



**JUSTIS- OG POLITIDEPARTEMENTET**

# **INTEGRATED CARE**

**GUIDELINES FOR THE ACTION REQUIRED AND THE  
ASSIGNMENT OF ADMINISTRATIVE RESPONSIBILITIES  
IN THE AFTERMATH OF ACCIDENTS AND DISASTERS**



**THE ROYAL MINISTRY OF JUSTICE AND THE POLICE  
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## **F O R E W O R D**

Accidents and disasters – human suffering and large-scale devastation that happen suddenly – shock us all, whether we experience them first hand or through the media.

Those affected by accidents and disasters often find their lives vastly changed, and have to cope with many extreme impressions from the incident itself. People may require different types of assistance in the aftermath of a disaster, and it is crucial that society is equipped to provide such assistance.

The need for care for those affected may be great and may require the assistance of many people over time. This integrated care should not be dependent on the nature and extent of the incident, but should ensure that each affected person receives the assistance he or she requires.

I hope these guidelines will be useful to the various agencies that are involved in providing care in an integrated context.

Odd Einar Dørum  
Minister of Justice

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## INTRODUCTION

The care provided in connection with accidents and disasters is time-consuming and needs to take many factors into account. It is a complex exercise that is greatly appreciated by those in need of care and it requires insight, skill and an integrated approach on the part of those providing such care.

The main objective of these guidelines is to provide an overview of the various types of practical cooperation that may be required. They are primarily aimed at planners within the various care services who need an overview of their own area and of the activities of important cooperation partners. The guidelines are not intended to replace existing plans for the individual bodies concerned but to contribute to their improvement.

The guidelines will therefore provide a short account of the specific responsibilities and tasks of the various key players and, where possible, reference will be made to the steering documents of the body in question. A description of notification procedures and of the allocation of administrative responsibility, principally in the early stages, is also provided.

Our objective is to provide an overview that describes the need for integrated care, care that requires the efforts of several players over time and that is not dependent on the nature and extent of the incident in question. At the same time these guidelines may also help to increase awareness of the fact that early assistance is effective assistance, both for those directly affected and for their families, and is a means of preventing late sequelae.

It is hoped that the guidelines will be useful in a range of situations, from large-scale accidents and disasters to what is loosely referred to as common everyday incidents. Although reports of such incidents do not attract a lot of attention, the need for care is equally critical for those affected.

# **1 The need for integrated care – from the perspective of persons affected**

## **1.1 Definition of the term**

Integrated care extends to the psychological, physical, social, spiritual and material dimensions, and is used in this document to denote the responsibility that has to be assumed by society at large through public institutions and arrangements for dealing with disasters and accidents, and the initiatives taken by the local community and individuals in order to

- attend to the acute needs of those affected;
- help them in the longer term to carry on with their lives.

Affected persons, individually or collectively, can themselves best determine the level of assistance required in a given situation.

## **1.2 What happens when care is not provided**

Expressing despair and grief is natural, but this process may be draining and painful. If a way is not found to express the painful experience naturally within a reasonable time, this may result in symptoms that reflect repressed emotions and a morbid grief reaction. This in turn creates an additional strain which may make it even more difficult to deal with the grief and which will eventually require professional psychological help. It is therefore important to prevent the grieving process from coming to a standstill or following an undesirable path, so that what originally started as the need to deal with a traumatic<sup>1</sup> experience does not end up as a mental illness.

## **1.3 From shock to reality**

A person who has experienced a traumatic incident goes through several painful phases, each of which requires particular understanding and attention. During the *shock phase*, a person has a great need for closeness, care and contact. The incident seems unreal and there is little expression of the emotions related to the shock experience. During the *reaction phase*, feelings and symptoms begin to show and emotional outbursts, behavioural changes and physiological symptoms may occur.

Strong feelings may also result in aggression and criticism of the assistance providers. This phase requires an understanding and acceptance of such expressions of emotion. Afterwards there is a need to describe the purely emotional experiences, what the experience implies and how it can be put into the context of that person's life.

During these last two phases there may be a need for help to interpret what is going on, but the helper should be aware that the expression, intensity and duration of the phases are dependent on the personality, temperament, age and individual background of the affected person.

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<sup>1</sup> For the purposes of this report, trauma means intense emotional strain that may result in psychological damage.

## **1.4 Being alone or with others**

Some people feel the need for isolation or solitude after a traumatic experience. They try to forget the incident and withdraw from contact with others. It is, however, not advisable for people to be on their own during the acute phase. Care providers have a responsibility to notify local service providers through a doctor or clergyman. No one should be allowed to go home unaccompanied after a serious trauma. A person in shock is usually incapable of taking the initiative. It is important and necessary to share one's thoughts and emotions with others at this stage. During later stages, when working through the experience, it may at times be valuable for the affected person to be alone so that they can reflect upon what has happened undisturbed.

## **1.5 The first phase up to the funeral/memorial service and interment**

The funeral/memorial service is the community's/town's/village's/workplace's way of demonstrating to the affected person that he/she is not the only one affected. It is therefore important to insist that the affected person is not solely responsible for this part of the first phase. Large-scale accidents may give rise to commemorative activities at the national level. At the same time, it is important that those responsible for preparing the funeral/memorial service have close contact with, and as much information as possible about, the situation of each of those affected, and about their religious beliefs so that these may be taken appropriately into account.

Burial is primarily a matter for relatives and close friends. A funeral parlour may provide practical assistance and guidance. It is important that the family members are actively involved in all decisions. Burial is also an acknowledgement of the transfer from the "public domain" to the local and family networks where further bereavement care will take place.

