TO: Sebastian Rhodes Stampa
INSARAG Secretary | Chief Emergency Response Section | Response Support Branch

FROM: Anthony Macintyre
INSARAG MWG Chair

SUBJECT: MWG 1st Virtual Meeting Minutes

DATE: 27th of August 2020

MWG

- Hector Fuentes (AUS)
- Vincenzo Borgna (CHI)
- Peng Bibo (CHN)
- Magali Jeanteur (FRA) – No response
- Yasushi Nakajima (JPN)
- Thomas Eckhardt (NED) – Apologies
- Malcolm Russell UKISAR (UK)
- Simon Woodmore SARAID (UK)
- Will Selley SARAID (UK)
- Anthony Macintyre (USA) Chair
- Rudi Coninx (WHO)
- Trevor Glass (SME)

Other INSARAG Working Group (WG) Representatives

- Dewey Perks Chair TWG (USA)
- Tsukasa Katsube TWG (JPN)
- Peter Wolff IMWG Co-Chair (GER)

INSARAG Secretariat Representatives

- Winston Chang
- Lucien Jaggi
- Haruka Ezaki
- Xaiowei Zhang

The MWG hosted its first virtual meeting using Microsoft Teams, facilitated by the INSARAG Secretariat. The Agenda is available in Annex A. A voice recording of the meeting is available at https://web.microsoftstream.com/video/704bc640-8d1f-4bc4-8952-e0c194082ec7

The Covid-19 pandemic has drastically influenced how we go about living our daily lives as well as how we work. As emergency response teams, we need to adapt to these new challenges, equip our teams and train them appropriately, maintain a constant state of operational readiness and be

prepared to deploy into disaster environments compounded by the risks of Covid-19. We cannot allow this pandemic to paralyse our operational response capability. We need to strike the balance, in a constantly evolving environment that enables us to:

- Protect our workforce
- Maintain our operational capability and respond as required

There has been and continues to be a rapid evolution related to Covid-19 so we must expect that we will be required to review mitigation and response strategies and plans frequently to ensure they remain current and relevant.

We must accept that while can mitigate the risks associated with Covid-19, we cannot eliminate them.

Review of Beirut Response

Will Selley (SARAID) provided an overview of their team's deployment to the Beirut Explosion that occurred on the 4 August 2020. Although representatives from USAR.NL were also invited to share their deployment experience no one from the deploying team was available during the call. At the time of the incident, Lebanon was engaged in dealing with the Covid-19 pandemic. Soon after the explosion, the Lebanese Government requested, among others, search and rescue assistance from the international Urban Search and Rescue (USAR) network, through the INSARAG Secretariat. The Beirut Explosion response was the first international USAR deployment during the Covid-19 pandemic and therefore provides an invaluable learning opportunity for the INSARAG network.

The discussion largely mirrored the MWG meeting agenda and raised some very pertinent points.

Pre-deployment Screening

There are two broad considerations with regard to pre-deployment screening, namely:

1) Home country requirements
2) Affected country requirements

While it cannot be known what an affected country's deployment requirements will be until a request for international assistance has been received, teams need to ensure they are familiar with their home country's pre-deployment requirements. The necessary processes need to be put in place to facilitate these occurring in a timely manner.

From the discussions it is believed that the Lebanese Government required all international responders to produce a negative Covid-19 test result prior to departure from their home country. They were then also required to undergo a second test upon arrival in Beirut. It is also believed that some teams were required to go into quarantine for 24 hours while awaiting the results of the testing conducted upon arrival.

One of the challenges with Covid-19 testing is the speed at which test results can be obtained. The processing rate varies between testing agencies and from country to country. It is fact that survivability in the structural collapse environment drops off very quickly, any deployment delays significantly impede a team's ability to effect rescues. It is therefore imperative that teams put in place a system that will enable its members to undergo testing and obtain the results in a timely manner, thereby mitigating the risk of Covid-19 testing related delays in deployment.

There are confounding factors that need to be considered with regard to PCR testing, which may influence team selection and deployment:

- A negative PCR test result offers a point-in-time status, an individual's status may change to positive the following day
- Individuals can be Covid-19 positive and infectious, however, they can also be Covid-19 positive yet be non-infectious. It is known that some individuals can return a Covid-19 positive test result for many weeks, up to months, after contracting the virus. If an affected country requires a negative Covid-19 test result prior to deployment, these individuals would be excluded. However, we need to consider the need for not only international deployments but also domestic deployments
- An affected country may not accept the results of the specific type of testing used in one's home country

It is possible to have a Covid-19 antibody test; however, the scientific literature is vague about the level and duration of protection offered to an individual who tests positive for Covid-19 antibodies.

