

Communication with Affected People during a Nuclear Disaster

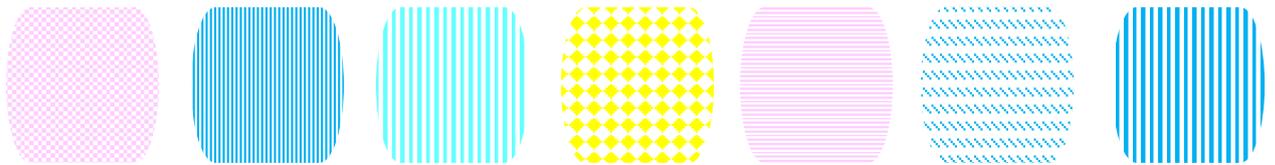


Table of Contents

Introduction.....	4
1. System of relief activities during a nuclear disaster.....	6
(1) Structuring of relief teams and backup system during a nuclear disaster	6
(2) Information gathering during a nuclear disaster	7
(3) Cooperation building during a nuclear disaster	8
(4) Points to remember at the time of withdrawal.....	9
2. Nuclear disaster-specific events and psychological state of the affected people.....	10
(1) Nuclear disaster-specific events and psychological state of the affected people	10
(2) Psychological state of affected people	12
Voices of affected people heard during JRCS relief activities	13
JRCS's "Psychological Care during a Disaster"	14
3. Basic points in communicating with affected people	15
(1) Communicating with the affected people at first-aid centers and shelters	15
(2) Basics of communication with affected people	16
[Communication] Seven elements.....	17
4. Anticipated communication during relief activities	18
(1) Sample dialog when asked about the situation of a nuclear accident or disaster	19
(2) Sample dialog about pregnant women's anxieties and general ways of protecting against radiation	21
(3) Sample dialog about physical condition and anxiety over radiation exposure.....	23
Pocket Guide.....	25
Reference and Cited Literature	27
Editorial supervisors	28

Introduction

The Great East Japan Earthquake and Tsunami (GEJET) triggered the Fukushima Daiichi Nuclear Power Plant accident (Fukushima Daiichi accident) in 2011, and radioactive materials were released into the air and the sea. This forced the residents to evacuate from the surrounding areas of the power plant and restricted the consumption of tap water and the consumption and shipment of some foods.

In addition, accurate information about the accident was not shared and various opinions on the effects of radiation on humans spread. Under this situation, many of the affected people became more worried and fearful that they may be exposed to radiation and had a hard time mentally and physically for a long time.

To mitigate the anxiety and suffering of the affected people even a little after such a nuclear accident, information about the accident and the risks of radiation needs to be shared among residents including those affected by the accident, as well as radiation experts, government officials, the staff of relief and other organizations related to the accident, and they need to consider the feelings of the affected people when communicating with them, with no secrets or lies.

In the case of a nuclear disaster, the Japanese Red Cross Society (JRCS) is expected to conduct relief activities under unusual circumstances as stated at the beginning of this introduction, different from natural and other disasters. Therefore, the JRCS relief teams, which do not have the expertise of medical care for radiation exposure and conduct relief activities to treat victims, are also expected to respond to questions from the affected people and give advice to them regarding the accident and radiation. Moreover, in some situations, the relief teams may have difficulties communicating with the affected people who are anxious and fearful of radiation exposure.

This booklet was therefore created so that relief teams can communicate more appropriately with the affected people and provide the help and support that they need when a nuclear disaster occurs. It contains basic points such as the system of relief activities in the case of such a disaster, the psychological state of the affected people and policies on communication with each person with sample dialogs. These are based on reflections from the Fukushima Daiichi accident.

During a nuclear disaster, anxiety about radiation makes not only

the affected people but their supporters, us, very stressful. To reduce such psychological burdens, relief team members need to utilize opportunities like Nuclear Disaster Response Basic Training Sessions to understand radiation correctly and fear it appropriately. Based on that, we need to try to understand the psychological state of the affected people and provide them relief from their perspectives as much as we can.

As stated above, during a nuclear disaster, affected people become more anxious and information becomes more diversified, so they become unable to make decisions even if they are provided with accurate knowledge or news. To make them feel at ease with and reliant on the JRCS, it is vital to build and strengthen the relations of trust through interactions with local residents during normal operations of the JRCS and through cooperation with public health nurses and those engaged in disaster management. Familiarizing the roles and the code of conduct of JRCS relief teams during a nuclear disaster to those people will facilitate their relief activities.

