



# **General Secretariat of the Council Private Office of the High Representative Security Office**

## **COPING WITH SAFETY AND SECURITY INCIDENTS**

No fact sheet can be considered complete or provide a guarantee never to be faced with safety or security incidents.

It is a simple guide, not a full first aid course and cannot replace 'hands on' training in the vital skills of dealing with an emergency situation.

And whilst every effort has been made to ensure the accuracy and medical validation of the information contained in this fact sheet, the General Secretariat recommends to always seek professional and or medical advice as soon as possible.

However, since even the most prepared person can become a victim of a sudden confrontation, this fact sheet provides generic guidelines helping you to deal with safety and security incidents that can face crisis management actors, including:

- Fire**
- Electrical Shock**
- Medical Emergencies**
- Sexual Assault**
- Confrontation, Robbery and Assault**
- Car Hijackings**
- Gunfire**
- Ambush**
- Shelling**
- Grenades**
- Bombings**
- Landmines and Unexploded Ordnance**
- Kidnapping and Hostage Situations**

## **FIRE**

Mission staff should consider the threat of fire when assessing the safety and security of their environment. Fire poses a significant risk to health and safety, especially in countries where fire-response infrastructure is lacking, buildings are not built to minimize fire hazards, and few people have fire-safety training.

Fires in offices and residences can prove catastrophic.

Most fires start small and can be extinguished if detected early.

All EU staff should receive fire- and electrical-safety training and all offices and residences should be equipped with fire-fighting equipment, such as chemical extinguishers, hoses, water tanks or buckets of sand. The best method for fighting fires is prevention through regular inspections and training.

## **IMMEDIATE ACTION FOR FIRE RESPONSE**

It is important not to panic when confronted with fire. There are many things that can be done to prevent a fire from spreading and minimize damage and potential loss of life. The steps to take are:

- Sound the alarm. Yell for help, summon aid, activate the fire alarm, etc. Do not attempt to fight the fire until the building evacuation is initiated.
- Determine the cause of fire and what is available to fight it. If it is an electrical fire, it is important to first turn off electricity, if possible.
- Attempt to fight the fire but under no circumstances risk injury in the process.
- If successful, continue monitoring the site to prevent flare-ups until help arrives.
- If unable to fight the fire, evacuate quickly, closing doors and windows, if possible, ensuring no one remains in the building. Give information to fire-response personnel when they arrive.

## **STRUCTURE FIRES**

Fires in buildings can spread quickly, trapping people inside. It is important to respond immediately to any fire alarm or evacuation order. Mission staff should plan ahead and learn the emergency exit routes from residences and offices.

In hotels or when travelling, look for the suggested evacuation route and rehearse it, if necessary.

When evacuating a building remember the following:

- Think ahead what the route will look like — smoke may obscure vision.
- Do not take the elevators (if present) — use the stairs.
- Cover yourself with a non-synthetic blanket, coat or other cloth, preferably wet

- Before opening doors, feel the door for heat. There may be fire on the other side that will flare when the door is opened.
- Avoid routes that are exposed to falling objects.
- Stay low and move as quickly as possible. It may be necessary to crawl to avoid smoke and heat.
- Jumping from more than two stories can be fatal and should only be a last resort. If unable to exit a tall building, make your way to the roof.

If in a burning building, it is important that evacuation is not delayed for any reason. Remaining in the room should only be an option when there is absolutely no means to escape. If unable to exit, prepare to remain in the building by doing the following:

- Go to a room with an exterior window and mark it clearly to summon assistance. Stay in that room.
- Close the main entry door and any interior door to the room.
- Place blankets and clothes at the base of the doors to keep smoke out. If possible, use wet cloth to make a better seal.
- If possible, wet non-synthetic blankets, coats or other clothes for possible use later.
- Stay low near an open window and continue signalling for help.
- If room is burning, get under two or more layers of blankets or clothes with the outer layers wet, if possible.

**If you or someone near you is on fire, remember - stop, drop and roll.**

**Stop.** Don't panic and don't allow others to run about if they are on fire. Remove burning clothes, if possible.

**Drop.** Fall quickly to the ground or floor. If someone else is on fire, try to get them to do so. "Tackle" them only if you will not catch fire yourself.

**Roll.** Roll flat over and over (back and forth if in a room) until the fire is extinguished. The rolling will smother and scatter the fire in most cases. If someone else is on fire, have them roll. You can use water, sand, or a blanket to help smother the fire while they are rolling. Do not attempt to beat the fire out with bare hands; continue rolling instead.

**Summon aid.** Once the fire is extinguished, summon aid. Remove outer clothing if necessary and begin first aid.

## ELECTRICAL SHOCK

Like fire, electrical shock usually can be avoided. Most electrical shocks are caused from worn wiring and electrical equipment, overloaded sockets, or unsafe modifications to electrical systems. Electrical safety incidents can be prevented or minimized by conducting regular inspections, correcting discrepancies, and ensuring that all staff know the location of the electrical cut-off switch. If electrical shock does occur, take the following immediate actions:

- Summon assistance – sound the alarm.
- Remove the electrical source, either through the electrical cut-off switch or unplugging the equipment, if possible.
- Do not approach or touch a person being shocked. Electricity will travel through the person and into the responder.
- Use a rope, broom handle, or other non-conducting (non-metal) object to move victim away from source of electricity.
- Begin aid once the victim is in a safe area or electricity is turned off. Extinguish any fires present.
- Administer first aid, including CPR if necessary, and continue until help arrives.

