TEAMS

With the financial support of the European Union Humanitarian Aid and Civil Protection

TEAMS Training Package

COMPENDIUM FOR EMT TRAINERS

With the financial support of the European Union Humanitarian Aid and Civil Protection

CONTENTS

EXERCISE 1 - PREPARING FOR DEPLOYMENT

I. CONCEPT NOTE

1. Title
PREPARING FOR DEPLOYMENT

2. Type of exercise
Tabletop exercise

3. Phase of the disaster response
Pre-deployment

4. Purpose
The purpose of this exercise is to expose participants to an EMT pre-deployment situation, in which an unfamiliarized group people have to quickly build up a team and start working together to prepare efficiently for the EMT mission. During deployments EMT members will require excellent communications skills and flexibility, as well as a good understanding of their different roles, which may evolve to adapt to the changing conditions of the EMT context. Creating positive and collaborative team dynamics contributes to an overall effective operational performance.

5. Scope
This exercise simulates the first meeting of a group of EMT members assigned to deploy in response to the earthquake in Montyland. Before heading to the field, the team members will gather in the EMT Headquarters (HQ) office and introduce to each other, get information about the mission and understand what will be their roles once on the field. They will also have to work together on different preparatory tasks for the imminent deployment.

6. General objectives
- To effectively manage the information received before deployment
- To understand the different EMT staff roles within the team
- To work collaboratively for the preparation of the EMT deployment

See the complete table with learning objectives in the annex ‘Exercise 1 - Learning Objectives’.

7. Exercise description

EXERCISE 1 - SCRIPT		
Approximate time required	Task	Instructions for delivery
5 min	**Exercise briefing**	Delivered out of role. The training manager will explain the scope of the exercise to participants, disclosing only the information needed for them to understand the scenario and get immersed in the role. The trainer will also ask participants to follow the rules that will be given during the exercise. *Simulated setting:* The team is at EMT HQ office one day before deployment
10 min	**Welcome team members at the EMT HQ office**	All the team members will be gathered in a room that simulates an EMT HQ office. A facilitator taking the role of an EMT HQ officer will welcome all team members who are assigned to deploy to Montyland. The EMT HQ officer will encourage team members to introduce themselves in front of their colleagues, saying their name and the role they will have within the EMT during the deployment. (*NOTE: If participants already know each other from before, this part of the exercise can be removed*).
20 min	**Pre-deployment briefing**	The EMT HQ officer will give a briefing of the mission (oral presentation), including detailed information about the country's profile, the disaster event and the intervention to be put in place by the EMT. Refer to the annex 'Pre-deployment briefing'. (*NOTE: Alternatively, the EMT HQ officer can give the written information to the team leader, and ask him/her to read it to the rest of the team).*
5 min	**Split in groups**	One of the trainers will give instructions to the team leader to divide the team in 4 groups. Each group will need to include people with different profiles (e.g. each group should include a doctor, nurse, logistician, pharmacist, watsan, other).
40 min	**Preparation for the deployment**	Once the groups are formed each group will receive a 1 page document with instructions to complete a task assigned. Refer to the annex 'Pre- deployment group tasks'.
40 min	**Bringing together the**	One of the trainers will ask all the team members to get together again and each group to share with the rest of the team the outputs from the group work. They should

	inputs from each group	organize for deployment according to what they have discussed.
10 min	**Dealing with the watsan activities**	The team leader will receive a call from the EMT HQ officer who will share this latest information: *Add inject 1:* Team members will have to find a solution to cover water and sanitation activities since the watsan specialist cancelled deployment
20 min	**Dealing with travel constraints**	While discussing about the previous situation, one of the logistic members of the team will receive message about travel arrangements: *Add inject 2:* Team members will have to split the team and equipment in half to travel to Montyland due to changes in the flights
40 min	**Exercise Debriefing**	Delivered out of role. Refer to the annex 'Exercise debriefing'
Total time (approx.): 3h		

8. Injects

EXERCISE 1 – INJECT MATRIX			
Inject number	When?	To whom?	Inject summary
1	In the session after group work, once all groups finish their presentations	To the team leader, via phone	Watsan specialist cancel deployment
2	10 min after inject 2	To one of the logisticians	Team and equipment have to be splitted in half

See the detailed description of the injects in the annex 'Exercise 1 - Injects'.

9. Resources needed

Human resources

- 3 trainers (one of them will be the training manager)
- 2 facilitators (one of them will take the role of the *EMT HQ officer*)

Materials

- Blank paper and pens
- Print out of 'Pre-deployment group tasks' document

- Cell phone for the team leader
- Packing list with equipment for deployment (to be prepared by the EMT using their usual packing list format and materials)

10. General considerations

Before starting the exercise make sure:

Trainers and facilitators have carefully read the exercise objectives and description

There is an appropriate space for the team to work together and separated in groups (e.g. tables and chairs that can be moved and rearranged)

All the needed materials (see Resources section) are available

A cell phone is provided to the team leader

Trainers have adapted the 'Pre-deployment Briefing' document to fit the EMT and participants characteristics, and you have added contact information that participants will use to contact the EMT HQ officer if they need to.

11. Key reference/ supporting documents

1. WHO. CLASSIFICATION AND MINIMUM STANDARDS FOR FOREIGN MEDICAL TEAMS IN SUDDEN ONSET DISASTERS http://www.who.int/hac/global_health_cluster/fmt_guidelines_september2013.pdf
2. WHO EMT website https://extranet.who.int/emt/
3. WHO Field Handbook (Annex B3) - What is expected of a team leader in a humanitarian response http://www.who.int/hac/techguidance/tools/manuals/who_field_handbook/b3.pdf
4. WHO Effective teamwork. Teaching materials for the topic 'Being an effective team player' http://www.who.int/patientsafety/education/curriculum/who_mc_topic-4.pdf

12. Annexes

- **Exercise 1** - Learning objectives
- **Exercise 1** - Injects
- **Exercise 1** - Pre-deployment briefing
- **Exercise 1** - Pre-deployment group tasks
- **Exercise 1** - Exercise debriefing

II. LEARNING OBJECTIVES

General Learning objectives	Specific learning objectives	Performance learning objectives
1. To effectively manage the information received before deployment	1.1. To record relevant information about the EMT deployment 1.2. To make use of the information provided when planning for the EMT deployment 1.3. To effectively communicate relevant information about the EMT deployment to other colleagues 1.4. To absorb new information and change planned strategies accordingly	– All team members take notes of the key information provided during the briefing – Each group plans concrete activities adapted to Montyland context – Each group presents clearly and concisely their planned activities to the rest of the team – The team discusses and proposes solutions to unforeseen events (lacking one member of the team, travel constraints)
2. To understand the different EMT staff roles within the EMT	2.1. To identify the main tasks and responsibilities of the medical, logistics, watsan staff and team leader during the EMT deployment 2.2. To recognize the adaptable and flexible condition of the EMT work	– Each group (according to the task assigned) lists the main tasks for medical, logistics, watsan staff and team leader at arrival and during the mission in Montyland – All team members perform tasks different from the ones related to their profiles (e.g. medical staff helps in logistic planning and preparation) – The team explore how pooled capacities from different team members could cover temporarily basic watsan functions – The team proposes tasks that can be shared by all team members (e.g. help setting up the field hospital on arrival)
3. To work collaboratively for the preparation of	3.1. To engage actively in the performance of the tasks assigned 3.2. To listen respectfully to other colleagues	– All team members provide ideas that contribute to the task achievement and express their opinion during discussions – All team members listen and respect other colleagues opinions

the EMT deployment	3.3. To understand the importance of cooperation between EMT members for the achievement of a common goal	– - Team members discuss about the composition of the first team for deployment, recognising the importance of all team members & profiles

III. INJECTS

Inject 1: Watsan specialist cancel deployment

The EMT HQ officer gives a call to the team leader to pass this message:

'We have just been informed by the HR department that the water and sanitation specialist assigned to the mission cannot deploy anymore and it may take up to 5 days to find a replacement. Until then, could you organise a temporary solution to ensure the basic watsan activities are covered?'

Inject 2: Team and equipment need to be splitted in half for the travel

The EMT HQ officer reaches one of the logisticians in the group to pass this message:

'The flight you were taking to Snow City has been cancelled. We have been able to book another flight for tomorrow morning, but seats are only available for the half of team, and there is space only for half of the equipment we were planning to take. A second flight for the rest of the team and material has been booked for the day after tomorrow. In view of this unforeseen situation, please decide who should be part of the first the group traveling and what equipment they should take with them. The rest of the team and equipment will arrive one day after.'

The EMT HQ officer will also provide a packing list including all equipment (medical and non medical) they will take to the field (*NOTE: Provide one of the your own EMT packing lists frequently used in deployments similar to this scenario*).

IV. PRE-DEPLOYMENT BRIEFING

MONTYLAND

Country profile

Low income country – GDP (PPP) per capita: 800$

Government: Parliamentary republic

Language: Monty (official) + several local languages depending on the region

Main religion: Hinduism (70%), Buddhism (10%)

Currency: Rupee

Geography:

Landlocked

Climate varies from cool summers and severe winters in north to subtropical summers and mild winters in south

Flat river plain in the south and hills in the north

Demographic indicators:

Population: 26.000.000 people - Capital (Snow City): 1.300.000

Population aged under 15: 36%

Population aged over 60: 9%

Population living in urban areas: 17%

Total fertility rate (per woman): 2.3

Birth registration coverage: 42%

Health indicators:

Life expectancy at birth: 68

Under-five mortality rate (per 1000 live births): 40

Maternal mortality ratio (per 100000 live births): 190

Top 5 leading causes of death: Chronic obstructive pulmonary disease(10%) Ischaemic heart disease(9%), Stroke(8%), Lower respiratory infections(7%), and Diarrhoeal diseases(4%)

Vaccine preventable diseases:

High risk for enteric diseases. Hepatitis A vaccine and typhoid vaccine are the 2 most important immunizations for travelers

Japanese encephalitis is endemic, with highest disease risk occurring in the north region during and after the monsoon season

Rabies is highly endemic among dogs

Cholera is endemic, especially in rural areas

Malaria is a low risk - There is no transmission of malaria in Snow City

Disaster event

A 7.8 magnitude earthquake struck Montyland at 06:11 UTC yesterday. The epicentre was about 80 km North West of the capital, Snow City. Several aftershocks have occurred since then, notably a 6.6 magnitude aftershock around 30 min after the main event and another one of 6.7 magnitude at 07.09 UTC today. The earthquake and aftershocks have caused heavy damage and numerous casualties in the country:

Out of 75 districts, 30 are reported affected; most heavily affected appear to be the greater Snow City area and the districts of Icy Town and Rocky Village, north west of the capital.

As of late afternoon today, international media and government sources report more than 2000 people dead in Montyland (at least 700 in Snow City). At least 6000 people are reported injured. The number of casualties is expected to rise.

Numerous old buildings have collapsed and many landslides are blocking road transport and relief efforts.

In Snow City hospitals area is overcrowded, running out of room for storing dead bodies and also running short of emergency supplies. Hiking hospital is treating people in the streets. There are reports that the hospital emergency stocks are decreasing rapidly and there is a need for a government decision on bringing kits from the military.

Need for international assistance

International aid in the form of rescue teams and relief provisions has started to arrive in Montyland, after the government officially asked for aid.

Government is currently reporting that main needs are:

Search and Rescue capacity

Emergency Medical Teams - supplies and tenting for hospitals, and body bags

Heavy equipment for rubble removal

Helicopters for transport and access to blocked areas

Virtual OSOCC info

According to the information provided by the VOSOCC as of 13.00 UTC on day 2, the first relief teams mobilized to assist populations after the earthquake include:

Search and Rescue: 9 teams deployed, 13 in mobilization, 3 in standby

Health: 14 EMTs in mobilization, 3 in standby

Water/Sanitation: 1 team mobilizing

Telecoms/ICT: 1 team deployed, 2 in mobilization

Assessment, coordination and logistics: 1 team deployed, 5 in mobilization

A number of teams in all disciplines are also in “monitoring” status

Operational and logistic info

Government reports that all hospital staff mobilized and is deploying small teams to hospitals in Snow City. Floweropolis and Waterville which both are well staffed are sending medical teams to worst affected areas – Icy Town and Rocky Village.

Government is intending to set-up displaced people camps in Snow City Valley and outside, where there are Armed Police Force bases as these have established water supply and security.

Government is unclear on emergency food stocks.

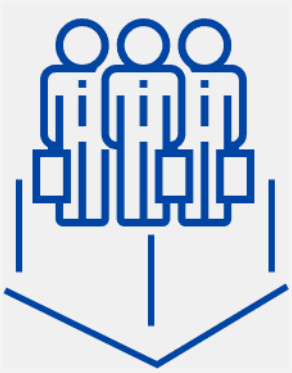
National Emergency Operating Centre is operational.

The Snow City and Waterville airport remains open. Some commercial flights appear to be coming in. The status of the feeder roads outside of Snow City Valley is still unclear.

Government has been requested but is still unclear on expedited customs clearance for emergency cargo and processes at the airport.

Weather Forecast: Over the next 72h rainfall and thunderstorms may affect several areas of Montyland, including the areas affected by the earthquakes. Thunderstorms activity could be particularly intense during the afternoon and evening. High-elevation snow is also possible in the mountainous areas. This weather situation could interfere with search and rescue operations.

OUR EMT INTERVENTION



We have offered to deploy a first team in the following 24h, with capacities to cover *outpatient emergency care activities* for a period of 3 weeks. *(NOTE for trainers: adapt services according to your EMT capacities and the training participants)*

- The team will include profiles of: *general doctor (3), pediatrician (1), nurse (6), logistician (3), watsan (1) and team leader (1). (NOTE for trainers: adapt profiles according to the services provided by your EMT and the training participants, as above)*

- The equipment needed for the activities will be mobilized from our supply warehouse, close to the EMT headquarters. The packing list with all equipment to be shipped will be provided to you after the briefing.

- We are waiting for confirmation from the MoH/EMTCC in country to know the final tasking of our EMT but according to the latest communication with emergency officers in Montyland, it is likely that we are assigned to support the most affected areas of Snow City, close to Hiking hospital.

