General guidance on the ‘place of safety’

Overview

The IMRF’s mass rescue operations (MRO) guidance is provided in 30 separate chapters at www.international-maritime-rescue.org. For downloadable documents referenced in this chapter please use the drop-down menus or return to the MRO project main page under ‘Resources’. For a general introduction please see chapter 1, ‘Complex incident planning – the challenge: acknowledging the problem, and mass rescue incident types’.

This chapter discusses:

- the ‘place of safety’ in the mass rescue context
- what constitutes a place of safety, and what provisions need to be planned for
- survivor safety, shelter and security
- medical needs
- welfare needs
- the provision of information to, and the collection of information from, survivors
- survivor communications facilities
- shoreside transport and accommodation

1 The maritime / shoreside interface

1.1 This chapter considers the ‘place of safety’ from the perspective of the survivor’s needs. For discussion of the need for planned coordination of at-sea and shoreside responses see chapters 17, ‘General guidance on command, control & coordination’; 24, ‘Maritime / shoreside coordination’; and 25, ‘Communications’.

2 Rescue

2.1 The IMO define ‘rescue’ as the “operation to retrieve persons in distress, provide for their initial medical or other needs and deliver them to a place of safety”. As discussed in chapters 8 & 10, it is useful to consider this in three sections – ‘retrieval’, providing for survivors’ initial needs, and delivery to a ‘place of safety’.
2.2 This chapter considers the question of delivering people to places of safety in mass rescue situations. For discussion of the retrieval of the people in distress see chapter 8. For discussion of supporting survivors in transit see chapter 10.

3 The ‘place of safety’

3.1 A ‘place of safety’ is defined in the IAMSAR Manual as “a location where rescue operations are considered to terminate; where the survivors’ safety of life is no longer threatened and where their basic human needs (such as food, shelter and medical needs) can be met; and, a place from which transportation arrangements can be made for the survivors’ next or final destination. A place of safety may be on land, or it may be on board a rescue unit or other suitable vessel or facility at sea that can serve as a place of safety until the survivors are disembarked at their next destination.”

3.2 Getting survivors to places of safety is the aim of rescue, and hence of mass rescue operations. The ‘place of safety’ is the end of the rescue phase. In chapter 10 we discuss the concept of temporary safety aboard a rescue facility during transfer to the ‘final’ place of safety. The aim should be to provide as much support to survivors as is practicable during this temporary transfer phase.

3.3 By definition, however, the final place(s) of safety should be such that

- survivors’ safety of life is no longer threatened
- they are sheltered from the elements
- they can be given food and drink
- their medical needs can be met
- their welfare needs can be met
- transport can be arranged to their next destination.

3.4 The IMO’s list of ‘basic human needs’ is not exhaustive. We can debate what else the list should include, but we can certainly add:

- sanitary facilities
- information provision
- communications facilities
- personal security and privacy.

Please also see chapter 12 as regards the humanitarian principle of ‘non-refoulement’, which provides that people should not be landed in territories where there is a threat to their lives or freedom on account of race, religion, nationality, membership of a particular social group, or political opinion.

3.5 MRO planners should ensure that all these items are assured at their planned ‘places of safety’. They are considered in turn below. Additional support may also be required:

- transport from landing sites to reception centres and/or medical facilities
- change of, or extra, clothing
- re-warming
- decontamination
• counselling
• consular support
• accommodation and onward transport
• other welfare needs.

3.6 Planners and responders should remember that survivors are sources of information too. They will have needs, which we should plan to meet; but they will also have information of value to the various authorities investigating the incident. Careful and considerate collection of this information, at the place of safety or at some future date, should also be specifically planned for.

3.7 Survivors may also have information of potentially vital importance to the ongoing rescue effort. They may know of people trapped, for example, or they may have seen people drifting away. Care of the survivors, who may have been traumatised by their experience, must be balanced against the need to acquire any such information without delay. Ideally this process should have at least started during the transfer to the place of safety, so we discuss it in chapter 10.

4 Safety, shelter, security

4.1 A place of safety is, of course, a place where people will be safe. There will be no immediate threats of harm to them: they are protected.

4.2 It is not strictly essential that they should feel safe, but, if this can be arranged, survivors will be happier and therefore easier to look after. Reassurance and good information flow are key to achieving this.

