



# Training of Trainers Manual

COMPENDIUM FOR EMT TRAINERS

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## **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 of 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
<b>5 min</b>	<b>Exercise briefing</b>	<p>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.</p> <p><i>Simulated setting:</i> The team is at EMT HQ office one day before deployment</p>
<b>10 min</b>	<b>Welcome team members at the EMT HQ office</b>	<p>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.</p> <p>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. (<i>NOTE: If participants already know each other from before, this part of the exercise can be removed</i>).</p>
<b>20 min</b>	<b>Pre-deployment briefing</b>	<p>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 <a href="#">annex 'Pre-deployment briefing'</a>. (<i>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</i>).</p>
<b>5 min</b>	<b>Split in groups</b>	<p>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).</p>
<b>40 min</b>	<b>Preparation for the deployment</b>	<p>Once the groups are formed each group will receive a 1 page document with instructions to complete a task assigned. Refer to the <a href="#">annex 'Pre- deployment group tasks'</a>.</p>
<b>40 min</b>	<b>Bringing together the</b>	<p>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</p>

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

## 8. Injects

EXERCISE 1 – INJECT MATRIX			
Inject number	When?	To whom?	Inject summary
<b>1</b>	In the session after group work, once all groups finish their presentations	To the team leader, via phone	Watsan specialist cancel deployment
<b>2</b>	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](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](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](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
<b>1. To effectively manage the information received before deployment</b>	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	<ul style="list-style-type: none"> <li>- All team members take notes of the key information provided during the briefing</li> <li>- Each group plans concrete activities adapted to Montyland context</li> <li>- Each group presents clearly and concisely their planned activities to the rest of the team</li> <li>- The team discusses and proposes solutions to unforeseen events (lacking one member of the team, travel constraints)</li> </ul>
<b>2. To understand the different EMT staff roles within the EMT</b>	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	<ul style="list-style-type: none"> <li>- 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</li> <li>- All team members perform tasks different from the ones related to their profiles (e.g. medical staff helps in logistic planning and preparation)</li> <li>- The team explore how pooled capacities from different team members could cover temporarily basic watsan functions</li> <li>- The team proposes tasks that can be shared by all team members (e.g. help setting up the field hospital on arrival)</li> </ul>
<b>3. To work collaboratively for the preparation of</b>	3.1. To engage actively in the performance of the tasks assigned 3.2. To listen respectfully to other colleagues	<ul style="list-style-type: none"> <li>- All team members provide ideas that contribute to the task achievement and express their opinion during discussions</li> <li>- All team members listen and respect other colleagues opinions</li> </ul>



<b>the EMT deployment</b>	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
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### *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%

#### 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.

#### 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

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.

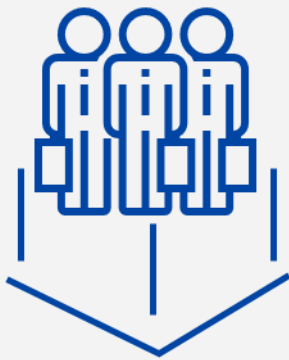
National Emergency Operating Centre is operational.

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
<b>1. Recognise and express the emotions generated by the exercise</b>	<ul style="list-style-type: none"> <li>- Encourage participants to share the feelings and emotions experienced during the exercise (e.g. stress, concern, reward, excitement, challenge)</li> </ul>	<ul style="list-style-type: none"> <li>- How did you feel during the exercise?</li> <li>- Did you feel comfortable working on tasks different to your profile?</li> </ul>
<b>2. Analyse team performance during the exercise</b>	<ul style="list-style-type: none"> <li>- Encourage participants to reflect about their performance during the exercise</li> <li>- 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)</li> <li>- Encourage participants to think about ways to improve their performance in the future</li> </ul>	<ul style="list-style-type: none"> <li>- How did you functioned as a team?</li> <li>- Do you think the team and each group achieved the assigned tasks?</li> <li>- Why do you think you succeeded/failed in this task?</li> <li>- What would you do differently in the future?</li> </ul>
<b>3. Acknowledge views and impressions from observers outside the team</b>	<ul style="list-style-type: none"> <li>- Trainers share their observations about team performance during the exercise (the performance objectives should be considered)</li> <li>- Facilitators and role players share their impressions and feelings while interacting with the team during the exercise</li> </ul>	
<b>4. Summarise main lessons learnt</b>	<ul style="list-style-type: none"> <li>- Encourage participants to briefly highlight the main lesson(s) learnt during the exercise</li> </ul>	<ul style="list-style-type: none"> <li>- What did you learn from this exercise?</li> </ul>

	- Trainers can summarize the main take-home messages, if needed	
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The **trainer/facilitator leading the debriefing session** should:

*Before the session*

Prepare notes about the team performance in relation to the established performance objectives

Explain the aim of the debriefing session (E.g. Debriefing is a crucial part of the learning process. It provides a safe space for trainees to share the feelings arose during the exercise, reflect about their performance and use this reflection to learn and improve performance in the future)

Place participants in a comfortable position so they can share their feelings and ideas freely – organise it in a casual way, avoid a formal setting

*During the session*

Ensure discussions stay within the focus of the debriefing exercise

Avoid confrontation between participants - this is not a blaming exercise

Share information about best performance when needed

*After the session*

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



## **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
<b>5 min</b>	Exercise briefing	<p>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.</p> <p><i>Simulated setting:</i> The team has just arrived at the airport in Snow city, Montyland</p>
<b>20 min</b>	EMT goes to Reception & Departure Centre (RDC)	<p>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.</p> <p><i>Add inject 1:</i> The OSOCC RDC officer will receive team members and share with them the last updates on the situation after the earthquake</p>
<b>15 min</b>	EMT meeting with the EMTCC	<p>The team will be directed to the EMTCC office to complete their registration and receive more information.</p> <p><i>Add inject 2:</i> The EMTCC spokesperson will give team members more details about the EMT services needed</p>
<b>10 min</b>	Call with Hiking Hospital director	<p>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.</p> <p><i>Add inject 3:</i> The Hiking hospital director and the team leader will discuss about the current needs for support, available resources and collaboration with the EMT</p>
<b>3 - 6 h</b>	Hospital set up	<p>Trainers will direct EMT members to the location where they have to set up the hospital.</p> <p>EMT members will set up the field hospital normally used for deployments and get it functional as soon as possible</p>
<b>40 min</b>	Familiarization with field equipment	<p>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:</p>



		<ul style="list-style-type: none"> <li>- Facility areas and patient flow</li> <li>- Power</li> <li>- Water and sanitation</li> <li>- Communication</li> <li>- Waste management</li> <li>- Security within the facility</li> <li>- Special considerations for the medical equipment (e.g. cold chain, oxygen devices, etc)</li> </ul>
<b>30 min</b>	Exercise Debriefing	Delivered out of role. Refer to the annex ' <a href="#">Exercise debriefing</a> '
<b>Total time (approx.): 5 - 8 h depending on the size of the hospital and the experience of the team</b>		