- Team departure is planned for tomorrow at 6 am, direct flight arriving at Snow City airport at 10 am.

- Note the contact details of the EMT HQ office so you can contact us if needed:

Phone number: *(NOTE for trainers: to be filled with the phone that will be used during the training)*

Email: *(NOTE for trainers: to be filled with the contact email used for training purposes, if needed)*

V. PRE-DEPLOYMENT GROUP TASKS

GROUP 1

Dear EMT members!

During your deployment in Montyland you will live and work as a multidisciplinary team. To prepare for a successful EMT intervention it is important you understand each of the team members roles and prepare to work collaboratively.

For this task, your group represents the medical staff deploying to Montyland. Prepare to explain to the rest of your colleagues what will be your role during our activities in the field. For that:

List the main tasks and responsibilities you will cover as the medical staff in the team (specify different tasks for different medical profiles if necessary) during deployment.

E.g. Setting up the pharmacy within the field hospital

Ensure health care is provided following quality standards

Make sure you adapt the tasks to the specific context you are deploying to.

Since the MoH/EMT-CC in Montyland has not yet confirmed the final intervention allocated to our EMT, complete your group task taking into consideration the services our EMT has offered to the MoH and will most likely put in place on arrival in the field.

YOU HAVE 30 MINUTES TO COMPLETE THE GROUP TASK.

GROUP 2

Dear EMT members!

During your deployment in Montyland you will live and work as a multidisciplinary team. To prepare for a successful EMT intervention it is important you understand each of the team members roles and prepare to work collaboratively.

For this task, your group represents the logistics staff deploying to Montyland. Prepare to explain to the rest of your colleagues what will be your role during our activities in the field. For that:

List the main tasks and responsibilities you will cover as the logistics staff in the team (specify different tasks for different logistic profiles if necessary) during deployment.

E.g. *Arranging the transport from the airport to the intervention area*

Ensure power supply for the field hospital

Make sure you adapt the tasks to the specific context you are deploying to.

Since the MoH/EMT-CC in Montyland has not yet confirmed the final intervention allocated to our EMT, complete your group task taking into consideration the services our EMT has offered to the MoH and will most likely put in place on arrival in the field.

YOU HAVE 30 MINUTES TO COMPLETE THE GROUP TASK.

GROUP 3

Dear EMT members!

During your deployment in Montyland you will live and work as a multidisciplinary team. To prepare for a successful EMT intervention it is important you understand each of the team members roles and prepare to work collaboratively.

For this task, your group represents the water and sanitation (watsan) staff deploying to Montyland. Prepare to explain to the rest of your colleagues what will be your role during our activities in the field. For that:

List the main tasks and responsibilities you will cover as the watsan specialist in the team during deployment.

E.g. Decide about best location for sanitation facilities in the hospital area

Monitor the quality of the drinking water for patients and staff

Make sure you adapt the tasks to the specific context you are deploying to.

Since the MoH/EMT-CC in Montyland has not yet confirmed the final intervention allocated to our EMT, complete your group task taking into consideration the services our EMT has offered to the MoH and will most likely put in place on arrival in the field.

YOU HAVE 30 MINUTES TO COMPLETE THE GROUP TASK.

GROUP 4

Dear EMT members!

During your deployment in Montyland you will live and work as a multidisciplinary team. To prepare for a successful EMT intervention it is important you understand each of the team members roles and prepare to work collaboratively.

For this task, your group represents the team leader deploying to Montyland. Prepare to explain to the rest of your colleagues what will be your role during our activities in the field. For that:

List the main tasks and responsibilities you will cover as the team leader in the team during deployment.

E.g. Maintain direct communication with other actors working on the ground (EMT CC, MoH, other EMTs...)

Make sure you adapt the tasks to the specific context you are deploying to.

Since the MoH/EMT-CC in Montyland has not yet confirmed the final intervention allocated to our EMT, complete your group task taking into consideration the services our EMT has offered to the MoH and will most likely put in place on arrival in the field.

YOU HAVE 30 MINUTES TO COMPLETE THE GROUP TASK.

VI. DEBRIEFING TOOL

Debriefing steps	Actions	Proposed steering questions
1. Recognise and express the emotions generated by the exercise	- Encourage participants to share the feelings and emotions experienced during the exercise (e.g. stress, concern, reward, excitement, challenge)	- How did you feel during the exercise? - Did you feel comfortable working on tasks different to your profile?
2. Analyse team performance during the exercise	- 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	- How did you functioned as a team? - Do you think the team and each group achieved the assigned tasks? - Why do you think you succeeded/failed in this task? - What would you do differently in the future?
3. Acknowledge views and impressions from observers outside the team	- 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	
4. Summarise main lessons learnt	- Encourage participants to briefly highlight the main lesson(s) learnt during the exercise	- What did you learn from this exercise?

	- Trainers can summarize the main take-home messages, if needed	

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

EXERCISE 2 - ARRIVING AND SETTING UP

I. CONCEPT NOTE

1. Title
ARRIVING AND SETTING UP

2. Type of exercise
Functional exercise

3. Phase of the disaster response
Arrival and set up

4. Purpose
The purpose of this exercise is to allow EMT members to become familiar with the main activities to be accomplished in the initial phase of the deployment, on arrival in the affected country/area. All EMT members should be aware of the network and registration procedures involved on this first phase of deployment and work collaboratively to build up a suitable facility to deliver EMT services.

5. Scope
This exercise simulates the arrival and set up of the EMT in Montyland. On arrival participants will need to meet relevant authorities and organizations managing the response to the earthquake (OSOCC, EMTCC), obtain important information, and get registered to work as an EMT in the country. Once registered, accepted to deliver their services and assigned to a specific location, the EMT members will move to their allocated site and set up the EMT facility, getting familiar with their field hospital equipment.

6. General objectives
To be aware of the communication and registration procedures on arrival in the disaster area

To build up the field hospital in the target area

To get familiar with the field equipment and logistics

See the complete table with learning objectives in the annex ‘Exercise 2 - Learning Objectives’.

7. Exercise description

EXERCISE 2 - SCRIPT		
Approximate time required	Task	Instructions for delivery
5 min	Exercise briefing	Delivered out of role. The training manager will explain the scope of the exercise to participants, disclosing only the information needed for them to understand the scenario and get immersed in the role. The trainer will also ask participants to follow the rules that will be given during the exercise. *Simulated setting:* The team has just arrived at the airport in Snow city, Montyland
20 min	EMT goes to Reception & Departure Centre (RDC)	On arrival to Montyland, all the team members will be directed to the OSOCC RDC office to get extra information about the situation in the field. *Add inject 1:* The OSOCC RDC officer will receive team members and share with them the last updates on the situation after the earthquake
15 min	EMT meeting with the EMTCC	The team will be directed to the EMTCC office to complete their registration and receive more information. *Add inject 2:* The EMTCC spokesperson will give team members more details about the EMT services needed
10 min	Call with Hiking Hospital director	Following the EMTCC meeting the team should contact the Hiking Hospital director, if they don't do it the Hospital director will call the team leader. *Add inject 3:* The Hiking hospital director and the team leader will discuss about the current needs for support, available resources and collaboration with the EMT
3 - 6 h	Hospital set up	Trainers will direct EMT members to the location where they have to set up the hospital. EMT members will set up the field hospital normally used for deployments and get it functional as soon as possible
40 min	Familiarization with field equipment	Once the hospital is set up the trainers will ask team members to gather and go through the facility together to familiarise with the main field equipment and logistics. One or several team members (according to their expertise) should be appointed to show their colleagues the basics of:

		- Facility areas and patient flow - Power - Water and sanitation - Communication - Waste management - Security within the facility - Special considerations for the medical equipment (e.g. cold chain, oxygen devices, etc)
30 min	Exercise Debriefing	Delivered out of role. Refer to the annex 'Exercise debriefing'
Total time (approx.): 5 - 8 h depending on the size of the hospital and the experience of the team		

8. Injects

Exercise 2 – INJECT MATRIX			
Inject number	When?	To whom?	Inject summary
1	On arrival in the field	To the whole team	Meeting with the RDC officer
2	After the meeting with RDC	To the whole team	Meeting with the EMTCC spokesperson
3	After the visit to the EMTCC	To the team leader, via phone	Call with Hiking Hospital director

See the detailed description of the injects in the annex 'Exercise 2 - Injects'.

9. Resources needed

Human resources

- 3 trainers (one of them will be the training manager)
- 2 facilitators (they will take the roles of RDC officer, Hiking Hospital Director, EMTCC spokesperson and EMT HQ Officer)

Materials

- Blank paper and pens
- Field hospital with full equipment as for deployment purposes
- OSOCC-RDC banner
- Wall map with disaster information
- Cell phones

10. General considerations

Before starting the exercise make sure:

Trainers and facilitators have carefully read the exercise objectives and description

There is a dedicated room/space to simulate the RDC office and EMTCC office

There is an appropriate space for the team to set up the field hospital

All the needed materials (see Resources section) are available

There is some extra logistics support to help the team while setting- up, if needed (this is especially important if the training team wants to make participants to build up a complex facility with full capacities, or the team is not very experienced)

Optional: you can ask participants to bring their passports and photocopied professional diplomas (of the medical staff) to the training. Those can be used during the simulation at the EMTCC office

11. Key reference/ supporting documents

On-Site Operations Coordination Centre (OSOCC) guidelines
http://www.unocha.org/sites/dms/Documents/2014%20OSOCC%20Guidelines_FINAL.pdf

12. Annexes

Exercise 2 – Learning objectives
Exercise 2 – Injects
Exercise 2 – EMT Registration Form
Exercise 2 - Maps
Exercise 2 – Exercise debriefing

II. LEARNING OBJECTIVES

General learning objectives	Specific learning objectives	Performance objectives
To be aware of the communication and registration procedures on arrival in the disaster area	1.1 To contact relevant organizations managing the disaster response (OSOCC RDC, EMTCC) 1.2 To contact relevant partners in the field (Hiking Hospital) and establish the basis to work collaboratively (e.g. needs, referral pathways)	The team goes to the Reception & Departure Centre (RDC) at Snow City's airport for registration, appropriately presents the EMT type and introduces all EMT members with roles and functions. The team does not leave RDC without a clear action plan, including: exact coordinates of the deployment area, information on the accessibility and health facilities or medical teams already operational in there, and plans for first meeting(s). The team go to the EMTCC office to gather information about the services needed and get registered The team calls the Hiking hospital director and collects additional information on other health organizations present in the area, main figures so far and last updates.
To build up the field hospital in the target area	2.1 To work as a team to set up the EMT facility and prepare for EMT service delivery	The team set up the field hospital including its main areas and equipment, and prepares the facility to start their services imminently Every team member collaborate to the hospital set up regardless of their position and role in the team
To get familiar with the field equipment and logistics	To describe the main portable communication devices within the EMT and their use	Team members discuss and decide on the patient flow within the facility

	To describe the main sources of power in the field hospital To describe the waste management system in the field hospital To describe critical issues related with specific equipment (cold chain, oxygen, sterilization chamber, etc) To describe the main security aspects to be aware of within the facility	One of the team members informs about the number and type of communication devices present in the EMT and clearly explains their functioning to the rest of EMT members One of the team members explains the main sources of water and power One of the team members explains the waste management system One of the team members discuss about the functioning and/or critical issues regarding specific medical equipment One of the team members explains some basic security aspects to consider within the health facility

III. INJECTS

Inject 1 - Meeting with the RDC officer

A facilitator will take the role of the OSOCC RDC officer and meet with team members on arrival.

Instructions for the role- player:

- Welcome the EMT and introduce yourself.
- Ask them to fill out the registration form. Refer to the document *'EMT Registration form'.*
- Ask them to provide their passports and the diplomas of the medical professionals in the team *(NOTE: Only if participants were asked to bring those for the training)*
- Tell them that you arrived last night to the country so the situation is for you also mostly unclear.
- Explain the context:
  - A 7.8 magnitude earthquake struck Montyland at 06:11 UTC yesterday (day 1);
  - Epicentre 80 km north west of the capital Snow City. Indicate the location of the capital on the wall map. (*NOTE: Print the annex Map and put it in the simulated RDC office to show it to the team*)
  - Several aftershocks of similar magnitude occurred ever since causing several casualties also due to the fact that Montyland is a landslide-prone country;
  - The EU-UN Global Disaster Alert and Coordination System (GDACS) issued a RED alert (implying a serious disaster that will probably require international assistance) 7 minutes after the main earthquake event;
  - The Union's Copernicus Emergency Management System has been activated.
- Repeat the latest government figures:
  - Most affected areas are Snow City (1.5 million people), Lemon Tree (107 000 people), Icy Town and Rocky Village (in the administrative zone of Imagine, north west of Montyland). *Indicate them on the wall map.*
  - Casualties: 700 – 1000 dead only in the capital; more than 2000 dead in the whole country. More than 6000 injured. Numbers expected to rise as USAR teams pull the victims out from the debris. At this stage of time, we have little to no access to the surrounding areas so no idea about the status in the periphery. We expect a much higher number of casualties and injured.
  - Total of 30 out of 75 districts reported to have been affected. *Indicate them on the wall map.*
  - Numerous buildings collapsed; this has been especially important in the capital, Snow City, where hundreds of buildings and monuments have been reported crumbled.
  - Several landslides are blocking road transport and relief efforts.

- Local hospitals have difficulties coping with the emergency.
- International aid in the form of rescue teams and relief provisions has started to arrive.
- National and international aid teams currently operating in the country.
- UNDAC alerted; a team of 14 undac experts is being deployed but only 7 of them have arrived so far. The others are struggling to find flights to the country. The EU is sending a 8-person UCPT with a full TAST. The OSOCC is being set up in Snow city.
- Search and Rescue: 9 teams deployed, 13 in mobilisation, 3 in standby
- Health: 14 EMTs in mobilisation, 3 in standby
- Water/Sanitation: 1 team mobilising
- Telecoms/ICT: 1 team deployed, 2 in mobilisation
- Assessment, coordination and logistics: 1 team deployed, 5 in mobilisation
- Government still unclear on expedited customs clearance for emergency cargo and processes at the airport.
- The first OSOCC coordination meetings will be held soon.