4.3 It is essential for the place of safety to be sheltered from the elements. It should be dry, out of the wind and sun, and – in a cold climate – warm enough to prevent the onset of hypothermia (remember that survivors will be sitting or lying; they may be injured, ill, frightened, elderly, very young, etc) and to enable survivors who are already hypothermic to be treated effectively. Conversely, in hot climates, the place of safety should shelter survivors from the heat.

4.4 It should also be secure. Survivors need to be protected from outside interference. They may wish to talk to the news media, for example – but equally they may not. They may also be prone to other threats; opportunistic theft, for example. Access to survivors must therefore be strictly controlled.

4.5 In the early stages this includes keeping them separate from family and friends. They are not likely to want this, and the separation period should be kept as short as possible for obvious humanitarian reasons – but survivors and their needs should be clearly identified before they are allowed to mix with other people. Mixing will tend to lead to confusion, with survivors being missed or leaving the place of safety before they have been recorded.

4.6 As discussed in chapter 10, survivors may also be at some risk from each other. If practicable, the place of safety should be so arranged that those needing privacy can obtain it. A low-key security presence within reception centres is advisable, to ensure people are not troubled by outsiders or their fellow survivors.

4.7 Places of safety should be identified at the planning stage, in a joint assessment by the lead authorities responsible for the maritime and shoreside aspects of the MRO (see also chapter 24). It should be noted, however, that in very large MROs or in catastrophic incidents (in which the response agencies are themselves adversely affected – see chapter 12) the planned facilities may be overwhelmed. It is essential
to work with local communities at the planning stage to identify suitable primary and secondary places of safety, however basic the latter may have to be. The first principle is that of shelter. If the ferry terminal or community hall is too small, or, in a catastrophic emergency, is unavailable, what about schools, recreation centres, government and other public buildings, places of worship – even buses etc?

4.8 People can be safe without necessarily feeling so – but they will be much easier to control and help if they feel safe too. Self-control is highly important here. People will be better able to control themselves, and to do what is asked of them, if they can see the point of what is being done with them and that it is for their good. After a disaster they expect to be taken somewhere safe, out of the weather, where they will be looked after. They will put up with some discomfort during the transfer stage if they can see that this is their rescuers’ aim. Security and shelter will be their first expectations on arrival at the ‘place of safety’ – which means that they will be more likely to comply with your plans if you provide these things; and that you can expect trouble if you do not!

5 Medical needs

5.1 After shelter, the second principle is that of medical triage and care. Basic triage may have begun aboard the unit in distress. It should certainly be a primary aim aboard rescue units while survivors are being transferred to the ‘final’ place of safety. For that reason we discuss triage and first aid in chapter 10.

5.2 Triage should be repeated at each staging post in the rescue process; and it should become progressively more sophisticated, stage by stage. Aboard the unit in distress, for example, it may be simply a matter of distinguishing between those who can and cannot help themselves. A more thorough review should take place aboard the rescuing unit: this is described in chapter 10.

5.3 A further review should be conducted at the landing sites, this time by medical professionals, whether or not this expertise has been available earlier in the rescue process. Some people may be re-categorised at this point, either because their condition has worsened or improved or because the earlier and more hasty assessments have been incorrect. In any event, people will now be routed according to their medical needs – to permanent or temporary medical establishments; to survivor reception centres if uninjured or only lightly injured; or, in the case of the confirmed dead, to permanent or temporary mortuary facilities.

5.4 Medical assessment and triage does not end at this point. Survivors should continue to be monitored in the medical establishments and the reception centres and re-categorised as necessary. This is a matter for the medical professionals now overseeing their care.

5.5 There are two broad categories of medical need in these circumstances: the injuries and conditions that people have acquired as a result of the incident itself, and pre-existing requirements for care and/or medication. Among the complicating factors in the first category is the possibility that people may have been exposed to contaminants, including oils. Re-warming and treatment for near-drowning are similar examples of the need for specialised care. Those responsible for planning to receive people at the place of safety should assess the possible risks, and be prepared to provide suitable treatment. See also ‘welfare needs’ below.