## MEDICAL EMERGENCIES

Each EU crisis management mission should have comprehensive medical emergency response procedures in place for all staff. In some cases, there will be different procedures for national and international staff, including the possibility that international staff will be evacuated to medical treatment outside the local area or in another country.

Providing basic first aid training to all mission staff can greatly reduce the effects of sudden illness or injury, especially in areas without an effective emergency medical response system. When responding to any medical emergency, consider the following:

- The victim is not helped if the responder becomes a second victim. Do not rush to aid in an emergency before ensuring that it is safe. Do not enter a suspected landmine area for any reason.
- For electrical shock, ensure the source of electricity is turned off before touching the victim.
- Drowning victims often come in pairs, the original victim and the incautious responder. A rule of thumb for possible drowning is:
  - Row - attempt to row to the victim.
  - Throw – find a suitable float or rope to throw to the victim.
  - Go – swimming to the victim should be a last resort and done with extreme caution.

- For vehicle accidents, move beyond the accident site and stop well off the road (where possible) to prevent a subsequent accident or injury.
- Pay careful attention to the attitude and reaction of bystanders, and be sure that they understand the rescuer's intent. Consider finding an interpreter, if necessary.
- Be aware of the potential for criminal activity in connection with the incident, including the possibility of fake accidents to lure in potential victims for theft.
- In most countries, emergency medical care is the responsibility of the initial responder until more competent personnel arrive (ambulance or doctor). The Head of Mission should ensure everyone is familiar with the legal obligations and standards for treatment for emergency response in their area.

## **RESPONDING TO A MEDICAL EMERGENCY**

When mission staff encounters a medical emergency, the desire is strong to rush in and begin first aid. In most cases, staff is familiar with the initial actions for first aid: establish an airway, ensure the victim is breathing and check for circulation problems, such as no pulse or excessive bleeding.

However, in many situations, such as in remote areas or regions with instability or conflict, there are steps to take before beginning first aid.

Rushing in may mean that the responder becomes a second victim. These initial steps take only a few seconds:

**Secure the area** – Look around for what may have caused the injury and what may injure the responder. Was the injury possibly from landmines, electrical shock or gunfire? Is it safe to render aid? What is the attitude of bystanders, if there are any? Should you wait for authorities?

**Summon aid** – Call for help or ask a bystander to get help and make sure they understand your request. Call the mission HQ, other staff, or the appropriate authorities. In remote areas it may be many hours before someone else comes by, so make sure you notify someone before beginning aid.

**Gather materials** – Is there a first aid kit in the vehicle? Can you get a blanket, some bandage material and other necessary items quickly? If so, it will mean that you will not have to stop first aid later to get these items.

**Begin first aid** – continue until the victim is transported to a medical facility or until relieved by more competent emergency medical personnel.

## THE INITIAL ABC OF MEDICAL EMERGENCIES/FIRST AID

The basic steps in assessing your victim and initiating treatment are as follows:

- . **A**irway. Open and maintain an adequate airway.
- . **B**reathing. Check for breathing by listening at the mouth and watching the rise of the chest.
- . **C**irculation. Check for circulation by feeling for a pulse at the wrist, ankle, or throat.

In a fully unconscious person you can clear the airway by using a finger sweep reaching into the back of the throat to remove a visible object but being careful not to push the object in further.

Place them on their back, look inside the mouth, and do a finger sweep. If the victim is not unconscious, be careful not to get bitten.

Falling unconscious and relaxing may loosen the object from the throat. If it does not, kneel astride the person and place your hands at the base of the rib cage.

The heel of one hand should be down, the fingers of the upper hand between those of the lower, grasping the palm. Deliver five quick upward thrusts to the abdomen (Heimlich's manoeuvre). If you are able to clear the blockage but the patient has not resumed breathing, perform mouth-to-mouth resuscitation, part of cardiopulmonary resuscitation (CPR).

### 1. Position the Victim.

Lay the victim on their back. Kneel and position yourself at a right angle to the victim's body, with your knees perpendicular to the victim's neck and shoulders.

In order to avoid the risk of asphyxiation while vomiting, a conscious victim should be placed in a secure lateral position.

When an unconscious victim is placed in a position that does not allow us to start the rescue procedures, he/she must be replaced in the correct position to enable us to start C.P.R manoeuvres

### 2. Head Tilt/Chin Lift.

Position your palm on the person's forehead and gently push backward, placing the second and third fingers of your other hand along the side of the victim's jaw, tilting the head and lifting the chin forward to open the airway.

