



EXERCISE 7 – PLANNING THE EXIT

I. CONCEPT NOTE

1. Title

PLANNING THE EXIT

2. Type of exercise

Tabletop exercise

3. Phase of the disaster response

Operational/ Exit

4. Purpose

The purpose of this exercise is to enhance awareness about the main actions needed when preparing for the EMT activity closure and departure. Besides, the exercise aims to reinforce the importance of communication and media management in emergency contexts, particularly during the exit phase. A well planned exit strategy, timely informed and appropriately adapted to the local context, will facilitate a smooth exit and contribute positively to the recovery phase once EMT activities are finished.

5. Scope

In this exercise, EMT members will prepare the exit from Montyland, where the EMT is soon finishing its activities. They will have to plan the handover of medical activities and logistics, deal with the local staff and the local community, decide how they will manage the generated medical records and arrange for possible donations to the local facilities. Additionally, the team will have to deal with the questions of a journalist who approaches the EMT looking for information about their exit.

6. General objectives

- To identify the main actions required for the EMT exit
- To understand the importance of adapting the exit strategy to the local context
- To effectively deal with the media during emergencies

See the complete table with learning objectives in the [document 'Learning Objectives'](#)


7. Exercise description (Script)

Approximate time required	Task	Instructions for delivery
5 min	Exercise briefing	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. <i>Simulated setting:</i> 6 pm, 15 days after deployment. The team is meeting at the EMT staff area
5 min	Split in groups	The training manager will ask the team to divide in groups of 5 people (each group should include different EMT profiles). It must be clarified that each group will perform the same exercise, so the groups are not supposed to interact with each other.
45 min	Planning actions towards the exit	Once every group is located in a different space: <i>Add inject 1:</i> Each group will receive a message from the EMT HQ asking to plan for the exit listing the main actions they will take for different areas.
20 min	EMT Exit report	While groups are working in the previous task: <i>Add inject 2:</i> Each group will receive a message from an EMTCC officer listing the information required by the EMTCC before the EMT departure
20 min	Interacting with a journalist	While groups are working in the previous tasks: <i>Add inject 3:</i> A journalist will approach the group asking for information about the EMT exit. The exercise should finish when the journalist leaves, if the previous tasks are mainly finished. Otherwise, let the team work on them for 10 min more (max).
30 min	Exercise Debriefing	Delivered out of role. Refer to the part ' Exercise debriefing '
Total (approx.): 2h 30 min		

8. Injects



Exercise 7 – INJECT MATRIX			
Inject number	When?	To whom?	Inject summary
1	At the beginning of the exercise	To each group	Message from EMT HQ office to plan the exit
2	45 min after inject 1	To each group	Message from EMTCC regarding the exit
3	20 min after inject 2	To each group	Interacting with a journalist

See the detailed description of the injects in the [document 'Injects'](#).

9. Resources

Human resources

- 3 trainers (one of them will be the training manager)
- 2 facilitators (one or both of them playing the role of a journalist)

Materials

- Blank paper and pens
- Print out of messages provided in injects 1 and 2
- Packing list including number of items remaining at this point of the EMT deployment
- Print out of EMT Exit report
- Notebook or tape recorder for the journalist, to note/record team answers

10. General considerations

11. Key references/ Supporting documents

- MSF Handover Toolkit, 2014
https://evaluation.msf.org/sites/evaluation/files/handover_toolkit.pdf
- Practical Guidance For Developing Exit Strategies in the Field, 2005. C-SAFE
<https://reliefweb.int/sites/reliefweb.int/files/resources/A02C7B78FB2B408B852570AB006EC7BA-What%20We%20Know%20About%20Exit%20Strategies%20-%20Sept%202005.pdf>
- Guidelines for medicine donations. WHO 2010.
http://apps.who.int/iris/bitstream/handle/10665/44647/9789241501989_eng.pdf?sequence=1

- CDC Crisis and Emergency risk communications.
http://emergency.cdc.gov/cerc/resources/pdf/cerc_2014edition.pdf
- Effective Media communication during Public Health Emergencies.
http://www.who.int/csr/resources/publications/WHO_CDS_2005_31/en/

