DOCUMENTATION

JORHAT EMERGENCY MANAGEMENT EXERCISE (JEMEX), 2013



A Report







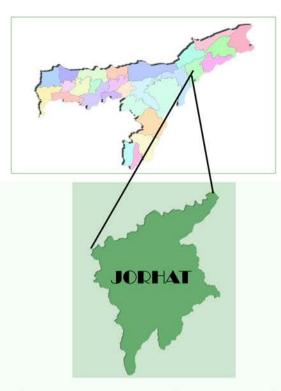
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JORHAT
EMERGENCY
MANAGEMENT
EXERCISE
(JEMEX),
April 8 - 12,2013

Emergency Management Exercise : The Meaning

Emergency Management Exercise (EMEx) is a week-long series of trainings and workshops designed to harness strengths capabilities of the emergency response systems of disasterprone cities in the country. This improves the inter agency communication and coordination specially between various professionals in disaster management - regional emergency responders, education institutions, hospitals, health professionals, humanitarian agencies, state agencies, members of the community, government organisations, civil society organisations and professionals working in related fields to assess the cities / towns



disaster preparedness and resilience. It helps in developing new skills for emergency management and mass casualty events, and to work together to develop a multi-disciplinary, coordinated response to local disasters and emergencies.

This type of EMEXs provides efficient disaster preparedness in a district/city which is vulnerable to multi-hazerds and at the same time has the history of several disaster occurrences with its devastating effects on infrastructures, utilities and lives of people.

The State of Assam - The Context

The State of Assam is situated in one of the most vulnerable seismic zone of the world i.e zone V [high risk zone], and all the 27 districts are vulnerable either to flood, erosion, landslides , urban flood, storms and other manmade disasters. This calls for the need of conduct of

such EMEXs so as to respond effectively in any type of eventuality. With an aim to sustain the pace of development initiative by minimising losses, the Government of Assam envisages building a "State Prepared" and disaster resilient.

It is in this context, ASDMA conducted a mega emergency management called GEMEx-2012 exercise Guwahati from October 29 -November 4, 2012. This exercise was designed to harness the strengths and capabilities of the emergency responders, educational institutions, hospitals, humanitarian agencies etc. as they prepare to meet the urban



catastrophes of the city of Guwahati.

GEMEx-2012 was an initiative planned by the Assam State Disaster Management Authority in collaboration with National Disaster Management Authority, Government of India and the support of United Nations Children's' Fund and a number of leading Private and Humanitarian Institutions and International faculty. The entire involved approx. exercise 1500 fromdifferent field persons viz. UNICEF, ASDMA, NDMA, NDRF, District administration etc. including the participants of 15 tracks of capacity building. This was the first ever mega-exercise conducted in the



North East, and the third in the country held after Mumbai and Chennai.

Realising the benefit of the exercise in building strengths and capabilities for emergency responses in a disaster situation, Hon'ble Chief Minister and Chairperson, SDMA directed ASDMA to carry out similar exercises in all the major towns of Assam.

Therefore, as a follow up action of GEMEx, ASDMA decided to organise the first district level emergency management exercise in Jorhat district.

the total area, urban area accounts for 78.85 sq. km with a population of 219565 sharing 20.12 per cent (Census, 2011) of the total district population.

Conduct of EMEx in the populous city of Jorhat with vulnerabilities to earthquake, flood and urban flood was necessary for assessing the level of awareness and preparedness of the district in responding to a disaster situation. The exercise would also help in enhancing the inter agency coordination for mitigating and managing disasters at the time of occurrence.

EMEX in Jorhat - The Need

Jorhat District situated within 24°-26° 5′ N latitudes and 93°-94° 50′ E longitude occupies an area of 2851 sq. km with a population of 1091295 (Census, 2011) sharing a 3.50 per cent of the State's population. Of





Process Flow in the conduct of JEMEx

The process that was followed up in the conduct of JEMEx is as follows:

1. Planning

In accordance with the direction of Hon'ble Chief Minister and Chairperson, SDMA who felt the need of carrying out EMEXs in other major towns of the state, ASDMA shared its plan to the districts to organise the district level EMExs in the State. In response, DDMA Jorhat promptly approached ASDMA to conduct the EMEx in the district. Thus, the country's first ever district level EMEx was finalised to be conducted in Jorhat.