Since this booklet provides just sample responses, relief teams need to respond flexibly to each situation if a nuclear disaster occurs. In some cases, you may be confronted with very difficult questions or harsh language.

We sincerely hope that this booklet can be of some help to relief team members in being prepared for and responding to a nuclear disaster and conducting relief activities while considering the feelings of each victim.

1. System of relief activities during a nuclear disaster

To provide adequate support to the affected people during a nuclear disaster, understand the system of relief activities.

(1) Structuring of relief teams and backup system during a nuclear disaster

■ Addition of radiological technologists to relief teams

In the case of a nuclear disaster, a radiological technologist joins each relief team as much as he/she is available. The main role of the radiological technologist is to monitor the environment of first aid centers using radiation meters to secure the safety of relief teams. Moreover, the radiological technologist, who is a medical professional qualified for handling radiation for diagnosis and treatment purposes, can respond to basic questions as to radiation from a professional perspective.

■ Advice from radiation emergency medical care advisors

A radiation emergency medical care advisor gives advice on the course of action and ensuring the safety of the staff engaged in activities to the JRCS Headquarters and JRCS chapters' Headquarters of Disaster Control (HDC), based on information about the situations of the disaster, the environment of possible activity areas, and so on.

During a nuclear disaster, situations change every moment, so do not rely only on the information available in the field but actively utilize official information available to JRCS chapters and comments and advice from the radiation emergency medical care advisors. Issues on handling the affected people should be discussed with the advisors as needed and reflect discussion results in your next activities.

(2) Information gathering during a nuclear disaster

■ Information gathering from Off-Site Emergency Managing Control Centers and Disaster Response Headquarters in prefectures

An Off-site Emergency Managing Control Center is a government-run facility where national and local governments' staff, nuclear operators, experts, etc. gather to take emergency measures during a nuclear disaster. This center serves in the role of collecting and sending information about evacuation routes and locations, radiation monitoring, contamination screening at evacuation areas, simple decontamination, radiation medical care, weather and the situations in the nuclear power plant during a nuclear disaster.

Updates from JRCS staff dispatched to Off-site Emergency Managing Control Centers or Disaster Response Headquarters in prefectures are shared among the JRCS chapters in the affected areas. To obtain such updates and views and advice from radiation emergency medical care advisors, relief teams should collect information from the chapters on a daily basis.

■ Information gathering from JRCS disaster medical care coordinators

JRCS disaster medical care coordinators are expected to create a network with those engaged in disaster prevention and health administration in the affected areas and public health nurses as well as medical institutions other than the JRCS which operate during a nuclear disaster. In addition, they are also expected to coordinate entire activities and consider helping with cooperation from the emergency phase through to the recovery and rehabilitation phase. You should therefore keep updated on the general overview of the support provided in affected areas and the details of the support given by related institutions to support the affected people effectively and efficiently.

(3) Cooperation building during a nuclear disaster

■ **Collaboration with experts in radiation and nuclear disasters**

Experts in radiation and nuclear disasters are expected to help evacuees in shelters during a nuclear disaster. To gain the cooperation of experts when a relief team finds it difficult to handle the affected people who are worried about exposure to radiation, you should build cooperation during normal times.

Furthermore, you should be considerate of the affected people so that they do not worry too much when referred to a radiation expert, like in the case of psychological care. It is important to explain why you are referring them to an expert and telling them what you are concerned about and care about, and be careful about what you say and do so that they feel fully cared about. With their consent, accompany them during the meetings.

■ **Intervention with cooperation of local key figures**

During a nuclear disaster, affected people can easily get more anxious and, in some situations they may not open their minds to JRCS relief teams soon after you arrive at the affected area from a non-affected area. In such cases, work with healthcare specialists in the shelter and local key figures (local public health nurses, school principals, teachers, social workers and other trusted local people) to help forge a relationship with the affected people. Local public health nurses in particular are engaged in local healthcare activities on a regular basis, and interact with the affected people for a long period of time from the outbreak of a disaster through to the recovery phase. Therefore, you should actively share information with public health nurses and get to know them on a daily basis. Be sure to hand over these to subsequent relief teams.