## **1.6 Reactions in the local community**

It is critical that the information passed on to the local community

- is correct,
- is realistic,
- is adequate,
- is up-to-date,
- does not leave room for speculation.

Notification must not be left to chance and information must not be vague. Places of work, schools and neighbourhoods should be given as much information as possible about the types of questions and reactions that are to be expected. Both the local community and relatives must make it clear that it is acceptable to be affected. This requires extra care and attention. Close relatives/friends may provide practical assistance for day-to-day needs. In some cases it is enough just to be physically present. It is important to show compassion and help those affected to come to terms with their difficulties.

All "first-time" events are difficult: the first time an affected person meets someone, the first time at school, at work, in a shop, at the housewives' association, handball club, senior citizens' community centre and so on. In situations where it is natural to do so, such first-time

events should be acknowledged, among other things in order to prevent any uneasiness or feelings of uncertainty about what to do when an affected person arrives.

The school, workplace and friends can offer their attention, sympathy and respect through commemorative activities and gatherings using symbols, flowers and candles (see 3.3 below). This may be perceived as supportive, but it may also become stressful for the person affected.

### **1.7 How the media may be experienced**

When disasters and accidents happen in the public domain, members of the public have both a need for and the right to information. Such information is usually provided through the media. Media enquiries should be channelled through the police and the rescue coordination centre while the rescue operations are in progress. During the rescue operation, and especially after its completion, the media will also approach the affected institutions and individuals. It is therefore important for such parties to have prepared a plan for providing such information. Hospitals, schools, places of work and the like should have appointed a media contact person in advance. During the first phase it is important that all information that is to be provided be provided immediately to everyone. The media should be dealt with in a positive manner and should be given guidance about where they are allowed to go and whom they can approach. Although representatives of the media should be accommodated, one must not be afraid to set (well-substantiated) limits. Such limits are usually respected if they are properly explained.

Each of the agencies involved in a rescue operation is responsible for information relating to its own activity. When such information is presented to the media, it may be appropriate to specify the individual agency's role and area of responsibility. Expressing opinions on matters outside one's own area of responsibility or operation should be avoided. The overall responsibility for general information will usually lie with the police and/or the local or main rescue coordination centre.

The public and the media do not have any right to or claim on the private life or personal reactions of an affected person. This is set out in the "Rules of Good Conduct" poster (an excerpt of which is attached), which often has to be referred to in critical situations.

Only after consultation with family members or resource persons should affected people make themselves available to the media. They should be informed early on that the media focus on them may be personal and aggressive.

### **1.8 The first year - and afterwards?**

Public commemoration often marks the end of the "official" participation in the bereavement. The individual is left with his/her emotions and needs to deal with them together with the local community and his/her own network.

During the first year, the family plays a central role in connection with special dates and other occasions that bring back memories. Having a grave to visit is also important. Urns should therefore be buried as soon as possible after the funeral. Affected people may need care from their networks and the local community for a long time, and this need may re-surface during vulnerable phases.

## **2 Notification procedures**

### **Steering documents:**

*Circular G-50/90 relating to notification of death resulting from accidents, disasters and criminal activities* was issued by the Ministry of Justice in 1990 in consultation with the Ministry of Church and Cultural Affairs.

Section 10-6 of the Police Instructions lays down rules relating to the duty of the police to identify the dead and notify or ensure notification of family members.

Detailed rules are given in the circular regarding the way in which the police can carry out their tasks in collaboration with others, and the following standard is laid down.

When an accident happens, notification of next-of-kin should be carried out as follows:

- evacuated, uninjured persons are responsible for notification, either on their own or with the assistance of the police, health personnel, operator, company or government agency.
- persons who have been injured and admitted to hospital: the responsibility for notification lies with the hospital in question – or at the hospital's request the police, operator, company or government agency.
- responsibility for notification of relatives of missing or deceased persons lies with the police.

*In all cases, the police are to be informed of which of the relatives have been notified, when they were notified and by whom.*

### **Comments:**

The police have traditionally engaged the help of pastors from the Church of Norway in making the direct initial contact and informing the next-of-kin about a dead or missing relative following an accident. The circular also sets out how this procedure should be carried out in practice in common, everyday incidents, and this functions well in such situations. Each police district should have an overview of the members of the local clergy who can be contacted round-the-clock for carrying out such notification on behalf of the entire police district, including lensmanns' districts. The local church is responsible for updating this information.

In cases of large-scale accidents that receive immediate and extensive media coverage, relatives will try to obtain information at an early stage. The location of the accident is often identified and there are indications of who may have been involved before a comprehensive notification and information apparatus is up and running. It is also important for Church personnel to begin preparations on the basis of the information provided by the media. It would be advisable for the local rescue service clergyman, on receiving information that an accident has happened, to contact the duty police officer in order to make detailed arrangements for providing services.

## **3 The various players, roles and administrative responsibilities**

### 3.1 The rescue services

#### **Steering documents:**

The role and function of the rescue services are outlined in the Royal Decree of 4 July 1980 and are set out in section 27 of the Police Act.

A draft supplementary provision to the instructions for the rescue services describes, among other things, the responsibility towards relatives in the following manner:

*“Providing information to relatives during and after a rescue operation is important. The main and local rescue coordination centres have a duty to facilitate this either through their own measures or in cooperation with and by giving assistance to, among others, health personnel, members of the clergy, the police, employers, etc.”*

#### **Comments:**

It is important to remember that the aim of the rescue services is to save human life and prevent injury. In acute situations such as this the rescue services take any action that is deemed necessary in order to rescue lives. As a rule, searches for missing persons are prolonged beyond the normal time period in the hope of finding survivors. The duration will vary according to whether the search is being carried out on land or at sea and depending on the season. The rescue services have been criticized by relatives of missing persons in a care context for such apparent “discrimination”. Claims of discrimination may also be made in connection with searches involving, for example, dragging a river for persons believed drowned, where the local conditions or physical limitations and financial considerations may play a role. Such claims should be dealt with by the rescue services/police together with those who are providing care to the affected family.