11. Annexes

Exercise 7 - Learning objectives

Exercise 7 - Injects

Exercise 7 - Exit report form

Exercise 7 - Exercise debriefing

II. LEARNING OBJECTIVES

General Learning objectives	Specific learning objectives	Performance learning objectives
1. To identify the main actions required before the EMT exit and do it as a team	1.1. To understand the steps needed for the handover of medical activities before the exit 1.2. To recognise the logistics implications of the exit 1.3. To recognise the main coordination bodies to be contacted to inform about the exit 1.4. To communicate the exit to the local community using the right channels 1.5. To follow EMT guidelines for the management of medical records when finishing EMT activities 1.6. To understand the main considerations for donations	<ul style="list-style-type: none"> - The team is aware they have to communicate and coordinate the exit with the EMTCC, the MoH in Montyland and the health facilities in the area - The team proposes solutions to ensure the continuation of care for the population in the area - The team prepares a list of logistic actions needed in relation to the exit - The team proposes different ways to communicate the exit to the local community to ensure they are aware before the EMT leaves - The team proposes how to deal with the medical records before leaving - The team prepare possible donations in Montyland
2. To understand the importance of adapting the exit strategy to the local context	2.1. To recognise the impact of the EMT exit on the local community and the local staff 2.2. To consider national rules when planning the exit	<ul style="list-style-type: none"> -The team plans the exit considering what will happen to the local population when they leave - The team considers the culture of the local community when planning to communicate the EMT exit - The team considers contacting the MoH to understand the national protocols for the management of medical records and donations - The team plans capacity building activities for local staff before they leave
3. To effectively deal with the media	3.1. To demonstrate a professional attitude when interacting with the media	<ul style="list-style-type: none"> - Participants show themselves available and accessible to answer media questions



during emergencies	3.2. To deliver clear messages appropriate to the local culture 3.3. To limit communication to real information and to EMT own activities	<ul style="list-style-type: none">- Team members identify the most suitable person(s) to deal with the journalist questions- Team members provide clear answers to the journalist questions, consistent with the EMT activities, using a plain and polite language- Participants limit their messages to the scope of the questions and do not talk for the government or other organizations
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III. INJECTS

Inject 1: Message from EMT HQ office to plan the exit

Each group will receive a message from the EMT HQ office. The message should contain the following details:

Taking into account the decreasing number of cases reported in the last days and the restoration of local capacities we now plan for the finalisation of our activities and the team exit in 5 days. We have already informed the EMT-CC and the MoH, who agree on the decision and thank us for our collaboration. Before we fulfil their requirements we ask your team to start preparing for the exit by listing the main tasks the team will need to complete in relation to:

- *Handover of medical activities*
- *Logistics*
- *Local staff*
- *Local community*
- *Management of medical records*
- *Donations*

Make sure you follow our EMT established procedures and the local rules.

Thanks!

The trainers must provide each group with the following documents:

- **Packing list** with medical and logistic items remaining (they will use it for donations)
- **Cards** containing the following of information:

Local staff employed by the EMT:

- *1 doctors*
- *2 nurses*
- *1 health promoter*
- *1 translator*

Health Facilities in the area:

- *Hiking hospital (3rd level hospital, 10 km north, operational)*
- *Doctors to Help (EMT type 1, 20 km west, operational)*
- *Medicines for all (EMT type 2, 40 km east)*
- *2 Primary Health Centres (run by Montyland MoH, 10 km south and 15 km north partially functioning)*

Some notes about drug donations policy in Montyland:



- *Make sure drugs donated are included in the National list of Essential Drugs of Montyland*
- *Caution with expiry dates and commercial names*
- *Contact MoH for more information*
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Inject 2: Message from the EMTCC regarding the exit

Each group will receive a message from the EMTCC office. The message should contain the following details:

Since the finalisation of your activities is planned for the next days we ask you to follow these steps before leaving:

- *Fill in and submit the Exit Report Form after end of operations*
- *Submit a handover report for the Health district where you have been working*
- *Submit a copy of the inventory and receipt of any donations made to the local facilities*
- *Verification of the daily surveillance reports (MDS forms) submitted to the EMTCC during your activities*

After the requirements above are fulfilled, the MoH in Montyland will issue a Letter of Appreciation to the EMT in recognition for the work you performed in the country.

The trainers must provide each group with the following documents:

- **EMT exit report** print out

* Explain participants this mail is just informative, and that at this stage they are just asked to start filling in the Exit report with the information they have.

Inject 3: Interacting with a journalist

One of the facilitators should enter the room and provide the team with an envelope containing the following information. Cut each piece of information to provide it as cards.

Requests on medical records:

The MoH in Montyland requests to have all patients' medical records stored by the EMT during its deployment.