- Direct the team to the EMTCC office in the nearby area

Inject 2 - Meeting with the EMTCC spokesperson

All EMT members will arrive at the simulated EMTCC office and will be received by a facilitator with the role of an EMTCC spokesperson.

Instructions for the role- player:

- Welcome the EMT members and and introduce yourself.
- Tell them that, according to the current situation, their EMT will be required to deploy in Snow City, as this is the most densely populated city in the country with the highest number of buildings collapsed. Besides, the status of the feeder roads outside of Snow City Valley is still unclear. The government is trying to secure the area and establish water supply. Helicopters for transport and access to blocked areas have been requested but, at the time being, transporting victims by helicopter is not possible.
- The EMT will have to support Hiking Hospital *(give them the telephone number of the Hiking hospital director)* the only third level referral hospital present in the country that is now totally overwhelmed by the number of casualties. The hospital is running out of room for storing dead bodies and also running short of emergency supplies.
- Rainfalls and storms are hampering the USAR teams operations and are causing several victims among their staff. Patients and staff refuse to enter the buildings. Beds have been moved outside and the staff is working on parking lots and grass lawns. Several staff has not showed up at work. It is assumed that they were either missing/wounded/killed in the earthquake or are still searching their missing relatives. Functioning staff is working 24/7 and clearly overwhelmed. The EMT should prepare for mass casualty events as building collapses continue.
- Tell them that there will be shortly an EMTCC coordination meeting at the National Emergency Operations Center.

Inject 3 - Phone call with the Hiking Hospital director

Following the meeting at the EMTCC office, the team leader should contact the Hiking hospital director on the number provided. If this happens, the facilitator taking the role of the Hiking hospital director will answer according to the instructions below. If the team leader does not get in contact, the hospital director will call him/her.

Instructions for role player:

- You will receive a call from the EMT explaining that they have been appointed to provide support to your hospital.
- Present yourself, thank the team for their support and share the following information.
- Hiking hospital is the only tertiary referral hospital in the city having neuro, cardiac, thoracic and pediatric surgery. The situation is critical; you're running short of personnel (most of your staff has been affected by the earthquake) and supplies; besides, several buildings are crumbling so mass casualties are commonplace.
- Patients and staff refuse to enter the hospital even though the building has suffered only few damages and it is considered to be safe; you have managed to improvise some extra OTs in tents.
- Power suffers frequent blackouts but, for the time being, you are managing with generators.
- Running and drinking water and food supply are not a problem at the moment.
- You need mostly help with primary care and trauma surgery.
- The access routes from most of Snow City neighborhoods are clear even though some areas remain isolated for a while from time to time due to building collapses.
- No Helicopters are available even if requested by the government.
- The second biggest hospital in the capital has been declared unusable due to collapse risk and is being evacuated. There should be other primary health centers scattered all over the city but you have no information on their actual status and about whether they are operational or not. As far as you know, this is the first international EMT coming in.
- There are 7 functioning ambulances and they are busy all the time.

IV. EMT REGISTRATION FORM

	MONTYLAND **Earthquake Response**	World Health Organization

EMT Name	Name and Country		
EMT Type		**Date and Time of offer**	dd / mm / yyyy HH:MM
EMT Global Classification Status	☐No Account ☐ Mentorship ☐ Classified		

☐We agree to comply with EMT guiding principles and standards, available at https://extranet.who.int/emt/sites/default/files/EMT_guidelines_september2013.pdf

Internal Office Use Only			
Team Status:	☐Approved	☐Pending	Reason:
	☐Tasked	☐Declined	Reason:
Check:	☐WHO Classified	☐Airport	☐ Field Visit ☐Other:
Allocated Site:	*Location* *GPS Coordinates*	**Allocation Date:**	dd / mm / yyyy
Other Comments:	*(e.g. reason for changing type vs the self-declaration from the team)*		

EMT INFORMATION	
ORGANIZATION	
ORGANIZATION TYPE: ☐NGO ☐GOVERNMENTAL ☐MILITARY ☐OTHER:	
COUNTRY:	**NUMBER OF EMTs:** ## of ## (TOTAL EMT DEPLOYED)
TIME (HOURS/DAYS) OR ESTIMATED DATE OF ARRIVAL:	**TIME (HOURS/DAYS) TO START OF SERVICES PROVISION:**
ESTIMATED LENGHT OF STAY: ### days	
ORGANIZATION PRIMARY CONTACT (HQ)	
NAME:	**POSITION:**
ADDRESS:	

EMAIL:	PHONE: + country - area - phone number

EMT TEAM LEADER	
NAME:	POSITION:
EMAIL:	EMAIL EMT:
LOCAL PHONE:	SATELLITE PHONE:

EMT	EMT CAPABILITY	EMT NAME

LOGISTIC SUPPORT
Any logistical limitations or support required: ☐**NO** ☐**YES** **Specify** (e.g. transport should include total volume and weight). ☐Self-sufficient

PHYSICIANS	
SURGEONS	
NURSES	
NURSES ASSISTANT/PARAMEDICS	
PSYCHOLOGISTS	
ALLIED HEALTH PERSONNEL	
MANAGEMENT	
LOGISTICS	
EPIDEMIOLOGISTS	
Other	
Other	

Other Capabilities (equipment):

☐High Dependency Unit beds (light/field hospital style)

☐Oxygen Concentrator (2)

☐Nebulizer

☐ECG (2)

☐Laboratory (basic lab tests, elctrolytes)

☐Limited Pharmacy for medium dependency care

☐Other (specify)

PREVIOUS DEPLOYMENT EXPERIENCE (ONLY LAST THREE)

YEAR	COUNTRY	EVENT	EMT(s) TYPE	DURATION (DAYS)

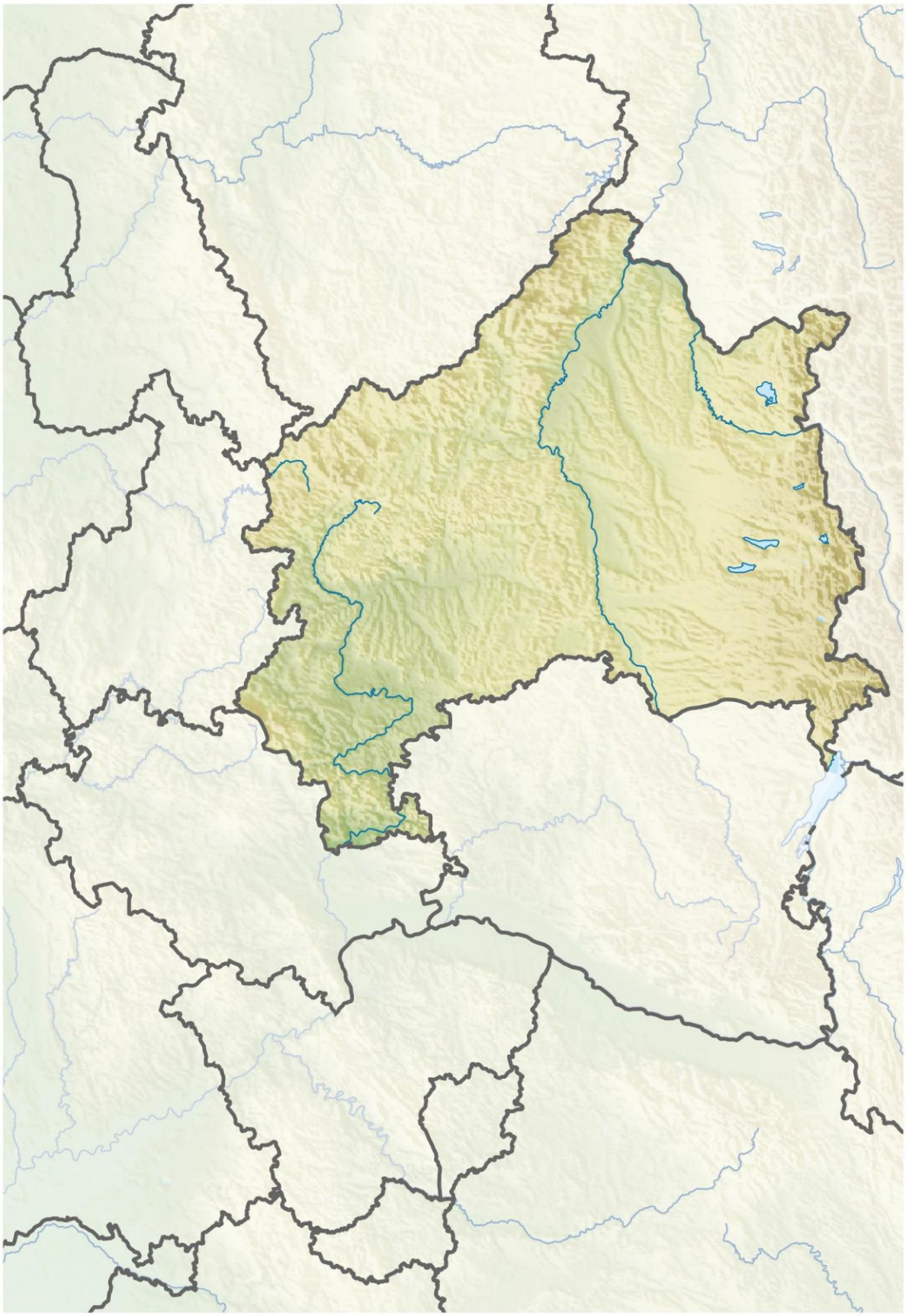
EXISTING OR PREVIOUS WORKING RELATIONSHIP IN COUNTRY

ORGANIZATION	LOCATION	RELATIONSHIP

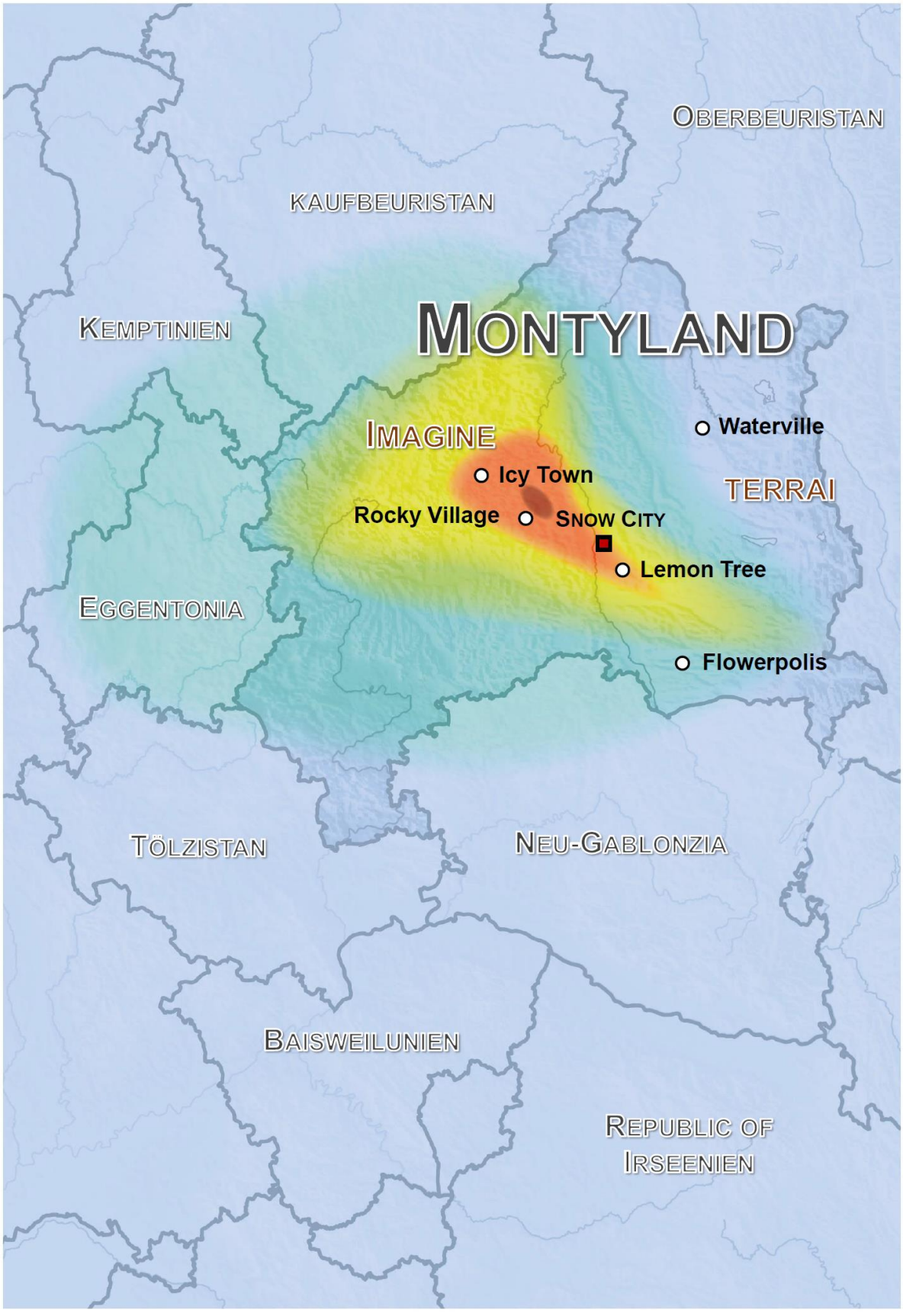
DOCUMENTS CHECKLIST	NAME:
☐Profesional Practice Licence for each team member ☐ List of staff including skill mix and designation ☐Copy of Passports ☐Visa documents (visa on arrival assitance will be offered) ☐Packing List (all equipment and drugs)	**Email:** **Signature:**

