

GUIDANCE NOTE

Preparedness Communication to Reduce Fear and Rumors in Contexts of Displacement and Potential CBRN Risk

Prepared by: IFRC RoE Health, MHPSS, CEA, PGI and preparedness teams.

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1. PURPOSE OF THIS GUIDANCE NOTE

This short guidance note supports National Society staff and volunteers working in high-stress emergency contexts. It focuses on two specific scenarios:

- Displacement of people across or within borders due to conflict or threat
- Fear and uncertainty related to potential CBRN (chemical, biological, radiological, nuclear) risks

It is intended to guide actions throughout the response cycle, with particular attention to the preparedness phase. Its purpose is to:

- Reduce fear, harmful rumors and stigma
- Promote psychological well-being
- Ensure accurate, inclusive and trusted communication
- Strengthen coordination across Health, Mental Health and Psychosocial Support (MHPSS), Disaster Management (DM), Protection, Gender and Inclusion (PGI), and Community Engagement and Accountability (CEA) in preparedness communication.

2. FACTS ABOUT CBRN RISKS AND PSYCHOSOCIAL IMPACTS

While this guidance primarily reflects risks and public concerns associated with radiological and nuclear incidents, many of the communication approaches and psychosocial considerations also apply to chemical and biological threats. National Societies should adapt the messages and actions based on the nature of the hazard and national guidance.

- The fear of CBRN risks often causes more harm than actual exposure. Uncertainty, rumors, and misinformation increase emotional distress.
- Most people will not be directly exposed to harmful levels of radiation or chemicals, even during incidents.
- Psychosocial consequences can include anxiety, hypervigilance, stigma, and social exclusion.
- Reactions may differ significantly based on gender, age, culture, displacement status, or previous trauma.
- According to WHO and IAEA guidance:
 - Public concern increases with a lack of trusted, clear information.
 - Risk communication should avoid complex terms (use simple language), promote calm, and encourage protective actions.

3. COMMON PSYCHOSOCIAL REACTIONS

Emotional:

- Fear, sadness, overwhelm, anxiety
- Grief due to separation, loss of home or routine

Behavioral:

- Withdrawal, avoidance of places or news, irritability
- Disrupted sleep or eating

Cognitive:

- Trouble concentrating, memory difficulties, overthinking
- Hypervigilance and false interpretation of symptoms

4. WHEN AND HOW TO USE THESE MESSAGES

The following messages are examples to support communication during CBRN-related emergencies or heightened concerns. They should be adapted based on the phase of the emergency (preparedness, response, or recovery), the specific concerns raised by communities, and the safest and most trusted communication channels (e.g. social media, helplines, posters, community meetings).

Before using any message, it is important to assess whether a response is needed and whether it could unintentionally increase fear or amplify rumors. For practical steps on:

- When and how to respond to misinformation,
- How to assess the risk of rumors, and
- How to communicate in a calm and inclusive way

Please refer to **Tool 1 IFRC CEA Guidance on Managing CBRN-Related Rumors and Messaging**.

4.1 For Displaced Populations

- “You are not alone. The Red Cross/Red Crescent is here to support you.”
- “Feeling afraid or uncertain is normal. Talk to someone you trust or contact our helpline.”
- “You have the right to receive support and protection.”
- “You can ask questions or share concerns anonymously. Your voice matters and helps improve our support.”
- “If you hear something that worries you, ask a volunteer or call our helpline to check what’s true.”
- “Information can change quickly. We will keep you updated with facts from trusted sources.”
- “We want to hear from you, your feedback helps us respond better.”

- “If you or someone in your family has specific needs, for example, related to disability, accessibility or gender, please let someone from the Red Cross/Red Crescent know. We are here to support you.”
- “If you feel unsafe or have experienced any form of violence, you can speak to a trained volunteer, all information will be treated confidentially.”

