



EXERCISE 6 – ADAPTING PRACTICE TO CONTEXT

I. CONCEPT NOTE

1. Title

ADAPTING PRACTICE TO CONTEXT

2. Type of exercise

Functional exercise

3. Phase of the disaster response

Operational

4. Purpose

The purpose of this exercise is to expose participants to a mixture of cultural and legal aspects that should always be considered during EMT deployments. Team members should be aware that EMTs are not isolated entities in the field but only one part of an interconnected network of organizations, which are working within a specific context. Country rules and patients' culture have to be understood and considered in order to provide appropriate and adapted care in a safe environment.

5. Scope

During this exercise EMT members will have to develop or adapt an available SOP for the management of dead bodies in the context of Montyland. Once this is ready they will be confronted with a case of a boy who arrives at the EMT facility and dies shortly after. The team will have to consider the circumstances in which the child was brought in the facility and interact pertinently with the family. Other actors working on the ground, the police and a UNICEF representative, will also appear in the scene, and team members will have to interact and cooperate with them.

6. General objectives

- To adapt EMT procedures to the local context
- To manage a clinical emergency case of an unaccompanied minor
- To show empathy and responsibility when handling sensitive cases
- To understand the position of an EMT during disaster response and work collaboratively with other partners

See the complete table with learning objectives in the [annex 'Exercise 6 - Learning Objectives'](#).


7. Exercise description

EXERCISE 5 - SCRIPT		
Approximate time required	Task	Instructions for delivery
5 min	Exercise briefing	<p>Delivered out of role. The trainers will explain the scenario in which the exercise is set, to allow participants to get immersed in the role and follow instructions.</p> <p><i>Simulated setting:</i> 9 am. The team is working at the EMT facility in Montyland</p>
5 min	Split in groups	<p>The trainers will ask the team to divide in 2 groups of 10-12 people (each group should include different EMT profiles). One group will be placed at the EMT facility, as if they were working in routine activities (Group 1) and the other group will be taken separately to prepare to act as role players (Group 2).</p>
30 min	Adapting SOP to context	<p>Group 1 will be placed in the EMT facility. Trainers will provide them with the following task.</p> <p><i>Add inject 1:</i> Team members in Group 1 will have to work together to develop and SOP for the management of the deceased in Montyland, with all the materials provided.</p> <p>While Group 1 is working on this task, a trainer will take participants in Group 2 into a separate room to assign and explain the roles they will take during the exercise (see instructions for role distribution in <i>Injects</i> document).</p>
20 min	Unconscious child brought to the facility	<p><i>Add inject 2:</i> Unknown people will arrive at the EMT facility bringing an unconscious child.</p> <p>The team members will have to deal with the situation, treating the child and getting information from the people who brought him in.</p>
15 min	Parents arrival	<p><i>Add inject 3:</i> The child parents will arrive and find out their son is dead. They will leave for a moment and plan to come back to take the child body with them.</p> <p>The team members will have to decide what to do with the parents and the body-</p>
15 min	Police arrival	<p><i>Add inject 4:</i> A group of policemen will arrive, ask about the case and give information to the team about how to proceed.</p> <p>The team members will have to deal with the group of policemen.</p>
10 min	Media arrival	<p><i>Add inject 5:</i> Journalists will arrive at the entrance of the facility asking questions and demanding to go in and take pictures.</p>



		The team members will have to deal with them protecting the confidentiality of EMT patients and staff.
15 min	UNICEF arrival	<i>Add inject 6:</i> UNICEF workers will arrive at the EMT facility to inform the team about UNICEF services in the disaster area. The exercise should finish when the UNICEF workers leave the facility.
30 min	Exercise debriefing	Delivered out of role. Refer to the annex 'Exercise debriefing'.
Total (approx.): 3 h		

