|  |  |
| --- | --- |
| **Council 2020Geneva, 9-19 June 2020** |  |
|  |  |
|  |  |
| **Agenda item: ADM 34** | **Document C20/31-E** |
| **17 April 2020** |
| **Original: English** |
| Report by the Secretary-General |
| Measures taken by ITU on conditions for on-site emergency medical support at ITU conferences, ASSEMBLIES and OTHER meetings held AWAY FROM Geneva |
|  |

|  |
| --- |
| SummaryMember States requested that CWG-FHR have an initial discussion regarding a review of, and possible improvements to, the medical requirements that are included in Host Country Agreements to ensure the safety of ITU delegates and staff at meetings and conferences outside of the Headquarters.This document provides an introduction, background, and a proactive way forward, as well as a conclusion, and recommendations.Action requiredThe Council is invited to **note** this document and its conclusions and **endorse** that Annexes 2 and 3 will be referenced in all future Event Security Plans.References[*UNSMS Security Policy Manual*](https://www.un.org/undss/sites/www.un.org.undss/files/docs/security_policy_manual_spm_e-book_as_of_29_nov_2017_0.pdf) *–* [*Special Events (Chapter IV, Section F)*](https://www.itu.int/en/council/2020/Documents/031e-SPM-ChapterIV-SectionF-SpecialEvents.PDF)*, and the* *[Security Management Operations Manual (SMOM)](https://www.itu.int/en/council/2020/Documents/031e_SMOM-Guidelines-Special-Events-Nov12.PDF) – Security Arrangements for Special Events Organized or Sponsored by UNSMS Organizations;* [*CWG-FHR-11/16*](https://www.itu.int/md/S20-CWGFHR11-C-0016/en) *Contribution by the United States of America: Discussion paper – Consideration of conditions for on-site emergency medical support at ITU conferences and meetings held away from Geneva.* |

# Introduction

The purpose of this document is to provide an update to the Council on the measures that have been historically undertaken by ITU for Conferences and Assemblies as well as other meetings away from Headquarters and a proactive way forward for these types of meetings in the future that ITU will undertake. The document provides the background, a way forward, as well as a conclusion, and recommendations.

# Background

On the third day of the World Radiocommunication Conference 2019 (WRC-19), a member of the United States Delegation suffered a critical medical incident at the conference venue that required emergency medical attention. Fortunately, members of the highly skilled ITU security team immediately rendered basic life support and saved the delegate’s life. The United States has expressed their extreme gratitude for the swift and effective response by the ITU staff. However, the absence of basic life support equipment, such as an automatic defibrillation device (AED), and the timing and availability of on-site medical support and emergency transport, were factors which should be addressed in future Host Country Agreements and other arrangements for ITU Conferences and Assemblies as well as other meetings held outside of Headquarters.

Looking forward, with the upcoming construction of the new Headquarters building, it can be expected that more virtual and traditional ITU meetings will be hosted by countries outside of Switzerland. Thus, the Council should ensure that the arrangements that ITU concludes with Host Countries are sufficient to not only efficiently advance the work of ITU, but also to ensure the safety of delegates and ITU staff. These arrangements should include a minimal level of emergency medical facilities and staff to be available during all working hours, as well as fully equipped ambulances staffed by trained and certified emergency medical technicians and/or paramedics.

# Way forward

ITU’s Conferences and Assemblies as well as other meetings held outside of Headquarters have traditionally included a Host Country Agreement (HCA), which has two sections where both Safety & Security requirements are stated (i.e. an HCA Article and dedicated Annex). In addition, there is always a compliance requirement within the HCA as well as the UN Security Management System (UNSMS) that ITU prepare an event security plan for each meeting, which is shared by ITU with the Host Country Security Focal Point and UNDSS, so that an agreed joint design as well as mitigation requirements for safety and security operations during the meetings are built into the plan. ITU confirms that an HCA and Event Safety & Security Plan were prepared for the WRC-19 Meetings.