ASDMA Officials in a preparatory meeting

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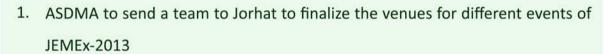
Continuing the effort, a tentative plan drawn up through several was brainstorming sessions held ASDMA Headquarter. The plan was then shared with DDMA, Jorhat in a meeting held at ASDMA Headquarter and chaired by the Additional Chief Secretary, Revenue & Disaster Management on February 7, 2013. The points that were taken up for discussion were:

- 1. Training Tracks
 - a. Type of ToTs to be conducted
 - b. Target group of the ToTs
 - c. Duration of the tracks
 - d. Technical support to the tracks
- Logo & Brochure for JEMEx-2013
- 3. Awareness generation plan
- Estimates for the JEMEx-2013
- Scenario Development for Simulated Drill

- a. Earthquake (School), b. Oil Fire
- 6. Logistic & Venue
 - a. Travel plan coordination
 - b. Accommodations & transportation
 - c. Venue for all tracks, Table top and Field drill.
- 7. Reading materials
- 8. Participant Profile
- Designation of Nodal officer for each track

After detailed discussion, the

following actions points were drawn up in the meeting:



- 2. Resource persons to be arranged by ASDMA
- DDMA, Jorhat to provide accommodation and Logistical support to Resource Persons
- ASDMA to provide participant profile to DDMA
- 5. DDMA, Jorhat to send invitation to participants
- DDMA, Jorhat to notify a
 - a. committee for JEMEx-2013 and
 - b. nodal officers for each of training tracks.
- 7. ASDMA to design Logo, brochure, certificates
- 8. Media Plan to be prepared by ASDMA.
- 9. Printing of brochure and certificates to be done in Guwahati
- 10. DDMA, Jorhat to prepare a budget for JEMEx-2013
- 11. Food arrangements to be made by DDMA, Jorhat
- 12. Stage artists for the field drill to be arranged by DDMA, Jorhat .
- 13. ASDMA to share the scenario for the set design.
- 14. DDMA, Jorhat to arrange for set design





Based on the discussion and the action points of the meeting, a final action plan was developed and finalized after several rounds of discussions.

SI. No.	Particulars of the Plan	Description of Works	Responsible Department / Agency / Persons
1	Time Period	April 8 - 12, 2013 (5 days)	
2	Tracks	9 nos.	
3	Designs Preparation	 a. Design of Logo; Brochure; Banner, Poster/ Advertisement / Sticker / leaflet; Certificate; b. Web site for JEMEx; Print; Regular 	ASDMA
4	Media Campaign	Radio Advertisement	ASDMA
		Print Advertisement	ASDMA / DDMA
		Invitation to Media for media coverage	DDMA
	Venue Finalization Resource Persons	Press Conference	DDMA/ASDMA
5	Venue Finalization	Identification of Venue for Training	ASDMA / DDMA
		Logistics at Venue for training	DDMA
6	Resource Persons	Identification and Confirmation of Resource persons for each track	ASDMA/NDMA
		Collection of Tour plan of Resource persons	ASDMA
		Accommodation and Travel of Resource persons	DDMA
7	Co-ordination in Tracks	Identification of Co-ordinator & Co-ordination in Tracks	ASDMA/DDMA
8	Study materials	Co-ordination with Resource Person seeking study materials for each track	ASDMA
9	Participants for	Participants profiling for respective tracks	ASDMA
	IOIS	Invitation of participants for ToT	DDMA
		Preparation of Participant Database and update of the attendance in website	ASDMA
	Preparation Advertisement / Sticker / leaflet; Certification Web site for JEMEx; Print; Regular Radio Advertisement Print Advertisement Invitation to Media for media coverage Press Conference Identification of Venue for Training Logistics at Venue for training Identification and Confirmation of Resource persons for each track Collection of Tour plan of Resource persons Accommodation and Travel of Resource persons Accommodation and Travel of Resource persons Study materials Co-ordination with Resource Person seeking study materials for each track Participants for ToTs Invitation of Participant Database and updatof the attendance in website Follow-up of Participants for each scheduled training, Table-Top and Field Drill & Hotwash	■	DDMA
10	Invitation	Identification and Invitation of chief guests/ legislators/ Elected Representatives/ other invitees to Inaugural ceremony, Table Top, Mock Drill and Closing Ceremony	ASDMA/DDMA



