



EXERCISE 6 – ADAPTING PRACTICE TO CONTEXT

I. CONCEPT NOTE

1. Title

ADAPTING PRACTICE TO CONTEXT

2. Type of exercise

Functional exercise

3. Phase of the disaster response

Operational

4. Purpose

The purpose of this exercise is to expose participants to a mixture of cultural and legal aspects that should always be considered during EMT deployments. Team members should be aware that EMTs are not isolated entities in the field but only one part of an interconnected network of organizations, which are working within a specific context. Country rules and patients' culture have to be understood and considered in order to provide appropriate and adapted care in a safe environment.

5. Scope

During this exercise EMT members will have to develop or adapt an available SOP for the management of dead bodies in the context of Montyland. Once this is ready they will be confronted with a case of a boy who arrives at the EMT facility and dies shortly after. The team will have to consider the circumstances in which the child was brought in the facility and interact pertinently with the family. Other actors working on the ground, the police and a UNICEF representative, will also appear in the scene, and team members will have to interact and cooperate with them.

6. General objectives

- To adapt EMT procedures to the local context
- To manage a clinical emergency case of an unaccompanied minor
- To show empathy and responsibility when handling sensitive cases
- To understand the position of an EMT during disaster response and work collaboratively with other partners

See the complete table with learning objectives in the [annex 'Exercise 6 - Learning Objectives'](#).


7. Exercise description

| EXERCISE 5 - SCRIPT | | |
|----------------------------------|--|---|
| Approximate time required | Task | Instructions for delivery |
| 5 min | Exercise briefing | <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> |
| 5 min | Split in groups | <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> |
| 30 min | Adapting SOP to context | <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> |
| 20 min | Unconscious child brought to the facility | <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> |
| 15 min | Parents arrival | <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> |
| 15 min | Police arrival | <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> |
| 10 min | Media arrival | <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> |

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| | | The team members will have to deal with them protecting the confidentiality of EMT patients and staff. |
| 15 min | UNICEF arrival | <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. |
| 30 min | Exercise debriefing | Delivered out of role. Refer to the annex 'Exercise debriefing'. |
| Total (approx.): 3 h | | |

8. Injects

| Exercise 5 – INJECT MATRIX | | | |
|----------------------------|---|---------------------------------|---|
| Inject number | When? | To whom? | Inject summary |
| 1 | At the beginning of the exercise | To Group 1, at the EMT facility | Adapting SOP for the management of dead bodies in Montyland |
| 2 | 30 min after inject 1 | To Group 1, at the EMT facility | Unconscious child brought to the facility |
| 3 | 20 min after inject 2 (or 2 min after the child dies) | To Group 1, at the EMT facility | Parents arrival |
| 4 | 15 min after inject 3 (or 2min the parents leave the facility) | To Group 1, at the EMT facility | Police arrival |
| 5 | 15 min after inject 4 (while the police is still at the facility) | To Group 1, at the EMT facility | Media arrival |
| 6 | 2 min after the police and media leave the facility | To Group 1, at the EMT facility | UNICEF workers arrival |

See the detailed description of the injects in the [annex 'Exercise 6 - Injects'](#).

9. Resources

Human resources

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



Materials

- Resuscitation manikin (junior) with make-up to simulate trauma
- Pediatric resuscitation equipment at the EMT facility
- Computer
- Copies of relevant SOPs and guidelines (inject 1), included in a USB stick
- Police/ army uniforms
- Police IDs
- Fake weapons/ firearms
- UNICEF vest and or cap
- Photo camera/ mobile phone for journalists and police

10. General considerations

Before starting the exercise make sure:

- *Trainers and facilitators have carefully read the exercise objectives and description*
- *The EMT facility is ready for the simulation*
- *All the needed materials (see Resources section) are available*