The absence of a grave poses a particular problem. An open dialogue about such issues is very important in the immediate aftermath of an accident. Experience has shown that it is both helpful and advisable to provide proper information to relatives about the search, what the further plans are and when it is to be abandoned.

*As far as possible, information that a search has been abandoned should be given to family members first. This will require good contact with the care providers. In many cases it will not be possible to inform the family before an announcement appears in the media.*

The rescue coordination centres for South Norway and North Norway are usually in charge of operations in cases of rescue at sea and searches for missing aircraft. The local rescue centres, which correspond to the police districts, are in charge of operations relating to land rescue and in cases where aircraft wreckage is located on land.

During marine rescue operations the rescue coordination centres will when necessary link up with the sections dealing with relatives of their host police districts, Stavanger and Bodø respectively, which will discharge the functions, duties and customary tasks of the police as regards such notification (the rescue coordination centres are not police authorities).

Clergymen have been designated to act as advisers at both of the rescue coordination centres. Local rescue centres can assist the main centres in connection with such functions.

When the local rescue centres carry out their duty to notify the family they may engage the assistance of members of the clergy designated by local rescue centres, and use local cooperation partners who are mentioned in these guidelines.

The efforts of the local rescue centres should be primarily directed towards saving lives, but secondary police functions such as identification of victims, notification of family and the functions outlined in Circular No. G-50/90 must be carried out in parallel.

### **3.2 Health and social services**

#### **Steering documents**

The most important statutory provisions for the planning and establishment of psycho-social support centres are:

Health and Social Preparedness Act (Act of 23 June 2000 No. 56 relating to health and social preparedness) and appurtenant regulations.

The Municipal Health Services Act (Act of 19 November 1982 No. 66 relating to municipal health services).

The Social Services Act (Act of 13 December 1991 No. 81 relating to social services).

The Specialized Health Services Act (Act of 2 July 1999 No. 61 relating to specialized health services).

The Health Care Personnel Act (Act of 2 July 1999 No. 64 relating to health care personnel).

The Working Environment Act (Act of 4 February 1977 No. 4 relating to worker protection and the working environment).

Regulations of 1 December 2000 regarding the emergency health communication system.

The Municipal Health Services Act and the Social Services Act are intended to ensure that members of the public are able to avail themselves of adequate health care and social services when necessary through the municipality where they live or are temporarily staying. The Specialized Health Services Act likewise ensures that the specialized health service needs of members of the public are met, such as the provision of specialized psychological and psychiatric care.

The Health and Social Preparedness Act is intended to ensure that such services are also available during disasters and crises and in time of war. It stipulates that those responsible for providing such services must draw up plans for keeping them operative in such situations. This Act and the appurtenant regulations further require that the various bodies coordinate the planning and operation of these services during disasters and crises and in time of war. A coordinated approach of this kind should cover the health service itself and its relations with other cooperation partners within the overall rescue service.

The Health Personnel Act lays down the requirement that the activities carried out by personnel must be adequate. Adequate activity means, among other things, that the personnel take into account the special and diverse challenges that arise in connection with crises, cf. section 4 of the Act.

The guidelines for psycho-social support services in the event of accidents and disasters issued by the Division of Disaster Psychiatry provide examples of criteria for determining whether the health service's participation in the establishment of support services during accidents and disasters is adequate. Emphasis is placed on the need for cooperation between the health service and the Church in order to ensure integrated care.

The Working Environment Act and appurtenant regulations lay down requirements for the planning of psycho-social support measures for employees affected by accidents and disasters.

### **The specialized health service**

If the specialized health service is faced with an emergency that requires resources above and beyond the usual level of preparedness, and the criteria laid down by the hospital in question have been met, an emergency is declared. This involves, among other things, the summoning of additional personnel and the establishment of contact with other hospitals for cooperation and relief.

Emergency efforts will focus mainly on advanced first-aid and the transport of patients from the scene of the incident to the treatment site. At the scene of the incident personnel from the municipal health service will collaborate with the hospital's emergency services personnel (ambulance staff, doctors and nurses). Communication between health personnel will be coordinated through the emergency health communication system, which consists of the emergency medical communication centres (EMCC) located in hospitals together with the local or community emergency medical communication centres (LEMCC). The EMCC is responsible for keeping a list over where different patients have been sent in situations where patients are sent to several hospitals.

Care measures for survivors who have not been physically injured and the affected families are provided, in varying degrees, through the hospitals, but the legislation places the responsibility for the establishment of such measures in the first instance on the municipalities. However, it is assumed that specialized health services provide an adequate service, including the provision of psycho-social support, to their own patients and their family members. This is a crucial area of cooperation between hospitals and municipalities in the preparation and implementation of plans.

Follow-up treatment of injuries, both medical and psychological, is carried out on the basis of expert assessments, preferably as close as possible to the patients' own network. There are no guidelines for an overall, organized follow-up by the health service of all those persons who have been affected by the same accident in one way or another.

### **Psycho-social health services:**

There are no special rules granting those involved in accidents or affected by disasters a legal right to an overall, integrated psycho-social follow-up by the different agencies involved.