8. Injects

Exercise 5 – INJECT MATRIX			
Inject number	When?	To whom?	Inject summary
1	At the beginning of the exercise	To Group 1, at the EMT facility	Adapting SOP for the management of dead bodies in Montyland
2	30 min after inject 1	To Group 1, at the EMT facility	Unconscious child brought to the facility
3	20 min after inject 2 (or 2 min after the child dies)	To Group 1, at the EMT facility	Parents arrival
4	15 min after inject 3 (or 2 min the parents leave the facility)	To Group 1, at the EMT facility	Police arrival
5	15 min after inject 4 (while the police is still at the facility)	To Group 1, at the EMT facility	Media arrival
6	2 min after the police and media leave the facility	To Group 1, at the EMT facility	UNICEF workers arrival

See the detailed description of the injects in the [annex 'Exercise 6 - Injects'](#).

9. Resources

Human resources

- 3 trainers (one of them will be the training manager)
- 2 facilitators



Materials

- Resuscitation manikin (junior) with make-up to simulate trauma
- Pediatric resuscitation equipment at the EMT facility
- Computer
- Copies of relevant SOPs and guidelines (inject 1), included in a USB stick
- Police/ army uniforms
- Police IDs
- Fake weapons/ firearms
- UNICEF vest and or cap
- Photo camera/ mobile phone for journalists and police

10. General considerations

Before starting the exercise make sure:

Trainers and facilitators have carefully read the exercise objectives and description

The EMT facility is ready for the simulation

All the needed materials (see Resources section) are available

11. Key references/ Supporting documents

- Printed document: Wikipedia Hindu Funeral: “Antyesti”:
<https://en.wikipedia.org/wiki/Antyesti>
- Memory stick USB with:
 - Management of Dead Bodies after Disasters: A Field Manual for First Responders, PAHO, WHO, ICRC, IFRC, 2006
 - Operational Best Practices Regarding the Management of Human Remains and Information on the dead by Non-Specialists, ICRC, 2004
 - Management of Dead Bodies in Disaster Situations, World Health Organization, 2004

12. Annexes

Exercise 6 - Learning objectives

Exercise 6 - Injects

Exercise 6 - Dignified management of the deceased (SOP adaptation)

Exercise 6 - Wikipedia Hindu Funeral

Exercise 6 - Exercise debriefing

II. LEARNING OBJECTIVES

General Learning objectives	Specific learning objectives	Performance learning objectives
1. To adapt EMT procedures to the local context	1.1 To effectively develop/adapt the SOP on the management of dead bodies to the local culture 1.2 To show respect for religious and cultural aspects present in the country they are working	<ul style="list-style-type: none"> - Team members adapt an existing SOP or develop one adapted to the context in Montyland to use during their deployment - Team members agree to adapt their practice to the local context
2. To manage a clinical emergency case of an unaccompanied minor	2.1 To acknowledge the fact that the child is an unaccompanied minor 2.2 To provide appropriate emergency care 2.3 To collect relevant information about unconscious patients/ unaccompanied minor when possible	<ul style="list-style-type: none"> - The team will think what is the right procedure to treat the child - Medical team members will apply the resuscitation procedure on the child - Team members will try to ask and collect relevant information from the person bringing the child in the facility
3. To show empathy and responsibility when handling sensitive cases	3.1 To treat relatives with respect after a loss 3.2 To handle the acquired information in a discrete manner 3.3 To inform the police authorities in a correct way 3.4 To protect the facility and the people in it from unauthorised practices	<ul style="list-style-type: none"> - Team members show empathy to the family of the deceased child - Team members handle the remains of the deceased with respect and following the developed SOP - Only a few team members interact with the police, previously contrasting informations with the rest of the team - The team asks the police for their identification before providing any information - The team protects the facility avoiding unauthorised people to come in, taking inappropriate pictures, police with arms, retrieve of confidential information, etc.