V. MAPS

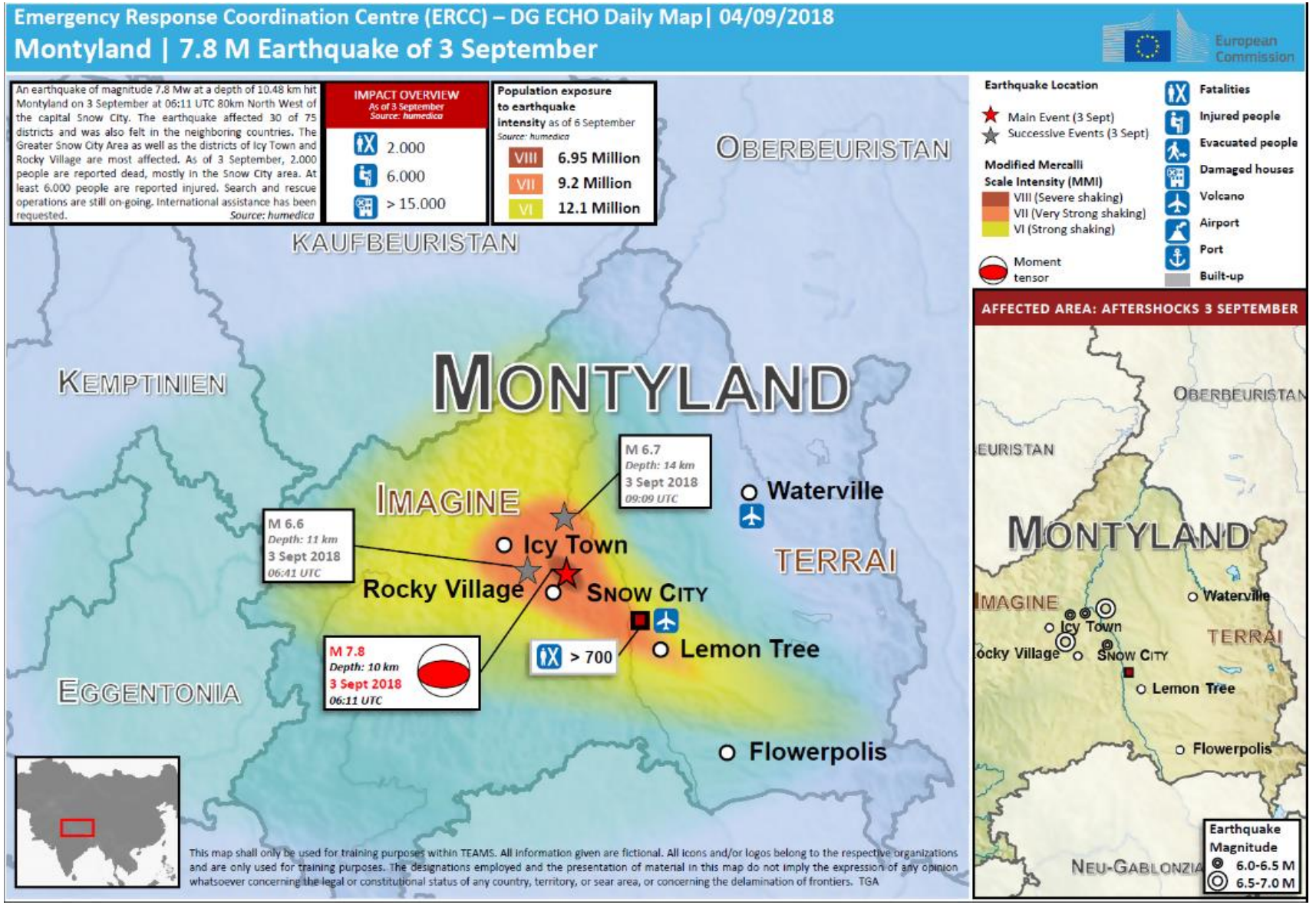
Montyland - Map



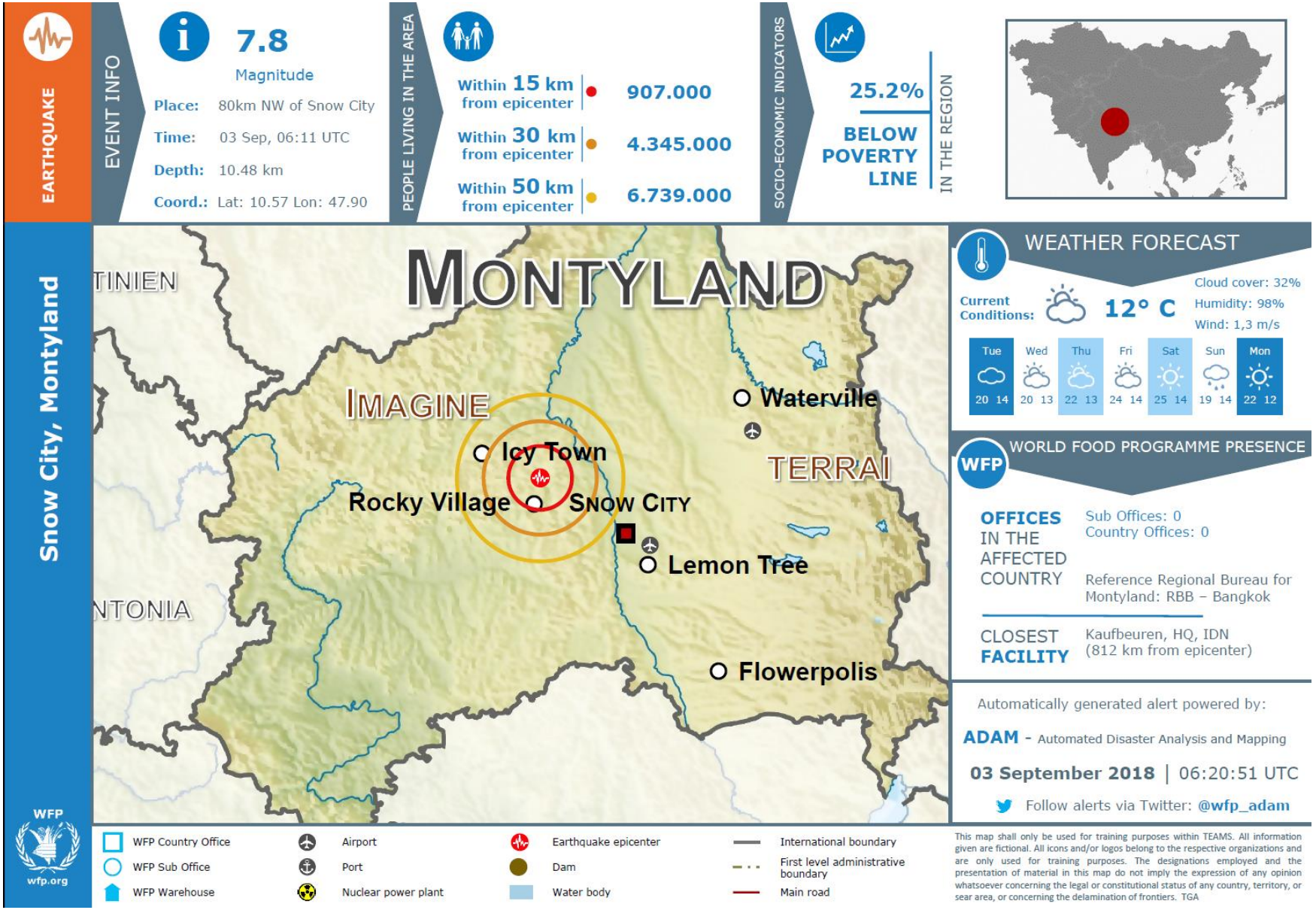
Montyland - Shake Map



ECHO Daily Map - Montyland Earthquake



WFP - Montyland Earthquake



VI. DEBRIEFING TOOL

Debriefing steps	Actions	Proposed steering questions
1. Recognise and express the emotions generated by the exercise	- Encourage participants to share the feelings and emotions experienced during the exercise (e.g. stress, concern, reward, excitement, challenge)	- How did you feel during the exercise? - Did you feel stressed by the workload? - Did you feel capable of doing it at the beginning of the exercise?
2. Analyse team performance during the exercise	- 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	- How did you functioned as a team? - Do you think the team communicated properly with the relevant authorities and partners on arrival in the country? - Do you think you have properly set up the EMt facility and all the team is aware of the main equipment and logistics aspects? - Why do you think you succeeded/failed in this task? - What would you do differently in the future?
3. Acknowledge views and impressions from observers outside the team	- 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	

4. Summarise main lessons learnt	- Encourage participants to briefly highlight the main lesson(s) learnt during the exercise - Trainers can summarize the main take-home messages, if needed	- What did you learn from this exercise?

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

EXERCISE 3 – SETTING PRIORITIES

I. CONCEPT NOTE

1. Title
SETTING PRIORITIES

2. Type of exercise
Tabletop exercise

3. Phase of the disaster response
Operational

4. Purpose
The purpose of this exercise is to expose participants to ethical and conflicting decisions frequently encountered during EMT deployments. Emergency operations are marked by an imbalance between the huge needs and the scarcity of resources available. This lack of resources can sometimes have fatal consequences for patients that in normal conditions will survive. This imbalance means a high burden for EMT staff who has to take decisions in this difficult circumstances and face its consequences. While caring for their patients, EMT members also have to inform and support patients' family and relatives, who are also going through a stressful situation.

5. Scope
During this exercise the EMT members will be confronted with patients in very critical conditions and a set of resources to treat these patients. The team will have to decide how to allocate the available resources in order to save the highest number of patients. A role player will also intervene during the exercise, taking the role of a father whose child is admitted within the EMT facility in a critical state. The team members will have to deal with the father while rapidly decide on the treatment to the critical patients, whose state will change and worsen as the exercise advances.

6. General objectives
- To manage situations involving difficult ethical decisions
- To navigate between needs and resources in a critical situation
- To maximise the response to a critical event with the available resources and the network around

See the complete table with learning objectives in the annex 'Exercise 3 - Learning Objectives'.

7. Exercise description

EXERCISE 3 - 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. *Simulated setting:* 10 am, 2 days after deployment. The team is working at the EMT facility in Montyland
5 min	**Split in groups**	The training manager will ask the team to divide in groups of 5-7 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.
10 min	**Resource familiarization**	Once every group is located in a different space, the trainers will hand over the cards with the available resources. *Add inject 1:* Each group will receive the set of cards with resources and start to familiarise with the resources they have in their EMT before patients arrive.
10 min	**First 3 patients arrive**	*Add inject 2:* Each group will receive the cards of the first 3 patients, who arrive at the same time in the facility, and start working together to decide how to treat them. Trainers will leave each group to discuss about what to do with the patients.
10 min	**Father arrives**	*Add inject 3:* The father of the child being treated by the team arrives at the EMT facility, showing a very anxious and threatening behaviour and asking to see his son immediately. He claims his son is being treated without his consent. Each group will have to deal with this situation while treating the patients.
15 min	**Next 2 patients arrive**	*Add inject 4:* Each group will receive the cards of the next 2 patients, who arrive at the same time in the facility. The team will need to manage the situation with the father and the new patients. Trainers will leave each group to discuss about what to do with the patients.

15 min	**Worsening conditions**	*Add inject 5:* Each group will receive information about the changes in one of the patients conditions, which are worsening and will lead to a cardiac arrest. The team will have 15 more minutes for discussion.
30 min	**Exercise debriefing**	Delivered out of role. Refer to the annex 'Exercise debriefing'
Total time (approx.): 2h		

8. Injects

Exercise 3 – INJECT MATRIX			
Inject number	When?	To whom?	Inject summary
1	Once the team has splitted in groups	To each group	Resources available
2	10 min after inject 1	To each group	First 3 patients arrive
3	10 min after inject 2	To each group	Father arrive
4	10 min after inject 3	To each group	Next 2 patients arrive
5	15 min after inject 4	To each group	Worsening of patient conditions

See the detailed description of the injects in the annex 'Exercise 3 - Injects'.

9. Resources

Human resources

- 3 trainers (one of them will be the training manager). *NOTE: At least one of the trainers must have a medical background in order to follow the team decisions and adapt patient condition according to those*
- 2 facilitators (one or two of them will take the role of the '*child father*')
-

Materials

- Printed cards with patients and resources (Refer to injects 1, 2 and 4)

10. General considerations

Before starting the exercise make sure:

- *Trainers and facilitators have carefully read the exercise objectives and description*
- *There is a medical doctor within the trainers/facilitator team who can follow the exercise and adapt patient conditions according to the decisions made by the team*
- *There is an appropriate space for the groups to separate and work independently*
- *All the needed materials (see Resources section) are available*

11. Key reference/ supporting documents

WHO, 2015. Ethics in epidemics, emergencies and disasters: research, surveillance and patient care. Training manual

http://apps.who.int/iris/bitstream/handle/10665/196326/9789241549349_eng.pdf;jsessionid=3893C13CB2A8C0961FDD978FB627E7F5?sequence=1

12. Annexes

Exercise 3 - Learning objectives
Exercise 3 - Injects
Exercise 3 - Exercise debriefing

II. LEARNING OBJECTIVES

General Learning objectives	Specific learning objectives	Performance learning objectives
1. To manage situations involving difficult ethical decisions	1.1. To be aware of the ethical issues often present during deployments 1.2. To take ethical clinical decisions in a structured way 1.3. To appropriately communicate ethical decisions to the rest of the team 1.4. To show empathy and respect for other opinions in the team	- The team reflect on the difficulties to take decisions - The clinical team has an open empathic approach to take ethical decisions - The final decision is taken and shared with the team in a way that creates understanding and support by the team members - Team members can respectfully and openly discuss ethical questions, with respect for other opinions
2. To navigate between needs and resources in a critical situation	2.1. To show awareness that needs and resources are imbalanced in emergency situations 2.2. To realize that assets are limited in use 2.3. To consider long term consequences of decisions made in a critical moment 2.4. To acknowledge patients' relatives stress and worries during critical moments while caring for the patients	- The team has a constant awareness that resources are limited and their use can impact the care for others, now and in the future - The team understand the worry of the father who comes in the facility and try to comfort him with a professional and empathetic attitude - The team does not postpone the care of the patients when the father comes in
3. To maximise the response to a critical event with the available resources and the network around	3.1. To respectfully and effectively liaise with other actors in search for solutions 3.2. To show understanding for the limited capacities of other partners/organizations 3.3. To find creative solutions to the problems arising	- The team tries to call Hiking Hospital and the EMT HQ office to find possible partners to transfer the patients they cannot treat - The team does not blame other partners for the lack of resources and their inability to help the patients

III. INJECTS

Inject 1: Resources available

Each group will receive these cards with the resources available at their EMT (NOTE: cut the table into cards). The team will have 10 minutes to look at what resources they have in the facility.