### 3. Modified Jaw Thrust.

If you suspect a neck injury, a modified jaw thrust (without the head tilt) may be used. This is done by placing your hands on each side of the victim's face, your thumbs on the cheekbones but not pushing, and pulling the jaw forward with your index fingers. Again examine the mouth for foreign objects. If you find any, use the finger sweep to clear them.

### 4. Check for Breathing again.

Put your ear directly over the victim's mouth to listen and feel for air being exhaled. Look at the victim's chest to see if it is rising or falling

### 5. Mouth-to-Mouth Resuscitation.

Position yourself at a right angle to the victim's shoulder. Use the head tilt/chin lift manoeuvre and pinch the victim's nose closed, using your thumb and forefinger. Open your mouth wide, and place it tightly over the victim's mouth. Exhale into the victim just enough to see the chest rise. If a rescuer does not want to perform mouth to mouth resuscitation due to the victim bleeding or vomiting, devices such as "Pocket masks" can be used to help to overcome the situation and to perform it in a correct way.

Take another breath and repeat.

Check to see if the victim's chest is rising when you exhale. If the stomach bulges the air is going into the stomach and not the lungs. The airway may be blocked still. Check the airway again.

### 6. Check for a Pulse.

After you have delivered your two breaths into the victim, check for a pulse using two fingers just to the side of the Adam's apple. If the victim has a pulse but is not breathing, continue mouth-to-mouth resuscitation, using the same technique of big breaths every 5 seconds (12 times/minute). Remove your mouth between breaths. Rescuers not used to performing these manoeuvres in a stressful situation, are less skilful when checking the pulse. When the victim is not answering and not breathing, checking the pulse should not delay the start of C.P.R manoeuvres.

Continue to check for signs of breathing and watch for chest movement. If the victim's breathing is weak, you may have to continue mouth-to-mouth, following the victim's breathing pattern, ensuring a breath at least every 5 seconds.

### 7. Restore Circulation.

If you are unable to find a pulse in the victim, you must begin heart compressions to restore circulation. The compressions must be coordinated with the mouth-to-mouth resuscitation. Kneel and position yourself at a right angle to the victim's chest.

Find the base of the breastbone at the centre of the chest where the ribs form a V.

Position the heel of one hand on the chest immediately above the V; with the other hand, grasp the first hand from above, intertwining the fingers.

Shift your weight forward and upward so that your shoulders are over your hands; straighten your arms and lock your elbows.

Shift your weight onto your hands to depress the victim's chest (1½ to 2 inches or 4 to 5 cm in an adult). Count aloud as you do it, five times in an even rhythm, slightly faster than 1 compression/second (80-100 beats/minute). Repeat the pattern for a total of 30 chest compressions.

#### 8. Continue Breathing for the Victim.

You must continue to give the victim oxygen through mouth-to-mouth resuscitation. Give two breaths. Repeat.

#### 9. Alternate Pumping and Breathing.

Pump the victim's chest 30 times, then breathe for him or her twice. Establish a regular rhythm, counting aloud. Check the pulse and breathing after four cycles. Continue until help arrives, if possible.

#### 10. Two-Person CPR.

One person provides breathing assistance while the other pumps the heart. Pump the heart at a rate of 80 to 100 beats per minute. After each five compressions, a pause in pumping is allowed for a breath to be given by the other person.

When the two rescuers are not trained in these techniques, it is advisable that they take it in turns to administer C.P.R to the victim instead of going it together.

#### 11. Choking

The victim will be unable to speak or breathe effectively if their airway is obstructed. If they are coughing or gasping strongly for air, leave them alone.

If they are unable to speak, trying to clear their throat, or coughing weakly, stay with them and carefully monitor their breathing. If the victim is unable to speak and puts their hands around their throat, act promptly; this is the universal sign for choking.

Clearing the airway is easiest if the patient is standing. Step behind them, make a fist with one hand and place it over the abdomen, thumb side towards the patient, between their navel and the bottom of their rib cage.

With your other hand, grasp your wrist. With a sharp inward and upward thrust, compress the abdomen.

Repeat until the airway is clear.

If the person has passed out, is too big for you to reach around, or cannot be stood up, lay them flat on their back, turn their head to one side, and use an abdominal thrust with both hands similar to a CPR chest compression. Continue to monitor the ABCs and treat for shock, if indicated.

## OTHER EMERGENCY SITUATIONS

Once you know that your victim's ABCs are OK, you can move on to determining what other problems they may have.

If you saw the injury occur and the patient is conscious and able to communicate effectively with you, this step is fairly simple. If a language barrier exists or the patient is not conscious, it becomes more difficult. Be sensitive to cultural barriers or obstacles, especially when your patient is of another culture.

### Shock

The most commonly encountered form of shock in the field is traumatic shock, induced by injury. *If left untreated, it may result in death.* Always monitor for signs of shock and routinely treat for it in cases of severe injury.

The patient may be cold and clammy, have pale skin, a rapid, weak pulse, rapid, shallow breathing, or a combination of these symptoms. Except in cases of head injury, have the patient lie flat on their back and elevate their legs. Cover them with a blanket or other thermal cover and monitor the ABCs.

