

Action Card – 1,2,3+

This procedure should be used to decide how to react to the situation when one or more people are incapacitated with no obvious reason. It could be used for recognition if CBRN incident happened or not.

1) Step 1 – ONE person incapacitated

- Approach with caution using standard protocols, prioritising your safety.
- Rapidly scan for 5S indicators (Sights, Signs, Symptoms, Smells, Sounds).
- **Do not** touch suspicious substances or contaminated clothing unnecessarily.

2) Step 2 – TWO people incapacitated

- Approach only if you can keep control of your exposure: apply 5S before closing distance.
- Report immediately to supervisor/control room/emergency services as per your plan.
- **Do not** enter a confined space / enclosed area if indicators suggest a hazard (e.g., mist cloud, unusual odour, multiple unexplained symptoms).

3) Step 3+ – THREE OR MORE people incapacitated

- Stop. Retreat. Create distance.
- From a safe position, apply 5S to gather observations for responders.
- Immediately initiate notification/alarm (emergency services + facility security/management).
- If unprotected, you may still help remotely (e.g., shout instructions, guide self-evacuation) without entering a potentially contaminated area.
- **Do not** approach incapacitated casualties if there is no explainable reason – avoid becoming a casualty yourself.



Action Card – Evacuation and assembly point management

Evacuation is the most important action to be executed after CBRN incident. It is complex procedure and differs from evacuation after other incidents – like fire or bomb hazard. Use safe, not-contaminated routes of evacuation and choose assembly point which is upwind and uphill the contaminated area.

I. Phase 1: Preparation to evacuation

1. Collect necessary equipment to guide the evacuation (e.g.: reflective vests, means of communication, torches, PPE).
2. Check evacuation routes for safety in particular:
 - Choking points - corridors, passageways and exits.
 - Rubbish bins, flower pots.
 - Permeability of escape routes.
 - Permeability of emergency exits.
3. Check the designated assembly points.
4. Collect equipment for assembly points (e.g.: medical bag, thermal blankets, water, megaphone for crowd control, initial decontamination kits).
5. Check access routes for emergency services.
6. Keep people out of the danger area.
7. Inform VIP security staff.
8. Take and confirm position according to the evacuation plan.

II. Phase 2: Evacuation from building to assembly points

II.1 Evacuate people from premises

- Keep calm.
- Use equipment supporting evacuation.
- Order people to take their phones, wallets, IDs – only! (No others belongings)
- Assess situation - if evacuation is not possible or too risky consider SIP.
- Report any problems (e.g. disabled or injured people) via app and or other Communication device and continue evacuation.
- Close the evacuated room doors – do not lock them.
- Never go back, walk fast but do not run to the appointed exit.
- Confirm finalisation of your part of evacuation to the coordinator.



II.2 Evacuation by emergency routes

- Keep calm and try to make people calm – your behaviour matters
- Use equipment supporting evacuation
- Use suitably marked escape routes
- Do not allow people to:
 - Run and overtake others
 - Push people ahead of them
 - Stop or come back
- Evacuate people as ordered or in direction opposite to danger (if situation changes).
- Keep contaminated persons away from clean ones.
- Do not use service walkways, ducts, installation platforms, lifts or other not normal communication ways.
- Before entering stairwells check for contamination symptoms.
- Use windows if stairs or exits are isolated.
- Help people in need but only if it not slows you down.
- Verify if all rooms are evacuated.
- Report any problems (e.g. disabled or injured people) and continue evacuation.
- Confirm finalisation of your part of evacuation to the coordinator.

II.3 moving to assembly point

- Keep calm
- Walk fast but do not run
- Direct people to appointed assembly point – downwind to CBRN agent release
- Be sure that assembly point is:
 - Big enough to gather all the people
 - Far enough from the threat
 - Be accessible to emergency services
 - Has access to water or other materials for initial decontamination
- Assure safe passage through roads if needed
- Report any problems (e.g. disabled or injured people)
- Confirm finalisation of your part of evacuation to the coordinator