Clarify this information to all team members:

- Morphine will comfort a patient for 30 minutes
- Referral hospital only accepts patients after a phone call

ER-bed: equipped with airway management stuff: 1 ambu-bag, suction, no ventilator	**1 minor surgery set:** autoclaving after use takes 2 hours	**ER-bed:** wound dressing equipment
ER-bed: wound dressing equipment	**Hiking hospital:** **1 burns bed** available (adult and/or pediatric), 2 hour drive single way, only after phone call	**Hiking hospital:** **1 neurosurgical bed,** available 2 hour drive single way, only after phone call
Hiking hospital: **1 burns bed** available (adult and/or pediatric), 2 hour drive single way, only after phone call	**General Practitioner 1**	**General Practitioner 2**
Nurse 1	**Nurse 2**	**Nurse 3**

Morphine 1 (30 minutes)	**Morphine 2** (30 minutes)	**Morphine 3** (30 minutes)
Morphine 4 (30 minutes)	**Morphine 5** (30 minutes)	**Morphine 6** (30 minutes)
Morphine 7 (30 minutes)	**Morphine 8** (30 minutes)	**Morphine 9** (30 minutes)
Morphine 10 (30 minutes)	**10 minutes phone call with Hiking hospital**	**10 minutes phone call with Hiking hospital**
Ambulance: place for 1 patient, no nurse or paramedic (if needed, you need to allocate a staff member to accompany the patient)	**Ambulance driver**	**Ambulance driver**

Extra resources for EMT 2 and 3:

OT: 1 surgical table, anesthesia-machine with integrated ventilator and oxygen concentrator, all anesthesia- and surgical equipment, NO SURGICAL SET, surgical procedure takes 2 hours	**2 OT nurses**, can't be separated	**Surgeon**
Anesthesiologist		

Inject 2: First patients arrive

Each group will receive the cards of 3 patients arriving simultaneously at the EMT facility. They are brought in by people at the transit camp located close to the facility.

PATIENT 1:

49 year old female

60% burned

Unconscious, impaired airway

HR 130 bpm, BP 80/56 mmHg

PATIENT 2:

35 year old male (he is one of the EMT staff)

65% burned on torso, legs and arms

Breathing, airway is free, no signs of smoke inhalation of burns in the airway

Consciously, screaming in pain

HR 140 bpm, BP 78/50 mmHg

PATIENT 3:

8 year old female

50% burned

Crying in pain, scared

HR 158 bpm, BP 70/60 mmHg

Follow up during the exercise:

One of the trainers or facilitators will follow team decisions. If patients are treated sequentially and not in parallel, the condition of untreated patients will worsen and could eventually lead to death. The trainer can write the updated vital signs on patients cards as the exercise evolves.

Inject 3: Father of the child arrives

Around 15 minutes after inject 1, a role player will enter the room where each group is working and declare he is the father of the child patient who is being treated at the facility.

The father of the child is upset and very anxious because he doesn't know what happened to his child and why she was brought in to the hospital and had treatment without his consent.

He will have the following reaction towards the team:

- The father is an anxious state and enters the room asking where is his child, and why he was brought in the facility without his consent. He wants to see the child and talk to the responsible person immediately
- The father states that in Montyland is illegal to treat minors without parents consent. If he cannot get clear answers he will call the police.
- If the father is not getting any answer from the team members or is treated aggressively, he will increase his voice and show a more angry attitude.
- He will insist on seeing the child.
- Only if the team does not manage to calm down the father and give him reasonable arguments, the father will take out his phone to call the police and say he will sue the team for kidnapping his child.

The father should be around for 10 min at least, depending on the performance of the team (he will stay longer if the team does not manage to calm him down).

Inject 4: Next 2 patients arrive

Each group will receive the cards of 2 other patients arriving simultaneously at the EMT facility.

PATIENT 4:

41 year old male

Blunt trauma to the head, on palpation you can feel the impact as a hole in the scull

Gasping

GCS: 8/15, HR 100 bpm, BP 100/70, SaO2: 97%

PATIENT 5:

38 year old male

Gun Shot Wound in Abdomen, entry 1cm, no exit

Conscious, shivering

Muscle resistance on palpation

HR 130 bpm, BP 80/60 mmHg

Inject 5: Worsening patient conditions

Around 5 minutes after inject 4, simulate that patient 5 is worsening.

Let each group know about the changes:

- Patient 5 develops tachycardia with a HR of 180 bpm
- (3 minutes after) Due to the blood loss, the patient has gone into cardiac arrest

IV. DEBRIEFING TOOL

Debriefing steps	Actions	Proposed steering questions
1. Recognise and express the emotions generated by the exercise	- Encourage participants to share the feelings and emotions experienced during the exercise (e.g. stress, concern, reward, excitement, challenge)	- How did you feel during the exercise? - Did you feel stressed by the lack of resources? - Did you feel comfortable having to take decisions about an EMT staff among other patients? - How did you feel about the presence of the father?
2. Analyse team performance during the exercise	- 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	- How did you functioned as a team? - Do you think the team communicated effectively to decide on the strategy to treat patients? - What would you do differently in the future? - What do you think would help the team to take ethical decisions in the field?
3. Acknowledge views and impressions from observers outside the team	- 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	

4. Summarise main lessons learnt	- Encourage participants to briefly highlight the main lesson(s) learnt during the exercise - Trainers can summarize the main take-home messages, if needed	- What did you learn from this exercise?

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

EXERCISE 4 – MANAGING OPERATIONAL INFORMATION

I. CONCEPT NOTE

1. Title
MANAGING OPERATIONAL INFORMATION

2. Type of exercise
Tabletop exercise

3. Phase of the disaster response
Operational

4. Purpose
The purpose of this exercise is to increase awareness about the importance of information management and data collection during EMT deployments. As part of their daily work, team members need to manage many different sources of information in order to plan and prioritise their activities in the field. Data collection, analysis and reporting are also normal duties for an EMT, in which all team members should be involved. Information sharing with supporting entities, such as the EMT HQ office or the EMTCC, is important for the monitoring and coordination of field activities, and for the improvement in patients' care.

5. Scope
In this exercise team members will receive different sources of information related to EMT activities that they will read and consider to plan for their activities in the upcoming days. This planning will be shared with the EMT HQ office in a situation report. The team will also have to report their activities to the EMTCC using the Minimum Data Set (MDS) forms. Finally, the team will develop a protocol plan for specific clinical cases and share it with the EMT HQ office.

6. General objectives
- To recognise the main tools for EMT data collection and reporting
- To correctly analyse and interpret data related to EMT activities
- To report EMT data following the established channels
- To use available information to develop adapted clinical protocols
- To work collaboratively during data collection and reporting tasks

See the complete table with learning objectives in the document 'Exercise 4 - Learning Objectives'.

7. Exercise description

EXERCISE 4 - 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. *Simulated setting:* 8 pm, 5 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 5-7 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.
20 min	**Draft a situation report**	Once every group is located in a different space: *Add inject 1:* Each group will receive a message from the EMT HQ asking for a situation report summarising EMT activities. Each group will have to read the information provided and draft a situation report to send to the EMT HQ officer
20 min	**Preparing a MSD report**	While all groups are working on the report: *Add inject 2:* Each group will receive a message from the EMTCC officer asking for the MDS report detailing activities yesterday and today. They will also receive the appropriate material for the task and work to produce the report.
30 - 60 min	**Protocol for cases of sexual violence**	While all groups are working on previous tasks: *Add inject 3:* Each group will receive a message from HQ asking to prepare a protocol of action for cases of sexual violence that reach the EMT facility in Montyland. The groups should continue working in parallel in injects 1, 2 and 3 during another 30 min (or until the MDS report is filled).
40 min	**Exercise Debriefing**	Delivered out of role. Refer to the annex 'Exercise debriefing'.
Total (approx.): 2 - 3 h depending on how long it takes the team to fill in the MDS form		

8. Injects

Exercise 4 – INJECT MATRIX			
Inject number	When?	To whom?	Inject summary
1	Once the team has splitted in groups	To each group	Draft a situation report
2	20 min after inject 1	To each group	Preparing the MDS report
3	20 min after inject 2	To one member in each group	Protocol for cases of sexual violence

See the detailed description of the injects in the annex 'Exercise 4 - Injects'.

9. Resources

Human resources

- 3 trainers (one of them will be the training manager)
- 2 facilitators (one or two of them will take the role of the *EMTCC officer*)

Materials

Blank paper and pens
Print out of 'Information from the field' document
Print out of 'Tally sheet Today'
For inject 2, option 1: Print out of 2 MDS forms, Print out 'Tally sheet yesterday'
For inject 2, option 2: Computers, excel files MDS package, print out patient files

Optional

- Copy of WHO MDS report with instructions (hard or soft copy)

10. General considerations

Before starting the exercise make sure:

- *Trainers and facilitators have carefully read the exercise objectives and description*
- *There is an appropriate space for the groups to separate and work independently*
- *All the needed materials (see Resources section) are available*
- *Trainers are updated and confident with the use of the MDS tools*

11. Key references/ Supporting documents

- Minimum Data Set for reporting by Emergency Medical Teams. Working Group Report. WHO 2016.

  https://extranet.who.int/emt/sites/default/files/Minimum%20Data%20Set.pdf

- - Guidelines for Gender-based Violence Interventions in Humanitarian Settings Focusing on Prevention of and Response to Sexual Violence in Emergencies. IASC 2005. http://www.unhcr.org/453492294.pdf

- Clinical Management of Rape Survivors. Developing protocols for use with refugees and internally displaced persons. http://www.unhcr.org/403a0b7f4.pdf
- Inter-Agency Reproductive Health Kits for Crisis Situations. UNFPA https://www.unfpa.org/sites/default/files/resource-pdf/RH%20kits%20manual_EN_0.pdf

12. Annexes

Exercise 4 - Learning objectives
Exercise 4 - Injects
Exercise 4 - Tally sheet TODAY
Exercise 4 - Tally sheet YESTERDAY
Exercise 4 - Information from the field
Exercise 4 - MDS Excel file
Exercise 4 - MDS Report instructions
Exercise 4 - Patients Files
Exercise 4 - Exercise debriefing

II. LEARNING OBJECTIVES

General Learning objectives	Specific learning objectives	Performance learning objectives
1. To recognise the main tools for EMT data collection and reporting	1.1. To be familiar with the format and information included in the Minimum Data Set (MDS) form 1.2. To correctly interpret the information from patients files and tally sheets 1.3. To correctly fill in the MDS form	- All team members recognise the tally sheet and the MDS form as data collection and reporting tools - Each group includes in the situation report the EMT activities compiled in the tally sheet - Each group transfers the information from the patients files and tally sheet to the MDS form correctly
2. To correctly analyse and interpret data related to EMT activities	2.1. To identify the relevant information among the data available 2.2. To use the conclusions extracted from the data to plan for EMT activities	- Each group recognises the issues to tackle among the information provided (e.g. no stock of tetanus vaccine) - Each group prioritises their activities according to the urgency of the needs detected (e.g. first ensure availability of medical equipment, later deal with staff training)
3. To report EMT data following the established pathways	3.1. To understand the importance of reporting EMT activities to the EMTCC, MoH and EMT Headquarters regularly 3.2. To detect specific situations that need to be reported 3.2. To appropriately write a situation report	- The team leader reminds the team members of the need for reporting to the HQ and the EMTCC - Each group considers to report the case of sexual violence on the MDS form - Each group writes the situation report in a clear and organised format including all relevant information

4. To use available information to develop adapted clinical protocols	4.1. To dedicate part of the team efforts to deal with the protocol for cases of sexual violence 4.2. To follow established EMT SOPs	- Some team members within each group concentrate on dealing with the preparation of the protocol - The medical team members propose appropriate actions to deal with the cases of sexual violence, that are adapted to Montyland context and in line with pre-established EMT SOPs or protocols for the management of these cases
5. To work collaboratively during data collection and reporting tasks	5.1. To organise as a team in an effective way to achieve the proposed tasks 5.2. To understand that all team members are responsible for data management and reporting	- Team members divide the workload to achieve the tasks in the given timeframe - All team members agree to collaborate in the data collection and reporting activities and recognise it as part of their tasks

III. INJECTS

Inject 1: Draft a situation report

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

Dear colleagues in the field,

We are expecting to receive from you a situation report from the field covering the following information:

- *Summary of medical activities today*
- *EMT activities planned for the next two days in medical, logistics, WASH and coordination areas (take into account operational priorities)*
- *Any other valuable information from the field that you think is relevant to our operations*

We need to have the report by tomorrow morning.

Thanks!

EMT HQ officer

The trainers must provide each team with the following documents:

- Different pieces of information from the field that will help to understand the current EMT situation. Refer to annex document Information form the field
- The document of the tally sheet compiling activities today. Refer to annex Tally sheet Today.

Inject 2: Preparing the MDS report

Each group will receive a message from the EMTCC. The message should include the following information:

Dear EMT,

We didn't received your reporting MDS report yesterday. Remember you have to report your activities to the EMTCC daily. Reporting is of great importance to us to monitor all EMT activities, understand what are the evolving needs in the field, and keep surveillance and monitoring of key diseases in order to detect any possible outbreaks. Make sure all you EMT staff is aware of the need and importance of reporting. ***Please submit as soon as possible the MDS reports for yesterday and today.***

Thank you.

EMTCC officer

NOTE for trainers: This inject can be delivered in 2 different ways:

1. Without a computer

The trainers will provide **each group** with the following documents:

- Annex Tally sheet Yesterday (they already have Tally sheet Today from inject 1)
- 2 printed copies of the MDS Daily Report form. The MDS form can be obtained by printing the DAILY REPORT SHEET on the MDS excel file

In this inject, each group will have to fill in manually the printed MDS forms, using the data on the tally sheets for today and yesterday.

OR

2. With a computer using the Excel MDS file

The trainers will provide **each group** with the following documents:

- Computer
- Annex Patients files
- MDS Excel file

In this inject, each group will have to open the MDS Excel file on the computer and fill in the tally sheets using patient files data. Then they will generate the MDS Daily report.