<p>4. To understand the position of an EMT during disaster response and work collaboratively with other partners</p>	<p>4.1 To understand the need to inform the police</p> <p>4.2 To understand the importance of collaborating with other specialized bodies in the field</p> <p>4.3 To interact with other partners in the field in a professional way, and respecting the privacy of patients</p>	<ul style="list-style-type: none"> - The team informs the police not hiding any relevant information - Th team discusses the possible referral of the case to a specialized protection agency - The team informs the police and the UNICEF representative using only objective information they collected and not speculations
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III. INJECTS

PREPARATION FOR THE EXERCISE

Distribution of roles for GROUP 2 participants:

- **1-2 participants:** People bringing the child to the EMT facility (inject 2)
- **2 participants:** Parents of the child (inject 3)
- **3-4 participants:** Police (inject 4)
- **1-2 participants:** Journalists (inject 5)
- **1-2 participants:** UNICEF workers (inject 6)

Explain participants how to act during the exercise and ask them to be serious during the performance of the role.

Inject 1: Adapting SOP for the management of dead bodies in Montyland
 The trainers will provide the team leader in GROUP 1 the following message:

'Dear team,

You have been in the field for several days now. The first big flow of patients is stabilizing, and all the systems slowly seem to be in place. Therefore, we think it should be feasible for the team to start working on even more integration of local customs and practices in our work. Adaptation of our SOPs to local habits is a logical first step to achieve this.

Since managing the passing away of a patient is a sensitive time in all cultures, we think it is a good idea to start with adapting this SOP (or developing it) in a way that is appropriate for the local context. Since the majority of the people in Montyland is Hindu, especially in the region where you are deployed now, it makes sense to develop the SOP in such a way that it is acceptable for the Hindu patients and their relatives.

I have attached some documents that are related to this. Please feel free to use these as you like. Please make sure that the SOP should be condensed to max 2 pages. Make sure you will include how you will treat the body after the passing away, who will be informed, what administrative tasks will be included, who will be notified etc...

Thank you for sending us the draft-document as soon as possible, this will allow us to check the accuracy of the content with the embassy of Montyland.

Kind regards and keep the spirit up!

Your EMT HQ colleagues'



Also, trainers will **provide the group with the following documents:**

- Printed document: Wikipedia Hindu Funeral: “Antyesti”: <https://en.wikipedia.org/wiki/Antyesti>
- Computer and USB memory stick containing:
 - Management of Dead Bodies after Disasters: A Field Manual for First Responders, PAHO, WHO, ICRC, IFRC, 2006
 - Operational Best Practices Regarding the Management of Human Remains and Information on the dead by Non-Specialists, ICRC, 2004
 - Management of Dead Bodies in Disaster Situations, World Health Organization, 2004

Tell the Group they have 30 min to complete the task.

Inject 2: Unconscious child brought to the facility

One or two people (role players) will bring an unconscious child (a resuscitation manikin), with clear marks of heavy trauma, both old and new (fresh blunt trauma to the head, but also new and older bruises on the rest of the body). The role players will follow these instructions:

- They will look very nervous, carrying the child around the room for a while before handing it over to one of the team members. They will keep walking and looking around in an anxious way and look upset.
- Unless a team member starts taking care of them, they will leave the facility after 2 minutes. If they are attended by the EMT staff, they will calm down and will be able to answer questions for a few minutes, after which they will leave.
- Messages that the role players can say, if asked:
 - They found the child lying in the ditch, at the edge of the IDP-camp nearby, the child was mourning and snoring when it was found (2 minutes ago)
 - They have not seen what happened to the child
 - They are not a family member, but they know the family of the child does not have a good reputation. Especially the father seems to be quite an aggressive person

NOTE: One of the trainers with medical background need to stay close to the medical team members dealing with the child, to tell them what are his vital signs during the scene and finally communicate the death (in about 5 minutes).