However, the requirement for adequacy laid down in the Health Care Personnel Act implies that health care personnel must if necessary cooperate with others in order to ensure that the service provided is adequate, and the Health and Social Preparedness Act requires the health service to coordinate its services with other agencies that take part in the rescue service. This means that the country's municipalities have the primary responsibility for establishing an organized psycho-social follow-up service with the support of the specialized psychiatry and psychology services of psychiatric out-patient clinics and hospitals.

In this regard, the fact that municipalities often have in their employment well-qualified personnel in the field of psychiatric nursing must be taken into account. Many general practitioners and social workers also have long and comprehensive experience in following up

patients who have undergone psychological traumas. Additionally, the educational and psychological counselling service often has qualified personnel, even though this is not defined as a health service. The same applies to pastors and deacons employed by the Church.

Because the municipalities' obligations not only involve permanent residents but also everyone who is temporarily staying in the municipality, plans for such services must be based on realistic, locally prepared risk and vulnerability analyses. This is laid down as a requirement in the regulations pursuant to the Health and Social Preparedness Act.

Contingency planning at psychiatric out-patient clinics and hospitals, as well as regional psychiatric centres, should therefore concentrate on the need for providing assistance to municipalities and somatic hospitals during accidents and disasters.

### **Follow-up and financing:**

The efforts of the health service must be directed at the level as close as possible to those affected (their own network, place of work, local health and social services). It is advisable that responsibility for measures should, as soon as is practically possible and professionally justifiable, be transferred from interim personnel (emergency personnel and specialists in disaster psychology) to the primary care facilities in the affected person's own network for further follow up.

The general rules and guidelines for covering the cost of providing services also apply to accidents and disasters. Where there is any doubt, the county governor or the chief county medical officer will be able to clarify which rules apply.

### **The responsibility of the rescue services:**

The rescue service expects the medical officer affiliated with the local rescue centre to ensure and contribute to the establishment of a coordinated chain of psycho-social follow-up from the initial phase after an accident involving many people. This should be made clear in the operative plans of the local rescue centre.

## **3.3 The Church**

### **Steering documents**

*Letter from the Ministry of Education and Church Affairs dated 09.04.90 and its accompanying Circular No. V-10/90 and the memorandum entitled "Service to be provided by the Church of Norway in the event of accidents and disasters" containing guidelines, the Act relating to funerals and appurtenant regulations, and the Church's prayer service books.*

### **Tasks:**

- notification – at the police's request,
- providing care, support, pastoral care,
- preparing and conducting services for the bereaved and other commemorations,
- providing support during viewing of the corpse and/or delivery of coffins,
- visits to the scene of the incident,
- mobilizing the local church network,

- paying special attention to bereaved family members when the body of the deceased is not recovered.

Partners in cooperation: the police, health service, funeral parlour, local parish and other churches, religious communities or comparable groups.

### **Organization:**

The bishop designates the pastor to be attached to the local rescue centre in each police district. The individual pastor organizes the services to be rendered by the Church in accordance with plans developed in each diocese.

### **Taking account of groups and individuals during the acute phase**

All those affected are taking part in a common incident/experience. During the acute phase public efforts should be directed towards all those affected as a group. The participation of the Church in this phase is of a more general character. It is during the next phase that consideration must be given to the background, experience and reactions of the various individuals. Other factors to weigh are family relationships and network, affiliation with religious and other groups, cultural practice and customs.

### **Symbolic and/or ritual functions**

These convey more than we can express by means of normal language, helping people to cope in situations that are beyond their understanding, while at the same time being concrete and down-to-earth. Such symbolic and ritual activities should take place at the scene of the incident, the delivery of the coffin and the final farewell to the deceased.

The most common rituals are the service for the bereaved and other public commemorations, interment, and urn burials. Candles, flowers, music and religious symbols are important elements in such rituals.

### **The follow-up phase**

The Church and the local parish may follow up those bereaved or affected by the incident by personal visits and network-building. The Church will also be in a position to offer participation in bereavement support groups, in conjunction with other partners where appropriate. The dead may be commemorated, for example, on All Saints Day and/or at memorial services for all the deceased and memorial services on the anniversary of the incident.

The family of deceased persons whose bodies have not been recovered must be given information about the funeral arrangements that apply in such cases and the right provided by law to have the name of the deceased inscribed on an existing or new memorial (section 1 of the Funeral Act and section 21 of the appurtenant regulations).

### **Questions in connection with other religions, etc.**

It is important to have an overview of those who belong to other religions, churches or similar groups, so that contact with the appropriate organizations can be arranged.

## **3.4 The police**

*The steering documents for the police relating to the notification of relatives are listed above in section 2 and are found mainly in Circular No. G-50/90. The responsibilities of the local rescue centre are outlined in 3.1.*

## **Comments:**

It is important to differentiate the life-saving, coordination tasks of the local rescue centres from other police tasks. These police tasks, such as searches at sea, identification of victims and other contact with relatives, usually have a totally different time frame, character and scope from those required by the rescue operation or accident.

The police have an obligation to investigate all accidents: “In the event of a fire and other accidents an investigation may be made of the cause even though there is no reason to suspect a criminal act.” (Criminal Procedure Act, section 224, second paragraph). In the event of accidents involving injury and death an investigation is always conducted. In connection with care work, it should be pointed out to those concerned that investigations are carried out even when there is no reason to suspect a criminal act, for example it is usual for an autopsy to be conducted as part of an investigation.