Considerations:

- Ensure the trainers are familiarise with the MDS file and the data collection procedure to guide team members if necessary.

- Trainers must adapt the time allocated for this inject according to the option chosen. Option 1 should last about 20-30 min, but Option 2 may take up to 1h.

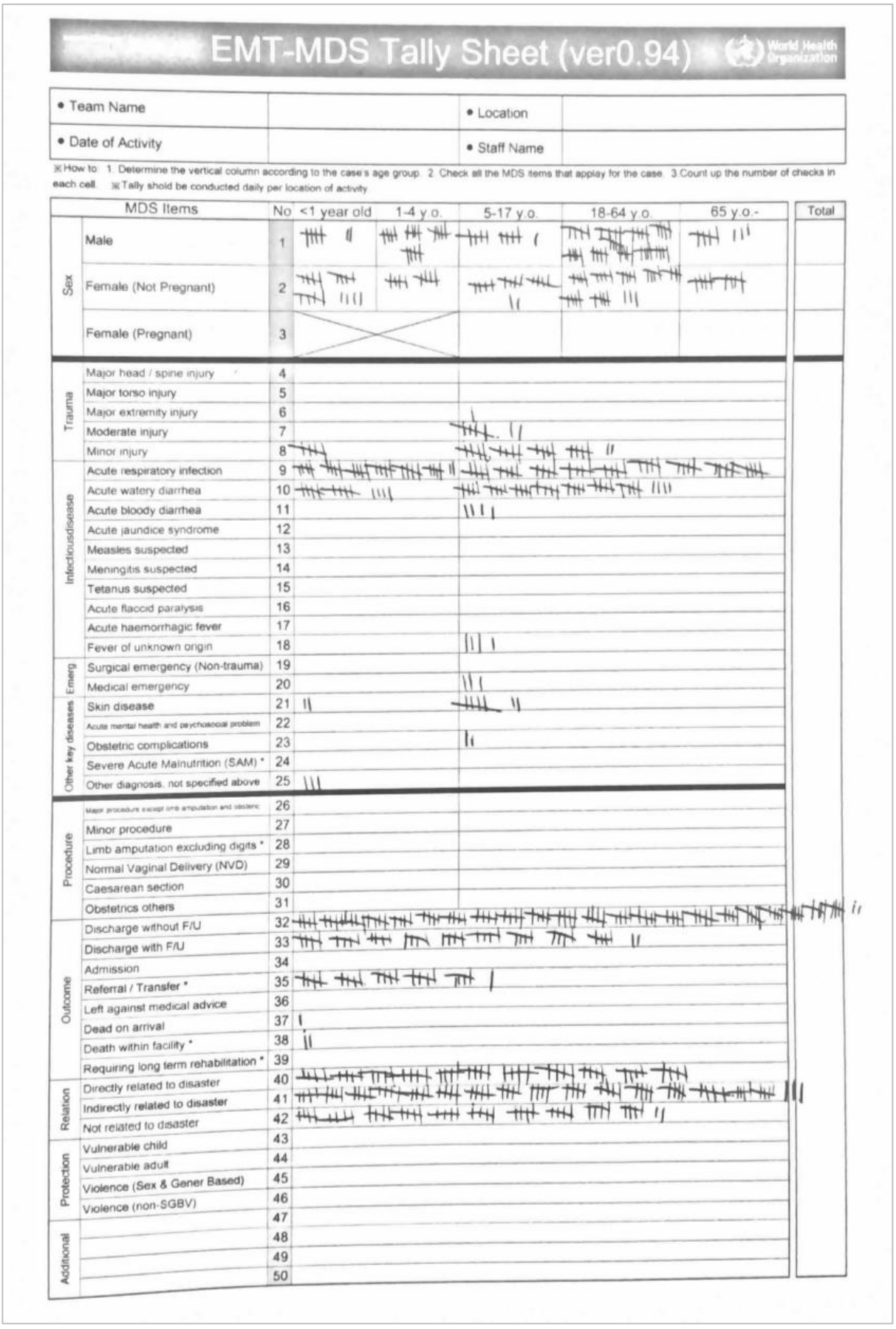
Inject 3: Management of cases of sexual violence

One of the medical team members in each group will receive a call from the EMT HQ officer.

In the call, the person on the role of EMT HQ officer will include the following message:

'Looking at the reports you have sent us in the last days, we have seen there is a considerable number of cases of sexual violence occurring, and also involving girls under 18. We want to make sure you have a protocol in place to deal with these cases, considering the clinical, ethical, cultural and legal aspects of it. Please send us a draft protocol of action that we can revise and send you feedback on.'

IV. TALLY SHEET TODAY



EMT-MDS Tally Sheet (ver0.94) — World Health Organization

• Team Name		• Location	
• Date of Activity		• Staff Name	

※How to: 1. Determine the vertical column according to the case's age group. 2. Check all the MDS items that applay for the case. 3.Count up the number of checks in each cell. ※Tally shold be conducted daily per location of activity

	MDS Items	No	<1 year old	1-4 y.o.	5-17 y.o.	18-64 y.o.	65 y.o.-	Total
Sex	Male	1						
	Female (Not Pregnant)	2						
	Female (Pregnant)	3						
Trauma	Major head / spine injury	4						
	Major torso injury	5						
	Major extremity injury	6						
	Moderate injury	7						
	Minor injury	8						
Infectiousdisease	Acute respiratory infection	9						
	Acute watery diarrhea	10						
	Acute bloody diarrhea	11						
	Acute jaundice syndrome	12						
	Measles suspected	13						
	Meningitis suspected	14						
	Tetanus suspected	15						
	Acute flaccid paralysis	16						
	Acute haemorrhagic fever	17						
	Fever of unknown origin	18						
Emerg	Surgical emergency (Non-trauma)	19						
	Medical emergency	20						
Other key diseases	Skin disease	21						
	Acute mental health and psychosocial problem	22						
	Obstetric complications	23						
	Severe Acute Malnutrition (SAM) *	24						
	Other diagnosis, not specified above	25						
Procedure	Major procedure except limb amputation and obstetric	26						
	Minor procedure	27						
	Limb amputation excluding digits *	28						
	Normal Vaginal Delivery (NVD)	29						
	Caesarean section	30						
	Obstetrics others	31						
Outcome	Discharge without F/U	32						
	Discharge with F/U	33						
	Admission	34						
	Referral / Transfer *	35						
	Left against medical advice	36						
	Dead on arrival	37						
	Death within facility *	38						
	Requiring long term rehabilitation *	39						
Relation	Directly related to disaster	40						
	Indirectly related to disaster	41						
	Not related to disaster	42						
Protection	Vulnerable child	43						
	Vulnerable adult	44						
	Violence (Sex & Gener Based)	45						
	Violence (non-SGBV)	46						
Additional		47						
		48						
		49						
		50						

V. *TALLY SHEET YESTERDAY*

EMT-MDS Tally Sheet (ver0.94)

World Health Organization

• Team Name		• Location	
• Date of Activity		• Staff Name	

※How to: 1. Determine the vertical column according to the case's age group. 2. Check all the MDS items that apply for the case. 3.Count up the number of checks in each cell. ※Tally shold be conducted daily per location of activity

	MDS Items	No	<1 year old	1-4 y.o.	5-17 y.o.	18-64 y.o.	65 y.o.-	Total
Sex	Male	1	卌 ||||	卌 卌 ||||	卌 卌 |||	卌 卌 卌 卌 卌 卌 卌 卌	卌 ||	
	Female (Not Pregnant)	2	卌 卌 卌	卌 |||	卌 卌 卌 |||	卌 卌 卌 卌 卌 卌 卌 |	卌 |||	
	Female (Pregnant)	3			|			
Trauma	Major head / spine injury	4			|			
	Major torso injury	5			|			
	Major extremity injury	6			||			
	Moderate injury	7			卌 ||			
	Minor injury	8	卌 |		卌 卌 卌 |||			
Infectiousdisease	Acute respiratory infection	9	卌 卌 卌 ||		卌 卌 卌 卌 卌 卌 |			
	Acute watery diarrhea	10	卌 卌 卌		卌 卌 卌 卌 卌 卌 卌 卌 卌 |			
	Acute bloody diarrhea	11			卌 ||			
	Acute jaundice syndrome	12						
	Measles suspected	13	||					
	Meningitis suspected	14						
	Tetanus suspected	15						
	Acute flaccid paralysis	16						
	Acute haemorrhagic fever	17						
	Fever of unknown origin	18	||					
Emerg	Surgical emergency (Non-trauma)	19			||			
	Medical emergency	20			|			
Other key diseases	Skin disease	21	||||		卌 |			
	Acute mental health and psychosocial problem	22			|||			
	Obstetric complications	23						
	Severe Acute Malnutrition (SAM) *	24			|||			
	Other diagnosis, not specified above	25			卌 ||			
Procedure	Major procedure except limb amputation and obstetric	26						
	Minor procedure	27						
	Limb amputation excluding digits *	28						
	Normal Vaginal Delivery (NVD)	29			|			
	Caesarean section	30						
	Obstetrics others	31						
Outcome	Discharge without F/U	32	卌 卌 卌 卌 卌 卌 卌 卌 卌 卌 卌 卌 卌 卌 卌 卌 卌 + 40					
	Discharge with F/U	33	卌 卌 卌 卌 卌 卌 卌 卌 ||					
	Admission	34						
	Referral / Transfer *	35	卌 卌 卌 卌 |					
	Left against medical advice	36						
	Dead on arrival	37	|					
	Death within facility *	38	|					
	Requiring long term rehabilitation *	39						
Relation	Directly related to disaster	40	卌 卌 卌 卌 卌 卌 卌 卌 卌 卌 卌 卌 卌 |					
	Indirectly related to disaster	41	卌 卌 卌 卌 卌 卌 卌 卌 卌 卌 卌 卌 卌 ||					
	Not related to disaster	42	卌 卌 卌 卌 卌 卌 卌 卌 卌 卌					
Protection	Vulnerable child	43						
	Vulnerable adult	44						
	Violence (Sex & Gener Based)	45						
	Violence (non-SGBV)	46						
Additional		47						
		48						
		49						
		50						

VI. INFORMATION FROM THE FIELD

Print this document and cut each piece of information (1-5). Then include all pieces inside the file you will give to participants in INJECT 1.

1

The nurse supervisor at the health clinic cannot attend the EMT staff meeting this evening. She left some notes about daily activities, to share with the team.

- Continuing programmed activities at the clinic
- A new doctor and nurse started working yesterday, after a day of induction training. They seemed well adapted to the work today
- The autoclave broke down this afternoon. Only 3 sets for minor surgery available for tomorrow
- Last tetanus vaccine in stock used today
- Patients complaining about the heat in the waiting area today, only a small part is covered from the sun
- People queing at the toilet (we have only one functioning!). Also, patients seem not to be using the handwashing point
- The nurses are asking for certificates of the training we provided, it seems important for motivation and retention
- We are receiving lots of patients with psychological care needs but identifying gaps in some of the staff capacities to deal with it
- As you know I am returning home next week, any information about my replacement?

2

Email from Hiking Hospital:

Dear colleagues,

Please be aware our hospital is currently working over its capacities and we envision it will be difficult to take referrals from your hospital in the following days. Also, consider some of our patients requiring follow up consultations in the following days may reach your clinic, since we don't have capacity for such load of outpatients. We advise you to communicate with the EMTCC and MoH for indications about future referrals and any other issues.

Best regards,

Hiking Hospital director

3

Some notes on the board at the EMT resting area:

- Need to keep this area cleaner and tidier. Everyone needs to cooperate!
- Complaints about the size of the meals - not enough food while working so hard
- LOGISTICS: Be aware one of the 2 cars available for the team broke down today. Reparation is planned for tomorrow
- Welcome to Martin, our new admin colleague

4

Last week, as requested by the EMTCC, we sent a group of 3 EMT staff (1 doctor, 1 nurse, 1 logistician) as a mobile team to cover a hard-to-reach area towards the west (Chakra region). They have had problems with communication means in the last 2 days and we have now receive a text message from them:

Concerned about the access to water in this area. Estimated water available: 10 litres per person/day.

Also worried about returning to the EMT base tomorrow due to the state of the road. We reached the area by car but the state of the roads have deteriorated since we arrived and we are not sure we can pass through now. Logistic support required.

5

Message from the security focal point in the team:

We are missing the contact numbers for some of the team members, please update the list with your name and phone number! Ensure you are reachable all the time.

CONTACT LIST

Name	Phone number

VII. DEBRIEFING TOOL

Debriefing steps	Actions	Proposed steering questions
1. Recognise and express the emotions generated by the exercise	- Encourage participants to share the feelings and emotions experienced during the exercise (e.g. stress, concern, reward, excitement, challenge)	- How did you feel during the exercise? - Did you feel stressed by having to resolved several tasks?
2. Analyse team performance during the exercise	- 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	- How did you functioned as a team? - Do you think the team communicated effectively to organise the work to achieve all tasks? - Did you feel every team member was involved equally, and could contribute in different ways to the tasks? - What would you do differently in the future? - What do you think would help the team to collect, analyse and report data from the field?
3. Acknowledge views and impressions from observers outside the team	- 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	

4. Summarise main lessons learnt	- Encourage participants to briefly highlight the main lesson(s) learnt during the exercise - Trainers can summarize the main take-home messages, if needed	- What did you learn from this exercise? - Do you think data collection and reporting are important aspects during deployments?

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

EXERCISE 5 – RESPONDING TO A MASS CASUALTY INCIDENT

I. CONCEPT NOTE

1. Title
RESPONDING TO A MASS CASUALTY INCIDENT

2. Type of exercise
Functional exercise

3. Phase of the disaster response
Operational

4. Purpose
The purpose of this exercise is to practice the team response to a mass casualty incident (MCI) during an EMT deployment. During disasters EMTs have to be prepared for the management of possible MCI happening in the area. Competencies such as coordination, communication, triage and clinical management of cases should be exercised so all team members are organised and prepared in the event of an MCI.

5. Scope
In this exercise a MCI event will be simulated, following an aftershock in Montyland. The whole team will have to organise to deal with the high number of casualties arriving at the EMT facility, while constantly communicating with the EMTCC and other partners in the area.