Team members in GROUP 1 are expected to (*information only for trainers/role players*):

- Deal with the people bringing in the child and get information form them

- Try to save the child doing resuscitation procedures

Inject 3: Parent arrival

Once the child is dead, his parents (role players) will arrive at the EMT facility. The role players will follow these instructions:

- They will be anxious and claiming to be the family of the deceased child
- They heard that their son was brought into the hospital. They want to know how the child is doing, and see him immediately
- When they are told that the child is deceased they start crying and shouting.
- The mother then will look at the father angry and tell him: 'it's your fault!'. He will then tell her to shut up and go
- After a couple of minutes, they parents will say they will leave and come back in 15 minutes to collect the body and arrange the cremation as soon as possible, as it is common practice in their culture
- The parents will leave the EMT facility

Team members in GROUP 1 are expected to (*information only for trainers/role players*):

- Deal with the parents, showing empathy and maintaining the situation under control
- Discuss whether they should leave the parents go or stay, and take the body, since the case is suspicious (maybe call the police? ask more questions? retain them?)

Inject 4: Police arrival

Before the parents return, a group of visitors (role players) will arrive at the EMT facility. One of them is the police superintendent, and he brought some colleagues. Some of them are uniformed, and some are carrying guns/firearms. Role players will follow these instructions:

- The group of policemen will arrive and ask to go in the facility to ask some questions
- If asked for identification by team members, the police will show their documentation to the team leader. Otherwise the police should not identify themselves on arrival
- If asked to leave the firearms outside the facility, first oppose some resistance but if the team gives good arguments then agree to leave one of the policeman outside the hospital carrying them. If not asked about the firearms, just stay inside with them and do not mention anything about it
- The police superintendent asks to speak to the team leader. He says he heard some rumor about an unexpected death of a minor in the EMT and would like to know the details
- The other policemen start going around the EMT facility, going into the tents, looking around. If they are not stopped by team members, they will continue

doing so, looking at patient documents and will take out a phone to take photos of the facility and staff. If team members ask the policemen to stop they will offer some resistance but then stop and go close to the superintendent

- If the team treats the police in an acceptable, cooperative way, the police superintendent will calmly explain that the body of the child cannot be handed over to the family, since it is considered as evidence in a case of a suspicious death and part of a police-investigation. The police will bring this message to the family too, and handle all the formalities
- If the team does not interact cooperatively with the police, the superintendent will become angry and more authoritative.
- The policemen should be there around 20-25 minutes

Team members in GROUP 1 are expected to (*information only for trainers/role players*):

- Ask for identification to the people arriving at the EMT facility
- Decide whether armed people can or not enter in the facility
- Protect EMT staff and patients privacy and confidentiality
- Deal with police authorities in a responsible, professional and cooperative way

Inject 5: Media arrival

Suddenly, while the police is still inside, a couple of journalists (role players) will approach the EMT facility. The role players will follow these instructions:

- Identify themselves as journalists working for the Montyland-post
- If allowed, they will go in the facility. if not allowed they will continue the conversation outside the facility
- Ask about the situation in the EMT facility and a rumour about a child who died at the EMT, for which EMT staff are responsible and may be arrested for
- They will ask about the names of the child and his parents
- The journalist will also want to take pictures of the facility and record the EMT staff members talking to them
- If managed correctly by the EMT members the journalists will leave after 5-10 minutes

Team members in GROUP 1 are expected to (*information only for trainers/role players*):

- Stop journalists from going inside the facility
- Do not provide any information that compromise the EMT or the patients
- Stop journalists from taking unauthorized pictures

**Inject 6: UNICEF workers arrival**

Finally, a couple of workers from UNICEF (role players) will arrive at the EMT facility. The role players will follow these instructions:

- They will introduce themselves and say that UNICEF is working on protection during this emergency in Montyland, and especially focusing on children.
- The workers are not supposed to know about the case of the child death. They are just visiting all EMTs in the area to offer UNICEF services as a referral system for cases where there is a need
- They will explain that they can be notified whenever there is an admission of children presenting in atypical circumstances. It is best to keep these children admitted in a facility until the case has been properly follow up by UNICEF.