Other factors to consider include:

- Local risk profile of the area from where team members will be selected, i.e. high case burden versus no/low case burden
- Risk profile of the area being deployed to, i.e. a team coming from a no/low/high prevalence area deploying into a no/low/high prevalence area. In addition to deployment considerations, this has implications regarding returning to home and the risk of importing the virus upon return.

Therefore, there are a multitude of factors that need to be considered regarding a go / no go deployment decision and if it is a go, team member selection.

Testing on Arrival in the Affected Country

As was seen with the Beirut response, even though teams had completed Covid-19 testing and obtained negative results prior to their departure, they were still required to undergo a test upon arrival. Some teams, or some elements of teams were required to go in quarantine until their test results were shown to be negative. Teams therefore need to anticipate that this may be a requirement for future deployments. During a USAR deployment a delay of 24 hours in the affected country awaiting tests results would significantly undermine a team's ability to effect rescues. There needs to be a weighting of the risk of importing Covid-19 versus the lives that would be lost due to delays in rescue/medical efforts. It is therefore important that dialogue between the United Nations, donor countries and the affected country be in initiated at the earliest opportunity in attempt to secure a quarantine exemption for teams providing lifesaving services in the immediate aftermath, e.g., USAR teams, emergency medical teams (EMT).

It was suggested that testing on arrival, if required by the affected country, is something that could potentially be facilitated by the RDC. It must be noted that currently the ability to conduct rapid testing with accurate and reliable sensitivity and specificity that delivers results in a short period of time, i.e. a few hours, is not available. However, given the ongoing research in all areas of Covid-19, including testing regimes, this may be available in future. It was also noted that it is highly unlikely that a country's health authorities would abdicate the responsibility of conducting Covid-19 testing in its country to a foreign entity.

Personal Protective Equipment (PPE)

There are several important considerations to be addressed:

- Various types of PPE required, e.g., aprons, disposable coveralls, eye protection, face shields, respiratory protection – This will vary based on the types of operation expected, e.g., moving around in public conducting structural assessments versus performing aerosol generating procedures (AGP). Teams should establish PPE standards for the various activities they will perform
- Standard of PPE required – This will vary from team to team based on home country health guidelines, e.g., N95 versus surgical mask; disposable masks versus reusable ½ face masks with disposable filters. However, it is important to acknowledge that an affected country requesting assistance may stipulate minimum PPE requirements, and therefore deploying teams will need to comply. In instances where the affected country requesting assistance requires a higher standard of PPE than normally used by the team, teams will need to have a mechanism in place to upgrade their PPE at short notice
- Quantity of PPE required – Teams need to work out a daily consumption rate to determine how much PPE, of each type, they should deploy with. Factors such as weather and mandated replacement periods, e.g., replacing masks every 4 hours, will influence the rate of consumption
- Welfare considerations – work rest cycles may need to be adjusted to accommodate for the implications of prolonged wearing of PPE. This will be influenced by the type of work being carried out, the nature of the environment and prevailing weather conditions
- Safe disposal of PPE – Increased use of PPE will generate increased medical (biohazardous waste). Teams need to anticipate they will be generating higher volumes of medical waste and develop an appropriate waste management plan, in conjunction with local authorities

Transport and Accommodation

Transport

It is well accepted that social (physical) distancing in an effective strategy in reducing the spread of Covid-19. However, there are practical considerations with regard to the feasibility of physical distancing while transporting a team. This would vary based on whether the deployment was by road or by air, as well as availability of transport resources in the home country and the availability of transport resources in the affected country. The need for social distancing during transport also needs to take into consideration the fact that team members are likely to have produced a negative Covid-19 test result.

A practical consideration could potentially be travel bubbles, which are consistently applied, i.e. the same people travel in the same vehicles all the time in an effort minimise potential exposure to other team members. In order for this to be effective, similar work bubbles would need to be created.

Accommodation

Similar to transport considerations, the ability to implement social distancing will be influenced by the type of accommodation arrangements, e.g., hotel versus base of operations (BOO). Ideally, in a hotel type setting, all team members should be allocated to a floor where there is a degree of containment, which limits interaction with non-team member guests. This also lends itself to implementing a team security plan. The issue of shared versus single occupant rooms would be influenced by the facilities capacity.