III. Phase III: Assembly point management

- Keep calm and try to make people calm – your behaviour matters
- Do not allow other people to enter the assembly point
- Separate contaminated people from not contaminated and avoid mixing those groups
- Designate a preliminary decontamination point
- Collect necessary equipment – water, towels, tissues, toilet paper, other available absorbing materials
- Conduct preliminary decontamination
- Keep all contaminated stuff in one place – far from people
- Designate a first aid point and help people – **only if it is safe for you!**
- Regularly check conditions of all the people – especially contaminated
- Keep all people on place – do not allow people to go away
- Register people for notification to relatives, further treatment and investigation
- Report any problems (e.g. disabled or injured people)
- Instruct people how to behave:
 - Move away from contaminated stuff
 - Do not drink
 - Do not eat
 - Do not smoke
 - Do not mix with the other group (contaminated one and not)
 - Do not leave
 - Please report names of your relatives away from the hotel (to not worry about them)
 - Please report names of your missing relatives
 - Please inform if you start feeling worse
- Exchange information the coordinator (lost children, names of people who are away or missing, updates with people health status, etc.)



Action Card – Voice messages examples

This action cards gives examples of voice messages to be used for communication with hotel guests. It is recommended to have them prepared before an incident and described in security documentation. Use short, clear sentences. Repeat. Give a reason for compliance and a clear action.

1) Initial alert (suspected CBRN)

“Attention please. We have a safety incident. Stay calm and follow staff instructions. Do not approach any smoke, vapour, powders or liquids. If you feel unwell, raise your hand and wait for assistance.”

2) Evacuation order

“Attention please. Evacuate now using the nearest safe exit. Do not use lifts. Move calmly. Staff will direct you to the assembly area outside. Do not go home; wait for instructions.”

3) Shelter-in-place order (invacuation)

“Attention please. For your safety, move inside to the nearest safe room/area away from doors and windows. Close doors and windows. Turn off fans or air-conditioning if instructed. Wait for staff instructions.”

4) ‘Remove, Remove, Remove’ prompt for potentially exposed people (from a safe distance)

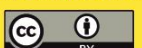
“If you were near the incident: move away from the area to fresh air now. Remove outer clothing if instructed and keep away from it. If skin is itchy or painful, rinse with lots of water. Do not touch others. Wait here for emergency services.”

5) Update / reassurance

“Emergency services are on the way. Stay where you are and follow staff instructions. Help each other calmly. Information will be repeated every few minutes.”

6) All clear (only when confirmed by emergency services)

“Attention please. The emergency services have confirmed it is now safe to resume normal activities. Thank you for your cooperation.”



Action Card – SINS

This procedure could be used for CBRN incident recognition and reaction to it. The first action is focused on gathering symptoms which should raise attention and then reaction to the threat.

1) Immediate safety principles (before Step S)

- Do not create more casualties. Keep distance, limit contact, control movement of people.
- If you must approach affected persons, use appropriate PPE (at minimum mask + gloves; escalate per risk).
- Start documenting: time, location(s), who is affected, who was exposed.

2) (S) SYMPTOMS that raise suspicion of a CBRN attack

- ✓ **General symptoms** (Flu like symptoms, Fever, Headache, Weakness/Fatigue, Malaise).
- ✓ **Respiratory symptoms** (Difficulty breathing, Asphyxiation/respiratory failure, Chest pain).
- ✓ **Digestive symptoms** (Nausea, Vomiting, Diarrhoea, Bloody diarrhoea, Stomach and Abdominal swelling/discomfort/cramps and/or pain).
- ✓ **Nervous symptoms** (Double vision [diplopia], Blurred vision, Swallowing difficulty, Muscle paralysis, Facial paralysis, Sleepiness [lethargy]), Neck stiffness, Photophobia, Dizziness, Confusion, Seizures, Coma. Hyperactivity/anxiety, Hallucinations/paranoia).
- ✓ **Cutaneous** (Painful swollen lymph nodes or 'buboes', Depressed black eschar with surrounding oedema, Regional lymphadenopathies, Rash/itching, Burns).
- ✓ **Haemorrhaging symptoms** (Cutaneous haemorrhages, Nosebleeds and gingival bleeding, Blood in stool and urine).
- ✓ **Cardiovascular symptoms** (Heart rate changes [specially tachycardia], Blood pressure changes [specially hypertension]).
- ✓ **Acoustic symptoms** (Havana syndrome).