Such investigations may lead to close contact with relatives both during the acute phase and later on. During the identification efforts there may be a need for information about the deceased, and later it may be necessary to hand over personal effects and take statements relating to the deceased’s involvement in the incident. The police and care providers should prepare themselves and the family members for this. Conflicts may also arise between the relatives and the police during the investigation, in connection with questions that may be interpreted as “threatening” the reputation of the deceased.

The police should ensure that the family is notified first, if necessary in consultation with care providers, when the result of an investigation, e.g. regarding causes, issues of guilt and punishment, etc., is about to be made public. If the accident has taken place abroad, contact between the foreign country’s police authorities and the Norwegian local police district is as a rule directed through the Ministry of Foreign Affairs and the National Bureau of Crime Investigation in Oslo. It is important to point out to family members that the authority of the Norwegian police is limited to Norway and that the family thus has no right to require the involvement of Norwegian police abroad. Such involvement may, however, be agreed on between the police authorities of the countries concerned and may be implemented in consultation with and under the direction of the police in the country in question (the same applies to foreign police activity in Norway).

As regards contact with the affected family, the police may cooperate with different partners over time, from the acute phase until the result of an investigation/prosecution is made public. It is therefore important for the police to be kept updated about the status of the care work, and also that they keep themselves updated.

The police also have a duty to search for the dead irrespective of the cause of death. There are specific guidelines on the criteria for such searches and the methods to be used, and a dedicated appropriation is earmarked annually for such purposes. While such searches are being carried out the police also have a duty to maintain contact with the family, if necessary in collaboration with an established care service.

### **3.5 The role and responsibility of the employer**

### *3.5.1 When the company itself is affected by the incident*

The Working Environment Act is considered to cover the duties of an employer with regard to the mental health care needs of employees in the event of, e.g. occupational accidents, or when one or more employees die under other circumstances. Such situations will also present great challenges when schools, pupils or teachers are affected by an accident.

As a rule, companies, institutions and schools that have carried out a risk and vulnerability analysis and have prepared for a “crisis situation” manage to establish a proper care service early on in the acute phase. In this connection, it is the company or undertaking itself that prepares the steering documents.

### *3.5.2 The responsibility of the transporter*

Some companies run a greater risk than others of experiencing such situations (shipowners, airline companies, bus companies, etc.). Transport accidents are often on a large scale, with many injuries and fatalities, and they generate wide interest. Companies may find themselves responsible for the families of their own employees, cf. Circular G-50/90, and will in addition be expected to direct their attention, information and efforts towards the families of passengers and other affected parties. This can greatly affect a company’s reputation afterwards.

During the acute phase matters will arise concerning the accessibility of company personnel, the manner in which responsibility for follow-up is taken, and the need for information, bringing the relatives together, financial matters, compensation, etc. Many transport companies have dealt with such matters, and the various industries will be able to draw on one another’s experience. It is useful for care agencies that cooperate together under such circumstances to try to establish local contact with relevant transport companies in order to devise plans and exchange expertise. Risk and vulnerability analyses are useful supplements to such contact. Table-top drills or similar preparatory exercises are also recommended. There can be no doubt that accidents within the transport sector pose the greatest challenge to the professionalism of the various care services. The Federation of Norwegian Transport Companies offers a pamphlet entitled “Preparedness in the event of a serious bus accident”, which contains information that most transport companies will find useful.

## **3.6 Participation of NGOs, Armed Forces, the Civil Defence, etc.**

Both during the acute phase and later, many of the care functions require the use of NGOs and other specialized groups of volunteers. Many of these are trained and prepared to carry out such efforts. The rescue coordination centres and the police, Church and health service should have an overview of the expertise of and degree to which NGOs and others can assist in such operations at the local level. During large-scale incidents such organizations will often participate both in rescue efforts involving survivors/evacuees and at gathering sites for family members, providing food, contact/sympathy, transport, etc.

The degree of expertise and experience required to participate in such measures must be assessed, and follow-up activities must be available for the rescue workers from these organizations as well.

During the acute phase, the local rescue coordination centre and/or the police will be responsible for notification and allocation of tasks to volunteer personnel. Once the search/rescue has been completed, the “administrative responsibility” will be assumed by others, as a rule the municipal health service or local parish through its pastor/deacon, who will then evaluate the need for further assistance in care-related efforts. This transfer of responsibility also implies a shift of financial responsibility. The Armed Forces and the Civil Defence are under obligation to participate in rescue efforts, and are responsible for covering their own costs.

NGOs and other volunteer groups are reimbursed for expenses incurred during the acute phase. Since their participation in the subsequent care phases is not considered mandatory in the same way, coverage of expenditures must be agreed upon in each individual case. A number of organizations, such as the Norwegian Red Cross, offer special assistance in areas involving services for children, visitation schemes, etc.

### **3.7 The role played by the media**

When accidents or disasters occur, the mass media often becomes very active, and may be perceived as overly aggressive and invasive. The media will be concerned with the sequence of events, the causes and effects, and will seek to shed light on these. Some media will attempt to angle their reports of the incident through the personal experience and trauma of specific individuals. This may be experienced as extremely intrusive.

It is the task of media personnel to gather as many facts and as much documentation as possible, and then to examine these and present their findings to the public. It is during activities to collect information that their activities may be perceived as offensive, for example when photographing affected persons at close range. Experience shows, however, that Norwegian media on the whole tends not to unduly overstep any boundaries.

The media receives information as well as rumours from a multitude of sources. The effort to hunt down the facts may lead the media to contact affected persons and their families early on in the process. Efforts to impose limitations on such contact should be substantiated and the reasons conveyed to the media. In cases where affected persons are “protected” from the media, it is important to remember that the media can or will try to acquire relevant information elsewhere.