Teams using their BOO would need to consider sleeping and eating arrangements and implement measures that would minimise the risks of spreading the virus should someone within the team become symptomatic.

Contingency Planning

The medical managers of USAR teams need to develop contingency plans to deal with a team member/s that display signs and symptoms of Covid-19 while on deployment. Important issues including isolation, access to testing, clinical treatment, psychological support and communication all need to be considered. While the template of the plan will be generic, the information populating the plan will have to be based on the specific resources available in the affected country.

The planning will also need to consider actions following a negative test result versus actions following a positive test result while in the affected country, taking into consideration the clinical status of the individual/s in question.

Demobilisation Post Mission Monitoring

Teams need to anticipate that they may need to go into quarantine upon returning home. Some countries have started publishing lists of countries from which returning travellers are required to go into quarantine. Other countries have mandatory, blanket quarantine requirements.

Teams need to establish a process that will enable the monitoring of team members following their return home. This is needs to be implemented regardless of any quarantining / testing requirements. In the absence of mandated quarantine, thought needs to be given to the integration of deployed team members back into normal duties.

Covid-19 Vaccine

Currently no Covid-19 vaccine exists. It is also unknown if/when a vaccine/s will become available nor, if a vaccine/s are developed, what their efficacy will be, will one vaccine suffice or will a recipient be required to have periodic vaccines? If a vaccine does become available, this will again be a catalyst for change as to how we prepare our teams and what evidence we will be required to demonstrate pre-deployment and or on arrival in an affected country.

Members of the MWG are closely monitoring the global status of vaccine development and at an appropriate time, will make guidance available to USAR teams with regard to their incorporation into USAR teams' preparation and deployment. The development of a vaccine, and associated requirements, may also influence the INSARAG Guidelines and the INSARAG IEC/R Checklist.

After Action Reports

The INSARAG Secretariat informed the MWG that there were a total of 12 USAR Teams that deployed to the Beirut Explosion. INSARAG teams are required to submit a post mission After Action Report (AAR). As the Beirut Explosion was the first international USAR deployment during the Covid-19 pandemic, it provides an invaluable opportunity to gains insights and identify lessons from deploying teams.

Accordingly, the MWG has developed a questionnaire to help frame the Covid-19 specific related issues for the teams that deployed to in their AAR. A copy of the questionnaire is available in Annex B.

INSARAG MWG Covid-19 Response Guidance Note

It was discussed and agreed that the MWG would author an INSARAG MWG Covid-19 Response Guidance Note. This guidance note will incorporate the feedback from received from the AARs.

The MWG would like to place on record its appreciation to the USA's Federal Emergency Management Agency (FEMA) for sharing its document titled, USR GM 2020-032c - (Revised) COVID-19 Op Guidance, drafted to provide System operational guidance to FEMA's US&R teams. This document will be used as a resource document in the drafting of the INSARAG MWG Covid-19 Response Guidance Note.

While this guidance note will be provided by the MWG for USAR Teams, it has relevance to other humanitarian responders as well.

Any Other Business

No additional matters were raised during this meeting.

Next Meeting

The next MWG Virtual Meeting will be scheduled once the draft framework of the INSARAG MWG Covid-19 Response Guidance Note has been developed.

Acknowledgements

The MWG would like to acknowledge:

- SARAID, specifically Will Selley, for sharing their experience and insights into their Beirut Explosion deployment
- INSARAG Secretariat for hosting and recording the inaugural MWG Virtual Meeting
- Sponsoring agencies and organisations of its members and their continued support of its important work
- Other WG representatives who participated in the meeting

Annex A – 1st Virtual MWG Meeting Agenda

1. Welcome and agenda adoption
2. Beirut deployment review
3. Pre-deployment screening and testing
4. Minimum PPE requirements for deploying teams
5. SAR operations
6. Daily health monitoring adapted for Covid-19
7. BOO considerations: Social distancing / sleeping arrangements
8. Hygiene & sanitation
9. Any other business

Annex B – Medical Questionnaire for After Action Reports

Pre-deployment Screening

- What, if any, Covid-19 specific screening, over and above the normal pre-deployment screening, was undertaken?
- If Covid-19 specific screening was undertaken, what was included and how was this carried out? E.g., were team members required to complete a questionnaire prior to arrival at the meeting point, e.g., telephonic interview / having to remain in vehicles to be interviewed before mixing with others
- Were your team informed of any particular type of test they would need in order for it to be accepted by the health officials in Lebanon?
- Did the team undergo a polymerase chain reaction (PCR) test for Covid-19 prior to departure?
- Did the team undergo any other type of Covid-19 testing prior to departure?
    - If yes to testing requirements, what were the challenges created by this and how were they overcome?
- Did this requirement result in significant delays in your departure?
- Did you anticipate that your team would have to go into quarantine upon returning home?
    - If yes, what contingency planning was done to facilitate this requirement?