■ **To avoid upsetting affected people**

As stated earlier, people's anxiety and fear grow during a nuclear disaster and thus all of those who support them need to enhance cooperation further to respond to the disaster.

The JRCS relief teams should always be aware that they are one of

organizations that support affected areas and the period of their activity is limited. The relief teams therefore should cooperate and collaborate closely with all related organizations engaging in disaster response in providing relief to the affected people.

(4) Points to remember at the time of withdrawal

■ **Handing over relief activities to other support organizations**

The JRCS relief team withdraws from an affected area when they have determined that the local health, welfare and medical systems have already been recovered so their support is no longer necessary or before their support becomes a burden to the affected area, just as the case of a natural disaster.

Before withdrawing from the affected area, the JRCS relief team needs to fully coordinate their activities with local government organizations and medical institutions as well as support groups that remain in the area and adequately hand over the activities to them, so that affected people continue to receive adequate support even after the JRCS relief team withdraws from the area.



Roles of radiation emergency medical care advisor

- ✧ Give advice on points to remember in the case of a nuclear disaster and the concept of radiation protection at briefings held at JRCS chapters before activities are conducted.
- ✧ Respond to questions about the situations of nuclear power plant accidents and disasters, radiation, etc. based on the situations and dogmas available at the time.
- ✧ Collaborate with JRCS disaster medical care coordinators to create an environment for relief teams entering affected areas.

2. Nuclear disaster-specific events and psychological state of the affected people

During a nuclear disaster, events specific to the disaster, such as the release of radiation or radioactive materials, occur. Try to understand these unique events and the effects of the disaster on the lives and environments of the affected people as well as their psychological state, based on the situations of the Fukushima Daiichi accident that was triggered by the GEJET.

(1) Nuclear disaster-specific events and psychological state of the affected people

■ Peculiarity of nuclear disasters

A significant feature of a nuclear disaster is that radiation itself and its effects on humans cannot be recognized by the five senses, while radiation and radioactive materials can be detected by radiation meters.

■ Need for basic knowledge about radiation

To avoid as many radiation effects as possible during a nuclear disaster, you need to have a basic knowledge about radiation and understand measures to protect yourself from radioactive materials.

■ Possible mid to long-term effects on health

The effects of low-dose radiation exposure on humans have not been fully unraveled, and it has been proven that the acute exposure of the whole body to 100 mSv or more of radiation, increases cancer mortality, although it is a slight rise in the mid to long-term. However, with less than 100 mSv of radiation, there has been no difference found in cancer mortality between when exposed and not exposed to radiation.

However, from the perspective of protection against radiation, it is important to try to avoid unnecessary radiation exposure and contamination to a reasonable extent, even if a little.

■ **Prolonged environmental contamination due to the release of radioactive materials**

Radioactive materials released by a nuclear disaster spread over time to soil, rivers, seas and other natural environments and then to the entire ecosystem, affecting humans and other living things over a long period of time and may contaminate environments.

■ **Prolonged life in evacuation areas**

Once restricted zones are set up due to the contamination by radioactive materials, the access to these zones becomes limited. Even the access to houses or land that look unaffected are not allowed until restrictions are lifted. For this reason, evacuees are forced to stay in evacuation areas for a long term, uncertain about when they can return to their hometowns or dear old homes.

■ **Loss of local community functions and isolation of affected people**

Since a nuclear disaster forces a great number of residents to evacuate from their homes in wide areas, they have to be separated into different areas, and families and local communities are divided as a result. It is not rare that families have to live at different places, leading to the collapse of a community-based structure, including social interactions, mutual cooperation and watching over children and the elderly. Consequently, affected people become more isolated.

■ **Troubles and bullying in evacuation areas**

Inadequate understanding of nuclear disasters and radiation may cause various troubles and bullying between local residents and evacuees in evacuation areas. Even between evacuees, conflicts may occur due to differences in affected situations and compensation for damage.

(2) Psychological state of affected people

- **“I can understand what is explained but scary things are scary”**

How much level of radiation causes what kind of effects on humans remains to be clarified. Although we are exposed every day to radiations released from various sources, we take it differently when it comes to radiation exposure and contamination during a nuclear disaster. Even though a radiation expert repeatedly explains the effects of radiation on humans to the affected people theoretically, a lot of them actually understand what was said but they feel that scary things are scary anyway.