### Bleeding

There are several ways to control the bleeding. These should be attempted, in the following order:

- . Using a sterile gauze square, apply pressure directly over the wound. When it stops bleeding, tape or otherwise secure the gauze in place. Immediately removing the gauze may cause the bleeding to restart.
- . If you have knowledge of the arterial pressure points, apply pressure, using one or both thumbs over the artery. Once this has controlled the bleeding, apply pressure bandages to the wound site.
- . If you are unable to control the bleeding in any other way, and professional help is many hours away, apply a tourniquet to the affected extremity. There is a high risk of losing the extremity, particularly if professional attention is not immediately available. This is a last resort. The exact time when the tourniquet was applied must be clearly noted, writing it on the victim's skin to inform later medical teams.
- . Bleeding from the torso does not lend itself to control by any method other than direct pressure. Elevation may help, and if ice is available in sufficient quantity, it will also help.
- . Bleeding from the head can usually be controlled by direct pressure, elevation, icing, or a combination of all three. Do not apply a tourniquet.

## Burns

Burns may be three basic types: chemical, electrical, and thermal. The treatment for each is different, but in every case, treatment for traumatic shock should be part of your approach.

### Chemical burns.

These may arise from inadvertent spills when handling chemicals, coming in contact with improperly disposed chemicals and chemical waste, or chemical warfare acts. Take precautions to ensure that you are not contaminated or exposed to the chemicals before attempting treatment. If you can determine the nature of the chemical that caused the burn, it will be helpful in determining the follow-up treatment.

- . Remove all contaminated clothing.
- . Thoroughly rinse with copious amounts of clean, lukewarm water. Rinse for at least 20 to 30 minutes or longer if possible.
- . Seek professional medical attention as soon as possible, regardless of the apparent severity of the burn.

### Electrical burns.

These usually stem from electrical shock. Before approaching the patient, be certain that no further risk of injury is present. If you know the patient is still in contact with the electrical source and you know it is low voltage, you can move the wire or the patient to a safe position with a dry pole or rope.

If the wire is of unknown or high voltage, get professional help to shut off the current or move the wire. Attempting to do so yourself will likely result in an increase in the body count for this incident. Don't do it.

- . As soon as it is safe to do so, check the ABCs and continue to monitor them. Patients with electrical burns often suffer cardiac or respiratory arrest.
- . If there are evident burns, cover them loosely with sterile dressings.
- . Seek professional help in treating the burns. Do NOT apply burn creams or ointments.

### Thermal burns.

These range from mild sunburn to the severe burns associated with open flames and heated metal.

Thermal burns are categorized by degree. Appropriate treatment is keyed to the severity of the burn.

### *- First-degree burns.*

Symptoms are minor swelling and redness of the affected area.

- . Apply cool running water or wet compresses as soon as possible, continuing until the pain subsides.
- . Leave the burned area exposed. Do NOT apply ointments or salves. If pain recurs, reapply cold water.

### *- Second-degree burns.*

Symptoms are definite redness of the affected area, swelling, and blistering.

- . Treat as above for first degree burns for 15 to 30 minutes, preferably using sterile water.
- . Cover with a dry, sterile bandage.
- . Elevate the burned area, and treat the patient for traumatic shock.
- . Seek professional help.

### *- Third-degree burns.*

Typically, these are areas of deeper burning, surrounded by areas that display first and second degree burn characteristics. Charring or a leathery appearance are also common.

- . Check the ABCs and continue to monitor them.
- . Treat for traumatic shock.
- . Cover the burned area with a sterile, non adhesive dressing.
- . Elevate the burned area.
- . Immediately seek professional help.

### Fractures (broken bones)

Usually, the patient will know if they have broken a bone. The symptoms are bruising around the fracture site, localized pain, deformity, and swelling.

In treating a fracture, the objective is immobilization of the ends of the broken bone. Immobilize any fracture before moving the patient. This is especially important in the case of known or suspected spinal injury.

When splinting a fracture, immobilize the adjacent joints as well as the fracture site. After splinting is completed and on a continuing basis until professionally treated, check circulation in the affected extremities.

In the case of an open fracture, you will most likely need to control the bleeding using pressure points instead of direct pressure. Monitor the patient for the onset of traumatic shock symptoms. Treat for shock routinely in fractures of major bones and open fractures (when the bone breaks the surface of the skin). Get medical attention for open fractures.

The immobilisation of a broken leg, without appropriate material, may be done by binding it to the other leg

### Frostbite

Frostbitten tissue will feel cold to your touch, and either numb or painful to the patient. In extreme cases, the tissue will turn white and harden.

Do not attempt to thaw frozen tissue until you can ensure it will not be immediately refrozen. It is better to delay treatment a few hours than to refreeze previously frozen tissue.

To treat, gently warm the affected areas in a heated space, using lukewarm water where it is possible to immerse the affected area. Gently rubbing the victim's fingers between your hands will give a temperature of 36°C. Salicylic acid may contribute to diminishing the risk of tissue necrosis as it acts as anti-coagulating agent.

Give the patient warm fluids and be alert to signs of shock.