3) (I) ISOLATION of both people involved and suspected sources creating the danger

The second part consists of determining if strange things happened who could help to determine the origin of that suspected CBRN attack in order to isolate it and avoid increasing the danger (second step).

- ✓ Did you have some drink/food?
- ✓ Did you see anything strange like drops, suspicious clouds, anything unusual?
- ✓ Did you smell a strange odour?
- ✓ Did you hear some strange noise?
- ✓ Indicate person in touch
- ✓ Specify the visited rooms within the hotel / conference centre

In order to avoid increasing the danger, first of all it is necessary to isolate the affected both people and rooms / and remove every presence of food and drink, not only to prevent but also to analyse them in order to search for the source of the threat. People in contact with the affected person must be checked and isolated too. It may be necessary to evacuate the affected area to protect the safety of other individuals.

Everybody in contact with the affected person must use appropriate personal protective equipment (PPE), such as face masks, gloves, and protective suits, to prevent exposure to hazardous agents.

4) (N) NOTIFICATION to health and security/police authorities

This point should be carried out in accordance with the plan drawn up by the health authorities in each country, also to be compliant with respective national legislations which may differ from country to country. It should be an epidemiological communication network whose main objective is the detection, surveillance, and rapid response to outbreaks of communicable diseases and other public health emergencies.

In the event of a biological alert, an epidemiological plan led by the relevant authorities must be taken into account.



5) (S) SITE CLEAN-UP of all suspected affected rooms

Important consideration beforehand: the responsibility for site clean-up usually falls to a venue owner or a venue operator (depending on agreement or national or local regulations). Governmental or local specialised emergency services (like Firefighters) typically conduct decontamination only if contamination generates hazard to general population otherwise the venue is closed and secured until proves of decontamination are delivered to relevant authorities.

Decontamination must be conducted only by professional services or specialized private companies unless the threat is minimal and typical cleaning or simple decontamination methods could be applied. However, it must be determined by those professional services. **The contaminated venue owner or operator must always rely on experts' advice as improper decontamination procedures could lead to health risk including death.**

Depending on the magnitude of the threat and local policies, government agencies, fire teams, military personnel or other specialised emergency response organisations may be involved.

However, although the decontamination procedure should be carried out by a specialised team, hotels are recommended to follow a disinfection routine, not only after a relevant attack and subsequent disinfection by specialised teams, but also as a cleaning routine after use of the hotel rooms and/or conference centres.



Action Card – METHANE

This is procedure designed to inform relevant services or 112 number about the situation. It covers the most important information needed by the services. Proper report can increase effectiveness of response actions. Remember to gather all information needed before the call using internal communication procedure THEN.

1) Rules

- If suspicion is credible: CALL 112 IMMEDIATELY. **30–60 seconds max** for the first report; then update.
- Speak in **short phrases**, not full paragraphs.
- **Facts first**; assumptions clearly labelled as “suspected/possible”.
- Provide **time stamps**: “As of 14:32...”
- **Do not disconnect first** – wait until the 112 operator ends conversation

2) Call script (read from the card)

- “My name is _____. I’m calling from _____ Hotel”
- **M (Major Incident)** – “Major incident declared” or “Major incident suspected” or “There is no Major Incident”
Clarify – If not formally declared, say why you suspect (e.g., “multiple casualties”, “unknown agent”, “possible CBRN release”).
- **E (Exact location)** – Venue name + full address. Precise internal location: building/wing, floor, room, gate/entrance
Clarify: Provide **best rendezvous point (RVP)** and **who will meet responders**.
- **T (Type of Incident)** – “Suspected CBRN release”, “Explosion”, “Mass casualty collapse”, etc.
Clarify: If CBRN is possible, state **why** (e.g., “multiple collapsed casualties in same area”, “unusual odour”, “powder/liquid present”).
- **H (Hazards)** – Primary hazards now: smoke/fire, structural instability, suspicious substance, secondary device risk . If relevant (CBRN): **wind direction**, ventilation status, contamination risk
Clarify: Indicate **hot zone / unsafe areas**, and if people are self-evacuating (spread risk).
- **A (Access)** – Best approach routes for responders. Roadblocks/closures, security gates, codes/keys, safe entry
Clarify: Identify **safe corridors** and **areas to avoid**.



