Module D: Team Security for COVID-19

⏱ MODULE LENGTH
60 mins

LEARNING OUTCOMES

1. Outline relevant Duty of Care policies and the EMT organization's degree of risk appetite in respect of its personnel working in surge roles

2. Identify the channels for reporting security concerns when operating in COVID affected communities

3. List the key components of a security plan, including specific planning for hibernation and extraction of personnel due to escalating security risks

4. Apply techniques for reducing staff exposure to criminality when surged into new surroundings

5. Explain how crowd management principles can be applied to prevent and defuse gatherings of people instilled with anti-foreigner sentiment

MODULE OVERVIEW

	Topic	Method	Time
1	Introduction	Presentation	3 min
2	Organisational approach to Duty of Care	Presentation and discussion	10 min
3	Security plans and planning	Clocks activity	15 min
4	Dealing with criminal threats	Mini case studies	15 min
5	Crowd management techniques	Discussion	15 min
6	Summary	Presentation	2 min

☑ MATERIAL & EQUIPMENT
Audiovisiual
Trainer should insert own photos, data slides and video footage to customize security issues to fit national context
Flip-charts, cards, markers
4 x clock faces made out of paper or card, with a movable hour hand attached to the centre of the cloeck
Prize for the winning team in the clocks activity

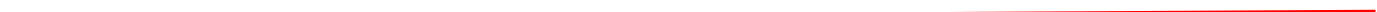| 📝 SUPPORT DOCUMENTS |
| --- |
| Security bulletins trends for humanitarian organisations and health workers available through free subscription at: • http://insecurityinsight.org/projects/aid-in-danger/aid-security-and-covid-19 |
| For other security training modules in the Common EMT Team Member package (i.e. not specific to the COVID19 response) go to: • https://drive.google.com/drive/folders/1SQOoZ27xPLM3J5U5n-qN4tVIc0Qta8jI?usp=sharing |
| Relevant extracts from the EMT Toolkit section on Security Risk Management (draft enclosed) |

MODULE PURPOSE

This module is adapted from several of the core training sessions in the safety and security domain of the Global EMT Training Package.

It focuses on management-level considerations for security concerns arising in COVID affected communities, and is intended primarily for a target audience of team leaders/deputies and team security focal points who have a Duty of Care responsibility for EMT personnel operating nationally and/or internationally. Elements of the module can also be taken and incorporated into Just In Time training activities at the team member level.

The module does not include specific protective measures relating to infectious disease, rather the focus here is on other security

threats that, in some local contexts, have been exacerbated by the emergence of a pandemic.

Topic	Method	Notes for delivery
Introduction (3 mins)	Presentation	Slides 1-3. State the session learning outcomes and explain the purpose of this module. State that often when it comes to security issues, untrained medical relief organisations and their staff tend to take extreme views: either completely risk averse or completely risk tolerant. This session is about finding a middle path where risks are identified by those in charge, and then managed on a systematic and balanced basis. Management of security concerns is a core part of the EMT's Duty of Care commitment to its personnel – both in a legal and a moral sense.
Organisational approach to Duty of Care (10 mins)	Presentation and discussion	Slide 4. Ask participants the question, "who is responsible for the security of EMT personnel while working as surge support in the COVID response?" Slide 5. Considerations may include: • In legal terms, the primary responsible party under international and national law is always the host nation government. This applies to national teams as well as international teams, including NGOs, entering a country. • Some participants may point out that a host nation's government's capacity is likely to be overwhelmed during the pandemic, and in most cases the former Duty of Care responsibility is delegated to either the local health authority or the health facility where the staff are working. Imagine a situation where different EMT personnel are seconded to different facilities - the procedures and measures in place may vary from one locality to the next. • For non-medical support staff seconded from different services, the Duty of Care relationship may be more nuanced and needs to be established. • In some conflict settings or contested areas, this may be further complicated because the government itself may present a threat to the medical workforce. Slide 6. Conclusion: In the absence of a comprehensive systemic approach to Duty of Care, the EMT organisation must have a robust set of security procedures and measures of its own in place, adapted to the local context. This is important, whether the individuals are co-located or distributed in more than one facility. Likewise, individual staff members have a vital role to play, they need to be properly informed and skilled in the individual / team security practices required of them. All these answers are valid. Slide 7. The trainer or a relevant organizational manager then explains the key points from the EMT organisation's own approach to Duty of Care, drawing on the security risk management (SRM) frameworks