Re-warming that is too rapid will cause circulatory problems and possibly worsen the tissue damage. If the tissue blisters, avoid breaking the blisters and cover the affected area with a dry gauze bandage.

Prevent injured fingers, toes, etc., from rubbing against each other by place gauze pads between them. Seek medical attention for all but mild cases, as there is risk of septicaemia and gangrene in more severe cases.

### Heat Exhaustion

The patient usually sweats profusely, feels clammy to the touch, may complain of a headache or nausea, and may be disoriented and feel weak.

If you suspect heat exhaustion but the patient is not sweating, see *Heat Stroke*, below. Get the patient out of the direct sun and cool them down by applying cold compresses and fanning. If they are conscious, give ORS and water, or plain water. If recovery isn't fairly immediate upon treatment, seek medical attention.

### Heat Stroke

The patient will have hot, dry skin and a temperature well above normal.

*This situation is life threatening and must be treated immediately and aggressively. You must immediately lower the body temperature or it is quite likely that the patient will die.*

In more advanced cases, the patient will lose consciousness and may convulse.

Get the patient out of the sun and into a cool space. Remove their clothing and immerse them in cold (NOT icy) water until the onset of shivering.

Seek medical attention.

### Hypothermia

The patient will shiver in the early stages of hypothermia, but once the body's core temperature goes below about 33°C or 92°F, they may not.

They will be uncoordinated and may demonstrate mental confusion, slurred speech, and irrational behaviour.

Merely bringing the patient into a warm space will not reverse severe cases. Remove any wet or constricting clothing, place the patient in a pre-warmed bed or sleeping bag, and add water bottles of warm (NOT hot) water around the torso.

If warm water is not available, use one or more warm, dry rescuers in the sleeping bag or bed to provide heat.

If the patient is sufficiently conscious to protect their airway, give them warm (43-46°C or 100-115°F) fluids such as lemonade. This provides readily absorbed fuel (sugar) and a means to provide heat to the body core. Do NOT give coffee, tea, other stimulants, or any form of alcohol. The patient has lost the ability to produce sufficient heat and heat must be provided externally. While this is a cold injury, it is most common at temperatures above freezing and in wet, windy conditions.

## **SEXUAL ASSAULT**

Immediately upon hire, female mission members should receive a briefing on the mission's policies and procedures in the case of sexual assault and harassment.

These policies should be reviewed regularly. There are some basic facts concerning sexual assault that everyone should know:

- Everyone is a potential victim of sexual assault. It is a crime of violence and control, and all ages, ethnicities and economic groups are at risk.
- Sexual assault is the most under-reported violent crime.
- Victims are usually pre-selected and the perpetrator is most often an acquaintance. Preventive measures can reduce the likelihood of a woman becoming a target of opportunity, since the offender will usually wait until the potential victim is vulnerable or isolated.

Should someone become a victim of sexual assault, initial actions include:

- The victim should not shower or douche and should preserve the clothing worn during the attack to prevent loss of possible evidence for prosecution.

- Though it may be difficult, the attack should always be reported to the appropriate authorities according to mission HQ's procedures. Mission HQ's should have someone accompany the victim to the hospital to provide support during the examination and reporting process. The medical examination should include tests for sexually transmitted diseases.
- In most cases, the police will conduct an investigation, which will include questions about the circumstances of the event. Again, the Head of Mission must ensure that procedures are in place to ensure preservation of the victim's confidentiality, legal and human rights, and respect of privacy and dignity.
- The Security Office recommends counselling for all victims of sexual assault
- Taking the necessary measures to ensure victim confidentiality, the mission HQ should complete an incident report form. In some areas there will be a method of sharing general, non-personal safety and security incident information within the international crisis management actors community. This is an important step to prevent others from becoming victims.

## **CONFRONTATION, ROBBERY AND ASSAULT**

A cooperative, respectful demeanour during confrontation may avoid further provoking, and in some cases, even calm a hostile person. Armed assailants are most likely to shoot when they feel their own safety is threatened. When faced with armed robbery or threats, consider the following:

- Do not try to intimidate or be aggressive. Instead, maintain a polite, open, and confident demeanour and try not to show anger or fear.
- Keep hands visible and move slowly with precise gestures.
- Respond to requests, but do not offer more than what is requested.
- Never take physical risks in defence of property or money.
- Speak quietly and distinctly.
- If in a group, do not talk among yourselves more than is necessary, particularly in a language not understood by your assailants.
- Normally, do not consider attempting escape. If previous information indicates that armed attackers usually attempt to kill their victims then, in addition to added precautions to prevent confrontation, staff members should be given basic training on methods of defence and escape.

## **CAR HIJACKINGS**

Car hijackings (car jacking) can occur anywhere but are most common at checkpoints or road intersections. Mission staff operating in areas where car jacking occurs should receive training on avoiding potential trouble spots and immediate action to take when

threatened. A careful security assessment is required prior to operating vehicles in known high-threat areas.