11. Key references/ Supporting documents

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

12. Annexes

- Exercise 6** - Learning objectives
- Exercise 6** - Injects
- Exercise 6** - Dignified management of the deceased (SOP adaptation)
- Exercise 6** - Wikipedia Hindu Funeral
- Exercise 6** - Exercise debriefing

II. LEARNING OBJECTIVES

| General Learning objectives | Specific learning objectives | Performance learning objectives |
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| 1. To adapt EMT procedures to the local context | 1.1 To effectively develop/adapt the SOP on the management of dead bodies to the local culture 1.2 To show respect for religious and cultural aspects present in the country they are working | <ul style="list-style-type: none"> - Team members adapt an existing SOP or develop one adapted to the context in Montyland to use during their deployment - Team members agree to adapt their practice to the local context |
| 2. To manage a clinical emergency case of an unaccompanied minor | 2.1 To acknowledge the fact that the child is an unaccompanied minor 2.2 To provide appropriate emergency care 2.3 To collect relevant information about unconscious patients/ unaccompanied minor when possible | <ul style="list-style-type: none"> - The team will think what is the right procedure to treat the child - Medical team members will apply the resuscitation procedure on the child - Team members will try to ask and collect relevant information from the person bringing the child in the facility |
| 3. To show empathy and responsibility when handling sensitive cases | 3.1 To treat relatives with respect after a loss 3.2 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"> - Team members show empathy to the family of the deceased child - Team members handle the remains of the deceased with respect and following the developed SOP - Only a few team members interact with the police, previously contrasting informations with the rest of the team - The team asks the police for their identification before providing any information - The team protects the facility avoiding unauthorised people to come in, taking inappropriate pictures, police with arms, retrieve of confidential information, etc. |

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| <p>4. To understand the position of an EMT during disaster response and work collaboratively with other partners</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"> - The team informs the police not hiding any relevant informationTh team discusses the possible referral of the case to a specialized protection agency - The team informs the police and the UNICEF representative using only objective information they collected and not speculations |
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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 form them
- Try to save the child doing resuscitation procedures

**Inject 3: Parent arrival**

Once the child is dead, his parents (role players) will arrive at the EMT facility. The role players will follow these instructions:

- They will be anxious and claiming to be the family of the deceased child
- They heard that their son was brought into the hospital. They want to know how the child is doing, and see him immediately
- When they are told that the child is deceased they start crying and shouting.
- The mother then will look at the father angry and tell him: 'it's your fault!'. He will then tell her to shut up and go
- After a couple of minutes, they parents will say they will leave and come back in 15 minutes to collect the body and arrange the cremation as soon as possible, as it is common practice in their culture
- The parents will leave the EMT facility

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

- 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 |
|---|---|--|
| 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"> - Did you feel comfortable dealing with the police? - How did you feel about taking decisions regarding sensitive situations? |
| 2. Analyse team performance during the exercise | <ul style="list-style-type: none"> - Encourage participants to reflect about their performance during the exercise - Encourage participants to reflect on the factors that lead to positive outcomes (e.g. good leadership, collaborative work, experience team members) or negative outcomes (e.g. lack of information, lack of previous training or experience, bad communication) - Encourage participants to think about ways to improve their performance in the future | <ul style="list-style-type: none"> - Do you think the management of the situation as a team was correct (who talked to the people approaching, how did you take decisions)? - Do you think you asked the right questions and provided the correct information to the different people? - Do you think you protected the EMT patients and staff confidentiality while maintaining good manners and professionalism? - Would you do something differently in the future? |
| 3. Acknowledge views and impressions from observers outside the team | <ul style="list-style-type: none"> - Trainers share their observations about team performance during the exercise (the performance objectives should be considered) - Facilitators and role players share their impressions and feelings while interacting with the team during the exercise | <p>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> |

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| <p>4. Summarise main lessons learnt</p> | <ul style="list-style-type: none"> - Encourage participants to briefly highlight the main lesson(s) learnt during the exercise - Trainers can summarize the main take-home messages, if needed | <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