4.2 For Host Communities

- “Displaced people are part of our community and deserve dignity and care.”
- “Showing kindness strengthens our community.”
- “Rumors can harm, check before sharing.”
- “If you have concerns or suggestions, speak with a Red Cross / Red Crescent volunteer or contact us directly, we’re here to listen.”
- “Let’s stop misinformation together. If something sounds alarming or unclear, ask before acting.”
- “You can help by sharing verified information from trusted sources like the Red Cross/Red Crescent.”

4.3 For CBRN-related Contexts

BEFORE (Preparedness):

- “Preparedness means staying informed. It doesn’t mean an emergency is happening.”
- “Knowing what to do reduces stress. Talk to your family about a plan.”
- “Not sure what to believe? The Red Cross/Red Crescent shares only verified information. You can ask us directly if you’re unsure.”

DURING (Response):

- “Follow official advice. Stay indoors and close windows if advised.”
- “Do not take or share medicine unless told by health professionals.”
- Once authorities confirm it is safe, check on nearby people who may need help, especially vulnerable Neighbours, and offer calm reassurance, even from a distance if needed

AFTER (Recovery):

- “It’s normal to feel unsettled. Support is available.”
- “Small routines can help restore a sense of safety.”
- “Avoid blame. Show compassion and solidarity.”

5. MINIMUM ACTIONS DURING PREPAREDNESS PHASE

These are minimum actions and should be considered an essential part of prepared work in emergencies involving displacement or potential CBRN risks. Collaboration across CEA, MHPSS, Health, PGI, and Disaster Management teams is key to ensuring an effective response that is grounded in trust and aligned with the real needs of affected communities. All

teams should prioritize risk communication, with a focus on reducing fear, misinformation and harmful rumors.

5.1 Minimum Actions for CEA Teams

- Coordinate message development with MHPSS, Health, PGI and DM teams, ensuring clarity, coherence and cultural relevance
- Lead rumor tracking efforts, compiling frequent questions and community concerns to inform communication strategies
- Prepare and test message banks for different audiences (e.g. displaced people, host communities, general public)
- Establish and promote feedback mechanisms (e.g. helplines, SMS, face-to-face outreach, social media channels)
- Train volunteers in CEA and supportive communication using simple, reassuring language
- Ensure communication channels are inclusive and accessible for different age groups, genders, and people with disabilities
- Ensure volunteers are trained in First Aid (FA), Psychological First Aid (PFA), and PGI to enhance safe and inclusive community interactions

5.2 Minimum Actions for MHPSS Teams

- Coordinate with Health, CEA, PGI and DM teams to integrate mental health in risk communication
- Contribute to assessments by adding MHPSS questions and identifying needs and fears related to displacement or CBRN threats
- Support message development and validation from a psychosocial perspective
- Train staff and volunteers in PFA and promote supportive communication
- Ensure well-being strategies are in place for staff and volunteers
- Update referral systems and support plans regularly

5.3 Minimum Actions for Health Teams

- Coordinate with CEA, MHPSS and PGI to ensure consistency and inclusiveness in health-related messaging
- Contribute to assessments and information gathering, especially regarding health fears, vulnerable groups, and medication needs
- Identify and address health-related rumors, particularly those common in CBRN contexts (e.g. fears about contamination or water safety)
- Prepare clear, inclusive messages about protective health actions before, during, and after a CBRN incident
- Train volunteers and staff in FA
- Identify people with existing health conditions, ensuring referral pathways for care and psychosocial support

5.4 Minimum Actions for Disaster/Emergency Teams:

- Coordinate across sectors to ensure integration of health, MHPSS, CEA and PGI in community engagement
- Support assessments, including needs, vulnerabilities, and common fears or rumors affecting risk perception
- Disseminate key psychoeducational messages through trusted channels and coordinated teams
- Brief all volunteers and staff with clear, consistent messages before deployment
- Map and prepare referral pathways for MHPSS, health and protection concerns
- Support testing of messages and materials through community feedback mechanisms before use
- Ensure volunteers are trained in FA, PFA, and PGI to enhance safe and inclusive community interactions