## PRECAUTIONS AGAINST CARJACKING

- Vary routes and time of travel. Avoid developing patterns.
- Avoid areas with criminal activity or known threats. If possible, avoid “choke points” and other vulnerable areas.
- When possible, have contact with other crisis management actors operating in the area to maintain awareness of current situation along routes. Consider convoy travel with another crisis management actor.
- Consider delaying travel to allow others to pass along the route first.
- If approaching a suspicious area, stop well before the area to observe other traffic passing through it. This is especially useful for “unofficial” checkpoints.
- Mark the vehicle appropriately for the area and the level of danger. In most cases, it is advantageous to have EU markings clearly visible.

## IF STOPPED WHILE DRIVING

- Stop the vehicle. Apply the hand brake, but keep the engine running in neutral.
- Remain calm. Try not to show fear or anger. Do not become aggressive.
- Keep your hands visible and do not make sudden movements. When complying with demands, be sure to move slowly and consider telling the assailant what you intend to do prior to doing it.
- Get out only when instructed to do so. If exiting the vehicle, leave the door open.
- Avoid direct eye contact with attackers, but try to note their appearance, dress, etc. to report later to the authorities.
- Be compliant to demands, but demonstrate composure.
- If in a group, do not talk among yourselves more than is necessary, particularly in a language not understood by your assailants.
- Allow the hijackers to depart without interference.

## GUNFIRE

### GUNFIRE WHEN WALKING

- Take immediate cover on the ground. Lay flat, face down.
- Try to stay calm. Do not panic and run.

- Determine the direction of the firing and determine what, or where, is the target.
- If possible, crawl to any nearby protection, such as a ditch or hole or inside a building.
- Observe the actions of others nearby and react accordingly.
- Leave the scene only when in a safe area or after the firing has completely stopped. Contact the appropriate authorities and/or mission HQ immediately.

## **GUNFIRE WHEN IN A STRUCTURE**

- Stay away from windows and doors and move to the interior of the building.
- Take shelter in the best protected areas, such as a bathroom, the basement, under a stairwell, or behind a solid wall.
- If possible, contact the appropriate authorities for assistance.

## **GUNFIRE WHEN IN A VEHICLE**

- Keep windows slightly opened and radio at low volume to provide early warning.
- If the firing is ahead, but is not directed at the vehicle (as it would be in an ambush), stop immediately. Reverse and when feasible, turn around and drive to a safe area, remaining on hard surface roads or driving back on the same tracks (dirt roads and roadsides may be mined).
- If firing is somewhere other than directly ahead, or if the direction cannot be determined, stop immediately and take cover outside the vehicle (unless in a mined area). Keep keys and communication equipment.
- If possible, crawl to any nearby protected area. Never take shelter under a vehicle.

## **AMBUSH**

The very nature of an ambush, a surprise attack from a concealed position, places a vehicle or convoy at an extreme disadvantage. In areas where ambushes are known to occur, extra security precautions and communication procedures should be strictly enforced.

The best defence against vehicle ambush is prior planning to detect and avoid potential vulnerable areas or times.

No single defensive measure, or combination of measures, will prevent or effectively counter all ambushes in all situations. Immediate actions during an ambush should be adapted to the local situation. For example, in some areas it may not be advisable to drive forward when attacked as the assailants may have placed their trap in that direction.

As with any threat, careful analysis will indicate potential vulnerabilities and protective measures to be implemented.

## DURING VEHICLE AMBUSH

- If at all possible, continue to drive forward under control at the highest possible speed. It is difficult to hit a moving target; the faster it moves, the more difficult it becomes.
- If the firing is coming from the front, attempt to veer left or right up a side street (in a town) or, if in the countryside, off to the side (but do not leave paved road). Reversing or turning around is not recommended. The slower vehicle presents an easier target.
- If the driver has been shot or the vehicle immobilized, get out, keeping behind the vehicle away from the source of firing for added protection and concealment. Take the first available protection, then consider moving to better protection if nearby. Hard cover, such as a ditch, rocks or a building, provides the best protection.

## SHELLING

In most cases, a crisis management mission that operates in an area prone to shelling will have carefully crafted immediate action procedures in place and specially constructed protective shelters.

All mission staff and visitors should be given specific briefing and training prior to operating in the area. Some general guidelines for immediate action during shelling include:

- Go immediately to the nearest shelter and stay there until the shelling has completely stopped. In some cases, there will be someone responsible for sounding “all clear.” Do not search for unaccounted persons during the shelling.
- If caught in the open, take cover in the nearest ditch, shelter, alleyway or other available cover.
- If driving, attempt to move through the shelling as quickly as possible. NEVER STOP DRIVING, unless there is no choice. If you must stop, seek shelter away from the vehicle.

## GRENADES

If a grenade is thrown or rolls nearby, there are only a few seconds in which to act.

### **DO NOT ATTEMPT TO PICK UP AND THROW OR KICK A GRENADE AWAY!**

Do not attempt to run to shelter. Grenade fuses last only a few seconds, and the blast range is about 30 meters in all directions, so running is useless. There is less chance of injury for people flat on the ground than those upright or running. Take the following immediate actions:

- Sound the alarm, turn away from the grenade and take one step.
- Drop face down on the ground and cross legs, keeping them straight with feet pointing towards the grenade. Keep arms straight along the body. Do not look back at the grenade.