## 8. Injects

Exercise 2 – INJECT MATRIX			
Inject number	When?	To whom?	Inject summary
<b>1</b>	On arrival in the field	To the whole team	Meeting with the RDC officer
<b>2</b>	After the meeting with RDC	To the whole team	Meeting with the EMTCC spokesperson
<b>3</b>	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](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
<b>To be aware of the communication and registration procedures on arrival in the disaster area</b>	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)	<p>The team goes to the Reception &amp; Departure Centre (RDC) at Snow City's airport for registration, appropriately presents the EMT type and introduces all EMT members with roles and functions.</p> <p>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).</p> <p>The team go to the EMTCC office to gather information about the services needed and get registered</p> <p>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.</p>
<b>To build up the field hospital in the target area</b>	2.1 To work as a team to set up the EMT facility and prepare for EMT service delivery	<p>The team set up the field hospital including its main areas and equipment, and prepares the facility to start their services imminently</p> <p>Every team member collaborate to the hospital set up regardless of their position and role in the team</p>
<b>To get familiar with the field equipment and logistics</b>	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





	<p>To describe the main sources of power in the field hospital</p> <p>To describe the waste management system in the field hospital</p> <p>To describe critical issues related with specific equipment (cold chain, oxygen, sterilization chamber, etc)</p> <p>To describe the main security aspects to be aware of within the facility</p>	<p>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</p> <p>One of the team members explains the main sources of water and power</p> <p>One of the team members explains the waste management system</p> <p>One of the team members discuss about the functioning and/or critical issues regarding specific medical equipment</p> <p>One of the team members explains some basic security aspects to consider within the health facility</p>
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### 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**

	 <b>MONTYLAND</b> <b>Earthquake Response</b>	 <b>World Health Organization</b>
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<b>EMT Name</b>	Name and Country		
<b>EMT Type</b>		<b>Date and Time of offer</b>	dd / mm / yyyy HH:MM
<b>EMT Global Classification Status</b>	<input type="checkbox"/> No Account <input type="checkbox"/> Mentorship <input type="checkbox"/> 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](https://extranet.who.int/emt/sites/default/files/EMT_guidelines_september2013.pdf)

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

EMT INFORMATION	
<b>ORGANIZATION</b>	
<b>ORGANIZATION TYPE:</b> <input type="checkbox"/> NGO <input type="checkbox"/> GOVERNMENTAL <input type="checkbox"/> MILITARY <input type="checkbox"/> OTHER:	
<b>COUNTRY:</b>	<b>NUMBER OF EMTs: ## of ## (TOTAL EMT DEPLOYED)</b>
<b>TIME (HOURS/DAYS) OR ESTIMATED DATE OF ARRIVAL:</b>	<b>TIME (HOURS/DAYS) TO START OF SERVICES PROVISION:</b>
<b>ESTIMATED LENGTH OF STAY: ### days</b>	
ORGANIZATION PRIMARY CONTACT (HQ)	
<b>NAME:</b>	<b>POSITION:</b>
<b>ADDRESS:</b>	



<b>EMAIL:</b>		<b>PHONE:</b> + <u>country</u> - <u>area</u> - <u>phone number</u>	
<b>EMT TEAM LEADER</b>			
<b>NAME:</b>		<b>POSITION:</b>	
<b>EMAIL:</b>		<b>EMAIL EMT:</b>	
<b>LOCAL PHONE:</b>		<b>SATELLITE PHONE:</b>	

	<b>EMT CAPABILITY</b>	<b>EMT NAME</b>
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LOGISTIC SUPPORT
<p>Any logistical limitations or support required:</p> <p><input type="checkbox"/> <b>NO</b>    <input type="checkbox"/> <b>YES</b>    <b>Specify</b> (e.g. transport should include total volume and weight).</p> <p><input type="checkbox"/> Self-sufficient</p>

<table border="1"> <tr><td><b>PHYSICIANS</b></td><td></td></tr> <tr><td><b>SURGEONS</b></td><td></td></tr> <tr><td><b>NURSES</b></td><td></td></tr> <tr><td><b>NURSES ASSISTANT/PARAMEDICS</b></td><td></td></tr> <tr><td><b>PSYCHOLOGISTS</b></td><td></td></tr> <tr><td><b>ALLIED HEALTH PERSONNEL</b></td><td></td></tr> <tr><td><b>MANAGEMENT</b></td><td></td></tr> <tr><td><b>LOGISTICS</b></td><td></td></tr> <tr><td><b>EPIDEMIOLOGISTS</b></td><td></td></tr> <tr><td>Other</td><td></td></tr> <tr><td>Other</td><td></td></tr> </table>	<b>PHYSICIANS</b>		<b>SURGEONS</b>		<b>NURSES</b>		<b>NURSES ASSISTANT/PARAMEDICS</b>		<b>PSYCHOLOGISTS</b>		<b>ALLIED HEALTH PERSONNEL</b>		<b>MANAGEMENT</b>		<b>LOGISTICS</b>		<b>EPIDEMIOLOGISTS</b>		Other		Other		<p>Other Capabilities (equipment):</p> <p><input type="checkbox"/> High Dependency Unit beds (light/field hospital style)</p> <p><input type="checkbox"/> Oxygen Concentrator (2)</p> <p><input type="checkbox"/> Nebulizer</p> <p><input type="checkbox"/> ECG (2)</p> <p><input type="checkbox"/> Laboratory (basic lab tests, electrolytes)</p> <p><input type="checkbox"/> Limited Pharmacy for medium dependency care</p> <p><input type="checkbox"/> Other (specify)</p>
<b>PHYSICIANS</b>																							
<b>SURGEONS</b>																							
<b>NURSES</b>																							
<b>NURSES ASSISTANT/PARAMEDICS</b>																							
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<b>MANAGEMENT</b>																							
<b>LOGISTICS</b>																							
<b>EPIDEMIOLOGISTS</b>																							
Other																							
Other																							

**PREVIOUS DEPLOYMENT EXPERIENCE (ONLY LAST THREE)**



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

**EXISTING OR PREVIOUS WORKING RELATIONSHIP IN COUNTRY**

ORGANIZATION	LOCATION	RELATIONSHIP

<p><b>DOCUMENTS CHECKLIST</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Profesional Practice Licence for each team member</li> <li><input type="checkbox"/> List of staff including skill mix and designation</li> <li><input type="checkbox"/> Copy of Passports</li> <li><input type="checkbox"/> Visa documents (visa on arrival assistance will be offered)</li> <li><input type="checkbox"/> Packing List (all equipment and drugs)</li> </ul>	<p><b>NAME:</b></p>  <p><b>Email:</b></p>  <p><b>Signature:</b></p>
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*V. DEBRIEFING TOOL*

Debriefing steps	Actions	Proposed steering questions
<b>1. Recognise and express the emotions generated by the exercise</b>	<ul style="list-style-type: none"> <li>- Encourage participants to share the feelings and emotions experienced during the exercise (e.g. stress, concern, reward, excitement, challenge)</li> </ul>	<ul style="list-style-type: none"> <li>- How did you feel during the exercise?</li> <li>- Did you feel stressed by the workload?</li> <li>- Did you feel capable of doing it at the beginning of the exercise?</li> </ul>
<b>2. Analyse team performance during the exercise</b>	<ul style="list-style-type: none"> <li>- Encourage participants to reflect about their performance during the exercise</li> <li>- 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)</li> <li>- Encourage participants to think about ways to improve their performance in the future</li> </ul>	<ul style="list-style-type: none"> <li>- How did you functioned as a team?</li> <li>- Do you think the team communicated properly with the relevant authorities and partners on arrival in the country?</li> <li>- Do you think you have properly set up the EMt facility and all the team is aware of the main equipment and logistics aspects?</li> <li>- Why do you think you succeeded/failed in this task?</li> <li>- What would you do differently in the future?</li> </ul>
<b>3. Acknowledge views and impressions from observers outside the team</b>	<ul style="list-style-type: none"> <li>- Trainers share their observations about team performance during the exercise (the performance objectives should be considered)</li> <li>- Facilitators and role players share their impressions and feelings while interacting with the team during the exercise</li> </ul>	
<b>4. Summarise main lessons learnt</b>	<ul style="list-style-type: none"> <li>- Encourage participants to briefly highlight the main lesson(s) learnt during the exercise</li> </ul>	<ul style="list-style-type: none"> <li>- What did you learn from this exercise?</li> </ul>