Team members in GROUP 1 are expected to (*information only for trainers/role players*):

- Think/discuss whether to share the case with the UNICEF workers or not
- Talk with the UNICEF colleagues in a collaborative way and get all the information needed in case they need to work together in the future

IV. WIKIPEDIA HINDU FUNERAL

WIKIPEDIA

Antyesti

Antyesti (AST: Antyesti, Sanskrit: अन्त्येष्टि) literally means "last sacrifice", and refers to the funeral rites for the dead in Hinduism.^[5] This rite of passage is one of traditional Sanskāras in the life of a Hindu.^[3] It is also referred to as **Antima Sanskar**, *Antya-kriya*, *Anwarohanyya*, or as *Vahni Sanskara*.^[2]

The details of the Antyesti ceremony depends on the region, caste, gender and age of the dead.^{[4][6]}

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An 1820 painting showing a Hindu funeral procession in south India. The pyre is to the left, near a river, the lead mourner is walking in front, the dead body is wrapped in white and is being carried to the cremation pyre, relatives and friends follow.^[1]

Etymology

Antyesti (अन्त्येष्टि) is a composite Sanskrit word of *antya* and *īṣṭi*, which respectively mean "last" and "sacrifice".^[7] Together, the word means the "last sacrifice". Similarly, the phrase *Antima Sanskara* literally means "last sacred ceremony, or last rite of passage".^[8]

Scriptures

The *Antyesti* rite of passage is structured around the premise in ancient literature of Hinduism that the microcosm of all living beings is a reflection of a macrocosm of the universe.^[9] The soul (Atman, Brahman) is the essence and immortal that is released at the *Antyeshiti* ritual, but both the body and the universe are vehicles and transitory in various schools of Hinduism. The human body and the universe consist of five elements in Hindu texts – air, water, fire, earth and space.^[9] The last rite of passage returns the body to the five elements and its origins.^[9] The roots of this belief are found in the Vedas, for example in the hymns of Rigveda in section 10.16, as follows,

Burn him not up, nor quite consume him, Agni: let not his body or his skin be scattered,
O all possessing Fire, when thou hast matured him, then send him on his way unto the Fathers.
When thou hast made him ready, all possessing Fire, then do thou give him over to the Fathers,
When he attains unto the life that waits him, he shall become subject to the will of gods.
The Sun receive thine eye, the Wind thy *Prana* (life-principle, breathe); go, as thy merit is, to earth or heaven.
Go, if it be thy lot, unto the waters; go, make thine home in plants with all thy members.

— Rigveda 10.16^[10]

The final rites of a burial, in case of untimely death of a child, is rooted in Rig Veda's section 10.18, where the hymns mourn the death of the child, praying to deity Mrityu to "neither harm our girls nor our boys", and pleads the earth to cover, protect the deceased child as a soft wool.^[11]

Traditional practices

The last rites are usually completed within a day of death. While practices vary among sects, generally, his or her body is washed, wrapped in white cloth, if the dead is a man or a widow, or red cloth, if it is a woman whose husband is still alive,^[6] the big toes are tied together with a string and a *Tilak* (red, yellow or white mark) is placed on the forehead.^[5] The dead adult's body is carried to the cremation ground near a river or water, by family and friends, and placed on a pyre with feet facing south.^[6]

The eldest son, or a male mourner, or a priest – called the lead cremator or lead mourner – then bathes himself before leading the cremation ceremony.^{[5][13]} He circumambulates the dry wood pyre with the body, says a eulogy or recites a hymn, places sesame seeds or rice in the dead person's mouth, sprinkles the body and the pyre with ghee (clarified butter), then draws three lines signifying *Yama* (deity of the dead), *Kala* (time, deity of cremation) and the dead.^[5] Prior to lighting the pyre, an earthen pot is filled with water, and the lead mourner circles the body with it, before lobbing the pot over his shoulder so it breaks near the head. Once the pyre is ablaze, the lead mourner and the closest relatives may circumambulate the burning pyre one or more times. The ceremony is concluded by the lead cremator, during the ritual, is *kapala kriya*, or the ritual of piercing the burning skull with a stave (bamboo fire poker) to make a hole or break it, in order to release the spirit.^[14]