Those affected and their families will often have a profound need for information. If possible, these groups should receive, directly and preferably in written form, all information supplied to the media. This may, however, prove difficult, as it is technically and practically possible for the media today to broadcast live from the scene of rescue operations.

For large-scale accidents, the media may in fact be utilized as a conduit of information to the affected persons and their families, and they may even be given a proactive role in the provision of care. This will especially be the case in situations where it will take time to establish a satisfactory support system for the affected families. Under such circumstances, an effort should be made to avoid the use of expressions such as “victim”, “liability”, “punishment”, etc.

## **4 Changes in care needs over time**

### **4.1 Scope of the care services**

Care services and efforts will vary according to the nature and extent of the specific incident. The assistance to be provided is determined on the basis of the projected scope and need measured, for example, in terms of the number of people involved.

Activities may range from simple counselling via telephone or the organization of individual and group discussions, to a fully operational information and support centre. Cooperation and coordination play a crucial role in these efforts. The entire chain of care services must function in an integrated fashion.

It is also important to keep in mind that, from the perspective of the health service, these activities are focused on preventative action as opposed to treatment. Thus, it is necessary to give careful consideration to the scope of the activities prior to or at the latest during the activities.

### **4.2 The importance of dealing with the everyday situations**

The ability to deal with the ordinary, day-to-day incidents plays an important part in determining the potential quality of the activities under more extreme circumstances. A great challenge lies in managing to take the more commonplace situations involving death seriously. A minimum of psycho-social assistance must therefore be incorporated into the strategy of health institutions for dealing with these day-to-day situations, including for example services for the families of accident victims routinely brought to hospitals.

### **4.3 Responsibility for follow-up activities**

During the acute phase, the leader of the psycho-social services, possibly in collaboration with the relevant clergyman, will agree on a plan for follow up together with the affected person. The party with the operative responsibility (for example the psycho-social team) must also determine the need for further follow up for those affected. This does not imply that the referral agency is compelled to follow specific measures, but that responsibility must be properly transferred to a competent body that can assess the type of measures needed and implement these after such assessment. The local health and social service is responsible for making the final decisions, but the parties involved in the acute-phase efforts must ensure that those who are to provide further services are made aware of the need for follow-up. The affected person will also have many opportunities to seek follow-up personally during this process.

The family network, workplace, religious and local community all serve as resources during the follow-up phase. See also under section 3.3 on the services of the Church during the follow-up phase and under section 3.2 on the responsibilities of the medical officer affiliated with the local rescue centre. These efforts form part of the bereavement support activities provided by religious groups and municipal agencies in many parts of the country.

## **5 Care in the wake of material destruction**

Material destruction can also give rise to health problems. Among other things, feelings of loss can lead to depression. It is important to identify such problems at an early stage. In order to ensure that health problems are not overlooked, the health service should therefore be included either directly or in an advisory capacity in the crisis group established in the event of mass destruction of property.

Often, the affected persons will have a great need for information regarding practical (financial/insurance-related) matters. It is helpful if the care service can provide collective information in situations where many individuals are confronting the same problems.

The Church will also have a role to play when property is under threat or has been destroyed. This role may take the form of special prayer services, open churches and pastoral care.

## **6 Financial matters**

The main and/or local rescue coordination centres are responsible for administering the costs of rescue operations.

The rescue services operate on the principle that public agencies at the national, county and municipal levels each cover the cost of their own participation.

Care services are included in the transition when the health service, primarily at the municipal level, assumes responsibility for the financial management of activities. Reference is made to Circular I-18/92 of 12 May 1992 from the Ministry of Social Affairs. Close cooperation is recommended between all the involved agencies, including the police and any affected enterprises or companies that have their own care-related tasks. This also applies to transport and other costs associated with any church services for the bereaved, visits to the site of the incident, meetings with rescue personnel, etc.

## **7 Accidents abroad**

### **7.1 Differences and similarities to incidents at home**

Notification of accidents abroad involving people who live in Norway may take place in a number of ways, depending on the circumstances. Family members themselves may notify contacts at home, and may also be responsible for contact with the appropriate authorities in the country involved as well as in Norway.

In some cases, the media provides the initial news that a large-scale accident involving people from Norway has occurred. Follow-up in Norway will generally comprise the same tasks in relation to the affected family, workplace, friends and local community. The only difference is that the accident has taken place in another part of the world. The information contained in these guidelines must be adapted to the specific situation. It may be more difficult in practical terms to adhere to the procedures outlined here.

A brief overview of the various alternatives is given below, along with proposals for how to coordinate notification and follow-up in these situations.

## **7.2 Assistance from the Ministry of Foreign Affairs**

The Ministry of Foreign Affairs provides assistance through its diplomatic missions abroad and the headquarters in Oslo.

### *7.2.1 The foreign missions*

In the event of serious accidents abroad involving Norwegian citizens, a representative for the relevant Norwegian foreign mission will travel to the site of the incident to provide the support needed to the affected persons and set up cooperation with the local authorities. The assistance of the Norwegian foreign mission will primarily focus on measures of a practical nature: medical treatment, admittance to hospital/hospital visitation, money transfers, contact with insurance carriers, travel bookings and facilitating repatriation, the return to Norway of victims' remains, etc. The initial notification of the family will be carried out by the Ministry of Foreign Affairs itself, although the foreign mission will often maintain an open channel of contact.

### *7.2.2 The Ministry of Foreign Affairs*

In Norway, the Ministry of Foreign Affairs (via the Consular Affairs Section) is responsible for coordinating activities, both in relation to the foreign mission involved and any partners in Norway with whom cooperation is established based on the nature and scope of the incident.