	- Trainers can summarize the main take-home messages, if needed	
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The **trainer/facilitator leading the debriefing session** should:

*Before the session*

Prepare notes about the team performance in relation to the established performance objectives

Explain the aim of the debriefing session (E.g. Debriefing is a crucial part of the learning process. It provides a safe space for trainees to share the feelings arose during the exercise, reflect about their performance and use this reflection to learn and improve performance in the future)

Place participants in a comfortable position so they can share their feelings and ideas freely – organise it in a casual way, avoid a formal setting

*During the session*

Ensure discussions stay within the focus of the debriefing exercise

Avoid confrontation between participants - this is not a blaming exercise

Share information about best performance when needed

*After the session*

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



## **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	<b>Exercise briefing</b>	<p>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.</p> <p><i>Simulated setting:</i> 10 am, 2 days after deployment. The team is working at the EMT facility in Montyland</p>
5 min	<b>Split in groups</b>	<p>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.</p>
10 min	<b>Resource familiarization</b>	<p>Once every group is located in a different space, the trainers will hand over the cards with the available resources.</p> <p><i>Add inject 1:</i> 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.</p>
10 min	<b>First 3 patients arrive</b>	<p><i>Add inject 2:</i> 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.</p> <p>Trainers will leave each group to discuss about what to do with the patients.</p>
10 min	<b>Father arrives</b>	<p><i>Add inject 3:</i> 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.</p> <p>Each group will have to deal with this situation while treating the patients.</p>
15 min	<b>Next 2 patients arrive</b>	<p><i>Add inject 4:</i> 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.</p>

		Trainers will leave each group to discuss about what to do with the patients.
<b>15 min</b>	<b>Worsening conditions</b>	<i>Add inject 5:</i> 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.
<b>30 min</b>	<b>Exercise debriefing</b>	Delivered out of role. Refer to the annex ' <a href="#">Exercise debriefing</a> '
<b>Total time (approx.): 1h 45 min</b>		

### 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](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	<ul style="list-style-type: none"> <li>- The team reflect on the difficulties to take decisions</li> <li>- The clinical team has an open empathic approach to take ethical decisions</li> <li>- The final decision is taken and shared with the team in a way that creates understanding and support by the team members</li> <li>- Team members can respectfully and openly discuss ethical questions, with respect for other opinions</li> </ul>
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	<ul style="list-style-type: none"> <li>- The team has a constant awareness that resources are limited and their use can impact the care for others, now and in the future</li> <li>- The team understand the worry of the father who comes in the facility and try to comfort him with a professional and empathetic attitude</li> <li>- The team does not postpone the care of the patients when the father comes in</li> </ul>
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	<ul style="list-style-type: none"> <li>- The team tries to call Hiking Hospital and the EMT HQ office to find possible partners to transfer the patients they cannot treat</li> <li>- The team does not blame other partners for the lack of resources and their inability to help the patients</li> </ul>



### 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

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





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



Extra resources for EMT 2 and 3:

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

**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 or burns in the airway  
Consciously, screaming in pain

**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 in 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 it 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 skull

Gasping

GCS: 8/15, HR 100 bpm, BP 100/70, SaO<sub>2</sub>: 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
<b>1. Recognise and express the emotions generated by the exercise</b>	<ul style="list-style-type: none"> <li>- Encourage participants to share the feelings and emotions experienced during the exercise (e.g. stress, concern, reward, excitement, challenge)</li> </ul>	<ul style="list-style-type: none"> <li>- How did you feel during the exercise?</li> <li>- Did you feel stressed by the lack of resources?</li> <li>- Did you feel comfortable having to take decisions about an EMT staff among other patients?</li> <li>- How did you feel about the presence of the father?</li> </ul>
<b>2. Analyse team performance during the exercise</b>	<ul style="list-style-type: none"> <li>- Encourage participants to reflect about their performance during the exercise</li> <li>- 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)</li> <li>- Encourage participants to think about ways to improve their performance in the future</li> </ul>	<ul style="list-style-type: none"> <li>- How did you functioned as a team?</li> <li>- Do you think the team communicated effectively to decide on the strategy to treat patients?</li> <li>- What would you do differently in the future?</li> <li>- What do you think would help the team to take ethical decisions in the field?</li> </ul>
<b>3. Acknowledge views and impressions from observers outside the team</b>	<ul style="list-style-type: none"> <li>- Trainers share their observations about team performance during the exercise (the performance objectives should be considered)</li> <li>- Facilitators and role players share their impressions and feelings while interacting with the team during the exercise</li> </ul>	

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

*Before the session*

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

*During the session*

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

*After the session*

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



## **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 deal with emerging situations while performing other routine tasks
- 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**

<b>EXERCISE 4 - SCRIPT</b>		
<b>Approximate time required</b>	<b>Task</b>	<b>Instructions for delivery</b>
<b>5 min</b>	<b>Exercise briefing</b>	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.  <i>Simulated setting:</i> 8 pm, 5 days after deployment. The team is meeting at the EMT staff area
<b>5 min</b>	<b>Split in groups</b>	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.
<b>20 min</b>	<b>Draft a situation report</b>	Once every group is located in a different space:  <i>Add inject 1:</i> Each group will receive a message from the EMT HQ asking 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
<b>20 min</b>	<b>Preparing a MSD report</b>	While all groups are working on the report:  <i>Add inject 2:</i> 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.
<b>30 - 60 min</b>	<b>Dealing with a case of sexual violence</b>	While all groups are working on previous tasks:  <i>Add inject 3:</i> 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)
<b>40 min</b>	<b>Exercise Debriefing</b>	Delivered out of role. Refer to the annex 'Exercise debriefing'.
<b>Total (approx.): 2 - 3 h depending on how long it takes the team to fill in the MDS form</b>		



### 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, via phone	Management of 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](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
<b>1. To recognise the main tools for EMT data collection and reporting</b>	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	<ul style="list-style-type: none"> <li>- All team members recognise the tally sheet and the MDS form as data collection and reporting tools</li> <li>- Each group includes in the situation report the EMT activities compiled in the tally sheet</li> <li>- Each group transfers the information from the patients files and tally sheet to the MDS form correctly</li> </ul>
<b>2. To correctly analyse and interpret data related to EMT activities</b>	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	<ul style="list-style-type: none"> <li>- Each group recognises the issues to tackle among the information provided (e.g. no stock of tetanus vaccine)</li> <li>- 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)</li> </ul>
<b>3. To report EMT data following the established pathways</b>	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	<ul style="list-style-type: none"> <li>- The team leader reminds the team members of the need for reporting to the HQ and the EMTCC</li> <li>- Each group considers to report the case of sexual violence on the MDS form</li> <li>- Each group writes the situation report in a clear and organised format including all relevant information</li> </ul>