SI. No.	Particulars of the Plan	Description of Works	Responsible Department / Agency / Persons
11	Table top exercise	Preparation of Scenerio	ASDMA/ NDMA/ UNICEF
		Identification of Facilitator for table top exercise	ASDMA/ NDMA/ UNICEF
		Identification of observer for table top exercise	ASDMA/ NDMA/ UNICEF
12	Mock Drill	Set design : One OIL pumping Station and one two storied school building	DDMA
		Identification of Field drill coordinator	ASDMA
		Identification of Observer for Field drill	ASDMA
		Arrangement of Artists for field drill (150)	DDMA
		Briefing of different groups in the field participating in the Mock drill	ASDMA
13	Logistics	Food Arrangement	DDMA
		Accommodations & Local travel of Resource Persons/Guests	DDMA
14	Documentation	Documentation of JEMEx	ASDMA





JEMEx Implementation Plan

The Training of Trainers in 9 tracks would be conducted for 3 days w.e.f April
 8-10, 2013 as shown in the Table below:

SI. No.	Name of Track	Days	Date
1	Emergency Medical Services & Comprehensive Trauma Life	2 days	April 9 -10, 2013
	Support		
2	Public Health in Emergencies	2 days	April 9 -10, 2013
3	Chemical & Industrial Disaster Preparedness	3 days	April 8 -10, 2013
4	School Disaster Preparedness	2 days	April 9 -10, 2013
5	Search & Rescue and Incident Response System	3 days	April 8 -10, 2013
6	Coordination on Response for heads of line Departments	1 day	April 10, 2013
7	Community Based Relief & Public Health	2 days	April 9 -10, 2013
8	Emergency Nursing Services & Mass Casualty Management	2 days	April 9 -10, 2013
9	Hospital Emergency Management Planning	2 days	April 9 -10, 2013



- Table-Top to be conducted on April 11, 2013 at Kushal Konwar Indoor Stadium
- Field Drill to be conducted on April 12, 2013 at Kachari Field
- Hotwash or Lesson Learnt & Valedictory on April 12, 2013 District Library

2. Resource Mobilization

After analysing the need for resources, ASDMA with the support of DDMA, Jorhat





prepared a budget which was approved by the Additional Chief Secretary, Revenue and Disaster Management Department subject to post facto approval of the State Executive Committee.

3. Operations and Logistics

Entire operations and logistics of JEMEx was co-ordinated by DDMA, Jorhat with support of ASDMA and in collaboration with National Disaster Managemen Authority (NDMA) and

United Nations Children's Fund (UNICEF)

4. Human Resources Mobilization and Deployment.

a. Technical support was sought from
Local National and International
Agencies/ Institutions viz. NDMA,
UNICEF, Academy of Trauma, NDRF,
AIDMI and NCCD to conduct the
ToTs of the exercise. The Resource
Person against each training track is
shown below in the table:

SI. Name of Track		Technical support		
No.		Organization/ Institute	Name of Resource Person	
1	Emergency Medical Services &	Academy of	Dr. U.C.Tamuli and his team	
	Comprehensive Trauma Life Support	Trauma, Guwahati		
2	Public Health in Emergencies	RED-R	1.Dr. Pabir Kumar Chatterjee 2. Dr.Ravikant Singh	
3	Chemical & Industrial Disaster Preparedness	NCCD, Nagpur	G.S.Saini and his team	
4	School Disaster Preparedness	AIDMI	Vishal Pathak and his team	
5	Search & Rescue and Incident Response System	NDRF	Comndt Alok Kr Sing and his team	
6	Coordination on Response for heads of line Departments	NDMA	Naghma Firdaus	
7	Community Based Relief & Public Health	UNICEF, India	Sarabjit Sahota and his team	
8	Emergency Nursing Services & Mass	Academy of	Dr. U.C.Tamuli and his team	
	Casualty Management	Trauma, Guwahati		
9	Hospital Emergency Management Planning	NDMA	 Dr. Anish Benerjee Dr.Tamorish Kole Lt. Col (Dr.) N.B. Singh Ms. Ipsita Sarkar 	

b. ASDMA deputed District Project Officers in the district for carrying out various activities of JEMEx. Each Project Officer was assigned one TOT and to assist these Project Officers one more nodal officer from district administration was carried out as per the Media Plan.

DDMA provided support in the media
management and communication
activities.

6. Key stakeholders:

The key stakeholders in the conduct



assigned by DDMA. All these Project Officers reported to ASDMA and liaised with DDMA in the planning and execution of JEMEx.

5. Media and Communication

ASDMA prepared the Media Plan for JEMEx, 2013 and all activities were

of JEMEx were: ASDMA, DDMA

Jorhat, NDMA, UNICEF - India,

Academy of Trauma, NDRF, SDRF,

Police, Fire Service, Non

Governmental Organizations,

Government Line Departments/

Institutions, Students and Teachers.



7. JEMEx Website

Exclusive JEMEx website http://www. emexassam.in was designed and launched. ASDMA IT division worked out the domain name, design and development of the webpages, layout, content, framework and activation of website.



8. Timeline

Sl.No.	Activities	Month	Timeline
1	Preparatory Phase	January - February, 2013	2 Months
2	Planning and coordination with stakeholders	March, 2013	1 Months
3	Field level activities	March, 2013	1 Months
	 Venue selection and finalization 		
	 Maintaining Logistics 		
	 Preparatory meeting with Line Deptt. 		
	 Awareness activities 		
	 Invitation of participants 		
	Follow up of Participants		
	 Procurement of Training Materials 		
	Distribution of Training Materials to all		
	the venues		
4	Conduct of the whole exercise	April 8 -12, 2013	1 week





9. Venue Finalization:

- ASDMA undertook a recce of the various available venues and came out with a tentative list of appropriate venues.
- * The venue list was shared with DDMA, Jorhat
- * DDMA finalized the venues in consultation with the concerned institution/agency.
- * All the venues were selected keeping in mind, its proximity to the Deputy Commissioner's Office, Jorhat which would serve as the Command Office in the conduct of the exercise
- * The venues for the JEMEx were:

Sl. No	Name of Track	Venues
1	Inauguration Ceremony	District Library
2	Emergency Medical Services & Comprehensive	Jorhat Medical College Hospital
	Trauma Life Support	
3	Hospital Emergency Management Planning	Jorhat Medical College Hospital
4	Emergency Nursing Services & Mass Casualty	Jorhat Medical College Hospital
	Management	
5	School Disaster Preparedness	J.B.College
6	Search & Rescue and Incident Response System	Jorhat College
7	Coordination on Response for heads of line	DC Office Conference Hall (Ground
	Departments	Floor)
8	Community Based Relief & Public Health	DRDA Conference Hall
9	Chemical & Industrial Disaster Preparedness	NEIST
10	Public Health in Emergencies	DC Office Conference Hall (1 st Floor)
11	Table Top Exercise	Kushal Konwar Indoor Stadium
12	Hot Wash and Valedictory Ceremony	District Library



JEMEX:

The Exercise

Inauguration:

April 8, 2013

The inaugural occasion of JEMEx was held on April 8, 2013 at District Library in Jorhat. It was inaugurated by Shri Prithvi Majhi,



Shri Prithvi Majhi, Hon'ble Minister, Revenue and Disaster Management Department and Vice-Chariman, SDMA inaugurating JEMEx at Jorhat

Hon'ble Minister, Revenue and Disaster Management Department and Vice-Chariman, SDMA. The occasion was grace Smt. Bimala Sonowal, President, Zila Parishad; Shri Ramesh Jain, Deputy Commissioner, Jorhat; Dr. Sanjukta Parrasar, Superintendent of Police, Jorhat;

Shri Prasanta Borah, Chairman,
Jorhat Municipality Board and
Naghma Firdaus, Senior Specialist,
NDMA. The inaugural ceremony
was attended by about 500
participants of the ToTs, resource
persons, students and public.