5.5 Minimum Actions for Protection, Gender and Inclusion (PGI) Teams

- Coordinate with CEA, Health, MHPSS and DM teams to ensure PGI is integrated into preparedness and risk communication plans
- Contribute to inclusive risk and needs assessments, identifying who may be most at risk or excluded (e.g. unaccompanied children, older people, people with disabilities, LGBTQIA+ individuals, minority groups)
- Map and coordinate safe referral pathways for people at risk or survivors of violence, including children and survivors of sexual and gender-based violence (SGBV)
- Support safeguarding and PSEA briefings for staff and volunteers, especially in outreach and community-facing roles
- Advise on inclusive spaces for engagement, ensuring privacy, gender considerations, and accessibility for people with disabilities
- Promote the collection and use of sex-, age- and disability-disaggregated data (SADDD) to inform equitable responses

6. COMMUNICATION CONSIDERATIONS

- Use clear, simple language – avoid jargon
- Be culturally sensitive, gender-aware, and age-appropriate
- Reassure individuals without minimizing their concerns
- Promote trusted sources of information (e.g. health authorities)
- Encourage two-way communication (e.g. helplines, social media, face-to-face)
- Avoid messages that may reinforce stigma or harmful norms
- Make sure messages are safe and appropriate for all groups, including survivors of violence
- Validate materials with at-risk groups (e.g. women's groups, youth, LGBTQIA+, disability advocates)

7. SAMPLE PHRASES

✓ Helpful phrases

- “It’s normal to feel concerned.”
- “Let’s talk about what you can do to stay safe.”
- “You’re not alone. We’re here with you.”

✗ Unhelpful phrases

- “Everything will be fine.”
- “Don’t worry.”
- “At least you’re alive.”
- Avoid words like “victim” or “traumatized” – say “person affected” or “at risk”

8. POSSIBLE QUESTIONS & SUGGESTED ANSWERS

PREPAREDNESS PHASE

Q: Should I take iodine tablets now?

A: No. Only take them if advised by health authorities. Iodine tablets are effective only in specific nuclear emergencies and must be taken at the right time. To be protective. Taking them unnecessarily can be harmful and reduce availability for those who need them

Q: Will food or water be contaminated?

A: Authorities will inform the public if there is any risk. Do not change your diet unless officially advised.

Q: Can I protect my children in time?

A: Yes. Being informed and calm is the best protection.

RESPONSE PHASE

Q: Should I evacuate now?

A: Follow instructions from local authorities. Leaving too early may increase risks.

Q: Is it safe to breathe the air?

A: Only health and emergency services can confirm this. Listen to official updates.

Q: Should I wear a mask?

A: Only if instructed. Using them unnecessarily may give false security.

RECOVERY PHASE

Q: Is it safe to return?

A: Authorities will inform you when it’s safe. Wait for their advice.

Q: Will people reject us for being exposed?

A: Stigma is harmful. Everyone deserves support and dignity.

9. DO'S AND DON'TS

✓ Do:

- ✓ Provide calm, fact-based answers
- Use trusted sources (WHO, IFRC, local health authorities)
- Acknowledge emotional reactions
- Track and respond to recurring concerns

✗ Don't:

- ✗ Guess or speculate
- ✗ Use alarming or dramatic language
- ✗ Dismiss or minimize fears
- ✗ Label a situation "CBRN" unless officially confirmed

References:

- [WHO FRAMEWORK for mental health and psychosocial support in radiological and nuclear emergencies](#)
- [Practical Guidance for Mental Health and Psychosocial Support in Radiological and Nuclear Emergencies](#)
- [IFRC CEA Feedback Kit \(CEA Hub\)](#)
- [Addressing Harmful Information In Conflict Settings \(ICRC\)](#)
- [IFRC Guidelines for Risk Communication and Community Engagement](#)
- [IFRC Minimum Standards for Protection, Gender and Inclusion in Emergencies \(2018\)](#)
- [IFRC Safeguarding and PSEA Policy \(2024\)](#)
- [IFRC Child Safeguarding Policy \(2022\) IFRC PGI Toolkit](#)

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