretariat: We do not assume our medical personnel will provide relief activities within the premises of a nuclear power plant, which is a hot zone. Our assumption is to support medical and other facilities if they are left behind in an evacuation area.
- CM: We may need to assume evacuation of JRC hospitals. From the experience in Fukushima, I think that it would be difficult to expect support from outside and each JRC hospital would have to consider in advance how they should cope with such assumed situation.
- CM: Soon after the Fukushima Daiichi Nuclear Power Plant accident (Fukushima Daiichi accident), a hospital within a 30km-radius area from the nuclear power plant was designated as an evacuation-recommended area. However, the hospital did not evacuate because they decided that the conditions of their inpatients might get worse if they were transported. They decided so, but could not receive support from outside. Moreover, some of their staff chose to evacuate, which meant lack of human resources. The hospital experienced hardship. This case suggests that we should assume a hospital evacuation and consider the evacuation in a preparedness phase.
- Chairperson: In case of a hospital evacuation, stockpiling of goods is one of the points to be considered assuming that there would be less goods and support coming to the hospital.
- CM: From the experience of the Fukushima Daiichi accident, I have to say that hospitals stayed in the affected area without any help from outside and they felt very fearful. If there is no life-threatening factor found during a nuclear disaster, the JRCS should help Red Cross facilities in an affected area. The JRCS should respond to this problem.

■ Agenda 2: Consideration of the Guidelines

The agenda was explained by the secretariat based on the Guidelines draft. The Committee members pointed out some of the content, expressions and wording in the Guidelines draft. The matters that should be considered in the future were discussed as follows:

- CM: After the Fukushima Daiichi accident, people requiring assistance evacuated to other prefectures such as Gunma and Chiba. Therefore, no welfare evacuation center was set up in Fukushima Prefecture.
- Chairperson: I would like to suggest that the Guidelines mention the fact that there was an evacuation in a wide area involving a long-distance transportation and that the transported

people requiring assistance experienced hardship.

- CM: In the section of recovery/reconstruction phase, the definition of response to reconstruction is not specifically mentioned. I would like to suggest that it is described more specifically.
- CM: The Guidelines draft refers to the legal basis for JRCS activities. However, the activities cannot be smoothly conducted without public understanding of JRCS principles such as “Our world. Your move.” Maybe there should be some description about that.
- CM: I would like to suggest that problems of community disruption or conflict between evacuees and residents where evacuees flee are more organized and included in the Guidelines.
- CM: If the “Considerations during Activities” section includes some description of cooperation with other organizations during nuclear disaster activities, this could also have consistency with consideration of relief activities during natural disasters.
- CM: The Guidelines should clearly mention which roles the JRCS should take when cooperating with other organizations in an affected area.
- CM: Some of the evacuees from Fukushima suffer from bullying because of misperceptions or biases in places of their evacuation. From this experience, the JRCS may be able to assist evacuees, especially children, to withstand such biases.
- CM: Soon after the Fukushima Daiichi accident, medical relief teams in the frontlines received requests from survivors for body contamination screening. If the JRCS provides the screening, the procedures should be described in a manual including how to respond to such requests from survivors.
- CM: Soon after the nuclear disaster in Fukushima, we were confused at how to respond to cases with a high ambient radiation dose, when we had to provide body contamination screening to the survivors. Such experience should be recorded to pass on to other medical personnel.
- Secretariat: The group of JRCS radiological technologists has offered to assist JRCS medical relief activities during a nuclear disaster. This offer will likely allow JRCS relief teams to have support in responding to body contamination screening or to have a radiation specialist on their teams.
- CM: Psychological care is one of the important roles that the JRCS is expected to take in assisting affected people. The JRCS actually engaged in the activities in Fukushima. I think

that a lot of description for psychological care can be included in the Guidelines.