<p><b>4. To deal with emerging situations while performing other routine tasks</b></p>	<p>4.1. To dedicate part of the team efforts to deal with the protocol for cases of sexual violence</p> <p>4.2. To follow established EMT SOPs</p>	<ul style="list-style-type: none"> <li>- Some team members within each group concentrate on dealing with the preparation of the protocol</li> <li>- The medical team members provide 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</li> </ul>
<p><b>5. To work collaboratively during data collection and reporting tasks</b></p>	<p>5.1. To organise as a team in an effective way to achieve the proposed tasks</p> <p>5.2. To understand that all team members are responsible for data management and reporting</p>	<ul style="list-style-type: none"> <li>- Team members divide the workload to achieve the tasks in the given timeframe</li> <li>- All team members agree to collaborate in the data collection and reporting activities and recognise it as part of their tasks</li> </ul>



### 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.

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#### *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. DEBRIEFING TOOL*

Debriefing steps	Actions	Proposed steering questions
<b>1. Recognise and express the emotions generated by the exercise</b>	<ul style="list-style-type: none"> <li>- Encourage participants to share the feelings and emotions experienced during the exercise (e.g. stress, concern, reward, excitement, challenge)</li> </ul>	<ul style="list-style-type: none"> <li>- How did you feel during the exercise?</li> <li>- Did you feel stressed by having to resolved several tasks?</li> </ul>
<b>2. Analyse team performance during the exercise</b>	<ul style="list-style-type: none"> <li>- Encourage participants to reflect about their performance during the exercise</li> <li>- 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)</li> <li>- Encourage participants to think about ways to improve their performance in the future</li> </ul>	<ul style="list-style-type: none"> <li>- How did you functioned as a team?</li> <li>- Do you think the team communicated effectively to organise the work to achieve all tasks?</li> <li>- Did you feel every team member was involved equally, and could contribute in different ways to the tasks?</li> <li>- What would you do differently in the future?</li> <li>- What do you think would help the team to collect, analyse and report data from the field?</li> </ul>
<b>3. Acknowledge views and impressions from observers outside the team</b>	<ul style="list-style-type: none"> <li>- Trainers share their observations about team performance during the exercise (the performance objectives should be considered)</li> <li>- Facilitators and role players share their impressions and feelings while interacting with the team during the exercise</li> </ul>	

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

*Before the session*

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

*During the session*

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

*After the session*

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





## V. 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

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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**

<u>Name</u>	<u>Phone number</u>
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## **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	<p>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:</p> <ul style="list-style-type: none"> <li>- Present the casualty cards and explain how to read and interpret them</li> <li>- Highlight participants should only use the parameters provided in the casualty cards</li> <li>- Inform about the resources and communication means they would have in such case (radio/phone, provide the number)</li> </ul> <p><i>Simulated setting:</i> 2 pm, 6 days after deployment. The team is working at the EMT facility in Montyland.</p>
5 min	Information about an aftershock in the area	<p>All EMT members should be at the EMT facility, as if they were working on their normal activities.</p> <p><i>Add inject 1:</i> 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.</p> <p>The team should get ready for the arrival of casualties.</p>
10 min	First casualties arrive	<p><i>Add inject 2:</i> The first 11 casualties will arrive at the EMT facility.</p> <p>The team will start triaging and treating the first wave of casualties.</p>
10 min	First communication with the EMTCC	<p>While the team is managing the first wave of casualties, the team leader should keep in communication with other partners in the area:</p> <p><i>Add inject 3:</i> The team leader will received a call from the EMTCC officer, who asks the EMT to work as a first triage and treatment facility.</p>
5 min	Second communication with the EMTCC	<p><i>Add inject 4:</i> The team leader will received a call from the EMTCC officer, who informs about more casualties arriving.</p> <p>The team should continue treating the patients in the facility and prepare for a second wave of casualties. The groups should continue working in parallel in injects 1, 2 and 3 during another 30 min (or until the MDS report is filled)</p>

<b>30 min</b>	<b>The rest of casualties arrive</b>	<i>Add inject 5:</i> The second wave of casualties arrive. The team will continue working to deal with all the casualties.
<b>15 min</b>	<b>Medical evacuation to Hiking hospital</b>	<i>Add inject 6:</i> 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.
<b>30 min</b>	<b>Exercise debriefing</b>	Delivered out of role. Refer to the annex 'Exercise debriefing'.
<b>Total (approx.): 2 h</b>		

## 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](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
<b>1. To effectively communicate with the EMTCC for situation awareness and coordination of a MCI</b>	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	<ul style="list-style-type: none"> <li>- The team leader gathers necessary information to deliver the first report to the EMTCC and alert the system of the impending MCI</li> <li>- The team leader is in charge of maintaining communications with the EMTCC</li> <li>- The team leader ensures that communication facilitate incident management and coordination</li> <li>- The team leader coordinates with the EMTCC evacuation priorities and destinations</li> </ul>
<b>2. To appropriately organise as a team and manage a MCI</b>	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	<ul style="list-style-type: none"> <li>- The team performs optimal triage of the casualties according to pre-selected triage algorithm</li> <li>- The team leader establishes roles within the team, including chain of command and control</li> <li>- The team prioritizes medical treatment and evacuation priorities</li> <li>- The team puts in place the existing MCI managerial and clinical procedures and protocols</li> <li>- The team identifies available resources and means of utilizing them for incident management</li> <li>- The team adjusts the space and staff available according to victim flow and changing capacities</li> </ul>



### 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
<b>1. Recognise and express the emotions generated by the exercise</b>	<ul style="list-style-type: none"> <li>- Encourage participants to share the feelings and emotions experienced during the exercise (e.g. stress, concern, reward, excitement, challenge)</li> </ul>	<ul style="list-style-type: none"> <li>- How did you feel during the exercise?</li> <li>- Did you feel stressed or overburdened by the sudden and high influx of patients?</li> <li>- Did you feel the situation was under controlled by the team?</li> </ul>
<b>2. Analyse team performance during the exercise</b>	<ul style="list-style-type: none"> <li>- Encourage participants to reflect about their performance during the exercise</li> <li>- 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)</li> <li>- Encourage participants to think about ways to improve their performance in the future</li> </ul>	<ul style="list-style-type: none"> <li>- How did you functioned as a team?</li> <li>- Do you think the team communicated and organised effectively to deal with the MCI?</li> <li>- Do you think you acted timely giving the situation?</li> <li>- Do you think you make the most out of the space and resources (materials and HR) available to treat the patients?</li> <li>- What would you do differently in the future?</li> </ul>
<b>3. Acknowledge views and impressions from observers outside the team</b>	<ul style="list-style-type: none"> <li>- Trainers share their observations about team performance during the exercise (the performance objectives should be considered)</li> <li>- Facilitators and role players share their impressions and feelings while interacting with the team during the exercise</li> </ul>	

