COMMISSION IMPLEMENTING DECISION (EU) 2022/288

of 22 February 2022

amending Implementing Decision (EU) 2019/570 as regards rescEU shelter capacities and the modification of quality requirements for Emergency Medical Teams Type 3 capacities

(notified under document C(2022) 963)

(Text with EEA relevance)

THE EUROPEAN COMMISSION,

Having regard to the Treaty on the Functioning of the European Union,

Having regard to Decision No 1313/2013/EU of the European Parliament and of the Council of 17 December 2013 on a Union Civil Protection Mechanism ([1]), and in particular Article 32(1), point (g), thereof

Whereas:

(1) Decision No 1313/2013/EU sets out the legal framework of rescEU. rescEU is a reserve of capacities at Union level aiming to provide assistance in overwhelming situations where overall existing capacities at national level and those committed by Member States to the European Civil Protection Pool are not able to ensure an effective response to natural and man-made disasters.

(2) In accordance with Article 12(2) of Decision No 1313/2013/EU, rescEU's capacities are to be determined by taking into account identified and emerging risks, overall capacities and gaps at Union level. There are four areas on which rescEU should particularly focus, namely aerial forest firefighting, chemical, biological, radiological and nuclear ('CBRN') incidents, emergency medical response, as well as transport and logistics.

(3) Commission Implementing Decision (EU) 2019/570 ([2]) sets out the initial composition of rescEU in terms of capacities and quality requirements. The rescEU reserve so far consists of aerial forest firefighting capacities, medical aerial evacuation capacities, emergency medical teams, stockpiling of medical equipment or personal protective equipment ('medical stockpiling capacities'), or both, CBRN decontamination capacities and CBRN stockpiling capacities.

(4) An analysis of identified and emerging risks as well as of capacities and gaps at Union level reveals a need for temporary shelter capacities.

(5) The need to address qualitative and quantitative gaps in shelter capacities was identified in various operations of the Union Civil Protection Mechanism ('Union Mechanism') during the last years, and was reflected in the 'Evaluation Study of Definitions, Gaps and Cost of Response Capacities for the Union Civil Protection Mechanism' ([3])from 2019. In addition, the operational experience from the earthquakes hitting Croatia in March 2020 and in December 2020 confirmed the gap for shelter capacities despite prompt response operations under the Union Mechanism in which several Member States took part.

(6) The main purpose of the rescEU temporary shelter capacity, when deployed during a response operation under the Union Mechanism, is to provide temporary shelter to affected population which includes space for housing, hygiene and sanitation, basic medical service and social-gathering.

([1]) OJ L 347, 20.12.2013, p. 924.

([2]) Commission Implementing Decision (EU) 2019/570 of 8 April 2019 laying down rules for the implementation of Decision No 1313/2013/EU of the European Parliament and of the Council as regards rescEU capacities and amending Commission Implementing Decision 2014/762/EU (OJ L 99, 10.4.2019, p. 41).

([3]) https://ec.europa.eu/echo/system/files/2020-01/capacities_study_final_report_public.pdf.

(7) The temporary shelter capacity under rescEU should consist of a physical reserve of high-quality assets for rapid response or of a virtual reserve of customisable assets that could be deployed in a subsequent phase when required for response operations under the Union Mechanism, or both.

(8) Pursuant to Article 12(4) of Decision No 1313/2013/EU, quality requirements for the response capacities forming part of rescEU are to be defined in consultation with Member States. Minimum standards for temporary shelter capacities should be based on the shelter standards under the Sphere Handbook chapter 'Shelter and Settlement' ([4]).

(9) Temporary shelter capacities should be established to respond to low probability risks with a high impact, in accordance with the categories referred to in Article 3d of Implementing Decision (EU) 2019/570 and after consultation with the Member States.

(10) In order to provide Union financial assistance for developing such temporary shelter capacities, in accordance with Article 21(3) of Decision No 1313/2013/EU, the eligible costs should be established by taking into account the categories laid down in Annex Ia to that Decision.

(11) The World Health Organization (WHO) Global Emergency Medical Team initiative has recently revised the standards ([5]) for the Emergency medical team type 3 capacities (Inpatient Referral Care). Therefore, the quality requirements for this Emergency Medical Team type under rescEU should be modified accordingly.

(12) Reflections on lessons learnt from the COVID-19 crisis have further shown the need for additional flexibility and modularity of rescEU emergency medical team capacities. Therefore, rescEU should include Emergency Medical Team type 2 capacities (Inpatient Surgical Emergency Care) complemented by specialised care services, in line with the standards of the WHO Global Emergency Medical Team initiative.

(13) Implementing Decision (EU) 2019/570 should therefore be amended accordingly.

(14) The measures provided for in this Decision are in accordance with the opinion of the committee referred to in Article 33(1) of Decision No 1313/2013/EU,

HAS ADOPTED THIS DECISION:

Article 1

Implementing Decision (EU) 2019/570 is amended as follows:

(1) Article 1a is amended as follows:

(a) paragraph 2 is replaced by the following:

'(2) 'Emergency medical team type 3 (Inpatient Referral Care)' means a deployable emergency team of medical and other key personnel trained and equipped to treat patients affected by a disaster and which provides complex inpatient referral surgical care, including intensive care capacity.';

(b) the following paragraph 3 is added:

'(3) 'Virtual shelter reserve' means one or more arrangements with selected suppliers to be activated on-demand to deliver certain quantities of specific assets in a pre-defined timeframe.';

(2) Article 2 is amended as follows:

(a) paragraph 1 is amended as follows:

(i) the fifth indent is replaced by the following:

'- capacities in the area of chemical, biological, radiological and nuclear incidents,';

([4]) See 'Sphere Handbook: Humanitarian Charter and Minimum Standards in Humanitarian Response', fourth edition, Geneva, Switzerland, 2018.