Voices of affected people heard during JRCS relief activities

- ◇ After the explosion, ash fell from the sky and covered me. Is it a problem?
- ◇ How far should I evacuate to find a safe place?
- ◇ Is the nuclear accident really coming to an end?
- ◇ I was screened and taken to another room, and my clothes were taken off and my body was wiped. What's going to happen to me?
- ◇ No one says anything but we are isolated because we were contaminated, right?
- ◇ Schools, workplaces and fields were contaminated by radiation. What's going to happen to them?
- ◇ If I was exposed to radiation, am I not going to be able to get married?
- ◇ I'm pregnant but can I give birth? If I was exposed to radiation, the baby might become disabled?
- ◇ I heard that children are more affected by radiation than adults, but are we safe being here?
- ◇ I might have a cancer?
- ◇ Can't I eat anything made in Fukushima anymore?
- ◇ I was forced to evacuate so I left my dogs and cows there.
- ◇ My house wasn't damaged but I feel heartache that I can't go home because of the nuclear power plant.
- ◇ Though I was told that I was not doing enough exercise, I don't want to walk outside as I'm scared of radiation.





JRCS's "Psychological Care during a Disaster"

When conducting relief activities during a nuclear disaster, it is helpful to understand basic knowledge about radiation and actively take in the knowledge and concept of psychological care, considering the psychological state of the affected people.

●Common stresses during a natural disaster

During a disaster, affected people feel enormous stress. Stress levels differ depending on the severity of disasters and the personalities and characteristics of each affected person, and their stresses appear in their bodies, thoughts, feelings, behaviors, and so on. Their chronic diseases may deteriorate or they may become unable to form thoughts or get irritated and restless, or become at odds with people around them.

●Changes in the reactions of affected people over time

Period Reaction	Acute period (A few days after a disaster)	Reactionary period (1-6 weeks)	Recovery period (1-6 months)
Body	Heart beats faster Breathe faster Blood pressure gets higher Sweat and shiver Get dizzy and faint	Have headaches Have backaches Get more and more tired Have nightmares and sleeping disorders	Same as the reactionary period but get less severe
Thoughts	Become difficult to think rationally Have narrower thinking Less able to concentrate Less able to remember Less able to make judgments	Get to know the situation the person is in	Gradually able to think by him/herself
Feelings	Shocked Scary Anxious Sad Angry	Sad and painful Recollect fear often Feel depressed and a sense of loss Feel a sense of guilt Uplifted	Sad Lonely Anxious
Behaviors	Get irritated Get restless Get rigid Get critical Less able to communicate	Afraid of going back to the affected area Drink more alcohol	Avoid going near the affected areas
Main characteristics	Fight-or-flight response	No longer hold back feelings	Become able to think about daily life and the future but feel painful when the memories of the disaster come back

3. Basic points in communicating with affected people

The situations of the affected people differ depending on age, gender, personal background, etc. as well as the degrees of the affected situations. To communicate with various affected people, understand the following basic points.

(1) Communicating with the affected people at first-aid centers and shelters

■ **Accept each victim as they are**

After experiencing a crisis, some people may feel relieved by talking to and being sympathized by someone, but others may not feel like talking to anyone.

When communicating with the affected people, do not urge them to talk about something but guess how they are feeling. If they want to talk, listen to them and take their talk as it is. It is important to be there for them to help them find what they want.

Since the dispatched period of each relief team is limited, the affected people may find it easy to reveal their worries to relief team members although it may be difficult to build a deep trust relationship with them. Though relief teams play different roles from psychological care teams, try to be attentive to what they are feeling as much as time allows in order to provide the medical relief they require.

■ **Do not be afraid to say “I don’t know” if you do not know**

In the case of a nuclear disaster, when asked about the situations of the accident and the effects of radiation on humans, you are expected to reply specifically to questions like “Am I safe?” and “Am I OK?”

In such cases, always be aware that what you say is considered to be the opinions of both the entire JRCS and society at large, so tell them only the official information available to a relief team and science-based facts.

Do not give uncertain replies or force yourself to say things to ease their mind, therefore if you do not know, be honest and say, “We don’t

know either.” In order to avoid making them experience unnecessary worries and to build a trusting relationship with them, act faithfully.