- If there is no explosion within 30 seconds, stay low, crawl to a safe area and notify the appropriate authorities. Do not go back to the area, and prevent others from doing so.

## **BOMBINGS**

Bombings and terrorist attacks can take place anywhere without warning or apparent pattern. Most occur in areas where crowds are expected, such as the market, a crowded bus, the post office, or the airport. There may not seem to be a specific target population, though often the attacks are directed toward foreign interests.

All mission HQ's could face the possibility of civil unrest and should give basic anti-terrorism (AT) awareness training to all personnel. While AT awareness training cannot prevent attack, it can increase staff confidence and give them a specific framework for response to lessen the chances of them or their family becoming victims. AT awareness training should be given to all personnel and included in basic security training once per year.

## **LANDMINES AND UNEXPLODED ORDNANCE (UXO)**

Landmines are explosives with detonating systems that are triggered by contact with, or proximity to, a person or vehicle. When detonated, they are designed to incapacitate a person or vehicle with an explosive blast, fragments, or in the case of some antitank mines, a jet of molten metal.

Unexploded ordnance (UXO) are the shells, mortar rounds, and bombs that did not explode during original use.

In some cases, the fuses are so sensitive on this ammunition that merely casting a shadow over it can cause it to explode.

Any area that has experienced fighting may be contaminated with landmines or UXO.

This is especially true of lowlands in front of defensive hill positions, military emplacements, or military buildings. Other likely areas of contamination include avenues of approach, bridges, alongside railways and airstrips, key intersections, borders, water sources, and depressions and ditches.

This section provides only a brief overview of landmines and UXO and is not intended to replace appropriate mine-awareness training. In-depth information on landmine threats and procedures is available in the UN Landmine Safety Handbook available from the Council Security Office.

**Never Pick Up or Touch Landmines or Unexploded Ordnance!**

**No one is to work in an area suspected of having landmine or UXO contamination without first receiving the appropriate mine training.**

## LANDMINES

Landmines are designed to impede or deny movement in a given area. They come in various sizes and configurations and may be placed by hand or by air.

Generally, mines are grouped by intended target, either anti-personnel (AP) or anti-tank (AT), with AP mines by far the most common. Some countries have millions of them contaminating a wide range of area.

Landmines are generally buried within 15 cm of the earth's surface, or laid on or above the ground (for instance, on stakes or fixed to trees).

Landmines can be triggered by direct pressure, trip wires, tilt rods, command detonation, or by some combination of these methods. Moreover, it is possible to booby-trap any type of mine by using anti-handling devices to make removal more difficult.

## UNEXPLODED ORDNANCE (UXO)

Most former zones of conflict are littered with unexploded ordnance, such as grenades, rockets, mortar and artillery shells, bombs, cluster munitions, etc.

Often these munitions have defective fuses that will cause them to explode at the slightest touch. Unexploded cluster munitions can function almost exactly as landmines, exploding when stepped on or disturbed.

## BOOBY TRAPS

A booby trap is a lethal device disguised to look innocuous. Objects that would be likely to be picked up by a soldier, either as a souvenir or for practical reasons, are those most often booby-trapped. Booby traps are often placed in important buildings and can include computer and office equipment, chairs, food stacks, military paraphernalia, etc. Because they take time and some expertise to rig, booby traps are not extremely common.

Nevertheless, in the immediate aftermath of conflict avoid places such as former army bases, government buildings, schools, and health centres.

## TRAVELING IN REGIONS AFFECTED BY LANDMINES OR UXO

The following guidelines are designed to remind mission staff of considerations for travelling in regions affected by landmines or UXO. However, this is not a substitute for appropriate landmine-awareness training, which is mandatory for all staff working in areas suspected of having landmines or UXO.

- Never travel to high-risk areas for non-essential reasons. Ensure everyone travelling has received the proper training and preparation.
- Keep office informed of the dates, times and planned routes of all travel. Travel only the approved routes and do not deviate from the planned route, if at all possible.
- Wherever possible, stay on hard-surfaced roads, even if it makes the trip longer.

- Carry a map marked with the best available information about routes known to be free of mines. Update this information by checking with local people during travel. Whenever possible, travel with someone that knows the route.
- Use extra caution when driving during or after heavy rains. Mines are often moved or exposed by rain.
- Do not leave the road for any reason. Never drive around roadblocks of former military positions. Never leave the road to overtake someone, pass an obstruction, or turn around. If the road is not wide enough, back up until the vehicle can be safely turned around.
- Never drive over anything in the road. A paper bag, a piece of cloth, a wooden board, or a new pothole could all conceal a landmine.
- Always ask local people about the landmine situation and pay attention to their warnings!
- Never walk through overgrown areas. Use sidewalks and well-used paths.
- Walk in single file when travelling along paths in potentially mined areas. Allow 20 meters between each individual.
- Do not enter abandoned buildings.
- Do not touch anything, especially unexploded ordnance. Do not go souvenir hunting.