5.6 It is, understandably, usually the case in an MRO that physical symptoms will be the first to be noticed, and their underlying causes treated. But it is also usually the case that people involved in such an incident will be to some extent mentally traumatised by it. They will need care, understanding, reassurance and, when it can be provided, professional counselling.
5.7 Planners should note that it is not only survivors who are likely to need this help. Rescuers too will be operating in unusual and very stressful circumstances. There are also other categories of people, easily overlooked, who may be adversely affected: support staff, for example, and on-lookers swept up in the incident. The passengers on assisting passenger ships are an example of the latter.

5.8 As elsewhere in our study of MROs, it is clear that the medical needs are likely to overwhelm the resources normally available, and that extra resource must therefore be identified. The provision of additional medical resources on land should be as provided for in wider major incident planning. In the case of a maritime MRO, planners should additionally consider the value and practicalities of transferring medical teams offshore, either to the scene of the incident itself, or to rescue facilities on their way to landing sites.

5.9 As discussed in chapters 8 & 15, one way to overcome the ‘capability gap’ in MROs is to leave those in distress on their parent unit (if, of course, it is safe to do so) and support them there until they can be delivered to a place of safety. Providing medical support on scene is a necessary part of this process, preferably by delivery of relevant experts, trained and equipped for such a response. A less satisfactory alternative is to provide medical expertise remotely, via suitable communications links. See IAMSAR Volume II Chapters 1.4 and 6.6, and Appendix R; and Volume III Section 3.

5.10 Survivors can help each other. Those whose medical or other caring expertise may have been called upon during earlier stages of the rescue should be able to hand over these responsibilities at the place of safety – they themselves will be in need of care – but the general principles of self-support still apply. Asking people to look after each other helps ease the load on busy response staff to some extent, and, by giving them something useful to do, will be of benefit to the ‘carers’ as well as their fellow survivors.

6 Food, drink & other welfare needs

6.1 Survivors’ most pressing concern, likely to precede all others, will be for any missing family members and friends. See chapter 9, and ‘accounting for people’ in chapter 10 and below. They will also want to move on, to be united with any friends or family meeting them, and to go home. But they will have other needs too, which should be addressed as best possible at the final place of safety.

6.2 Simple, nutritious food and warm and cold drinks, especially water, should be freely available at the place of safety. You do not wish to add to people’s concerns, so foodstuffs that meet all the major cultural dietary requirements should be provided if at all possible; and bottled water is easier to dispense as well as being more obviously potable. Nutritional advice should be sought at the planning stage. Try to avoid complications. A hot meal is very good, especially if people have been brought in from a cold environment – but it does, obviously, require heating.

6.3 Sufficient provision should also be made for people’s sanitary needs. Portable toilets may be required to back up local provision. Basic washing facilities should also be available, so that survivors can clean themselves up. Decontamination, if required, is a specialist function; and showers etc may be needed for supervised re-warming – but these are part of the medical response, and should be planned for specifically. In all cases, survivors’ basic decency and rights of privacy should be respected – so must be planned for.

6.4 Survivors’ clothing may be wet, contaminated or soiled. Clean, dry clothing should be made available at the place of safety: arrangements can be made with local clothing suppliers and retailers on an on-call basis to avoid the need to stockpile. Again, bear differing cultural requirements in mind, and remember that people come in a wide range of shapes and sizes, including babies and children. It is better to have
clothing which is too large than otherwise. Secluded areas, separated by gender, should be provided as changing rooms. Arrange, too, for large supplies of blankets to be readily available. Remember that survivors can feel cold even in warm conditions – and blankets are comforting.

6.5 Individual survivors may have a wide variety of special needs. These include prescription medications, left behind in the crisis, and mobility aids such as wheelchairs. Surprisingly high percentages of people, especially the elderly, may be more or less dependent on prescription medicines; and even people who did not require mobility aids before the incident may do so now. These elements are part of the medical and medical support response. An uninjured survivor may still need a doctor to prescribe vital replacement medicines; and the health services are likely to be the best source of mobility aids.

6.6 As always, balances need to be struck between objectively assessed levels of need and needs expressed by survivors. Some people will be demanding, others reluctant to make a fuss: that is human nature. At the place of safety, triage is a matter of sorting out welfare priorities as well as medical ones.

6.7 Specialist social welfare personnel should be used to assess individuals’ needs and prioritise them. As well as the needs already discussed, people will have lost belongings and papers and will need help accordingly. They may have come ashore without ID, money, credit cards etc. They are unlikely to be where they expected to be; they may not be in a country they expected to visit; they may not have any local support networks of their own to fall back on; they may have only the clothes they stand up in; they may not speak the local language. Each of these needs will have to be addressed. Foreign nationals may need consular support.