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

*Before the session*

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

*During the session*

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

*After the session*

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



## 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**

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

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

## 8. Injects

Exercise 5 – INJECT MATRIX			
Inject number	When?	To whom?	Inject summary
<b>1</b>	At the beginning of the exercise	To Group 1, at the EMT facility	Adapting SOP for the management of dead bodies in Montyland
<b>2</b>	30 min after inject 1	To Group 1, at the EMT facility	Unconscious child brought to the facility
<b>3</b>	20 min after inject 2 (or 2 min after the child dies)	To Group 1, at the EMT facility	Parents arrival
<b>4</b>	15 min after inject 3 (or 2min the parents leave the facility)	To Group 1, at the EMT facility	Police arrival
<b>5</b>	15 min after inject 4 (while the police is still at the facility)	To Group 1, at the EMT facility	Media arrival
<b>6</b>	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
<b>1. To adapt EMT procedures to the local context</b>	1.1 To effectively develop/adapt the SOP on the management of dead bodies to the local culture 1.2 To show respect for religious and cultural aspects present in the country they are working	<ul style="list-style-type: none"> <li>- Team members adapt an existing SOP or develop one adapted to the context in Montyland to use during their deployment</li> <li>- Team members agree to adapt their practice to the local context</li> </ul>
<b>2. To manage a clinical emergency case of an unaccompanied minor</b>	2.1 To acknowledge the fact that the child is an unaccompanied minor 2.2 To provide appropriate emergency care 2.3 To collect relevant information about unconscious patients/ unaccompanied minor when possible	<ul style="list-style-type: none"> <li>- The team will think what is the right procedure to treat the child</li> <li>- Medical team members will apply the resuscitation procedure on the child</li> <li>- Team members will try to ask and collect relevant information from the person bringing the child in the facility</li> </ul>
<b>3. To show empathy and responsibility when handling sensitive cases</b>	3.1 To treat relatives with respect after a loss 3.2 To handle the acquired information in a discrete manner 3.3 To inform the police authorities in a correct way 3.4 To protect the facility and the people in it from unauthorised practices	<ul style="list-style-type: none"> <li>- Team members show empathy to the family of the deceased child</li> <li>- Team members handle the remains of the deceased with respect and following the developed SOP</li> <li>- Only a few team members interact with the police, previously contrasting informations with the rest of the team</li> <li>- The team asks the police for their identification before providing any information</li> <li>- The team protects the facility avoiding unauthorised people to come in, taking inappropriate pictures, police with arms, retrieve of confidential information, etc.</li> </ul>



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

#### PREPARATION FOR THE EXERCISE

Distribution of roles for GROUP 2 participants:

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

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

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

*'Dear team,*

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

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

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

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

*Kind regards and keep the spirit up!*

*Your EMT HQ colleagues'*

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

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

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

### **Inject 2: Unconscious child brought to the facility**

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

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

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

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

- Deal with the people bringing in the child and get information from 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*):

- They will be anxious and claiming to be the family of the deceased child
- 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. DEBRIEFING TOOL

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

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

*Before the session*

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

*During the session*

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

*After the session*

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





## **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**

Exit

#### **4. Purpose**

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. The purpose of this exercise is to expose team members to the main actions to be taken when the EMT medical activities in the disaster area are finishing and the team has to get ready for departure. Besides, the exercise aims to reinforce the importance of communication and media management in emergency contexts, particularly during the exit phase.

#### **5. Scope**

In this exercise, participants will prepare for the EMT exit by planning for the handover of medical activities, logistics, dealing with the local staff and the local community, the management of medical records and possible donations to the local facilities. Additionally, the team will have to deal with the questions of a journalist who approaches the team 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
- To work collaboratively towards the exit

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


**7. Exercise description (Script)**

Approximate time required	Task	Instructions for delivery
<b>5 min</b>	Exercise briefing	Delivered out of role. The training manager will explain to participants the scope, objectives and rules to follow during the exercise.  <i>* If the exercise is organized as part of a bigger simulation, start the exercise without briefing</i>
<b>1 h</b>	Listing main actions before the exit	<i>Add inject 1</i>  The team leader will receive a message from the HQ asking the team to prepare for the exit listing the main actions they will take in different areas  <i>Add inject 2 after 20 min</i>  Some extra information is provided to the team so they have to change or adapt their planning up to that moment
<b>20 min</b>	Dealing with the journalist	<i>Add inject 3</i>  A journalist will enter in the room and approach one team member asking for information about the EMT exit
<b>40 min</b>	Exercise Debriefing	See ' <a href="#">Debriefing tool</a> ' document
<b>Total (approx.): 2h</b>		

**8. Injects**

**Inject 1:** Message from the HQ asking to prepare for the exit

**Inject 2:** Provide new information affecting the exit plan

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



Exercise 8 – INJECT MATRIX			
Inject number	When?	To whom?	Inject summary
1	At the beginning of the exercise	To the team leader, via email/letter	Message from the HQ asking to prepare for the exit
2	20 min after inject 1	To all the team	Provide new information affecting the exit plan
3	30 min after inject 2	To all the team	Journalist enters in the room

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

## 9. Resources

### Human resources

- Trainer manager
- 2 facilitators (one playing the role of a journalist)

### Materials

- Blank paper and pens
- Print out of messages provided in injects 1 and 2
- Notebook or tape recorder for the journalist, to note/record team answers

## 10. Key references/ Supporting documents

- MSF Handover Toolkit, 2014  
[https://evaluation.msf.org/sites/evaluation/files/handover\\_toolkit.pdf](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](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](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/](http://www.who.int/csr/resources/publications/WHO_CDS_2005_31/en/)

## 11. Annexes

- Exercise 8** - Learning objectives
- Exercise 8** - Injects
- Exercise 8** - Exit report form
- Exercise 8** - Exercise debriefing

**II. LEARNING OBJECTIVES**

General Learning objectives	Specific learning objectives	Performance learning objectives
<b>1. To identify the main actions required before the EMT exit</b>	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 when making donations	<ul style="list-style-type: none"> <li>- Participants realise they have to communicate and coordinate the exit with the EMTCC, the MoH in Montyland and the remaining health facilities in the area</li> <li>- Participants propose solutions to ensure the continuation of care for the population in the area</li> <li>- Participants list logistic actions needed in relation to the exit</li> <li>- Participants propose different ways to communicate the exit to the local community to ensure they are aware before the EMT leaves</li> <li>- Participants propose what to do with the medical records once the team leaves, following own EMT protocols</li> <li>- Participants list steps for donations considering the EMT protocols</li> </ul>
<b>2. To understand the importance of adapting the exit strategy to the local context</b>	2.1. To recognise the impact of the EMT exit on the local community and the local staff 2.2. To consider national rules when planning the exit	<ul style="list-style-type: none"> <li>- Participants plan the exit considering what will happen to the local population when they leave</li> <li>- Participants consider the culture of the local community when planning to communicate the EMT exit</li> <li>- Participants consider contacting the MoH to understand the national protocols for the management of medical records and donations</li> <li>- Participants consider capacity building activities for local staff before they leave</li> </ul>
<b>3. To effectively deal with the media</b>	3.1. To demonstrate a professional attitude when interacting with the media	<ul style="list-style-type: none"> <li>- Participants show themselves available and accessible to answer media questions</li> </ul>