- CM: Maybe the “Considerations during Activities” section can include how to communicate in an affected area. I suggest this, because I feel a gap in communication awareness and IT literacy between local areas and urban areas when e-mailing or gathering information online.
- Deputy Chairperson: The Basic Act on Disaster Control Measures was revised based on the lessons learned from the Great East Japan Earthquake. In the revision, a clause of self-help and mutual assistance was added and a system of Community Disaster Management Plan was established. Expectations are that that a community disaster management plan which is more detailed than a municipal government plan is created to enhance disaster management activities through mutual cooperation with the community. Maybe we can think about the JRCS support for the community disaster management planning.
- CM: JRCS medical relief activities in an affected area should be defined as temporary activities until hospitals in the area recover. The Guidelines should clearly mention it.
- CM: The Guidelines draft states that the safety standard for medical personnel should not exceed 1mSv during an activity period. Still, the description is vague. I am afraid that medical personnel would focus only on the value of 1mSv and could misunderstand the safety standard. The safety standard assumes activities for a short period of time, and this value is relatively high. I think that it may be better to describe the safety standard with an annualized value in the Guidelines to avoid such misunderstanding.
- Chairperson: In order to encourage medical personnel to recognize risks, it is better to describe, for example, “equivalent of 50 mSv per year”.
- CM: Both ambient radiation level and personal radiation dose should be measured and managed in order to check whether relief team members can engage in activities safely or not in an affected area. Only personal radiation dose management is not enough. There is a case in which medical personnel who had engaged in relief activities overseas had their internal exposure screened by whole body counter after returning to Japan, because they could not get information on radiation spread when working overseas. The data enabled their health management. So, I recommend that such a radiation dose management approach should be referred to.
- Chairperson: After the Fukushima Daiichi accident, the JRCS provided whole body counters. Should the JRCS continue to do that? I think that activities should be prioritized.

- CM: The example activities for recovery and reconstruction to be provided after a nuclear disaster would be conducted according to priorities. Maybe the JRCS should clarify what kind of activities they should prioritize.
- CM: Some survivors are not at a stage to face their experience of the nuclear disaster, and some people who were not affected by the nuclear accident hesitate to talk about the nuclear accident out of consideration for the survivors. I was told this fact by high school students from Fukushima participating in The Simplest NAIC*. As one of the JRCS activities for recovery and reconstruction from the nuclear disaster, it may be needed and expected to create a forum where survivors tell their experience without any fear and other people listen to and sympathize with them.
(*A project group called “The Simplest Explanation of the National Diet of Japan Fukushima Nuclear Accident Independent Investigation Commission Report”)
- CM: In Fukushima, some survivors began to tell their experience of the disaster to share it with other people. Like this, there are some survivors who accept their experience and try to make use of it for the future. On the other hand, there are some survivors who still struggle just remembering their experience and cannot accept it. It is difficult to respond to survivors in a single approach.
- CM: In Fukushima Prefecture, there have been many more indirect deaths caused by the earthquake than in other affected prefectures. People vulnerable to isolation are not identified in communities. This may be one of the reasons for the indirect deaths. So, help from the community in monitoring those people may be considered as an assistance activity.

■ Agenda 3: Output of the Committee discussions

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

- The output of the Committee discussions should be “the Guidelines” and “Matters for Discussion”.
- The Guidelines should be used as the JRCS activity principle, and provided to the IFRC so that they can refer to them in creating their own guidelines.
- “Matters for Discussion” should include issues which emerged during the discussions about the Guidelines, and should further the discussion of problems which cannot be solved only by the JRCS and need cooperation with external organizations for solution.
- The Committee secretariat hopes that dissemination of the Committee output to the public will encourage society to recognize and think about the problems and take action, and relevant organizations, central and local governments and citizens to move towards

solution.

The Committee members agreed to the Guidelines draft prepared by the Committee secretariat and had discussion as below.

- CM: The discussion process of the Guidelines found the existence of some problems that cannot be solved only by the JRCS. This is a valuable outcome. I suspect that similar problems are being discussed by the government and other organizations. I think that if the JRCS shares the discussion with other organizations and agencies, that it will further matters.
- Secretariat: We are studying other issues common to general disaster relief. We will continue to work to improve the Guidelines draft.

End of the minutes summary.