		and policies that are in place, such as specific no go areas or travel restrictions. Each EMT needs to clearly state its appetite for tolerating risk and then find ways to communicate this to its roster members so that a culture of shared awareness is created. In this presentation, a clear description should be the internal mechanism for reporting security incidents and near misses (including what should be reported, how, how urgently, and to whom). Ideally the EMT has one or more designated security focal points, who have undergone specialist training to prepare them for that role.
Security Plans and Planning (15 mins)	Clocks activity	Slide 8. One of the main ways for a medical relief organization to demonstrate its Duty of Care is through security planning. The word 'planning' is important here, as opposed to the word 'plan,' since collaboration and discussion is critical in bringing the process alive. A well written piece of paper never reduced any security risks on its own. Slide 9. Trainer splits the group into sub-teams, introduces the scenario on slide and explains the task instructions for the clocks activity. Participants are required to list the elements of their security plan on their respective charts – ensure that each point is specific and understandable. The aim is to list as many items as possible, not to discuss each item in depth. The trainer should monitor the group and ensure they understand the task. Slides 10 - 18 . After several minutes, once each team has listed several ideas on its chart, the trainer then gives one clock to each team and proceeds to read out the next scenario slides as the security situation escalates. For each slide, the team will receive time bonuses and penalties depending on whether they have written the correct item on their list. The objective is for the teams to complete the scenario in the shortest time possible. Encourage a member of each team to cross out the checklist items as they go. Slide 19. Once the game is over (and prize is awarded to the winning team from each scenario), go around the room and ask for any suggestions that are still on their checklists i.e. anything not crossed out. Slide 20. Compare the participant ideas with the list on screen and use this to summarise the key elements of a security plan.
Dealing with criminal threats (15 mins)	Mini case studies	Slide 21. Criminality is a constant threat in any society and this doesn't disappear completely during times of pandemics. Some criminal elements may seek to intentionally exploit the situation (e.g. we tend to see an increase in identity and financial fraud during times of lockdown, and also domestic or gender-based violence). In other cases, as economies become strained and the demands for resources such as food grow, particularly in developing societies, ordinary

people may feel compelled to resort to petty theft, looting or other forms of unplanned criminal activity out of sheer desperation.

Conclusion: EMT personnel and other members of the health workforce must therefore act with continued situational awareness – this is especially difficult when tired, stressed and (for surge responders) when operating in a local context that was unknown to them previously.
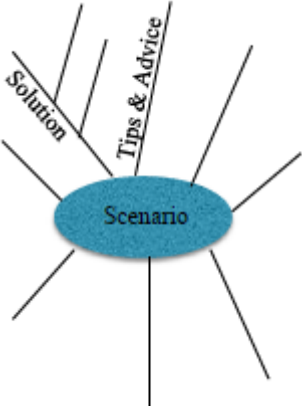
Activity: Hand each group a specific scenario case study, written on separate A4 cards. Every scenario requires a different application of situational awareness, selected for their relevance to the types of settings that EMT personnel may face during the COVID response.

Ask each group to read out their card. Mini case studies may be adapted from the following two examples, or substituted by other dilemmas relevant to the local context:

- Case study 1: In between shifts, you suspect that your accommodation is being watched. You are unsure exactly of how this is being done, or for what purpose - it is just a feeling you have. You decide would like to confirm whether this is actually the case before making an official report. At the same time, you want to make it difficult for other parties to observe movements in/out of your residence, and throughout the local area.

