



## 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**

<b>EXERCISE 2 - SCRIPT</b>		
<b>Approximate time required</b>	<b>Task</b>	<b>Instructions for delivery</b>
<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

<b>Exercise 2 – INJECT MATRIX</b>			
<b>Inject number</b>	<b>When?</b>	<b>To whom?</b>	<b>Inject summary</b>
<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.
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- 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>
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<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