<p><b>during emergencies</b></p>	<p>3.2. To deliver clear messages appropriate to the local culture</p> <p>3.3. To limit communication to real information and to EMT own activities</p>	<ul style="list-style-type: none"> <li>- Participants identify the most suitable person(s) to deal with the journalist questions among the team members</li> <li>- Participants provide clear answers to the journalist questions consistent with the EMT activities</li> <li>- Participants use a plain and polite language</li> <li>- Participants limit their messages to the scope of the questions and do not talk for the government or other organizations</li> </ul>
<p><b>4. To work collaboratively towards the exit</b></p>	<p>4.1. To organise as a team in an effective way to achieve the proposed tasks</p> <p>4.2. To understand that all team members have to work closely for the successful finalization of EMT activities</p>	<ul style="list-style-type: none"> <li>- Participants divide the workload to achieve the tasks in the given timeframe</li> <li>- All team members participate in the planning of the exit and recognise the importance of everyone's roles during this phase</li> </ul>



### *III. INJECTS*

#### **Inject 1: Message from the HQ asking to prepare for the exit**

The team leader receives a message from the HQ including the following information:

*‘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. Please see the attached message received from the MoH in Montyland with further information about the exit process (also attached the Exit Report Form). 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’*

#### **Message attached, from the MoH in Montyland**

*‘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 will provide the HQ message, the MoH message and the Exit Report form, and will inform the team they have 1h to complete the list following the HQ request.

If discussion doesn't flow facilitators can ask some questions, for example:

- How will you deal with patients who need follow up visits? Will you handover the patients to other facilities? Will you talk to medical facilities in the area?
- What will be needed in terms of logistics (waste management, packing of the tents, vehicles hired...)?
- What will you do with the local staff before leaving (end of contracts, payments, certificates of training and work performed...)? Would you like to build or strengthen any capacities among the staff before leaving?
- How and when will you inform the community about the exit of the EMT closure (messages in the health facility, information in the media (radio, local newspaper), health promoters in the community)?
- What will you do with the medical records of all the patients seen (leave them in the country, hand them over to other local facility/MoH, take them to the EMT HQ...)? What our EMT protocol says? What are the rules for medical records in Montyland?
- What steps will you follow to organise the donation of drugs and equipment? Who will be the recipients?

**Inject 2: Provide new information affecting the exit plan**

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.

*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

*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 team is working on the previous tasks assigned, a facilitator playing the role of a journalist will arrive. He/she will approach one of the team members, 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.

The journalist 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?*

Once the journalist has all the answer he/she will thank the team and leave.



Insert MOH Logo



World Health Organization

Insert EMT Logo

Country, Event, Year

## Emergency Medical Team Exit Report

Insert Team/Organisation Name

### A. Team Details

Name of Team Leader: \_\_\_\_\_  
Current or Most Recent

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

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

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

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

Name: \_\_\_\_\_ Position: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone: + ### - ## - ### - ####

### B. Activities and Services Provided

Deployment(s):

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

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



Start: <u>dd/mm/20yy</u> End: <u>dd/mm/20yy</u>	District:  Site: e.g. Name of Facility or Village	<input type="checkbox"/> Fixed Facility  <input type="checkbox"/> Outreach/Mobile	<input type="checkbox"/> MOH/District Health  <input type="checkbox"/> National EMT <input type="checkbox"/> International EMT
Start: <u>dd/mm/20yy</u> End: <u>dd/mm/20yy</u>	District:  Site: e.g. Name of Facility or Village	<input type="checkbox"/> Fixed Facility  <input type="checkbox"/> Outreach/Mobile	<input type="checkbox"/> MOH/District Health  <input type="checkbox"/> National EMT <input type="checkbox"/> International EMT

Services and Outcomes:

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

Other Services:                     WASH     Nutrition

Health Education     Psychosocial Support

Other: \_\_\_\_\_

### C. Experience and Feedback

**1. Needs Identified and Addressed**

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**2. Challenges and Issues Encountered**

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**3. Remaining or Ongoing Needs**

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**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



## **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**

This module will allow members of national and international EMTs to become familiar with the appropriate strategies to be implemented to avoid safety and security incidents during road movements in deployment areas.

#### **5. Scope**

The module presents a commonly encountered case scenario in humanitarian settings and stresses the importance of both proper planning before undertaking overland road travels and adequate team/individual behaviour when crossing checkpoints.

#### **6. General objectives**

- To understand the reasons of the road movement
- To plan the trip in order to reduce vulnerability during the overland road travel
- To demonstrate good skills in the utilisation of satellite-based navigation and other communication devices
- To demonstrate good knowledge of the basic behavioral tips when crossing a checkpoint
- To demonstrate good communication skills
- To demonstrate good negotiation skills

See the complete table with learning objectives in the [document 'Learning Objectives' Exercise 7.](#)


**7. Exercise description (Script)**

Approximate time required	Task	Instructions for delivery
<b>15 min</b>	<b>Exercise briefing</b>	Delivered out of role. The training manager will explain to participants the scope, objectives and rules to follow during the exercise. He will tell the EMT to prepare the evacuation movement to Snow City airport. There are some areas in the way where the government cannot guarantee law enforcement. Some soldiers seem to be asking money to foreigners in return for a safe trip.
<b>15 min</b>	<b>Briefing</b>	The team prepares the road travel.  When the 15 minutes are over, all the team should be in the car. A map or the GPS coordinates will be provided indicating the exact location of the airport and the road to be taken.
<b>20 min</b>	<b>Check point</b>	Check point holders will stand in the middle of the road (select a secondary not-so busy road to play the exercise). As soon as they see the car they will throw signs to indicate the driver to come closer. <a href="#">Refer to the document 'Check point holders'</a>
<b>30 min</b>	<b>Debriefing</b>	Delivered out of role. <a href="#">Refer to the document 'Exercise debriefing'</a>
<b>Total (approx.): 80 min</b>		

**8. Injects**

<b>Exercise 7 - INJECT MATRIX</b>			
Inject number	When?	To whom?	Inject summary
<b>1</b>	Before setting off	All the team	Prepare the road movement
<b>2</b>	When the EMT car is in sight of the weapon bearers	Weapon bearers to the driver of the car	Order the car to approach the checkpoint and stop
<b>3</b>	After the car stops	Weapon bearers to the team	Check the car and check the documents (mission order and passports)



<b>4</b>	After revising the documents	Weapon bearers to the team	The soldiers order all of them out of the car
<b>5</b>	After all the team is outside in front of the car	Weapon bearers to the driver of the car	The driver is interrogated separately from the group
<b>6</b>	After the driver has been taken away	Weapon bearers to the team	Team on their knees in front of the car
<b>7</b>	After every team member is kneeled	Weapon bearers to the team	Accuse the EMT of being there only for money and of leaving the population in need.
<b>8</b>	.....	Weapon bearers to the female	Abuse to one female
<b>9</b>	In the meantime the female is screaming	Distressed soldier to the team leader	The mentally-disturbed soldier insists to be taken to the closest hospital
<b>10</b>	Before letting the car crossing the checkpoint	Soldiers to the female	Soldiers will refuse to let her go.

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

## 9. Resources

### Human resources

- Trainer manager
- 1 facilitator
- 3 checkpoint holders

### Materials

- 1 car
- weapons
- military uniforms
- hand held radio
- real passports for every team member
- mission order (or equivalent for EMTs)
- material to build up the check-point (sandbags or similar)

## 10. Key reference/ supporting documents

- 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.