- Case study 2: The neighbourhood that the EMT is working in has a number of supermarkets and other essential services that you sometimes visit after finishing work, even though many goods are unavailable locally. One evening you are walking alone along the street when a man approaches you. He seems friendly enough initially, and (not wanting to aggravate the situation or cause a scene) you respond politely, whilst keeping several metres apart. He falls into step beside you and enters a conversation, slowly getting closer. When he learns that you are a healthcare worker, he becomes even more friendly, calling you a "hero." As you approach your intended supermarket, the man says that he knows the owner well and can make sure you can "obtain all the goods that aren't available to the general public - all you need to do is follow me through the back entrance over there."

Then the trainer fixes each case study to the centre of its own chart.

Now ask groups to write ideas for how to address that scenario as 'branch lines' on a spider diagram. Their ideas should include "preventative measures" they can take as individuals/teams to reduce the likelihood of the security risks included. Additionally, they should also include "mitigation measures" designed to reduce the impact of those risks.

		Each chart will look something like this: If time allows, rotate the groups at set periods onto the next chart, so that they have chance to contribute ideas on all the challenges/scenarios. Activity debrief: review the activity by touring the charts as a group, or by cherry-picking the most important preventative / mitigation measures. Trainer should add key learning points specific to each scenario.
Crowd management during times of COVID	Discussion	Slide 22. In sudden onset disasters or mass casualty events, crowd situations within and surrounding health facilities are common. Patients and their families congregate in large numbers in waiting areas, sometimes overwhelming triage capability. For mobile EMTs, the issue of crowd management can be equally challenging in other ways. During times of disease outbreak, the nature and motivations behind crowd unrest are different. People become worried, confused and disempowered. Restrictions on public behaviour and movements are sometimes applied by authorities without the full understanding of all members within the local community (hence the importance of a strong public health promotion campaign). In some cases, public mistrust and fear can spill over into aggressive crowd behaviour directed towards specific sectors of society. During the COVID-19 response, there have been increased widespread reports where this social unrest has materialised in the form of anti-foreigner sentiment, channeled at international staff inclusive of health workers e.g. as at 07 April, the following countries have recorded incidents of stone throwing, illegal roadblocks and similar attacks on aid workers: Bangladesh, Cameroon, Burundi. Ethiopia, Costa Rica, Honduras, India, Panama and Uruguay.

| | | Furthermore, there are increased reports also of violent tactics used by security forces to enforce lockdown and defuse social unrest in Kenya, Pakistan and South Africa.

Conclusion: as part of its security management planning and activities, EMT organisations involved in COVID surge support must be aware of the security risks that crowds and social unrest present, and have measures in place to manage these at the local level.

Trainer should then introduce the three principles of crowd management:
1. PRE-EMPT
2. DEFUSE
3. CONTAIN.

Explain that all principles should form part of our planning, but as EMTs our emphasis of action is firmly on the pre-emption activities.

Slides 23 – 24. Choose the most relevant case study exercise from these two slides and allow table groups to discuss the prompt questions, writing their ideas on flip charts. Note that the case study may need further customisation to fit the local context.

Slides 25 – 27. Debrief the case study exercise by using the key points on these slides to clarify the key learning points for each of the three principles. |
|---|---|---|
| Summary (2 mins) | Presentation | Wrap-up the dialogue.

Slides 28 – 29. Key points to summarise:
• The government (national and, if for an international deployment, the sending government) has overall Duty of Care responsibility but, especially during emergencies, this is a challenge, and therefore everyone has a role to play in contributing to security risk management.
• Management has additional responsibilities, these must be applied even if EMT personnel are seconded to multiple health facilities.
• One of the key tools is to develop a practical security plan that is tailored to the risks present in the local environment. Security plans are strongest when developed as a collective – management should involve and inform team members as much as possible.
• Specific threats in times of pandemics don't disappear, the EMT organisation should have specific measures in place to deal with criminality and crowd unrest. |