6.8 Where the incident has involved one of the passenger-carrying industries (ferry or cruise ship operators or airlines) or one of the offshore industries, they should be able to assist in the reception centres. They may even take the lead, particularly as regards seeing to their passengers’ and staff welfare needs. It has been well said that, while local authorities have a responsibility to respond, the operator concerned should have the means, especially the financial means, either to do so direct or in support of the local authorities. The operator has responsibilities too, of course; and it is very much in their interest to assist. They will still need strong support from the local emergency response authorities, however, and this should be mutually pre-planned where practicable.

6.9 In some cases – migrants rescued at sea, for example – there will be additional complications. The State they land in may wish to detain them until their status can be determined; but for our purposes these people are simply the subjects of a rescue operation, and should be treated in the same way as any others during rescue, including at the place of safety.

6.10 Welfare needs are also likely to include the provision of temporary mortuary facilities. These should be out of survivors’ sight if at all possible and incapable of being accessed by the general public.

7 Information and communications

7.1 We should consider survivor communications in three categories: providing information to survivors; acquiring information from survivors; and providing communications facilities for survivors to use for their own purposes – principally contacting their family and friends to assure them of their survival.

7.2 A survivor reception centre at the place of safety is where the relevant authorities will gather information from survivors – personal details, immediate needs, and so on. However, all too often in major incidents survivors complain of a lack of information in return. What is being done to find missing family members or friends, for example. What is being done for the survivors themselves? Why can they not be allowed...
to leave...? Busy responders may well have other, higher priorities, and, in consequence, may tend to
treat survivors as objects to be rescued, assessed and accounted for rather than human beings with
information needs of their own – and individual responders are unlikely to have the required information
anyway. But survivors will be placated if they can be confident that they are being given as much
information as possible, including an explanation of any apparent delay – and will be easier to manage in
consequence.

7.3 It is therefore in everyone’s interests to plan for the provision of information to survivors, at all stages of
the rescue but particularly in the controlled environment of the place of safety. (See also chapter 10.) As
always, communications should be planned and should be limited to facts. Speculation and vagueness
must be avoided: they will not help. Communications officers should be identified, and a reliable flow of
information provided for them to relay to the survivors. Ideally these staff should be trained for this
potentially difficult role. They should certainly have a basic understanding of the rescue process the
survivors find themselves in, so as to be able to answer general questions.

7.4 Essential to successful communication is a common language. If survivors and responders do not share a
language communications will fail and problems will mount. Simple visual signage will help – direction
signs, for example – and briefings, information collection forms etc can be prepared in a range of
languages. The best solution, however, is to provide interpretation services, ideally on-site – although
telephone / internet-based interpretation services are also available. Consular services and locally-based
language teachers are alternative sources of linguistic support – as are the survivors themselves.

7.5 The reception centre is where the authorities should gather the personal inform-

7.6 Accident investigation is a very important task, and the investigating authorities will need to know how
to contact all those involved – but information collection for this purpose does not have the same
immediacy as obtaining any information survivors may have that will be of assistance to the ongoing
rescue effort.

7.7 Communication is, as ever, a two-way process. The survivor communications officers at the places of
safety should, in addition to providing information to survivors, be seeking relevant information from
them. See chapter 10 for a discussion of the sort of information that may be available from survivors, and
which should, ideally, be carefully sought from them during the transfer phase as well as at the final place
of safety. Such survivor evidence should be treated with caution, as it may be incomplete or, in the case
of people without maritime experience, misinterpreted. However, relevant information should be passed
without delay to the Rescue Coordination Centre. It should never be simply ignored.

7.8 It follows that robust and reliable communications need to be established and maintained between the
places of safety ashore and the RCC. These need not be, and perhaps should not be, direct
communications links, to avoid overload: they may be via a shoreside coordinating centre – see chapters
17 & 25. It is also important to maintain reliable communications with ‘temporary places of safety’ if
people are likely to be kept there for prolonged periods.

7.9 Finally, it is important to provide communications facilities for survivors to use for their own purposes –
principally contacting their family and friends to assure them of their survival. This will provide relief to
both sides, and will again make the management of the situation easier. Enabling survivors to talk with their families and friends is another welfare need that should be planned for.