■ **Make use of advisors and radiation experts**

In the case of a nuclear disaster, a radiological technologist joins a relief team as much as he or she is available. Therefore, try to work with the technologist before answering questions about radiation.

In addition, if you want to obtain the latest information about a nuclear accident or radiation, or if you receive a difficult question to answer, utilize a radiation emergency medical care advisor for advice and support.

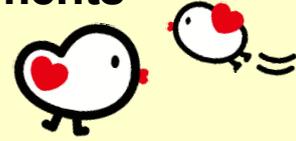
Depending on the conditions of the affected people, consider referring them to psychological care teams, teams with psychotherapists or clinical psychologists dispatched by the government, the Disaster Psychiatric Assistance Team (DPAT) or experts in nuclear disasters or radiation.

In such cases, take their feelings into consideration and stay close to them as much as you can as a relief team member, by accompanying them during meetings upon their approval and in other ways.

(2) Basics of communication with affected people

With the affected people who suffer stress from a nuclear disaster, communicate flexibly incorporating the following seven elements of communication.

[Communication] Seven elements



1. Self-introduction

2. Observe each victim

Look at each person carefully, including their expressions, tone of their voices, reactions made when you talk to them, and gestures, in order to understand them better.

3. Be considerate

Chime in and repeat what is said.

E.g.) “Right.” “You are worried that you may be exposed to radiation, aren’t you?” “It’s scary, isn’t it?” (Show that you understand the person by repeating what he/she wants to tell you or putting into words the feelings he/she cannot express.)

4. Listen carefully

Accept victims’ feelings as they are from their standpoints, listen to him/her compassionately, meet their eyes naturally, deal with them with a warm look, talk in a calm voice (Do not urge them to talk, do not chime in too much, or do not cross your arms or legs.)

5. Present information sources and objective facts

Provide information based on reliable sources and tell them honestly that you don’t know if you do not know.

6. Help each victim make decisions and self-help efforts

Respect decisions made by each person and support them so that they can do things for themselves even after their supporters leave them. (Do not impose your support or information on victims, and do not evaluate or decide one-sidedly without considering the feelings of the affected people, either.)

7. Refer affected people to experts

Do not try to deal with everything within JRCS relief teams, but when needed, refer affected people to appropriate experts (including radiation experts, government officers, clinical psychotherapists and psychotherapists) with the consent of the people and/or their families.

4. Anticipated communication during relief activities

This chapter shows sample dialogs that were created based on the experiences of JRCS relief teams that you are expected to have with affected people during relief activities after a nuclear disaster.

At the actual scenes, these dialogs may not be applied because the problems each victim faces are different and also what they feel and how they react are different from person to person.

Based on these dialogs, think about what you can do for them, as a relief team member.

■ **About sample dialogs**

- ✧ Three sample dialogs are introduced below, containing questions received and advice given during the relief activities conducted after a nuclear disaster.
- ✧ In the dialogs, seven elements of communication (explained above) are underlined, and item numbers given for the elements above are added in brackets to the beginning of sentences.
- ✧ Each dialog has a policy underneath, which include points to remember when you communicate with each victim.

(1) Sample dialog when asked about the situation of a nuclear accident or disaster

You: Hello. (1) My name is XX, a nurse from Japanese Red Cross XX Hospital. (2) May I talk to you now? (How are you feeling?)

Evacuee: Putting that aside, what is happening in the nuclear power plant?

You: (Pause a moment.) (5) According to this morning's news, the nuclear reactor seems to have stopped cooling down after the earthquake.

Evacuee: So, it may explode again?

You: (Pause a moment.) (5) I'm sorry but we don't know about it. But according to the news, the government is working on measures to cool down the reactor.

Evacuee: Don't you know? It'll be too late to leave after an explosion, so we should leave now!

You: (Pause a moment.) Regarding the situations of the accident, we are trying to keep updated. (6) Until we are given instructions, you should wait and see for a little while. But if you go to another shelter, please tell as many people as possible including town hall staff about where you go next.

Evacuee: If an explosion happens while I'm here, I may be exposed!

You: (Pause a moment.) (3) Right. You must be worried that you may be exposed to radiation. (6) But if an explosion happens, the level of radiation would rise indoors and outdoors. If that happens, we may need to evacuate in some situations. But that hasn't happened yet, so how about waiting and seeing for a little while? Until the government issues specific evacuation instructions, we'll continue to provide relief here. So, do you have anything we can help with?