In February 2020 after the CWG meeting, the Head of the Safety & Security Division (IS/SSD) contacted a counterpart at the UN Department of Safety & Security (UNDSS) - the Security Coordination Officer (SCO), who works for the Division of Headquarters Safety and Security Services in New York, and is responsible for coordinating all UN Secretariat and other UN Organization’s events - in order to request assistance in reviewing any existing UN medical requirements, standards, and procedures when hosting events.

The SCO informed the Head, IS/SSD that they follow the Security Management Operations Manual (SMOM) guidelines, but they do not have exact prescriptive requirements for the type of specific equipment and trained personnel to be deployed in an onsite medical service and/or onsite ambulance (see Annex 1). Furthermore, the SCO indicated that requirements of this nature for medical attendance, emergency medical response, and minimum specific equipment should be addressed in the Event Security Plan for security cooperation with the local security authorities, which is signed on a bilateral basis and as per the HCA requirements.

Moreover, provisions of adequate 24/7 (or as required) medical services and emergency response, including mass casualty management capabilities are provided by the Host Government and are based on the specific needs of each event (e.g. numbers of participants/countries they are travelling from, geographical proximity to the stationed medical clinics, projected medical incidents based on previous experience, current health conditions in the city, etc.).

As a lessons-learned exercise after the critical medical incident at WRC-19, and taking into account the assistance from UNDSS, as well as that of the ITU Medical Advisor, the Head, IS/SSD has prepared more prescriptive requirements and guidelines that will be placed in all future event security plans (examples can be seen in Annexes 2 & 3) that will describe ITU’s standardized expectations to Host Governments about what type of personnel and equipment need to be provided for, in relation to onsite ambulance services and medical/first-aid clinics at ITU Conferences, Assemblies and other Meetings.

In addition, an Organizational Resilience Management System (ORMS) Coordinator is being recruited in 2020, so that all future events will also have a comprehensive crisis management and business continuity plan which will complement the event security plan that is required by the HCA.

1. **Conclusion and Recommendations**

In conclusion, the goal of this review is to make proactive improvements to the medical requirements that are included in the event security plan which is a requirement in all HCAs with Host Governments, to ensure the safety of delegates, ITU staff, and other participants to Conferences, Assemblies and meetings held outside of the ITU Headquarters.

It is recommended that Annexes 2 and 3 attached to this document, which were prepared by the ITU Medical Advisor and the Head, IS/SSD in December 2019, will be referenced in all future Event Security Plans, including this year’s operations for Digital World 2020 in Hanoi and the World Telecommunication Standardization Assembly 2020 (WTSA-20) in Hyderabad.

***Annexes:*** *3*

ANNEX 1

Security Management Operations Manual (SMOM)

Security Arrangements for Special Events Organized or Sponsored by UNSMS Organizations

*(revised, 12 January 2017)*

*“Example of Medical Services Minimum Requirements”*

1. The Host Country (HC) will provide 24/7 (or as required) medical assistance at the event venue consisting of one or more medical posts located within the premises, plus ambulances fully equipped for emergency response. Nearby medical centres should be on standby.

2. First aid kits should be disbursed throughout the facility, containing required materials according to the prevailing medical response capabilities and risks at the venue, determined in coordination with the HC Medical Services.

3. These kits must be readily available to qualified personnel to use in emergency situations. Along with the first aid kits, other medical/rescue equipment should be deployed at key locations of the complex, in number and kind which is determined in coordination with the Host Government (HG) Medical Services, for example:

a. Stretchers;

b. Wheelchairs;

c. Emergency rescue stair chair;

d. Automated External Defibrillators (AED).

ANNEX 2

Guidelines and Minimum Requirements for Medical Assistance during ITU Conferences, Assemblies and Meetings (“Meetings”)

The presence of dedicated medical assistance services on site during the Meetings serves two goals.