ToT Tracks: April 8 - 10, 2013

The Training of Trainers (ToT) in 9 tracks was conducted from April 8 - 10, 2013. The name of the tracks with the no. of participants is given below in the table:

SI.No.	Track Name	Type of Participants	No. of Participants
1	Community Based Disaster Risk Govt. Officials/NGO members/Army		40
2	Co-ordination on Response for Heads of Line Department	Govt. Officials: Heads of Line Department	33
3	Emergency Medical Services & Comprehensive Trauma Life Support	Doctors/Paramedics	56
4	Emergency Nursing Services & Mass Causality Management	Paramedics	54
5	Chemical and Industrial Disaster Preparedness	Officials of Industries viz.Oil, Tea, Ply , Polymer, Food, Biscuit, Chemical etc	59
6	Hospital Emergency Management Planning	Superintendents/Dy. Superintendent/Proprietor of Hospitals	28
7	Public Health in Emergencies	Doctors/Officials of Health Services	43
8	School Disaster Preparedness	Teachers	70
9	Search & Rescue & IRS	Personnel from Fire Service/Police/NGO/SDRF/Home Guards/Civil Defence/Air Force	71
	Total Participants		454

The Tracks - In Detail

Emergency Medical Services &
Comprehensive Trauma Life Support

This course has been carefully designed to give first responders - EMS or Paramedics, the confidence, skills and knowledge they need to





provide the highest level of immediate care in a disaster setting. Beginning with basic but critical skills like CPR, log-rolling and extrication, participants will learn the theory and physiological basis of life support, early trauma management, and triage.



2. Hospital Emergency Management planning:

While EMS and other first responders provide initial trauma care in the disaster setting, the hospitals are the ultimate institutions for survival of the majority of the injured victims. This course is useful for hospital management to organize intrahospital care during mass casualty events. Having considered the surge capacity and local physical conditions the participants learn to develop unique plans to coordinate the delivery of care at all levels and effectively assess and mobilize hospital resources. This course was targeted at hospital administrators, Emergency Physicians and casualty medical officers.

3. Emergency Nursing
Services and Mass
Casualty Management:

This course was imparted to the nursing staff working in the emergency department. The training was given with an aim to provide them confidence,

skills and knowledge which they need to provide at the highest level of immediate care and handle mass casualties in the disaster situation.









4. Community based Relief and Public Health:

This course was imparted to senior level public health practitioners, disaster management personnel, NGOs etc. with focus on skills needed to evaluate disaster response systems. The course included an overview of various components of disaster response, and practical tools to evaluate these components including the dynamics of public health issues at times of emergency.



5. Training on Coordination of Response for Senior Government representatives:

This training was conducted with

special focus on the Inter-agency communication/coordination within agencies and effective communication with the media during the occurrences of disasters. A current global trend in communication technology was also discussed.

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6. Search and Rescue & Incident Response System:



The search and Rescue and providing aid to the people who are in distress or imminent danger are vital. This course

provided Search and Rescue personnel with the skillset they require to successfully complete search and rescue missions

7. School Disaster Preparedness:

A two-day course on school disaster preparedness was conducted for the

educational administrators, Teachers and students.

8. Chemical and Industrial Disaster Preparedness:

A three-day course on disaster preparedness and preparedness audits for Industries/ Service







industries conducted. This course was targeted at administrators / professionals / management of various industries in around Jorhat.