Evacuee: I ran out of the house with nothing. I'm scared of a nuclear accident. I haven't been able to sleep since I evacuated my house. I'm worried and having a headache.

You: (3)(4)(7) I'm sorry to hear that. You haven't been able to sleep since you took shelter, right? It must be hard for you. (Keep watching the person and if he/she continues to talk, keep listening.)

You: If you don't mind, may I take your blood pressure?

[Policies]

- ✧ The above sample dialog shows that the evacuee has a lot of emotional reactions to the sudden disaster, such as anxiety, anger and irritation.

In such cases, try not to rush to respond correctly but try to observe the person, give consideration to his/her feelings and try to help him/her calm down.

- ✧ If the person is so anxious or stressed out that he/she needs long-term care, consider taking them over to a psychological care team.

In such cases, explain why you are referring the person to an expert, telling that you are concerned and care about him/her. If you can get his/her consent, try to stay close to the person as much as you can by accompanying him/her during the meetings.

(2) Sample dialog about pregnant women's anxieties and general ways of protecting against radiation

Evacuee: I heard that water is being contaminated. What can I eat and drink?

You: (5)(6) Radioactive materials do not go into unopened bottled drinks, so they are not contaminated.

Evacuee: But we can't eat vegetables and other foods for a while, right?

You: (5)(6) Of course, you definitely have to choose those that have already been confirmed not contaminated by inspections. (5) But I heard that those given in shelters are already tested.

Evacuee: But I'm still worried. I have two children, two and six years old, and another baby is in here. I heard that radiation has effects on kids in particular, so I'm worried if I can have a healthy baby.

You: (3)(4) I see. You must be worried about the baby and children. (5) Children and babies in the wombs are more sensitive to radiation than people of other ages, so pregnant women need to be careful not to get radioactive materials into their bodies and get exposed to as little radiation as possible.

Evacuee: What should I care about?

You: (5) Radioactive materials may go into the body through your mouth or nose when you breathe or eat as they mix with air and attach to food.

(6) For example, when you go out, put a mask on just like you do to protect from pollen, and when you come home, dust your clothes before coming into the building and wash your hands and gargle. In this way also, you can reduce the amount of radioactive materials attached to you and going into your body. Some small children pick things up from the floor and put them into their mouths, so you just need to be observant.

Evacuee: I see. But I'm still worried. My kids look stressed out as they can't go out, but I don't want to have them play outside.

You: (3) Right. Even though you understand it, you're worried, aren't you? When they can't go out, how about doing exercises held in the shelter? Just doing a bit of exercise will reduce their stress.

Evacuee: I see.

You: (6)(7) Do you know any mother who has small children like you that you can exchange information and consult with? Are you getting in touch with teachers at the nursery and preschool, public health nurses and midwives? We, the Red Cross, go around in the shelter, so if you have any worries, please feel free to talk to us anytime.

[Policies]

- ✧ Regarding knowledge about protection against radiation, tell accurate information based on the "Manual for Relief Activities under Nuclear Disasters" and "For protecting yourself and your family in the event of a nuclear disaster," as well as the information disclosed by the national and local governments.
- ✧ What evacuees can do in shelter is limited, so if you force them to do what they cannot do, they may feel more stress or anxiety, even if your information or advice is accurate. Thus, tell them only helpful information within the range that allows them to do comfortably.

(3) Sample dialog about physical condition and anxiety over radiation exposure

Evacuee: I continue to have pain in my stomach and particularly my hands and legs are swollen. Is this caused by radiation? Am I going to swell bigger and bigger to death?

You: How long have you been feeling pain in your stomach?

Evacuee: From yesterday. I'm still swollen.

You: I see. Let me see for a moment?

<<Measures and advices based on original medical relief activities>>

Evacuee: I'm scared of being exposed. How much have I been exposed?

You: (5)(6) Do you remember what actions you took after the nuclear accident?

Evacuee: My house wasn't damaged by the quake, but water stopped running and I had to queue outdoors for long hours to have goods and water allocated and went to find my relatives in my neighborhood. Then, an evacuation order was issued, so I came here by bus.

You: (3) I see. It must be terrible.

Evacuee: I didn't expect an evacuation order would actually be issued. Maybe I'm exposed?