## **KIDNAPPING AND HOSTAGE SITUATIONS**

There is a definite increase in kidnappings and hostage takings of international crisis management staff.

Kidnappers and hostage-takers almost always choose their targets after careful surveillance.

In the event of a kidnap or hostage situation, the Secretary General/High Representative (SG/HR) should be contacted immediately through the SITCEN.

The EU will not pay ransom or provide goods under duress but will use all appropriate means to secure the release of the hostage. The EU also will provide all possible support to the hostage's family.

## **IMMEDIATE ACTIONS FOR THE COUNTRY OFFICE**

The HoM should immediately notify local authorities and the SITCEN when a mission staff member is taken hostage.

Additional immediate actions may include:

- Verify the identity and condition of the hostage or hostages.
- Attempt to identify the hostage-taking party and its demands.

- Establish continuous communication with regional office and others, as appropriate.
- Increase security measures and communications with remaining mission staff as appropriate.
- Inform other organizations (UN, NATO, ICRC, police, etc.), as appropriate.
- Only the designated representative should communicate with the media.

## **GENERAL GUIDELINES FOR KIDNAPPING OR HOSTAGE TAKING SITUATIONS**

Mission staff, national and EU, should be thoroughly briefed on the potential problems and conditions that might be faced immediately following capture. Everyone should be aware of the steps that will be taken to secure release and possible coping methods to employ.

### **ABDUCTION**

- The time of actual abduction is the most dangerous. The kidnapers are nervous, the victim may not realize what is happening, and the situation can be very volatile. The victim should remain as calm and composed as possible, particularly when being transported somewhere by the kidnapers. Talking to the kidnapers is recommended, provided this does not make them more nervous.

### **POST-CAPTURE**

- The post-capture period is likely to be difficult and unpleasant, particularly in contrast to the comfortable conditions in which the average victim normally has been living.
- Post-capture shock is a major physiological and psychological problem. Capture, when completely unexpected, results in severe trauma brought about by the total change of situation. In such circumstances, the hostage may experience deep depression.
- The victim should accept that he/ she must obey given orders, taking steps to preserve a sense of self-esteem and personal dignity as the situation allows.

**Escape should only be considered in very rare circumstances. Escape attempts may lead to injury or death for the hostages.**

### **HEALTH DURING CAPTIVITY**

- In every circumstance, a conscious effort must be made to maintain physical and mental health. Physical health can be maintained by eating all food that is offered. The victim should attempt to maintain a regular exercise routine, if possible.
- Mental health can be maintained by identifying and sticking to a system of personal values. It is healthy to focus mental activity on the future and freedom. Request writing materials or books, if available.

- Maintaining self-discipline is essential in order to overcome the effects of the immediate environment and the inactivity imposed by it. A routine should be established and observed and standards of cleanliness maintained, if possible. If appropriate, the victim should gradually increase requests for personal hygiene items or books and writing material.

## **NEGOTIATION**

A victim must always remember that steps are being taken to effect their release and that they should not interfere with this process. Except in some special cases, hostages should not negotiate for their own release, nor discuss what action an organization may take.

Such discussions could compromise the ongoing negotiations. Hostages should not allow themselves to be convinced that they have been abandoned by the outside world.

## **RELEASE**

The time of hostage release may also pose risks for the victim. When the time for release comes, hostages should proceed with great care.

Specifically:

- Listen to orders given by captors and obey them immediately.
- Do not make sudden or unexpected moves.
- Stay alert. Be prepared to act quickly if things go wrong.
- Be prepared for delays and disappointments.

When a release is the result of a police action hostages should stay down until being told to move and expect to be manhandled, even roughly. Please note that any sudden movements may be perceived as hostile and the rescue unit may engage in an armed response.

## **HOSTAGE SURVIVAL CHECKLIST**

### **TO THE EXTENT POSSIBLE, KEEP THE FOLLOWING POINTS IN MIND:**

- Remain calm. If capture is inevitable, accept it and follow orders.
- Recognize captivity as a fact and mentally accept the change of status and circumstances.
- Give captors details of any necessary medical treatment.
- Accept and eat food that is given, even if it is unpalatable.
- Prepare mentally for a long wait, perhaps many months, before release.
- Adopt an attitude of discrete scepticism toward information passed on by captors.
- Plan a daily program of activity, including daily physical exercise, and adhere to it.
- Try to keep an accurate record of time.

- Take advantage of any comforts or privileges offered by the captors, like books, newspapers or access to the radio. If not offered, ask for them.
- Keep as clean as circumstances permit. Ask for adequate washing and toilet facilities.
- If possible, develop a good rapport with captors and try to earn their respect. It may be helpful to attempt to inform them of the EU's work in their area.

**DO NOT:**

- **DO NOT** adopt a belligerent, hostile, or sullen attitude.
- **DO NOT** enter into conversations on controversial subjects, such as politics and religious beliefs.
- **DO NOT** become either over-depressed or over-optimistic.
- **DO NOT** attempt physical violence or engage in verbal abuse of captors.