9. Public Health in Emergencies

A two-day course on Public Health in Emergencies was imparted to the senior level public health practitioners, Public health

Programme Managers and officials of PHE, various Public health issues and practical tools to be taken into account during emergencies





Table Top Exercise: April 11, 2013

WHAT IS THE TABLE TOP SIMULATION?

The table top is a unique exercise which has been developed over years of practice in various locations across the world to practice simulated scenarios to identify road blocks in inter agency communication and coordination. It brings together the leaders of response agencies i.e. Fire, Police, SDRF and EMS along with the heads of hospitals, Doctors, Nurses & Non-Governmental Organizations. As the scenario unfolds, the facilitators ask each group to propose their response strategy. Such exercises have proven to reveal the strengths and gaps in inter-agency communication, discrepancies and overlaps in response planning among the various stake holders.



Table Top Exercise for JEMEX

The Table – top exercise was conducted on April 11, 2013 at Kushal Konwar Indoor Stadium. Shri

Tarun Gogoi, Hon'ble Chief Minister,
Assam addressed the participants of
the Table-Top exercise and

highlighted the need for such EMEXs as it prepares the city/town in meeting urban catastrophes. The programme was also graced



Hon'ble by Shri Prithvi Majhi, Minister. Revenue and Disaster Management Department, Shri Akon Bora, Hon'ble Minister, Social Muzaffar Welfare; Dr. Ahmed. Member, NDMA; Shri V. K. Pipersenia, Additional Chief Secretary, Govt. of Assam and Shri Ramesh Jain, Deputy Commissioner, Jorhat.

The Table-Top exercise was led by Deepak Mallik, RED-R and Nandita Hazarika, State Project Officer, ASDMA. The scenarios that were developed keeping in mind the physical as well as socio-economic characteristic of Jorhat Town were unfolded before the participants. They were asked to respond to each of the scenarios which was also developed keeping in mind the field drill planned for JEMEx.





The brainstorming facilitated on the simulated scenarios of emergencies helped the different agencies to understand their roles and responsibilities. While unfolding the scenarios, the facilitator stopped and gave the injects to stimulate immediate tasks for each group on their response strategy. participants of each track came forward with their own response mechanisms which were facilitated by

the remarks of the faculties. exercise brought together response agencies viz. Fire, Police, NDRF and EMS, along with heads of hospitals, Doctors. Nurses and nongovernmental organizations to single platform providing an opportunity for all of the stake holders to work together responding to a city disaster.

Thus the brainstorming at Table-Top exercise led to the groundwork for the drill simulated on the last day, i.e. April12, 2013 at Kachari Maidam.



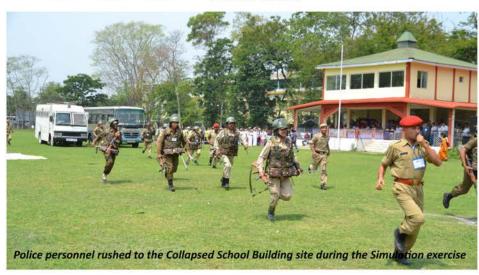
The Field Drill: Forenoon, April 12, 2013



In order to understand the actual preparedness and planning and response of the agencies departments concerned to a disaster event and to analyse performance a field drill was conducted on April 12, 2013. Theobjective of this drill was and finally to identify the areas of improvement.

The field drill started with the simulation of massive earthquake measuring 7.7 in the richter scale with its epicentre at Kapili fault approximately 160 KM away from Jorhat town.

to find out
the gaps in
the eir
preparedne
ss, planning
and
response
activities



The simulation was carried out with over 160 injured victims due to collapse of a two storied School Building and major Fire at a OIL pumping station affected by the earthquake. The additional Deputy Commissioner and C.E.O DDMA Jorhat took charge as the Incident Commander and alerted the response agencies e.g Police, Fire, SDRF and EMS to respond to the events.



Police Personnel cordoning off the collapsed building site during the Simulation exercise





A triage area was set up at the site of the "disaster" and all injured ones were triaged, applying the skills learnt

Injured pepile being Triaged by Paramedics but mg the Simulation exercise

during the training session. Every single victim triaged was monitored by local evaluators trained at JEMEx.