Such partners may comprise, for example, representatives of the travel industry/charter operators, employers, shipowners, shipping authorities, police authorities, etc. It should be noted that there is no permanent crisis group that convenes in the event of serious accidents abroad.

As regards notification of family members, the Ministry of Foreign Affairs identifies the next-of-kin by means of the National Population Register, and then contacts the local police for notification in accordance with the established routines. Follow-up contact with the family, including practical assistance and the ongoing communication of updated information, is carried out by the ministry in conjunction with the appropriate foreign mission.

### *7.2.3 Care services*

Personnel from the Ministry of Foreign Affairs and the foreign mission may also be available for talking and compassionate support. Here it will often be wise to utilize the special insight into and expertise in dealing with human relations of personnel affiliated with the Norwegian Seamen's Mission and the Church of Norway abroad. The Ministry of Foreign Affairs can also draw on the services of the family's local clergyman in Norway when this seems desirable, and/or when the family has expressed a wish to utilize a member of the clergy as a liaison for its contact with the foreign service authorities.

### **7.3 The Norwegian Seamen's Mission / The Church of Norway abroad**

The Norwegian Seamen's Mission / The Church of Norway abroad has a network that can also be used to help or to find help for families/affected persons at the site of the incident. A special emergency hotline has been established for requests for such assistance at (+47) 95119181.

The Ministry of Foreign Affairs and Norway's main rescue coordination centres are acquainted with this arrangement.

### **7.4 Police cooperation, etc.**

All contact with foreign police authorities as regards personal identity information and other police-related information is channelled through the National Bureau of Crime Investigation in Oslo. In the event of a large-scale accident and/or by agreement, a special task force may be sent to the site to assist the local police with identification efforts. As a rule, the National Bureau of Crime Investigation will coordinate its information with the Ministry of Foreign Affairs.

A special cooperation agreement exists between the police authorities of the Nordic countries regarding direct contact between the police districts.  
Insurance carriers also provide assistance in connection with accidents abroad.

## **Attachments**

### **REACTIONS, CARE AND ASSISTANCE IN THE EVENT OF AN ACCIDENT**

#### **WHAT MUST CARE PROVIDERS TAKE INTO ACCOUNT TO FULFIL THEIR RESPONSIBILITIES?**

##### **HELP MEASURES:**

1. Initiate efforts as soon as possible.
2. A few good helpers are better than many less qualified ones.
3. Do not set up elaborate reception procedures. Try instead to create a climate of reassurance and support.
4. Make sure there are plenty of hot and cold drinks and light meals available.
5. Begin each conversation by stating who you are and where you come from. Make it clear that you are there to offer support and to provide regular information updates. This is especially important vis-à-vis those who insist on leaving the premises.
6. Be accepting of outbursts of despair and unusual conduct.
7. Be careful to provide only factual information, and repeat yourself often.
8. Try to explain things to children in language suitable for their age group.
9. Be compassionate, willing to listen, and receptive to physical contact.
10. Try to maintain an optimistic, but simultaneously realistic approach.
11. Avoid phrases such as “It is God’s will that this happened”, or “I understand how you feel”, or “Things like this will make you stronger”.
12. Do not try to find scapegoats.
13. Be conscious of what the affected person has experienced.
14. Make it clear that it is normal to have many conflicting feelings, and that it is OK to show them.
15. Offer information about potential future reactions, such as difficulty sleeping, irritability, anxiety, etc.  
Make sure that written information is available and distributed.
16. Suggest that the affected person seek help not only from physicians, but also from members of the clergy, other medical personnel, and their social network, including their place of work, school or family.

17. Offer practical assistance such as contacting other family members or close friends by telephone.
18. If feasible, offer assistance for dealing with the immediate future, e.g. overnight accommodation, travel bookings home/to work, when to return to work (as soon as possible), advantages of physical activity, the need for caution regarding alcohol intake, etc.
19. Be considerate and show respect in your actions.
20. Keep a list over affected persons you have spoken with and the problems that emerged during your conversations. This will make it easier to maintain an overview and provides an idea of what kind of measures will be needed. Short-term measures should be given first priority.
21. Keep in mind that you need food and rest too!
22. Make sure you are wearing a nametag with your name and profession during all direct personal contact with affected persons.
23. Avoid making promises that you cannot keep.
24. After participation in this type of activity, it is important to be able to talk about your own emotional stress. This is often most effective in a group setting with expert guidance.

## **WHAT CARE PROVIDERS NEED TO KNOW ABOUT THE REACTIONS OF OTHERS**

### **EARLY ASSISTANCE IS CRUCIAL**

It is essential that information be provided to affected persons and family members as soon as possible after a serious incident has taken place.

Most people are unfamiliar with the normal, common reactions after a shocking event. It is difficult to tell whether one's own reactions are unusual or abnormal. Knowledge of common reactions makes it easier for affected persons to accept their reactions view them as reasonable in light of the circumstances.

The closest family members and colleagues will often benefit from information about these reactions. Some individuals may experience reactions that are so overwhelming, so difficult to deal with, or so enduring that they require treatment. In such cases it is crucial to seek help as soon as possible. It is important to note that by no means all affected persons experience reactions of this magnitude.

### **SENSE OF DISBELIEF**

The most immediate reaction is usually disbelief and an inability to grasp what has actually transpired.

However, as the sequence of events gradually emerges, strong emotions are often unleashed.

### **ANXIETY**

A feeling of anxiety is very common. These feelings are often intensified when the events are re-visited.