## 11. Annexes

**Exercise 7** - Learning objectives

**Exercise 7** - Injects

**Exercise 7** - Checkpoint holders

**Exercise 7** - Exercise debriefing (Includes also tips)





### II. LEARNING OBJECTIVES

General learning objectives	Specific learning objectives	Performance objectives
<b>1. To understand the reasons of the road movement</b>	1.1 To explain the reasons of the road movement 1.2 To explain the objective of the road movement	- The EMT leader explains clearly: <ul style="list-style-type: none"> <li>- why the team should undertake the trip</li> <li>- which is the final aim of the road movement</li> </ul>
<b>2. To plan the trip in order to reduce vulnerability during the overland road travel</b>	2.1 To demonstrate knowledge of the EMT-mission related documents needed for the trip 2.2 To demonstrate knowledge of the personal documents needed for the trip 2.3 To assess whether all team members bring all the documents required with them 2.4 To discuss about the events that are most likely to occur during the trip (check points) 2.5 To discuss about the best team behavioural practices when crossing a checkpoint 2.6 To demonstrate knowledge of the driving code in the country and the current traffic restrictions 2.7 To demonstrate knowledge of the materials and goods that are to be transported in the car	- The EMT leader explains clearly: <ul style="list-style-type: none"> <li>- which EMT-mission related documents are necessary</li> <li>- which personal documents are necessary</li> </ul> - The EMT leader checks: <ul style="list-style-type: none"> <li>- whether all EMT members bring with them the personal documents required</li> </ul> - The EMT leader mentions the risk of having to cross a checkpoint  - All EMT members list the basic procedures for safely approaching, transiting and exiting a controlled checkpoint.  -All EMT members discuss the basic emergency procedures (frequency of radio reporting to the base camp, emergency phone numbers, satellite phone)  - All EMT members check the car and make sure that all the goods to be transported match the objectives of mission



		<p>-All EMT members check the car and make sure that the car and its equipment complies with the national driving code</p>
<p><b>3. To demonstrate good skills in the utilisation of satellite-based navigation and communication devices</b></p>	<p>3.1 To operate basic functions of emergency communication systems used by the EMT, including handheld radios and satellite phone</p> <p>3.2 To be able to navigate using a satellite-based navigation device</p>	<ul style="list-style-type: none"> <li>- During the trip, every team member should report by radio the team coordinates to the base camp at least once</li> <li>- The team demonstrated to be able to safely reach the destination within the scheduled time</li> </ul>
<p><b>4. To demonstrate good knowledge of the basic behavioral tips when crossing a checkpoint</b></p>	<p>4.1 To show respect for check point holders</p> <p>4.2 To show assertiveness</p> <p>4.3 To demonstrate good knowledge of the risky behaviour at a checkpoint</p> <p>4.4 To demonstrate empathy with other EMT members</p>	<ul style="list-style-type: none"> <li>- The EMT members do not laugh and take the exercise seriously</li> <li>- The EMT leader reprimands other EMT members if they laugh</li> <li>- All EMT members agree to stop the car</li> <li>- All EMT members show understanding when soldiers check the car.</li> <li>- All EMT members do neither hand their passport or get out the car unless specifically requested.</li> <li>- All EMT have their documents ready and easily accessible</li> <li>- All EMT members abstain from doing sudden movements</li> <li>- All EMT members show their support to the two team members when they're taken away from the group</li> </ul>

<p><b>5. To demonstrate good communication skills</b></p>	<p>5.1 To show knowledge of the EMT vision and mission</p> <p>5.2 To show good knowledge of the country situation</p> <p>5.3 To show good knowledge of humanitarian principles</p>	<p>-All EMT members but specially, the EMT leader, are able to explain the EMT vision and mission when soldiers throw false accusations on them</p> <p>-All EMT members display good knowledge of the country needs</p> <p>-All EMT members agree not to take the armed soldier in the car unless unarmed and without the uniform</p>
<p><b>6. To demonstrate good negotiation skills</b></p>	<p>6.1 To show an analytical sense and manage to prioritise the situation with their mission objective (e.g. safety of the entire team)</p> <p>6.2 To demonstrate good ability to build trust between EMT members and soldiers.</p>	<p>-The EMT does not leave the checkpoint leaving behind a EMT member alone (especially if it is a lady)</p> <p>-All EMT members insists on the fact that every EMT member is crucial for the mission to succeed</p> <p>- All EMT members make telephone calls well in front of the soldiers and speak loud and clear</p>



### *III. INJECTS*

#### **Inject 1:**

The team leader will briefly explain and make sure that the team understands the main reasons at the basis of the road movement.

The team must then carefully plan the movement by:

- making sure that every person carries the documents and goods needed
- checking the car
- checking the proper functioning of communication devices
- making sure that all team members are aware of the correct behaviour in case of check point

#### **Inject 2:**

When the weapon bearers stand in the middle of the road, the team should report by radio that they are approaching a checkpoint and their exact coordinates.

#### **Inject 3:**

The soldiers order to stop the car and then go around it over and over checking it attentively. One soldier gets in the car. Another asks for the passports and mission order.

#### **Inject 4:**

The soldiers start being aggressive and order all of them out of the car, especially, if a passenger do not want to hand out the documents or there is any missing document (passports).

#### **Inject 5:**

Once outside, the driver will be interrogated separately.

#### **Inject 6:**

All members of the EMT will be ordered to drop to their knees and align in front of the vehicle, hands on their heads.

#### **Inject 7:**

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.

#### **Inject 8 :**

Soldiers will simulate an abuse to one female of the team

#### **Inject 9:**

The mentally-disturbed soldier will insist to be taken to the closest hospital

#### **Inject 10 :**

The soldiers will refuse to let the female go.

### IV. CHECKPOINT HOLDERS

#### Instructions for checkpoint holders

You are soldiers and have been ordered to guard the road leading to the airport; you have been on duty for the last 48 h without a warm meal or time to sleep. You have witnessed most of your family members being killed by the earthquake and the government is unable to procure you any kind of assistance. You feel quite strained and tense also because, while the population struggles to find their loved ones, still under the rubbles, the word has spread across the country about foreign medical teams being granted money, fancy hotels and protection by national authorities. On top of that, one member of your platoon is severely distressed and needs medical assistance. Your mission requires extreme vigilance and you have the right to search all vehicles and pedestrians on the road.