- **N (Number of Casualties)**

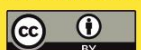
- Estimate using simple categories: Dead / Immediate / Delayed / Walking wounded.
- Also: number missing / trapped
Clarify: Give ranges if needed (“approx. 10–15 walking wounded”).

- **E (Emergency Services Required)**

- What you need now: EMS, fire, police, HazMat/CBRN, evacuation support
- On-scene contact name/role + callback number
Clarify: Mention any urgent capability needs (e.g., “CBRN/HazMat detection”, “mass decon”, “traffic control”).

3) After the call

- Write down the call time and dispatcher instructions.
- Prepare the handover sheet for responders and brief the Incident Manager.



Action Card – THEN

This internal communication procedure is intended to gather all information needed for creation METAHNE report. Please remember that it covers minimum required information if you find additional information relevant please report them as well.

1) Rule

- Gather information needed by Manager on Duty to create METHANE report.
- Speak in **short phrases**, not full paragraphs.
- **Facts first**; assumptions clearly labelled as “suspected/possible”.
- Provide **time stamps**: “As of 14:32...”

2) Information needed

- **T (Type of Incident)** – “Suspected CBRN release”, “Explosion”, “Mass casualty collapse”, etc.
Clarify: If CBRN is possible, state **why** (e.g., “multiple collapsed casualties in same area”, “unusual odour”, “powder/liquid present”).
- **H (Hazards)** – Primary hazards now: smoke/fire, structural instability, suspicious substance, secondary device risk . If relevant (CBRN): **wind direction**, ventilation status, contamination risk
Clarify: Indicate **hot zone / unsafe areas**, and if people are self-evacuating (spread risk).
- **E (Exact location)** – Precise internal location: building/wing, floor, room, gate/entrance
Clarify: Provide **best rendezvous point (RVP)**.
- **N (Number of Casualties)**
 - Estimate using simple categories: Dead / Immediate / Delayed / Walking wounded
 - Also: number missing / trapped
 - Clarify:** Give ranges if needed (“approx. 10–15 walking wounded”).



Action Card – REMOVE x3

This procedure describes reaction to an incident where someone has been exposed to a hazardous substance. The REMOVE x 3 procedure provide guidance for the hotel staff how to react after suspected deliberate or accidental exposure to a hazardous substance (vapour, powder or liquid) or an „acid attack”.

1) Rules

- Do not touch people – tell them what to do from distance
- Two staff for the procedure – if possible
- Match the pace to people – confirm each step is done.
- remain alert - incidents involving a hazardous substance can change very quickly
- you will likely have to improvise and think on your feet

2) REMOVE affected individuals from the immediate area

- Order affected individuals to REMOVE themselves from the immediate area
- If the substance is airborne, they should head uphill as well as into the wind if possible
- If safe to do so, bring others who may be affected
- If skin is itchy or painful, they must urgently find a water source

3) REMOVE outer clothing

- Order affected people to REMOVE outer clothing
- Try to avoid pulling clothing over the head if possible
- Do not attempt to remove clothing stuck to the skin – medics will do it on arrival
- Do not smoke, eat or drink
- Once this has been done, to move away from the discarded, contaminated clothing



4) REMOVE the substance from the skin

- If the skin is NOT painful or itchy – REMOVE the substance using a DRY absorbent material to soak it up or brush it off.
- If the skin IS painful or itchy:
 - RINSE the affected area with lots of water
 - Use ANY available water source to rinse the affected part of the body
 - Apply water continuously until medical personnel advise you to stop
 - Try to avoid the water running onto unaffected parts of the body
- Keep all the people on the spot - they may suffer delayed symptoms or still have a small amount of hazardous material on them which could present an on-going risk of being spread to others.

5) Contact emergency services

- Inform emergency service personnel of the actions you have done (first aid, REMOVE protocols etc.).
- Stay with the casualties, in a safe place, until released by ambulance personnel.
- Stay in the vicinity until released by the police, you may be asked for a statement or your details.
- Consider your own organisations reporting requirements (Health & safety incident report, injury on duty, dangerous occurrence, accident book etc.).