6. General objectives
- To effectively communicate with the EMTCC for situation awareness and coordination of a MCI
- To appropriately organise as a team and manage a MCI

See the complete table with learning objectives in the annex ‘Exercise 5 - Learning Objectives’.

7. Exercise description

EXERCISE 5 - SCRIPT		
Approximate time required	**Task**	**Instructions for delivery**
15 min	**Exercise briefing**	Deliver out of role. The trainers will explain the scenario in which the exercise is set to allow participants to get immersed in the role. The trainers will also tell EMT members they are going to receive some considerations in case an MCI is simulated. Trainers will: - Present the casualty cards and explain how to read and interpret them - Highlight participants should only use the parameters provided in the casualty cards - Inform about the resources and communication means they would have in such case (radio/phone, provide the number) *Simulated setting:* 2 pm, 6 days after deployment. The team is working at the EMT facility in Montyland.
5 min	**Information about an aftershock in the area**	All EMT members should be at the EMT facility, as if they were working on their normal activities. *Add inject 1:* The team leader will received a call form the Red Cross informing about an aftershock in the area and possible casualties soon arriving to the EMT. The team should get ready for the arrival of casualties.
10 min	**First casualties arrive**	*Add inject 2:* The first 11 casualties will arrive at the EMT facility. The team will start triaging and treating the first wave of casualties.
10 min	**First communica-tion with the EMTCC**	While the team is managing the first wave of casualties, the team leader should keep in communication with other partners in the area: *Add inject 3:* The team leader will received a call from the EMTCC officer, who asks the EMT to work as a first triage and treatment facility.
5 min	**Second communi-cation with the EMTCC**	*Add inject 4:* The team leader will received a call from the EMTCC officer, who informs about more casualties arriving. The team should continue treating the patients in the facility and prepare for a second wave of casualties.
30 min	**The rest of casualties arrive**	*Add inject 5:* The second wave of casualties arrive.

		The team will continue working to deal with all the casualties.
15 min	**Medical evacuation to Hiking hospital**	*Add inject 6:* The EMT-CC request medical evacuation to Hiking hospital. The team will continue managing the casualties and prepare to transfer the patients. The exercise will continue for 15 minutes more, or until all casualties have been admitted in the facility and under treatment.
30 min	**Exercise debriefing**	Delivered out of role. Refer to the annex 'Exercise debriefing'.
Total (approx.): 2 h		

8. Injects

Exercise 5 – INJECT MATRIX			
Inject number	When?	To whom?	Inject summary
1	At the start of the exercise	To the team leader, via phone/radio	Message from the Red Cross about an aftershock in the area
2	5 min after inject 1	To all team	First casualties arrive
3	10 min after inject 2	To the team leader, via phone/radio	First communication with the EMTCC - EMT to be a triage facility
4	10 min after inject 3	To the team leader, via phone/radio	Second communication with the EMTCC - More casualties arriving
5	5 min after inject 4	To the EMT facility	Rest of casualties arrive (spaced)
6	30 min after inject 5	To the team leader, via phone/radio	Third communication with the EMTCC - Evacuation to Hiking hospital

See the detailed description of the injects in the annex 'Exercise 5 - Injects'.

9. Resources

Human resources

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

3 facilitators (one will take the role of the Red Cross colleague and EMTCC officer, one or two should be coordinating the casualties).

2 actors to take the roles of local red cross volunteers (at least)

55 Actors to take the role of casualties

Make-up professional

Materials

- EMT full facility
- Casualty cards
- Triage tags
- 2 stretchers
- Radios or phone
- Make up materials
- *Optional:* Ambulance

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

All the casualties (roles players) are appropriately dressed and have understood their role and actions during the exercise

Basic health and safety procedures are applied during the exercise. Provide information to the role players about possible health and safety threats (e.g. lifting people/stretchers, touching or handling medical or logistics material, etc.)

11. Key references/ Supporting documents

- FIRST AID in armed conflicts and other situations of violence. ICRC, 2006. https://www.icrc.org/sites/default/files/topic/file_plus_list/first_aid_leaflet.pdf

12. Annexes

Exercise 5 - Learning objectives
Exercise 5 - Injects
Exercise 5 - Casualty Storyboards
Exercise 5 - Dynamic Casualty cards
Exercise 5 - Makeup info
Exercise 5 - Data collection cards (optional)
Exercise 5 - Exercise debriefing

II. LEARNING OBJECTIVES

General Learning objectives	Specific learning objectives	Performance learning objectives
1. To effectively communicate with the EMTCC for situation awareness and coordination of a MCI	1.1. To communicate with the EMTCC from the first patients arriving at the EMT facility 1.2. To maintain communication throughout the incident management 1.3. To provide information to EMTCC in order to facilitate incident management and coordination 1.4. To provide information on victims' health status to agree on evacuation priorities and destinations	- The team leader gathers necessary information to deliver the first report to the EMTCC and alert the system of the impending MCI - The team leader is in charge of maintaining communications with the EMTCC - The team leader ensures that communication facilitate incident management and coordination - The team leader coordinates with the EMTCC evacuation priorities and destinations
2. To appropriately organise as a team and manage a MCI	2.1. To establish an incident command system 2.2. To create a triage zone and assign staff to receive and triage the casualties arriving 2.3. To assign staff to cover different tasks and areas within the EMT facility 2.4. To prioritize treatment and evacuation of casualties 2.5. To apply appropriate apply MCI managerial and clinical procedures and protocols 2.6. To appropriately manage the resources available 2.7. To adapt to the changing conditions during the management of the event	- The team performs optimal triage of the casualties according to pre-selected triage algorithm - The team leader establishes roles within the team, including chain of command and control - The team prioritizes medical treatment and evacuation priorities - The team puts in place the existing MCI managerial and clinical procedures and protocols - The team identifies available resources and means of utilizing them for incident management - The team adjusts the space and staff available according to victim flow and changing capacities

III. INJECTS

Inject 1: Message from the Red Cross about an aftershock in the area

The team leader will receive a call from someone at the local Red Cross. The person with the role of the Red Cross worker will give the following message to the team leader:

> *'In the last hour a significant aftershock have stricken the area where the EMT is allocated. According to information from civilians in the area, casualties are running towards your EMT facility to seek medical help. They will provide more information about what had happened.'*

Inject 2: First casualties arrive

A first wave of 11 casualties will arrive at the EMT facility, including the following mix of severity of injuries: 8 green, 2 red, 1 yellow. The red and yellow casualties will be carried into the facility by the other green casualties. The casualties should mentioned the following information to the EMT staff:

- A residential building collapsed about several hundred meters away from the EMT facility (If asked for exact location mention "the apartment building in the road junction between Ice lane and Lapen street)
- If asked provide the following information:
  - In the building usually live 100 residents, but you do not know how many were there at the time of the aftershock
  - You did not see any fire or any other hazard (like gas leak), only a collapsed building
  - The route to the collapsed building is accessible; the aftershock did not damage the roads further
- Casualties should reply "I don't know" to any further question.

Inject 3: First communication with the EMTCC

Following the arrival of casualties, the team should contact the EMTCC. The EMTCC officer answering the call will give a message including the following information:

> *'We have directed the local Red Cross to assess the scene and start evacuation the patients. Since the Hiking hospital is overwhelmed and needs time to organize itself to receive the casualties, we ask your EMT to act as a first triage and treatment facility.'*

NOTE: IF the team leader does not call the EMTCC, the EMTCC officer will call the team leader and say they were informed by the Red Cross about the aftershock and casualties. Then the EMTCC officer will deliver the same message as above. deliver the same message.

Inject 4: Second communication with the EMTCC

Either initiating the call or replying to a call from the EMT team leader, the EMTCC will provide the following information on a second call:

> *"The situation is of a MCI. There are approximately 50-60 casualties from the collapsed building incident. The local Red Cross is not trained to perform primary triage and they are evacuating the casualties according to their own evaluation of severity. The evacuation procedures are being put in place, and you should expect to receive additional casualties within minutes."*

If asked which casualties are sent over reply: *'The local Red Cross will evacuate in accordance with the priorities for medical evacuation'.*

Inject 5: Rest of casualties arrive

The rest of the casualties will start arriving to the EMT facility, but not all at the same time. Casualties will arrive in groups of 3-4 every couple of minutes.

The most severe casualties will be carried by the local Red Cross colleagues in the stretchers.

Inject 6: Third communication with the EMTCC

The EMTCC officer will call the team leader again and deliver the following information:

- The Hiking hospital is now ready to receive casualties so the EMT can start medical evacuation of casualties to the hospital
- If asked about number of available ambulances for evacuation answer: 'We can provide 3 ambulances with no medical personnel, only volunteers.'
- If asked about estimated time of arrival answer: '20 minutes'
- EMTCC cannot provide any other resource, if asked to do so

IV. DEBRIEFING TOOL

Debriefing steps	Actions	Proposed steering questions
1. Recognise and express the emotions generated by the exercise	- Encourage participants to share the feelings and emotions experienced during the exercise (e.g. stress, concern, reward, excitement, challenge)	- How did you feel during the exercise? - Did you feel stressed or overburdened by the sudden and high influx of patients? - Did you feel the situation was under controlled by the team?
2. Analyse team performance during the exercise	- 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	- How did you functioned as a team? - Do you think the team communicated and organised effectively to deal with the MCI? - Do you think you acted timely giving the situation? - Do you think you make the most out of the space and resources (materials and HR) available to treat the patients? - What would you do differently in the future?
3. Acknowledge views and impressions from observers outside the team	- 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	

4. Summarise main lessons learnt	- Encourage participants to briefly highlight the main lesson(s) learnt during the exercise - Trainers can summarize the main take-home messages, if needed	- What did you learn from this exercise? - Do you feel prepared to respond to MCI in a situation like this?

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

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**	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. *Simulated setting:* 9 am. The team is working at the EMT facility in Montyland
5 min	**Split in groups**	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).
30 min	**Adapting SOP to context**	Group 1 will be placed in the EMT facility. Trainers will provide them with the following task. *Add inject 1:* 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. 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 *Injects* document).
20 min	**Uncon-scious child brought to the facility**	*Add inject 2:* Unknown people will arrive at the EMT facility bringing an unconscious child. The team members will have to deal with the situation, treating the child and getting information from the people who brought him in.
15 min	**Parents arrival**	*Add inject 3:* 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. The team members will have to decide what to do with the parents and the body-
15 min	**Police arrival**	*Add inject 4:* A group of policemen will arrive, ask about the case and give information to the team about how to proceed. The team members will have to deal with the group of policemen.
10 min	**Media arrival**	*Add inject 5:* Journalists will arrive at the entrance of the facility asking questions and demanding to go in and take pictures.

		The team members will have to deal with them protecting the confidentiality of EMT patients and staff.
15 min	**UNICEF arrival**	*Add inject 6:* 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 excise	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 2min 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	– 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	– 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 The 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	– 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.

4. To understand the position of an EMT during disaster response and work collaboratively with other partners	4.1 To understand the need to inform the police 4.2 To understand the importance of collaborating with other specialized bodies in the field 4.3 To interact with other partners in the field in a professional way, and respecting the privacy of patients	– 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

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

The details of the Antyesti ceremony depends on the region, caste, gender and age of the dead.[4][5][6]

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]

Contents

Etymology

Antyeṣṭi (अन्त्येष्टि) is a composite Sanskrit word of *antya* and *iṣṭi*, which respectively mean "last" and "sacrifice".[7] Together, the word means the "last sacrifice". Similarly, the phrase *Antima Saṃskara* 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 *Antyeshti* 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.[5][9] The roots of this belief are found in the Vedas, for example in the hymns of Rigveda in section 10.16, as follows,

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

> 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]

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]

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

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

References

1. Museum record 2007,3005.2 (https://www.britishmuseum.org/research/collection_online/collection_object_details.a objectId=3058333&partId=1) The British Museum, London
2. Antayesti (http://spokensanskrit.de/index.php?script=HK&beginning=0+&tinput=funeral+&trans=Translate&direction=AU) Cologne Sanskrit Digital Lexicon, Germany
3. Pandey, R.B. (1962, reprint 2003). *The Hindu Sacraments (Saṁskāra)* in S. Radhakrishnan (ed.) *The Cultural Heritage of India*, Vol.II, Kolkata:The Ramakrishna Mission Institute of Culture, ISBN 81-85843-03-1, p.411 to 413
4. Rajbali Pandey (2013), Hindu Saṁskāras: Socio-religious Study of the Hindu Sacraments, 2nd Edition, Motilal Banarsidass, ISBN 978-8120803961, pp. 234-245
5. Carl Olson (2007), The Many Colors of Hinduism: A Thematic-historical Introduction, Rutgers University Press, ISBN 978-0813540689, pp. 99-100
6. J Fowler (1996), Hinduism: Beliefs and Practices, Sussex Academic Press, ISBN 978-1898723608, pp. 59-60
7. anta, yASTi (http://www.sanskrit-lexicon.uni-koeln.de/scans/MWScan/tamil/index.html) Monier Williams Sanskrit English Dictionary] Cologne Sanskrit Digital Lexicon, Germany
8. antima, saMskara (http://www.sanskrit-lexicon.uni-koeln.de/scans/MWScan/tamil/index.html) Monier Williams Sanskrit English Dictionary] Cologne Sanskrit Digital Lexicon, Germany
9. Terje Oestigaard, in The Oxford Handbook of the Archaeology of Death and Burial (Editors: Sarah Tarlow, Liv Nilsson Stut), Oxford University Press, ISBN , pp. 497-501
10. Sanskrit: ऋग्वेद: सूक्तं १०.१६ (http://sa.wikisource.org/wiki/ऋग्वेद:_सूक्तं_१०.१६) Wikisource;
    Sukta XVI - Rigveda (https://archive.org/stream/rigvedasanhitc06wils#page/38/mode/2up), English Translation: HH Wilson (Translator), pp. 39-40;
    Wendy Doniger (1981), The Rig Veda, Penguin Classics, ISBN 978-0140449891, see chapter on Death
11. Sukta XVIII - Rigveda (https://archive.org/stream/rigvedasanhitc06wils#page/46/mode/2up), English Translation: HH Wilson (Translator), pp. 46-49 with footnotes;
    Wendy Doniger (1981), The Rig Veda, Penguin Classics, ISBN 978-0140449891, see chapter on Death
12. Cremation of Gandhi's body, JAMES MICHAELS, January 31, 1948 (http://www.upi.com/Archives/1948/01/31/Cremation-of-Gandhis-body/1311719724408/)
13. Carrie Mercier (1998), Hinduism for Today, Oxford University Press, ISBN 978-0199172542, p. 58.
14. Rajbali Pandey (2013), Hindu Saṁskāras: Socio-religious Study of the Hindu Sacraments, 2nd Edition, Motilal Banarsidass, ISBN 978-8120803961, page 272
15. George Castledine and Ann Close (2009), Oxford Handbook of Adult Nursing, Oxford University Press, ISBN 978-0199231355, pages 757-758
16. Colin Parkes et al (2015), Death and Bereavement Across Cultures, Routledge, ISBN 978-0415522366, pp. 66-67.
17. Christopher Justice (1997), Dying the Good Death: The Pilgrimage to Die in India's Holy City, SUNY Press, ISBN 978-0791432617, pp. 39-42
18. Hiro Badlani (2008), Hinduism: Path of the Ancient Wisdom, ISBN 978-0595701834, p. 292.
19. Denise Cush, Catherine Robinson and Michael York (2007), Encyclopedia of Hinduism, Routledge, ISBN 978-0700712670, p. 38.
20. Marion O'Callaghan (1998), "Hinduism in the Indian Diaspora in Trinidad" (http://digitalcommons.butler.edu/cgi/viewcontent.cgi?article=1178&context=jhcs&sei-redir=1&referer=https%3A%2F%2Fscholar.google.com%2Fscholar%3Fhl%3Den%26 *Journal of Hindu-Christian Studies*, Vol. 11, No. 5, pp. 2-10.
21. Taylor, Jerome (2010-02-10). "Hindu healer wins funeral pyre battle" (https://www.independent.co.uk/news/uk/home-news/davender-ghai-wins-funeral-pyre-battle-1895116.html). *The Independent*. London. Retrieved 2010-04-25.