INSTRUCTIONS	
ACTIONS	WHAT TO LOOK FOR IN PARTICIPANTS
1) One of the soldiers manning the checkpoint throws signs indicating the EMT car to approach the checkpoint.	XXX
2) Although you are tired, you are disciplined and do not give in to excessive displays. However, if the people wishing to cross the checkpoint turn out to be dangerous or aggressive or do not comply with your orders, react accordingly. You are holding the weapon and you have the right to fire!	XXX
3) Only the sergeant speaks a good English, the two other soldiers understand English and speak it badly.	XXX
4) Upon arrival of the vehicle to the checkpoint, the soldiers at the checkpoint must order it to stop in order to search it. One of them gets in to check what's inside.	<i>Analyse the reaction of the driver and of the team in the vehicle as it comes closer. Make sure the team member do no use their radio/telephones.</i>

<p>5) The sergeant must come close to it in order to review the documentation from everyone in the vehicle (passports and mission order). At first, neither the sergeant nor anyone speaks to the members of the EMT. Pay special attention to the documents from the driver.</p>	<p><i>Observe the reaction of the team, and how they react to orders. Do they give their papers willingly? Are they showing signs of nervousness? Are they talking to each other? Are they remaining sitting or trying to get out of the vehicle? Any sudden movements</i></p>
<p>6) The sergeant will order all the team to get out of the car. If the team shows any sign of tension or tries to protest/resist, the sergeant must order the soldiers to point their weapons at the vehicle and get everyone out of the car. Should the team be passive, the sergeant must throw the mission order and order his soldiers to point their weapons at the vehicle and get everyone out of the car. Take the driver separately out of earshot for interrogation.</p>	<p><i>How do the other team members react? Do they show sign of opposing the order or are they compliant? Are they showing support for the driver?</i></p>
<p>7) Soldiers should then show nervousness and be menacing.</p>	<p><b>XXX</b></p>
<p>8) Have all members of the EMT in line in front of the vehicle, hands on their heads and drop to their knees. Confirm everyone's identity with the documents provided.</p>	<p><i>Does the team comply willingly or do they resist? Are they showing signs of stress, fear? Are they trying to talk to you? Are they looking at you or lowering their eyes?</i></p>
<p>9) Accuse the EMT of being here only for money and of leaving when the population needs more help than ever before.</p>	<p><i>See how the team reacts: are they trying to engage in a dialogue? Are they justifying themselves? Do they keep quiet?</i></p>
<p>10) Take a female member out of sight from the other team members and ask her to scream as loud as possible (explaining to her that she has to simulate abuse in order to offset the other team members <b>ONLY if she feels comfortable with it</b>).</p>	<p><i>While the female is away and screams are heard, how does the rest of the team react?</i></p>
<p>11) The interrogation should not take more than a few minutes. Ask general questions about their work, the aim of their mission, how long they met each other.</p>	<p><i>How are the individuals reacting to the interrogation: are they coherent? What emotional signs are they showing?</i></p>
<p>12) Bring back everyone together and ask for a medical officer. The ill soldier must then push so that the EMT takes him to the closest hospital.</p>	<p><i>Do they agree to this? What kind of argumentation does the team leader (assuming he is speaking for his team) is making? Proper</i></p>

	<i>behaviour upon insistence would be to take only the wounded not to carry the weapon in the car.</i>
13) The sergeant must tell the team that the female EMT member would remain, as a guarantee that they will carry him to the hospital. In the meantime, you look at her very badly...	<i>Observe the reaction: does any volunteers to stay with her? Does the team oppose this?</i>
14) The exercise finishes when the soldiers let the car pass through the checkpoint.	<b>XXX</b>

**V. EXERCISE DEBRIEFING**

Team Debriefings				
30'	<b>Step 1.</b> Identify, recognize and express some of the emotions generated by the exercise.	<ul style="list-style-type: none"> <li>- Have participants sit in a circle around a table</li> <li>- Allow each participant to speak in turn</li> </ul> Once everyone has shared his emotions, participants should be able to comment on their	Ask the participants which was the event that most affected them	<b>This is not a blaming exercise be sure to avoid confrontation between participants!</b>  The debriefing should happen in a casual way in order to allow for stress and emotions to “ventilate”. Avoid a formal setting
	<b>Step 2.</b> Stimulate participants to open up and express an objective analysis of the events	<ul style="list-style-type: none"> <li>- performance taking into account the teachings from the module</li> </ul>	Ask the participants how they would analyse their overall performance	
	<b>Step 3.</b> Recognize how our own and our interlocutors’ emotions influence on our actions	Sums up the findings and comments from his own experience	Ask the participants to analyse the “armed group’s” behaviour and how their own emotions influenced the “armed group” members	
Group Debriefing				
30' to 45'	<b>Step 4.</b> Allow for actors to share their feelings, impressions and then analyse the situation from the “armed group” point of view	The trainer here is just in a position of moderator, he facilitates the dialogue between participants and actors but does not intervene unless to restart or re-direct the “debate”	<ul style="list-style-type: none"> <li>- Participants here are listeners during the first stage of the debriefing, taking notes is encouraged</li> <li>- During the second part, once the actors have shared their point of view, participants are encouraged to share their own findings so that both teams can also learn from each other.</li> </ul>	All participants are redirected to the basic and advance UN security course <a href="https://training.dss.un.org/">https://training.dss.un.org/</a>  This debriefing although somewhat more formal must also be conducted as an open dialogue session



### Tips For Passing A Checkpoint



- In many contexts, many checkpoints will be fine. Yet, if the situation was to degenerate **do NOT put yourself or your team members at risk!**
  - Your security and your team members' security first. Do as you are told
  - Give in the materials/belongings if you see you cannot have a conversation, negotiate or discuss anymore.
- What are the power dynamics?
- Preparedness:
  - Organisation of team: who is the team leader? Who is going to talk? Who is the “best” person to talk?
  - Organisation of documents, notifications, IDs, materials, etc. Take everything that you need, but only what you need!
  - Clarity on the objectives of the field trip. Preparedness on how to present them to various people on the way
- Transparency: we have nothing to hide. And should behave accordingly
- Predictability: in general in all NGO activities – every time we pass a checkpoint
  - At the moment in particular
  - Follow the protocol: their job is to “check”... they have a certain number of things they need to do before they can engage in other conversations
  - Ask before moving (if tense), no rash movements
- Assertiveness to be balanced with humility:
  - Always remain respectful
  - Assertiveness is NOT aggressivity or arrogance
- Rather speak about the people we aim at helping, why we intend to go that direction, than start / insist on the right we have to be there.
- Establish a rapport /a relationship with the men at checkpoint: there are human beings as well (might be tired, stressed, etc.) and combattants (they have their orders)
  - And so do you: you have instructions and objectives as well, a task to accomplish. You have superiors as well to whom you are accountable.
  - Assertiveness
  - Mutual respect, build trust
  - Try and imagine yourself in their shoes... how would you behave / react?

- “360°” awareness: try and have your antennas open and checking for what is happening around. With the men at the checkpoint and with your own team members.
- Look for changes in attitudes... What can they mean? E.g. The men at the checkpoint you pass weekly smile at you every time and all of a sudden they avert your eyes...
- Practical tips:
  - Slow down
  - No sunglasses
  - Music down, radio down (no radio contact directly at checkpoint. – Check what is the practice in country)
  - Keep hands visible
  - No rash movements, ask/inform before doing something
  - Have some leaflets, promotional material (calendars, etc) in the car, might com handy
  - NO PRESENTS. You can share one cigarette, some water... but beware of establishing a practice, of perception of corrupting...
  - Turn headlight down and interior light on at night
- Radio com before / after
  - Can you say you are at checkpoint? Will depend on context... Ask in delegation what the usual procedure is
- When asked if you have seen « anything » on the road...
  - It is “legitimate” for them to try and gather information... after all, they are at war... But
  - Beware of not transmitting military intelligence!
  - Try to find the most appropriate/acceptable way of saying you cannot answer to that question...
  - In some instances, possible to mirror the question and have them think of how they would react if they knew you would share that kind of info with the other side...
- Opportunity for us as well to find out more about the situation, road conditions, etc.

 TEAMS