Medical Intelligence

- What specific sources did your team utilise to gather medical intelligence regarding:
    - Covid-19 status in Lebanon generally and Beirut specifically
    - Identify local resources your team could access if required, e.g., PCR testing centers

Transport

- Did your team practice social distancing in team vehicles, buses, aircraft on route to and from Lebanon?
    - If yes, please describe
- Did your team practice social distancing in team vehicles, buses, aircraft while in Lebanon?
    - If yes, please describe
- Did your team travel while wearing masks?

Arrival in Country

- Were your team required to go into quarantine on arrival in Beirut?
    - If yes, how long was the team in quarantine?
- Do you know what factors were considered by the Government for your team to be released from quarantine?
- Once your team was able to start working, were there any restrictions put in place?

Accommodation arrangements

- If your team stayed in its Base of Operations (BOO), what plans were put in place to address issues like:
    - Social distancing
    - Decontamination: team members, K9's, equipment
    - Base hygiene
    - Sleeping arrangements
    - Eating arrangements
    - Cleaning of communal surfaces, e.g., computer keyboards
    - Cleaning of communal items, e.g., eating / cooking utensils
    - Isolation plan and capacity in the event of a team member becoming symptomatic
    - Were other teams co-located in the area of your BOO?
        - If yes, what plans were put in place to minimise the level of interaction
- If your team stayed in a hotel, what plans were put in place to address issues like:

- Did all team members stay on the same floor / floors to minimise mixing with non-team members?
- Sharing rooms
- Eating arrangements
- Cleaning of communal surfaces, e.g., door handles
- Minimising interaction with non-team members guests
- Isolation plan and capacity in the event of a team member becoming symptomatic
- Decontamination: team members, K9's, equipment

Meetings

- How did your team manage meetings to minimise the level of interaction with those not within your team?

Daily Health Monitoring

- Did your team have a daily health monitoring plan
  - If yes, please describe how this was implemented

PPE

- Please list the specific Covid-19 PPE plan used by your team:
  - What type of PPE was taken? E.g., surgical masks, N95 masks (or similar), eye protection, face shields, disposable gowns, disposable overalls, etc
  - What quantities of each type of PPE was taken?
  - How was your PPE consumption rate calculated? E.g., 3 surgical masks per person per day

Mask Wearing

- Was continual mask wearing mandatory
  - If yes, was this a team decision or a requirement from the Government?
- Did you use different types of masks at certain times, e.g. surgical masks and N95 (or similar)?
  - If yes, please describe
- Did your team have a standard mask rotation requirement, e.g., every 4 hours?
  - If yes, what was the requirement?
- Did the weather impact the wearing of masks?
  - If yes, how did your team address this challenge?
- Did your team have a standard PPE requirement when:
  - Moving around in public
    - If yes, what were the requirements?
  - Conducting USAR operations
    - If yes, what were the requirements?

Aerosol Generating Procedures (AGP)

- Did you team have to perform any AGP, e.g., nebulisation, bag valve mask ventilation, supraglottic airway insertion, intubation, non-invasive ventilation?
  - If yes, what were your teams PPE requirements for AGPs

Field Decontamination

- What was your teams plan for field decontamination of team members, K9's and equipment?

Waste Management

- How did your team manage its PPE waste in the field?
- How did your team manage its PPE waste in the BOO / hotel?

Symptomatic / (+) Test Result while Deployed

- What contingency planning was done for a team member becoming symptomatic of Covid-19 during the deployment?
- What contingency planning was done for a team member testing positive (+) for Covid-19 during the deployment?

Post Mission

- Did your team have to go into quarantine upon returning home?
- What post mission monitoring was put in place for team members?
- Did any of your team members return a positive Covid-19 test result after returning home?

Medical Lessons Identified

- Did your team have an established plan for responding into a Covid-19 environment before this deployment?
    - If yes, was the plan effective?
- Based on your team's experience, what lessons did you identify?
- Based on your team's experience what will you do differently in a future deployment?
- Does your team's Covid-19 deployment plan need to be amended to reflect your deployment experience?