All those who attend the cremation, and are exposed to the dead body or cremation smoke take a shower as soon as possible after the cremation, as the cremation ritual is considered unclean and polluting.^[15] The cold collected ash from the cremation is later consecrated to the nearest river or sea.^[13]

In some regions, the male relatives of the deceased shave their head and invite all friends and relatives, on the tenth or twelfth day, to eat a simple meal together in remembrance of the deceased. This day, in some communities, also marks a day when the poor and needy are offered food in memory of the dead.^[16]

Cremation ground



A Hindu cremation rite in Nepal. The samskara above shows the body wrapped in saffron cloth on a pyre.



Cremation of Mahatma Gandhi at Rajghat, 31 January 1948. It was attended by Jawaharlal Nehru, Lord and Lady Mountbatten, Maulana Azad, Rajkumari Amrit Kaur, Sarojini Naidu and other national leaders. His son Devdas Gandhi lit the pyre.^[12]

The cremation ground is called *Shmashana* (in Sanskrit), and traditionally it is located near a river, if not on the river bank itself. Those who can afford it may go to special sacred places like Kashi (Varanasi), Haridwar, Allahabad, Sri Rangam, Brahmaputra on the occasion of Ashokastami and Rameswaram to complete this rite of immersion of ashes into water.^[17]

Modern practices

Both manual bamboo wood pyres and electric cremation are used for Hindu cremations.^[18] For the latter, the body is kept on a bamboo frame on rails near the door of the electric chamber.^[19] After cremation, the mourner collect the ashes and consecrate it to a water body, such as a river or sea.



Cremation of the dead by Hindus in Ubud, Bali Indonesia.

Hindu communities outside India

Discrimination in the colonial era

Hindus brought into Trinidad as indentured laborers for plantations between 1845 and 1917, by the British colonial government, suffered discriminatory laws that did not allow cremation, and other rites of passage such as the traditional marriage, because the colonial officials considered these as pagan and uncivilized barbaric practices. The non-Hindu government further did not allow the construction of crematorium.^[20] After decades of social organization and petitions, the Hindus of Trinidad gained the permission to practice their traditional rites of passage including *Antyesti* in the 1950s, and build the first crematorium in 1980s.^[20]

United Kingdom

In the United Kingdom, it was formerly illegal to conduct a traditional outdoors Hindu cremation under the 1902 Cremation Act, with Hindus having to cremate their dead in indoor crematoriums instead. In 2006, Daven Ghai, a British Hindu who had been refused the right to have a traditional funeral by Newcastle City Council, brought a case to court in which he claimed that the current law did in fact allow open air cremations, so long as they were in some enclosed building and away from the public.^[21] A High Court ruling disagreed with his claim, and the then Justice Secretary Jack Straw stated that the British public would "find it abhorrent that human remains were being burned in this way." Nonetheless, upon taking it to the Court of Appeals in 2010, the judge, Lord Justice Neuberger, ruled that such a cremation would be legal under the 1902 Act, so long as it was performed within a building, even an open-air one.^[21] Upon his victory, Ghai told reporters that "I always maintained that I wanted to clarify the law, not disobey or disrespect it" and expressed regret at the amount that the trial had cost the taxpayer.^[21] He stated that he was thankful that he now had "the right to be cremated with the sun shining on my body and my son lighting the pyre" and he and other Hindus and Sikhs in the country had begun investigations into finding a site upon which they could perform the funerary ceremonies.^[22]

See also

- Antam Sanskar
- Pitru Paksha
- Rasam Pagri
- Śrāddha
- Raj Ghat and associated memorials
- Sanskara (rite of passage)
- Hindu genealogy registers at Haridwar

Other death rituals:

- Cremation in the Christian World
- Bereavement in Judaism
- Burial
- Funeral

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- [S. P. Gupta](#): Disposal of the Dead and Physical Types in Ancient India (1971)

External links

- [The Logic of Cremation in Indic Contexts: An Anthropological Analysis](http://archiv.ub.uni-heidelberg.de/savifadok/466/1/1_Logic_of_Cremation.pdf) (http://archiv.ub.uni-heidelberg.de/savifadok/466/1/1_Logic_of_Cremation.pdf), Roger Ballard, United Kingdom, A High Court of Justice ordered analysis of the demand for a right to traditional Hindu and Sikh cremation ritual in the United Kingdom (2006), with [Addendum and Supplementary submissions to the Court](#) (http://archiv.ub.uni-heidelberg.de/savifadok/466/2/2_Cremation_Addenda.pdf), Heidelberg University Archive (<http://archiv.ub.uni-heidelberg.de/savifadok/volltexte/2009/466>)
- [My father's Hindu funeral](https://www.theguardian.com/lifeandstyle/2011/mar/26/father-hindu-funeral-cremation-tanith-carey) (<https://www.theguardian.com/lifeandstyle/2011/mar/26/father-hindu-funeral-cremation-tanith-carey>) Tanith Carey, *The Guardian* (2011)

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V. DEBRIEFING TOOL

Debriefing steps	Actions	Proposed steering questions
1. Recognise and express the emotions generated by the exercise	<ul style="list-style-type: none"> - Encourage participants to share the feelings and emotions experienced during the exercise (e.g. stress, concern, reward, excitement, challenge) 	<ul style="list-style-type: none"> - Did you feel comfortable dealing with the police? - How did you feel about taking decisions regarding sensitive situations?
2. Analyse team performance during the exercise	<ul style="list-style-type: none"> - Encourage participants to reflect about their performance during the exercise - Encourage participants to reflect on the factors that lead to positive outcomes (e.g. good leadership, collaborative work, experience team members) or negative outcomes (e.g. lack of information, lack of previous training or experience, bad communication) - Encourage participants to think about ways to improve their performance in the future 	<ul style="list-style-type: none"> - Do you think the management of the situation as a team was correct (who talked to the people approaching, how did you take decisions)? - Do you think you asked the right questions and provided the correct information to the different people? - Do you think you protected the EMT patients and staff confidentiality while maintaining good manners and professionalism? - Would you do something differently in the future?
3. Acknowledge views and impressions from observers outside the team	<ul style="list-style-type: none"> - Trainers share their observations about team performance during the exercise (the performance objectives should be considered) - Facilitators and role players share their impressions and feelings while interacting with the team during the exercise 	<p>In this exercise role players are training participants so their involvement in the discussion is especially relevant. Invite role players to show their feelings and perceptions and finally encourage the team to arrive to conclusions as a group, which now has both perspectives.</p>



<p>4. Summarise main lessons learnt</p>	<ul style="list-style-type: none"> - Encourage participants to briefly highlight the main lesson(s) learnt during the exercise - Trainers can summarize the main take-home messages, if needed 	<p>What did you learn from this exercise?</p>
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The **trainer/facilitator leading the debriefing session** should:

Before the session

- Prepare notes about the team performance in relation to the established performance objectives
- Explain the aim of the debriefing session (E.g. Debriefing is a crucial part of the learning process. It provides a safe space for trainees to share the feelings arose during the exercise, reflect about their performance and use this reflection to learn and improve performance in the future)
- Place participants in a comfortable position so they can share their feelings and ideas freely – organise it in a casual way, avoid a formal setting

During the session

- Ensure discussions stay within the focus of the debriefing exercise
- Avoid confrontation between participants - this is not a blaming exercise
- Share information about best performance when needed

After the session

- Provide participants with available tools and resources that could contribute to their learning and development in the topic - supporting material recommended in the TEAMS package, specific EMT protocols and SOPs and training opportunities