1. **Answering the unscheduled care requests of expatriated participants/staff attending the Meetings**. In case of a non-vital medical situation, Meetings participants/staff should have access to medical assistance in an international language in less than 6 hours. That requirement could be answered by existing facilities or require a dedicated setting with primary healthcare skills. To comply with the policies of the employers (whose staff will attend the Meeting on an official business trip), it is important that the medical doctors on site (that would provide medication prescriptions, certification of sick leave or of an occupational accident or disease), can be identified as registered and licensed professionals with official stamp and documentation.
2. **Responding to vital emergencies during the Meetings.** The rationale of meeting this requirement would be to increase survival rates in case of an individual cardiac arrest, and to ensure the best survival rates in case of a mass casualties’ incident.
	1. **Delay between cardiac arrest and first thoracic compression should be less than 3 minutes. Delay between cardiac arrest and first evaluation of a shockable rhythm should be less than 5 minutes**. Those two recommendations should help evaluate how many responders with BLS-AED skills are required, and what kind of personnel should possess those skills based on the local conditions (dedicated security/safety first-responder personnel; as well as dedicated first-aid/medical team). It should help determine how many AEDs are needed and their localization within the premises.
	2. **Delay between cardiac arrest and advanced life-support skills** (reanimation drugs, manual defibrillator, advanced breathing support…) **should be less than 15 minutes**. This recommendation should help the Host Country decide whether it could rely on its national emergency system, or if a dedicated team (emergency medical technicians with advanced cardiovascular life support skills, or emergency medical team) is required.
	3. **The safety/security first-responders should possess Major Incident Management Skills.** In case of an incident with multiple traumas, personnel with skills in pre-triage and hemorrhage control, and hemorrhage control means (tourniquets) should be accessible in less than 15 minutes.

The types of assistance services mentioned above are to be available 24/7 (or as required) during the whole duration of the Meetings.

ANNEX 3

Guidelines for Equipment for Emergency Medical Services in Deployed Paramedic Level Ambulances during ITU Conferences, Assemblies and Meetings (“Meetings”)

A paramedic is a specialist healthcare professional who responds to emergency calls for medical help outside of a hospital. Paramedics mainly work as part of the emergency medical services (EMS), most often in ambulances. The EMS ambulance requires specialized equipment to aid in the provision of emergency care, *some examples* of this type of equipment are mentioned below.

**Jump-bag**

This is a bag used to carry most of the surgical sundries that can stop and/or restrict a haemorrhage, which includes bandages, drips, syringes, etc., and which are taken to the client’s side by the paramedic.

**Bag Valve Mask**

This is a device which is used to manually give rescue breaths to a patient who is not breathing or is breathing inadequately.

**Suction Unit**

A suction unit is used to suction secretions and fluids from a patient’s airway, which may obstruct the patient’s airway, causing severe respiratory complications.

**Medications Bag**

This is a handbag sized bag which is used to carry the medications that paramedics may need to administer to clients.

**Trauma/Spinal Board**

These are unpadded patient-handling catty stretchers used to provide rigid support in patients who have suspected spinal injuries.

**Electro-cardiogram (ECG) Monitor with Automatic External Defibrillation Device (AED)**

There are several models available ranging from automated basic models to advanced multi-parameter monitors. The most basic models are automated, and the paramedic attaches the monitor to the patient and follows the voice prompts from the monitor, while the advanced monitors have other patient-monitoring equipment built into the monitor. The main function of the ECG monitor is, however, to display the patient’s ECG on the built-in screen so that it can be monitored by the paramedic; the AED is a portable electronic device that automatically diagnoses the life-threatening cardiac arrhythmias of ventricular fibrillation (VF) and pulseless ventricular tachycardia, and is able to treat them through defibrillation; the application of electricity which stops the arrhythmia, allowing the heart to re-establish an effective rhythm.

**Ventilators**

Ventilators are medical machines used by Advanced life support paramedics and are designed to mechanically move air into the lungs of a patient who is not breathing or is breathing inadequately.

**Cervical Collar**

A Cervical collar, also known as a neck brace, is an adjustable collar which is skilfully placed around the neck of patients who have a suspected head or neck injury, to minimize movement of the head and neck, which could worsen the injury.

These types of services and equipment mentioned above are to be available 24/7 (or as required) during the whole duration of the meetings.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_