Images may recur so vividly that they generate the feeling that the incident is happening all over again.

The affected persons are often unable to direct their thoughts away from the traumatic incident.

Affected persons may develop a fear of the dark, or of being alone, or of being in too close contact with others.

Affected persons often become afraid to return to the scene of the incident or of anything that reminds them of it.

### **PHYSIOLOGICAL REACTIONS**

Anxiety often gives rise to restlessness, and can also generate a number of physical reactions, such as:

- shaking
- sweating
- headache
- heart palpitations
- tightness of the chest
- queasiness
- nausea
- stomach disorders
- low energy
- dizziness or tense muscles,
- sensitivity to unexpected sound and movement.

### **RESTLESSNESS AND INSOMNIA**

The affected person may become impatient, irritable and have trouble sleeping. He or she may have difficulty falling asleep, sleep may be easily disturbed or nightmares may occur. Such nightmares are usually associated with the incident, and may involve re-living what has taken place. This can lead to extreme anxiety. Disrupted sleep patterns over time lead to exhaustion and irritability. A physician should be consulted about whether or not a sleeping medication should be prescribed for a short period of time.

### **DESPAIR AND BROODING**

Some individuals may experience feelings of despair and be unable to stop brooding. When others have been hurt, it is easy for those who were directly involved to fall into a vicious circle of self-reproach and guilt.

## **AVOID ISOLATION**

Some individuals feel a need to be alone and isolate themselves.

They are trying to forget what has happened, and avoid contact with other people.

It is important to work through the events and avoid isolation.

Talking to other people is recommended. Although it may be difficult, it is useful to share thoughts, feelings and experiences with others. It may be necessary to repeat aspects of the incident again and again in conversation with others. It may be particularly helpful to be together and talk with people who have gone through similar experiences.

Meeting the families of those who lost their lives will be difficult and painful. However, for those who can find the strength to do so, contact with the affected families often proves beneficial to both parties.

## **STAY ACTIVE**

For most people it is an advantage to return to work and normal activity levels as soon as possible.

Physical activity is an important outlet for emotion.

Otherwise, staying involved in commonly enjoyed activities is advisable.

Avoid overindulgence of all kinds.

Although alcohol can dull the pain, it should be used with caution.

A physician can help with most of the problems mentioned here. Do not hesitate to contact a physician, occupational health officer, local clergyman or anyone else who might be able to help.

## **REACTIONS OF CHILDREN AND ADOLESCENTS**

Children and adolescents have essentially the same reactions as adults, and the same advice and measures will apply. Children who have experienced emotional stress may suffer from obsessive thoughts, problems with concentration during the day and sleep disturbances or fear of the dark at night. Many become irritable and anxious, and are on guard against further danger.

Certain factors must be given special consideration when small children are involved. The ability of young children to grasp reality is not fully developed, and they may be greatly frightened by events that adults do not consider particularly dangerous. Belief in the magical power of thought may easily convince younger children that they caused the accident or death themselves. It is important to be aware of such factors, so as not to overlook their special needs. A child who loses a loved one will become fearful that other loved ones will also die, and this may give rise to an increased need to be together with family members.

Most children wish to be together and talk with their parents, but adolescents may find it easier to share their experiences and feelings with their peers, often in groups.

It is important to be open and honest in all communication, and to make time for talks designed to help children cope with their thoughts and emotions. Let children witness the reactions of others. This helps to reassure them that their own reactions are normal. Allow them to play, draw or talk about what has happened.

## **Excerpts from the “Rules of Good Conduct” poster:**

- 1.4 It is the right of the Press to provide information about events taking place in society and to reveal matters that are deserving of criticism. (*On the role of the Press in society*)
- 3.9 Special consideration must be taken with regard to people who cannot be expected to be aware of the ramifications of their statements. Do not misuse other people’s feelings, lack of knowledge or lack of judgement. (*On the relationship of the Press to sources*)
- 4.3 Demonstrate respect for people’s identity, privacy, race, nationality and religious orientation.
- 4.6 Take into account how reports of accidents and criminal cases will affect the victims and families involved. Do not provide identification of deceased or missing persons before the next-of-kin have been notified. Show consideration to people who are bereaved or unstable. (*Rules of publication*)

## **Regarding Press coverage of accidents**

The Press professional ethics committee has stated the following in connection with newspaper coverage of accidents and the ensuing reaction of the public:

“In the event of large-scale accidents and disasters, the newspapers are under a clear obligation to convey information both about the incident itself as well as the reaction of the public. For those dealing with bereavement, it is important that there be public commemoration and that a worthy context be created in which to honour the dead. This is the underlying reason why memorial services and similar public commemorations are held.

When such commemorative activities take place in the public domain, the media is expected to provide coverage. Under these circumstances, the rules of ethical practice dictate that the newspapers respect certain boundaries associated with protection of the privacy of the individual, and the requirement for objective, considerate reporting (4.3 and 4.4 on the “Rules of Good Conduct” poster). This implies that a reporter is expected not to expose the grief of individuals to the public in a manner that could be perceived as intrusive.

It is important to demonstrate caution when associating grief reactions with specific names, or using photographs depicting easily identifiable individuals exhibiting strong displays of emotion.

However, it is also important to give a proper impression of the mood of the public commemoration. It is to be expected that public figures who participate in these events will be closely followed, as their feelings in such situations will be interpreted as an expression of the sentiments of society at large.

In this regard, it is essential to differentiate between matters that belong to the private sphere and matters of public interest, because people who are experiencing bereavement are extremely vulnerable. The ceremonies and commemorative activities may be public, but the feelings of the persons affected are private.”