You: (3) It is natural that everyone is concerned about how much they are exposed. I had asked you about what actions you took after the nuclear accident, but (5) to estimate your external exposure dose, you should write memos about what actions you had taken immediately after the accident till today, as well as what route you took to evacuate from your home.

Evacuee: By that, can I know how much I'm exposed?

You: Yes. (5) This is one of the most effective ways to estimate external exposure. Based on the records of actions taken after the accident, including when, where and how long you were there, the amount you were exposed can be estimated.

A couple of months after the Fukushima Daiichi accident in 2011, dose evaluation became possible based on the records of actions taken. But people weren't informed in advance, so many of them didn't remember what actions they had taken. So if you note down the actions you have taken when you have time, it will be useful later on.

Evacuee: Recording actions? Radiation isn't visible so it's weird and scary.

You: (3) Right. (7) As for radiation, an expert team is here now so it may be a good idea to ask them. And if you continue to have pain in your stomach, your hands and legs keep swelling or you are concerned about something, please visit the first-aid center anytime.

[Policies]

- ✧ Generally, evacuees pass through a screening point set up by the government before entering an evacuation shelter on the basis that it is free from the risk of radiation contamination or exposure. As for exposure, you can tell them that they do not need to worry too much.
- ✧ To those who are worried about exposure to radiation, advise them to record their actions when they evacuate so that their external exposure dose can be estimated. In addition, consider referring them to radiation experts according to the situations.



Pocket Guide on Communication with Affected People During a Nuclear Disaster

●During normal times

Preparation	<input type="checkbox"/> Understand the basic knowledge about radiation and relief activities conducted during a nuclear disaster
Cooperation building	<input type="checkbox"/> Build cooperation with local residents, public health nurses and other related staff through Red Cross operations
	<input type="checkbox"/> Disseminate JRCS relief teams' course of action taken during a nuclear disaster ("Nuclear Disaster Guidelines for Preparedness, Response and Recovery")

●During a nuclear disaster

Relief activity system	<input type="checkbox"/> Add a radiological technologist to a relief team as long as he/she is available
	<input type="checkbox"/> Make use of the advisory system of radiation emergency medical care advisors
Information gathering	<input type="checkbox"/> Collect information from Off-Site Emergency Managing Control Centers, JRCS chapters' Headquarters of Disaster Control and disaster medical care coordinators
Cooperation	<input type="checkbox"/> Build cooperation with relevant parties looking ahead after the withdrawal of the relief team
	<input type="checkbox"/> Utilize local key figures who have a relation of trust with the affected people (public health nurses, teachers, social workers, etc.)
	<input type="checkbox"/> Collaborate with experts in radiation and nuclear disasters
Handling affected people	<input type="checkbox"/> Accept each victim as they are
	<input type="checkbox"/> Do not be afraid to say "I don't know" if you do not know
	<input type="checkbox"/> Seven elements of communication <ol style="list-style-type: none"> 1. Self-introduction 2. Observe each victim 3. Be considerate 4. Listen carefully 5. Present information sources and objective facts 6. Help each victim make decisions and self-help efforts 7. Refer affected people to experts

Handling affected people	<input type="checkbox"/> Make use of radiation emergency medical care advisors and experts
	<input type="checkbox"/> Care about the affected people when you refer them to radiation experts
	<input type="checkbox"/> Accompany a person during meetings with experts in psychological care and radiation wherever possible
Withdrawal Handover	<input type="checkbox"/> Hand over information about the affected people, those you work with, etc. to the next relief team when replaced
	<input type="checkbox"/> Fully coordinate relief activities with local government organizations, medical institutions and other support groups and adequately hand over the activities to them before withdrawal

●Others

Course of action	<input type="checkbox"/> Exposure dose limit of each relief activity member: up to 1 mSv in each activity period <input type="checkbox"/> You are not allowed to enter restricted zones.
Protective equipment, etc.	<input type="checkbox"/> Personal dosimeter <input type="checkbox"/> Radiation meter such as an ionization chamber or survey meter <input type="checkbox"/> Protective gear set for relief team member <input type="checkbox"/> Mask, etc.
Basic knowledge about radiation	<input type="checkbox"/> “Manual for Relief Activities under Nuclear Disasters” <input type="checkbox"/> “For protecting yourself and your family in the event of a nuclear disaster (pocket leaflet)”

Reference and Cited Literature

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