([5]) See Classification and minimum standards for emergency medical teams, World Health Organization. 2021.

(ii) the following sixth indent is added:

'- shelter capacities.';

(b) paragraph 2 is amended as follows:

(i) point (e) is replaced by the following:

'(e) emergency medical team type 2 (Inpatient Surgical Emergency Care) or emergency medical team type 3 (Inpatient Referral Care) capacities, or both;'

(ii) point (h) is replaced by the following:

'(h) chemical, biological, radiological, and nuclear (CBRN) stockpiling capacities;'

(iii) the following point (i) is added:

'(i) temporary shelter capacities.'

(3) Article 3a is replaced by the following:

'*Article 3a*

Eligible costs of rescEU medical aerial evacuation capacities, emergency medical team type 2 and type 3 capacities, medical stockpiling, CBRN decontamination, CBRN stockpiling capacities and temporary shelter capacities

All cost categories referred to in Annex Ia to Decision No 1313/2013/EU shall be taken into account when calculating the total eligible cost of rescEU capacities.'

(4) in Article 3e, paragraphs 3 and 4 are replaced by the following:

'3. rescEU capacities referred to in points (c) to (i) of Article 2(2) shall be established with the objective of managing low probability risks with a high impact.

4. Where rescEU capacities referred to in points (c) to (i) of Article 2(2) are deployed under the Union Mechanism, Union financial assistance shall cover 100 % of the operational costs, pursuant to Article 23(4b) of Decision No 1313/2013/EU.';

(5) the Annex is amended in accordance with the Annex to this Decision.

Article 2

This Decision is addressed to the Member States.

Done at Brussels, 22 February 2022.

For the Commission
Janez LENARČIČ
Member of the Commission

ANNEX

The Annex to Implementing Decision (EU) 2019/570 is amended as follows:

(1) Section 5 is replaced by the following:

'5. **Emergency medical team type 2 (Inpatient Surgical Emergency Care) or emergency medical team type 3 (Inpatient Referral Care) capacities, or both**

Tasks	— Provide type 2 (Inpatient Surgical Emergency Care) or type 3 (Inpatient Referral Care), or both, as described by the WHO global Emergency Medical Team initiative. — Provide specialised care or support functions, including if needed via specialised care teams as described by the WHO global Emergency Medical Team initiative.
Capacities	— Minimum treatment capability in accordance, where available, with the standards of the WHO global Emergency Medical Team initiative. — Day and night services (covering 24/7 if necessary).
Main components	— In accordance, where available, with the standards of the WHO global Emergency Medical Team initiative.
Self-sufficiency	— The team should ensure self-sufficiency during the entire deployment time in accordance with the standards of the WHO global Emergency Medical Team initiative. Article 12 of Implementing Decision 2014/762/EU applies.
Deployment	— Availability for departure in maximum 48-72 hours after the acceptance of the offer, and ability to become operational on site according to WHO global Emergency Medical Team initiative. — Ability to be operational in accordance with the standards of the WHO global Emergency Medical Team initiative.'

(2) The following Section 9 is added:

'9. **Temporary shelter capacities**

Tasks	— Provide temporary shelter to affected population, including space for housing, hygiene and sanitation, basic medical service and social gathering. — Provide staff to handle, mobilise, assemble, put in place and maintain shelter units when required. Where a handover takes place, train the relevant personnel (local and/or international) before the pull out of the shelter capacity.
Capacities	— Shelter capacity ([1]) composed by assets capable to shelter –when deployed simultaneously – a minimum of 5 000 persons. — The capacity is to be constituted by a physical reserve or of a virtual shelter reserve of shelter units, or both.
Main components	— Shelter units with heating (for winter conditions), appropriate aeration systems (for summer conditions), and basic material, such as beds with sleeping-bag and/or blankets. — Sanitation and hygiene facilities. — Infirmary for basic medical services. — Multi-purpose facilities for preparation and consumption of food, distribution of drinkable water, social assembling. — Power generators and lighting equipment. — Basic hygiene kits. — Appropriate storage facilities in the Union ([2]), logistics and adequate stockpiling monitoring system. — Appropriate arrangements ensuring the adequate transport and delivery of the units. — Appropriately trained personnel and assets to handle, mobilise, assemble, put in place and maintain physical assets in the affected area.

Self-sufficiency	— The capacity is to ensure self-sufficiency during the first 96 hours of deployment. — Article 12 of Implementing Decision 2014/762/EU applies.
Deployment	— Availability for departure of physical reserve maximum 24 hours after the acceptance of the offer. — The duration of the mission and, if applicable, the start of the handover process are to be defined in agreement with the affected country.

([1]) The shelter capacity is to comply with the minimum shelter standards of the chapter 'Shelter and Settlement' of the 'Sphere Handbook: Humanitarian Charter and Minimum Standards in Humanitarian Response'. Vulnerable people's needs are to be considered.

([2]) For the purposes of the logistics of storage facilities, 'in the Union' encompasses the territories of Member States and Participating States to the Union Civil Protection Mechanism.'