8 Accounting for people

8.1 As regards the ongoing MRO operation, the most immediately important part of the information flow to and from survivors is to do with the difficult task of accounting for everyone involved. In addition to confirming their own identities, survivors can provide information about missing friends and family members. In an MRO such people may well be aboard other rescue units, or may have been delivered to other places of safety. Survivors may also have useful information about other people, unknown to them; still aboard the casualty, for example, or seen to have been drifting away.

8.2 As noted above, communications links need to be established and maintained so that this information can be collated. The actual task of collating information – from the scene, from responding units, and from landing sites and reception centres – is a very demanding one. Responsibility and resources for it should be agreed at the planning stage.

8.3 See chapter 9 for a fuller discussion of the problem of accounting for people involved in an MRO.

9 Shoreside transport & accommodation

9.1 Transport will need to be provided at the ‘final’ place(s) of safety, for example from landing sites to reception centres and/or medical facilities. Even uninjured people should not be expected to walk any distance to reception centres if this can be avoided. Transportation – buses and coaches – should be planned into the response. Experience has also shown that it is easier to count people as they are moved away from controlled landing sites in buses etc than in open spaces. See chapter 9.

9.2 Onward transport will also be required, from reception centres, and from medical and temporary mortuary facilities. Where people will go to will vary, usually depending on their intended destination before the incident occurred and on whether they simply wish to go home instead. In some circumstances neither case will apply: people evacuated by sea following a shore-based emergency, for example, were not intending to travel and may now have no home to go back to. Migrants will have been seeking a new home, but will not be permitted to travel freely by immigration authorities. But the point here, from an MRO planning point of view, is that people cannot stay for long periods in reception centres set up in response to the emergency. They must move on.

9.3 Emergency reception centres will be unsuitable, in most cases, for anything other than short-term accommodation. Put simply, planners need to work out where people can sleep. Ideally, hotel accommodation etc can be identified in the vicinity. But what if the place of safety is remote, or hotel accommodation is limited? These factors should be borne in mind when identifying potential places of safety.

9.4 There are two basic solutions. The first is to arrange to move people away from the area after they have been through the reception process, to places where accommodation is available or to their preferred onward destination. This implies the need for transport facilities. The second option is to extend the place of safety’s capabilities by bringing in bedding etc, as well as making longer-term plans for catering for other welfare needs as discussed above. This, in turn, implies sourcing the necessary materials and arranging for their rapid transport to the place of safety.
9.5 Where the incident has involved one of the passenger-carrying or offshore industries, it should be the case that the operator concerned will lead on arranging both onward transport and accommodation. They will also be of assistance in the reception centres as discussed above.

9.6 In other circumstances, when there is no obvious industry lead, the local authorities (including consular authorities and/or relevant government departments) will have to make the arrangements themselves.

10 Summary

- ‘Places of safety’ need to be planned to be effective.
- This means considering at the planning stage all the things that may need to be provided: local transport; safety, shelter and security; medical support; welfare support, including food, drink, clothing and sanitary facilities; interpretation services; communications facilities, and so on.
- It is best to pre-select places of safety, based on ease of landing survivors and the local facilities available, including supply and re-supply facilities as appropriate and onward transport and accommodation requirements.
- Assessment of potential places of safety, and agreement on how they are to be resourced and used, should be conducted jointly by the lead maritime and shoreside authorities.
- Where the incident has affected a company with responsibilities for caring for staff, passengers etc, they will wish to assist. Their involvement should be pre-planned.
- Effective communications to and from survivors are necessary, and communications facilities should be made available to survivors whenever possible.
- The place of safety is the end of the rescue process, but it is not the end of the incident for the survivors or, usually, of their need for assistance. In the same way that the at-sea response should be carefully integrated with the shoreside response, so the arrangements for the place of safety should be integrated with those for the survivors’ onward transport, accommodation and support.

11 Further reading

11.1 The IAMSAR Manual contains general guidance on MROs, including arrangements for places of safety, in Volume II Chapter 6.15, especially 6.15.50-51, and Appendix C. Triage and medical care of survivors is discussed at Chapter 6.17; debriefing survivors at 6.18; and the handling of the dead at 6.19. Critical incident stress is discussed at 6.20.