The colour coded injured victims (red, yellow, green, black) were transported by Ambulance Service to the already identified Hospitals, with realistic time delays built into the simulation.





each hospital, the hospital At emergency plans were activated and doctors, stretchers, nurses, pharmacies, and equipment were mobilized to accommodate the additional flow. Doctors trained at JEMEx activated the casualty wards applying their trauma care skills for handling this mass casualty incident. The entire drill was monitored by the local evaluators, in addition to the faculty, and the entire drill was video recorded.







Response agencies involved in the field drill:

- 1. District Administration: Command Post
- 2. Fire & Emergency Services, Assam
- 3. Civil Defence and Home Guards
- 4. NGOs
- 5. Community
- 6. 108 ambulance services
- 7. Doctors, paramedics
- 8. Police

No of Injured victims: 160

No of Ambulances deployed: 8

No of Fire Tenders deployed: 3

No of Hospital that received patients: 5





It was attended by Dr. Muzaffar Ahmad, Hon'ble Member NDMA, Shri Rana Goswami, Parliamentary Secretary, Assam Legislative Assembly. Shri R.C. Jain, Deputy Commissioner, Jorhat, Nagma Firdaus, Specialist, NDMA, Mrs. Nandita Hazarika, Deputy Secretary and State Project Coordinator, ASDMA.

Hotwash – The Debriefing: Afternoon, April 12, 2013

Hotwash was the concluding event of JEMEx-2013. Soon after the simulation exercise, a hot wash cum valedictory session was conducted in the Jorhat District Library.





Nagma Firdaus, Sr. Specialist, NDMA made a power point presentation on the detailed observations made on the Jorhat Emergency Management Exercise.

The participants involved in the ToTs who also acted as emergency responders, observers as well as stakeholders in the drill presented their views on what went right and what went wrong during the exercise.



Certificates were handed over to participants of all the 9- tracks at the valedictory session.

The observations made by Nagma Firdaus, Sr. Specialist, NDMA is detailed in Table :

A. Table: Feedback and recommendations of the ToT Tracks

SI.	ToT Tracks	Participants Feedback		
No.	THE TAXABLE PROPERTY.	No. of Participants who gave feedback	Remarks on Content	Recommendation from Participants on quality improvement of the exercise
1.	Emergency Medical Services & Comprehensive Trauma Life Support	34	session was effective and content relevant	Needs to be more practical and hands on tools to be used
2.	Emergency Nursing Services & Mass Causality Handling	40	effective and content relevant	Feedback did not capture any recommendation
3.	Coordination for Response for Heads of Line Departments	23	i.efffective and content relevant, well planned ii. flow of the track was very interesting	Training helped them to better understand the significance of coordination and communication between different Deptt. in times of disasters with available resources
4.	Community Based Disaster Risk Reduction	27	effective and relevant	i.Training should more than 2 days for holisitic understanding ii.More focus on response required
5.	Hospital Emergency Management Planning	22	effective and content relevant	i. Duration of the Training should be more ii.More practical demonstration required
6.	Search and Rescue and IRS	71	effective and content relevant and covered the basics	i.Duration of the training to be more ii.More refresher courses required
7.	Public health in emergencies	32	effective and content relevant and covered the basics	i.Practical oriented sessions were very interesting ii.More trainings of such kind
8.	School Disaster Preparedness	Teachers-56 Students-72	effective and content relevant	Practical aspects need to be more emphasized upon
9.	Chemical and Industrial Disaster Preparedness	26	effective and content relevant and covered the basic	More practical



B. Feedback and recommendations of the Table-Top Exercise

- brought together more than 500 stakeholders to interact, think
 operationally and strengthen collective decision making for the first time
- * provided good learning opportunity
- methodology needs fine tuning
 detailed briefing to the stakeholders is critical before the conduct of
 tabletop so that each stakeholder has role clarity
- * Moderation by local administration is critical