**Inject 3: Journalist enters in the room**

While the groups are working on the previous tasks assigned, a facilitator playing the role of a journalist will approach each group. The role player will follow these instructions:

- The journalist will approach one of the team members in the group, without asking who is the team leader, and will start making questions forcefully. If the EMT members don't want to answer straight away, the journalist will insist, justifying the duty of the media to inform the population.
- The journalist will say he/she has heard that the EMT is leaving the area and wants to know why, whether there are any political reasons and what is going to happen with the population that was served by the EMT health facility up to now. The journalist can ask the following questions:
 - *Our population is in huge need of help here. Why have you decided to leave so soon?*
 - *It seems that Hiking Hospital is still overcrowded and overwhelmed. Where will people go to receive healthcare when they need to?*
 - *What will happen with the patients you scheduled for follow up visits?*
 - *What are you advising local people to do?*
 - *Will other EMTs or organizations arrive in the area to replace your services?*
 - *Is your decision for leaving a political decision?*
- The journalist will leave the group once he/she has all the answers and will thank the team for their availability, if treated respectfully.

Team members in each group are expected to (information only for trainers):

- Show availability to answer media questions within limits
- Identify the best person to interact with and inform the journalist
- Provide objective and accurate information without speculating or talking about other organizations



Insert MOH Logo



World Health Organization

Insert EMT Logo

Country, Event, Year

Emergency Medical Team Exit Report

Insert Team/Organisation Name

A. Team Details

Name of Team Leader: _____
Current or Most Recent

Original Registration: WHO Ministry of Health Other: _____
Select all that apply

Team Classification: Type 1 Fixed Type 1 Mobile
 Type 2 with Facility Type 2 without own Facility
 Type 3
 Special Cell(s): (Please specify) _____

Date of Arrival (in-country): dd/mm/20yy Operational Duration: ### Days
 Date (or intended date) of Departure: dd/mm/20yy **Total Duration of Mission: ### Days**

Contact Person post-deployment: (For follow-up after return home)

Name: _____ Position: _____
 Email: _____ Phone: + ### - ## - ### - ####

B. Activities and Services Provided

Deployment(s):

If the team provided services at a fixed facility, but simultaneously provided mobile or outreach services to another site, please document as separate entries

Dates	Location	Fixed or Mobile	On-site Partner(s) <small>I.e. with existing agreements</small>
Start: <u>dd/mm/20yy</u> End: <u>dd/mm/20yy</u>	District: Site: e.g. Name of Facility or Village	<input type="checkbox"/> Fixed Facility <input type="checkbox"/> Outreach/Mobile	<input type="checkbox"/> MOH/District Health <input type="checkbox"/> National EMT <input type="checkbox"/> International EMT
Start: <u>dd/mm/20yy</u> End: <u>dd/mm/20yy</u>	District: Site: e.g. Name of Facility or Village	<input type="checkbox"/> Fixed Facility <input type="checkbox"/> Outreach/Mobile	<input type="checkbox"/> MOH/District Health <input type="checkbox"/> National EMT <input type="checkbox"/> International EMT
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Services and Outcomes:

Services	Total	Outcomes	Total
Outpatient Consultations		Facility Deaths	
Inpatient Admissions		Patients with ongoing Rehabilitation Needs	
Major Surgical Procedures		Referrals/Transfers	
Minor Surgical Procedures		<i>Specify Referral/Transfer Destination(s):</i>	

Other Services: WASH Nutrition

Health Education Psychosocial Support

Other: _____

C. Experience and Feedback

1. Needs Identified and Addressed

2. Challenges and Issues Encountered

3. Remaining or Ongoing Needs

**4. Recommendations and Remarks****D. Transition and Exit****1. Services and Facilities of EMT have been:**

- Closed
- Handed over to National MOH
- Handed over to a national EMT: _____
- Handed over to an international EMT: _____
- Other: *(Please specify)* _____

2. Post-operative Surgical Follow-up Arrangements:

- Yes, specify: _____
- No, reason: _____
- Not Applicable

3. Number of Remaining Inpatients at Departure: ###

Transfer Destination, if applicable: _____
Please complete and attach Transferred Patient List

4. Have all relevant medical files and notes been handed over? *(Includes medical files of transferred patients, patients requiring follow-up, and patients with ongoing rehabilitation needs)*

- Yes, specify: _____
- No, reason: _____
- Not Applicable

4. Equipment and Supplies Donated at Departure?

- Yes, specify recipient(s): _____
Please complete and attach Donated Items Form
- No

Report by: _____ **Signature:** _____ **Date:** dd/mm/20yy

END OF EXIT REPORT



IV. 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"> - How did you feel about leaving? - How did you feel while performing the task?
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 you organised well as a team to fulfill the tasks? - Did you think about the impact of your departure on the community and the hired staff when planning? - How did you organise to take decisions about the exit? - 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>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 	<ul style="list-style-type: none"> - What did you learn from this exercise? - Were you aware of the many considerations to take into account when leaving an EMT operation?
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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