



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
5 min	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 is at EMT HQ office one day before deployment</p>
10 min	Welcome team members at the EMT HQ office	<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>
20 min	Pre-deployment briefing	<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 annex 'Pre-deployment briefing'. (<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>
5 min	Split in groups	<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>
40 min	Preparation for the deployment	<p>Once the groups are formed each group will receive a 1 page document with instructions to complete a task assigned. Refer to the annex 'Pre- deployment group tasks'.</p>
40 min	ringing together the	<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>

	inputs from each group	organize for deployment according to what they have discussed.
10 min	Dealing with the watsan activities	The team leader will receive a call from the EMT HQ officer who will share this latest information: <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
20 min	Dealing with travel constraints	While discussing about the previous situation, one of the logistic members of the team will receive message about travel arrangements: <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
40 min	Exercise Debriefing	Delivered out of role. Refer to the annex 'Exercise debriefing'
Total time (approx.): 3h		

8. Injects

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

See the detailed description of the injects in the [annex 'Exercise 1 - Injects'](#).

9. Resources needed

Human resources

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

Materials

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

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

10. General considerations

Before starting the exercise make sure:

Trainers and facilitators have carefully read the exercise objectives and description

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

All the needed materials (see Resources section) are available

A cell phone is provided to the team leader

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

11. Key reference/ supporting documents

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

12. Annexes

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

II. LEARNING OBJECTIVES

General Learning objectives	Specific learning objectives	Performance learning objectives
1. To effectively manage the information received before deployment	1.1. To record relevant information about the EMT deployment 1.2. To make use of the information provided when planning for the EMT deployment 1.3. To effectively communicate relevant information about the EMT deployment to other colleagues 1.4. To absorb new information and change planned strategies accordingly	<ul style="list-style-type: none"> - All team members take notes of the key information provided during the briefing - Each group plans concrete activities adapted to Montyland context - Each group presents clearly and concisely their planned activities to the rest of the team - The team discusses and proposes solutions to unforeseen events (lacking one member of the team, travel constraints)
2. To understand the different EMT staff roles within the EMT	2.1. To identify the main tasks and responsibilities of the medical, logistics, watsan staff and team leader during the EMT deployment 2.2. To recognize the adaptable and flexible condition of the EMT work	<ul style="list-style-type: none"> - Each group (according to the task assigned) lists the main tasks for medical, logistics, watsan staff and team leader at arrival and during the mission in Montyland - All team members perform tasks different from the ones related to their profiles (e.g. medical staff helps in logistic planning and preparation) - The team explore how pooled capacities from different team members could cover temporarily basic watsan functions - The team proposes tasks that can be shared by all team members (e.g. help setting up the field hospital on arrival)
3. To work collaboratively for the preparation of	3.1. To engage actively in the performance of the tasks assigned 3.2. To listen respectfully to other colleagues	<ul style="list-style-type: none"> - All team members provide ideas that contribute to the task achievement and express their opinion during discussions - All team members listen and respect other colleagues opinions

**the EMT
deployment**

3.3. To understand the importance of cooperation between EMT members for the achievement of a common goal

- - Team members discuss about the composition of the first team for deployment, recognising the importance of all team members & profiles



III. INJECTS



Inject 1: Watsan specialist cancel deployment

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

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



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

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

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

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



IV. PRE-DEPLOYMENT BRIEFING

MONTYLAND

Country profile

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

Government: Parliamentary republic

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

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

Currency: Rupee

Geography:

Landlocked

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

Flat river plain in the south and hills in the north

Demographic indicators:

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

Population aged under 15: 36%

Population aged over 60: 9%

Population living in urban areas: 17%

Total fertility rate (per woman): 2.3

Birth registration coverage: 42%

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.

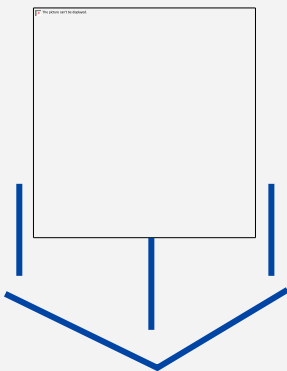
National Emergency Operating Centre is operational.

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

	- 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