22. Roy, Amit (2010). "UK funeral rights for Hindus" (http://www.telegraphindia.com/1100211/jsp/frontpage/story_12093239.jsp). *The Telegraph*.

Further reading

- 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), 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) 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	– Encourage participants to share the feelings and emotions experienced during the exercise (e.g. stress, concern, reward, excitement, challenge)	– 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	– 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	– 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	– 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	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.

4. Summarise main lessons learnt	– Encourage participants to briefly highlight the main lesson(s) learnt during the exercise – Trainers can summarize the main take-home messages, if needed	What did you learn from this exercise?

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

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)

Approxi-mate 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. *Simulated setting:* 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: *Add inject 1:* 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: *Add inject 2:* 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: *Add inject 3:* 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	- 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	-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	- 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	- 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

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*
-

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 your 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)** *I.e. with existing agreements*
Start: dd/mm/20yy End: dd/mm/20yy	District: Site: e.g. Name of Facility or Village	☐Fixed Facility ☐Outreach/Mobile	☐MOH/District Health ☐National EMT ☐International EMT
Start: dd/mm/20yy End: dd/mm/20yy	District: Site: e.g. Name of Facility or Village	☐Fixed Facility ☐Outreach/Mobile	☐MOH/District Health ☐National EMT ☐International EMT
Start: dd/mm/20yy End: dd/mm/20yy	District: Site: e.g. Name of Facility or Village	☐Fixed Facility ☐Outreach/Mobile	☐MOH/District Health ☐National EMT ☐International EMT

Start: dd/mm/20yy End: dd/mm/20yy	District: Site: e.g. Name of Facility or Village	☐Fixed Facility ☐Outreach/Mobile	☐MOH/District Health ☐National EMT ☐International EMT
Start: dd/mm/20yy End: dd/mm/20yy	District: Site: e.g. Name of Facility or Village	☐Fixed Facility ☐Outreach/Mobile	☐MOH/District Health ☐National EMT ☐International EMT

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		*Specify Referral/Transfer Destination(s):*	

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	- Encourage participants to share the feelings and emotions experienced during the exercise (e.g. stress, concern, reward, excitement, challenge)	- How did you feel about leaving? - How did you feel while performing the task?
2. Analyse team performance during the exercise	- 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	- 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	- 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	

4. Summarise main lessons learnt	- Encourage participants to briefly highlight the main lesson(s) learnt during the exercise - Trainers can summarize the main take-home messages, if needed	- What did you learn from this exercise? - Were you aware of the many considerations to take into account when leaving an EMT operation?

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

EXERCISE 8 - DEALING WITH SECURITY THREATS

I. CONCEPT NOTE

1. Title

DEALING WITH SECURITY THREATS

2. Type of exercise

Functional Exercise

3. Phase of the disaster response

Exit

4. Purpose

The purpose of this exercise is to expose EMT members to sensitive security situations they could potentially encounter during road movements. Team members should be familiar with relevant strategies to prevent and manage safety and security incidents during road movements in deployment areas, including appropriate planning, communication and negotiation skills.

5. Scope

In this exercise team members will have to prepare an unexpected road movement to the airport, considering the volatile security situation in the area. Once in the cars, team members will approach a checkpoint and they will have to interact and negotiate with the checkpoint holders to continue their travel. Team and individual behaviours will be key to ensure the safety of all team members.

6. General objectives

- To plan road movements to reduce the team's vulnerability to security risks
- To identify potential risks during road movements
- To demonstrate good behavioural skills during security incidents

See the complete table with learning objectives in the the annex 'Exercise 8 - Learning Objectives'.

7. Exercise description (Script)

Approxi-mate time required	Task	Instructions for delivery
15 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. *Simulated setting:* 11 am, the team is preparing to leave the disaster area soon
15 min	**Preparation for the road movement**	*Add inject 1:* The team will receive a message asking them to leave the area as soon as possible since the security situation is worsening. Team members will have 15 min to prepare for the road trip. Then they will divide and get into the cars to start the travel.
10 min	**Road movement**	The cars will drive for a while until reaching a checkpoint. Three checkpoint holders will start making signs to indicate the driver to stop the car.
20 min	**Interaction at the checkpoint**	*Add inject 2:* The soldiers at the checkpoint will have several demands for the team and through some accusations. The team will have to negotiate with the soldiers at the checkpoint to continue their travel safely.
30 min	**Debriefing**	Delivered out of role. Refer to the annex 'Exercise debriefing'
Total (approx.): 1h 30 min		

8. Injects

Exercise 7 - INJECT MATRIX			
Inject number	When?	To whom?	Inject summary
1	At the beginning of the exercise	To the team leader	Prepare the road movement
2	After a while driving	To the team	Soldiers at the checkpoint

See the detailed description of the injects in the annexe 'Exercise 8 - Injects'.

9. Resources

Human resources

- 3 trainers (one of them will be the training manager)
- 3 facilitators (taking the role of checkpoint holders)
- 2 car drivers

Materials

- 2 cars
- Handheld radios
- Fake weapons
- Military uniforms
- A bottle of alcoholic drink (can be fake)
- A box of narcotics (can be fake)
- Passports for every team member
- Material to build up the check-point (sandbags or similar)

10. General considerations

Before starting the exercise make sure:

- Trainers and facilitators have carefully read the exercise objectives and description
- All the needed materials (see Resources section) are available
- There is a space for cars to drive and a place to locate a checkpoint
- A fake checkpoint is set up
- Trainers have put items in both cars (alcoholic drinks, box of narcotics) before the ride

11. Key reference/ supporting documents

- Basic and advance United Nations online security courses https://training.dss.un.org/
- Bollettino V. Understanding the security management practices of humanitarian organisations. Disasters, 2008, 32: 263–279. doi:10.1111/j.0361-3666.2008.01038.x
- Burkle FM. Anatomy of an ambush: security risks facing international humanitarian assistance. Disasters, 2005, 29(1): 26−37.

12. Annexes

Exercise 8 - Learning objectives
Exercise 8 - Injects
Exercise 8 - Exercise debriefing

II. LEARNING OBJECTIVES

General learning objectives	Specific learning objectives	Performance objectives
1. To plan road movements to reduce team's vulnerability to security risks	1.1 To identify the needed personal and team documentation for travelling 1.2. To identify the materials and goods that could compromise the team during road movements 1.3. To think and discuss about the events that are most likely to occur during the trip 1.4. To understand the need for convoy arrangements and communication during road movements 1.5. To discuss about the best individual and team behavioural practices when crossing a checkpoint	- Team members carry personal passports - The team carries EMT mission order, permission to work in the country - The team check the car and drivers license - The team check there are no goods transported in the car that may compromise the team - The team thinks about the possibility and risks of encountering a checkpoint - All EMT members are aware of the basic procedures for safely approaching, transiting and exiting a controlled checkpoint - The team prepares the road movement as a convoy, and agree on communication strategy (frequency of radio reporting, emergency phone numbers, etc.)
2. To identify potential risks during road movements	2.1. To ensure the drivers knows the travel strategy agreed by the team and follows the indications given 2.2. To be attentive during the road movement in order to identify any signs of risk for the team	- Team members give the driver indications for the travel and ensures she/he follows them, as well as respecting driving rules (speed limits, etc) - Team members pay attention to the road during the travel and identify the checkpoint

	2.3. To communicate any relevant information during the travel	- Team members in the first car inform the second car about the checkpoint close to them
3. To demonstrate good behavioural skills during security incidents	3.1. To show good communication skills when talking and negotiating with checkpoint holders 3.2. To understand what are risky behaviours at a checkpoint crossing 3.3. To show good negotiation skills	- Team members choose one representative of the team to talk to the soldiers - Nobody laughs and take the event seriously - Team member only talk when asked, in a clear and respectful manner - Team members follow orders, within limits - Team members avoid sudden movements - Team members let soldiers check the car, understanding is their duty - The team does not leave behind any team member, so they retain from leaving the checkpoint without the female team member taken - The team tries to avoid to take an armed soldier in their car - The team member negotiating with the soldiers shows assertiveness and empathy with the soldiers while trying to ensure the safety of all team members - The team member negotiating explains the EMT mission in the country and highlight they act under the humanitarian principles (e.g. independence, neutrality) - The team member negotiating stays calm after the accusations against the EMT and reinforce the message of the EMT vision and its mission in Montyland

III. INJECTS

Inject 1: Preparing the road movement

The team leader will receive a message including the following information:

You have finished your operations in Montyland and the EMT equipment is already being shipped back home with part of the team. The rest of the team was expected to leave tomorrow afternoon, but the security situation in the area is volatile and it is likely to worsen in the following hours. Consequently, the EMTCC advises you to leave the area as soon as possible, and wait at the airport (50 km away by car) rather than your current location.

Prepare your trip to ensure you put in place all the relevant security measures.

The trainers will leave the team 15-20 minutes to prepare the trip and then rush them into the cars to leave.

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

- *Make sure that every person carries their passports/ documents*
- *Check the car to verify if there is any items that may compromise the team*
- *Plan the trip as a convoy (communication, do not separate, etc.)*
- *Check the proper functioning of communication devices (radios/phone)*
- *Make sure that all team members are aware of the correct behaviour in case of checkpoint and/or related road security incident*

Inject 2: Soldiers at the checkpoint

The team will be driving in 2 cars and suddenly see a checkpoint. They drivers will stop the cars at the checkpoint. Three facilitators/actors playing the role of checkpoints holders (soldiers) will be positioned at the checkpoint and start interacting with the team members in the cars. The role players will follow these instructions:

- The soldiers (except one who is sitting on the floor, looking fragile and in pain) will order to stop the car and then go around it checking it attentively. One soldier will approach the car and start asking who are they and where are they going.
- They will ask for the team members passports and mission order.
- The soldiers will order all team members to get out of the car. If they do not comply with orders (getting out, handling the documents), soldiers will start getting aggressive.
- All EMT members will be ordered to drop to their knees and align in front of the vehicle.
- Once outside, the driver will be interrogated separately by one of the soldiers.
- The soldiers will look in the trunk of both cars. If the team members have not taken away the alcohol and the narcotics, the soldiers will find the items there. In that case they should accuse the team of trafficking with illegal substances and will remove them from the car and keep them.
- The soldiers will accuse the EMT of being there only for money and of leaving the population when they needed their help more than ever.
- One of the soldiers will order a woman in the team to stand up and he will take her away from the team.
- If the team negotiates to get the female team member back, soldiers will finally accept.
- The soldiers will let the team continue their travel if they take with them the ill soldier and drive him to the hospital. The ill soldier is armed.
- If the team agrees to take the soldier with the weapon, he will do so. If the team negotiates to take the soldier but without the weapon, the soldiers will agree after a while and let them go.

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

- Team members in the first car should inform their colleagues in the second car (by radio/phone) when they first see they are approaching a checkpoint
- Leave only one person (ideally the team leader) to talk to and negotiate with the soldiers
- Explain the EMT mission, highlighting your job to help local people after the disaster and your political independence and neutrality

- Do not talk if they are not asked to
- Do not move without permission
- Remove sunglasses, keep your hands visible
- Try to negotiate with the soldiers in a calm and respectful manner. Follow orders until an acceptable limit
- Give in the materials/belongings demanded if you see you fail negotiations
- Demand to have the female team member back. Do not leave without her
- Negotiate to leave weapons outside the car

IV. EXERCISE DEBRIEFING

Debriefing steps	Actions	Proposed steering questions
1. Recognise and express the emotions generated by the exercise	- Encourage participants to share the feelings and emotions experienced during the exercise (e.g. stress, concern, reward, excitement, challenge)	- How did you feel at the checkpoint? - Did you feel you had the situation under control? - Which was the most stressful event in the exercise?
2. Analyse team performance during the exercise	- 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	- Did you organise and prepare properly for the travel? - How do you evaluate your team behaviour at the checkpoint? - Would you do something differently in the future?
3. Acknowledge views and impressions from observers outside the team	- 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	

4. Summarise main lessons learnt	- Encourage participants to briefly highlight the main lesson(s) learnt during the exercise - Trainers can summarize the main take-home messages, if needed	- What did you learn from this exercise?

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

TEAMS