C.Table: Observation on Chain of Events and recommendations of the Field Drill

Field Drill - Chain of Events	Observations/Recommendations
• 10.29 – 1st Incident – School earthquake –	Departments of the Emergency Services lacked
1st Site	clarity in terms of sequence of response (chain)
• 10.31 – Community First responders –	clarity in terms of sequence of response (chair)
Students start leaving the building	There was no scene safety procedure carried out
10.35 – Arrival of Police	for bystanders
• 10.36 – Cordoned the 1st area	75.075.01.00.0
• 10.36 – Civil Defence arrive	Pre - positioning of medical responders (it resulted
	in putting challenge to real time response
 10.37 – Fire services arrive 10.37 onwards – Search and rescue starts 	procedures)
	1 (A)
 10.37 - 2nd Incident – Chemical Site 10.38 – Police cordoned off 2nd Site 	Stretchers, scoop and spine boards were not properly used to transport the victims to the
	ambulances
10.38 – Medical First Responders	
• 10.38 – School children have been brought	There were issues with reference to systematic
into the Triage area	triage procedures on site.
• 10.39 – Triage begins	The paramedics in the ambulances were not aware how to deal with the victims, were not fully aware
10.41 – First two ambulances arrive at the site	of the pre- hospital care procedures
• 10.41 – Fire Services start responding at	
2 nd Site	No first aid was administered for 2 nd site
• 10.42 – 3 rd and 4 th ambulances arrive	(Chemical)
• 10.43 – First two ambulances leave with 2	Police personnel could have been put to more use
casualties	on the 2 nd site (Chemical)
• 10.45 – 2Transport services (buses)	No decontamination procedures administered for the 2 nd site (Chemical)
• 10.46 - 8 th ambulances arrive	
• 10.47 – All mock victims in Triage area from both incidents	Proper immobilization methods were not properly administered.
• 10.55 – 9 th and 10 th ambulance arrive	Only single person went inside with PPE on second
• 11.05 – All victims triaged and sent	site
onwards	50 victims and 30 paramedics on the triage , no
	proper demarcation between hot-zone, warm
	zone and cold zone
	Priority was not given to the most critical (red) victims
	Civil Defence were not familiar with the Triaging
	processes
	Ambulances arrived late on the scene
	Nobody took charge of the Triage area
	DC briefed the media well
	In the Control Room (EOC) record keeping and
	documentation was proper in terms of incident log
	book, mobilization (resource) logbook, mapping
	It is recommended that a separate section in the
	incident book should include record of actions
	taken and key decisions made
	The Joint Director, Health and Chief Warden were
	present. The other concerned line Department representatives were not present.
	There were separate human resources for
	essential services and message keeping (was not
	operational)
	The control room has telephone, computer with
	no internet, wireless is present (in terms of
	communication methods)

Lessons Learnt in JEMEx-2013

The key lessons learnt from JEMEx-2013 are

- Emergency Service Delivery can be calibrated through proper planning and regular drills
- 2. The Emergency Service Providers viz. Fire and Emergency Service personnel, Civil defence and Home Guards, Police, Doctors, paramedics and nursing staff, Civil society Volunteers and Personnel from Administration requires periodic training on Response planning, resource mobilisation and deployment strategy.
- All stakeholders are required to plan and test their plan of action to specific events on Interagency Coordination and Response.
- 4. There is a need for DM Institutional strengthening at Local level Urban Body in the district.





Lessons Learnt in JEMEx-2013 (contd.)

- 5. Mass awareness on disaster management among the community is essential
- 6. Necessity of SOPs for all ESFs and concerned departments as well as other stakeholders
- 7. Mapping of resources is necessary (inventory Human and equipment both)
- 8. More training and reinforcements for the emergency medical services cadre
- 9. Hospital DM planning, activation and awareness needs attention
- 10. Need for interagency communication and coordination between various agencies
- 11. Capacity building for the Civil Defence and Task Forces
- 12. Clarity on roles and responsibilities for all agencies concerned with emergency response
- 13. Develop and maintain arrangements for accessing resources, equipment, supplies for response
- 14 Refresher training for all tracks required.







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