

information and warning, Emergency Operations Center (EOC) management, and long term recovery.

**Methods:** We conducted Disaster Simulations in Hospital Preparedness and Community Readiness for Emergency and Disaster (HPCRED) project for (1) Posts Rehearsal, (2) Emergency Medical Team (EMT), and (3) Hospital Disaster Plan (HDP). This was a pilot project, for 3 tertiary hospitals in 3 provinces in Indonesia. We assisted them to set up their HDP including their EMT team.

**Results:** The 3 important challenges in conducting disaster simulation are triage, prerequisite skills, and documentation. Triage in the field is not simple, it is a complex, comprehensive, and controversial procedure. It needs to be immediate and timely, adequate and accurate assessment, decisions based on assessment, intervened according to acuity condition, complete in documentations. A first Responder team should have prerequisite skills to control airway-breathing-circulation, to control external bleeding, to treat shock, to treat wounds, and to splint injuries to stabilize extremities. Documentation should record initial condition of patient, patient's description of injury or illness, initial and later vital signs, treatment given, personnel who took-over care, and any other pertinent information.

**Conclusion:** Good planning and exercising the ED system in daily practice can help maintain hospital disaster preparedness & critical functions. The triage system should be feasible to be implemented during disaster. We need to build capacities in Life Support, First Responder, Triage, and Ambulance Protocol.

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### Conception d'un exercice de type ORSAN AMAVI mobilisant plus de 30 établissements hospitaliers pour le compte de l'ARS de Normandie

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**Study/Objective:** Étudier la capacité organisationnelle du centre 15 zonal et de 30 établissements sanitaires normand face à une attaque terroriste combinée de type fusillade/explosion dans un centre commercial entraînant près de 200 victimes.

**Background:** Les événements de novembre 2015 et la perspective des compétitions sportives internationales devant se dérouler en France durant l'été 2016 on conduit les autorités à vouloir tester la capacité des ARS et des établissements sanitaires de province à concevoir, mettre en œuvre et organiser le RETEX d'un exercice ORSAN AMAVI.

**Methods:** L'ARS de Normandie a fait appel à l'expertise de la Société Française de Médecine de Catastrophe pour l'assister dans la construction et le pilotage de cet exercice stratégique innovant, premier du genre sous l'égide d'une ARS.

**Results:** L'intérêt d'un scénario vraisemblable, avec des plastrons bien conçus, reproduisant les proportions attendues de victimes adultes/gérontologiques/pédiatriques blessées/blastées/brûlées, avec pour cellule d'animation le PMA animé par un expert de la SFMC

assisté d'un médecin régulateur détaché du SAMU Zonal, jouant sur les conditions météo du jour, en temps réel, permet une appropriation des points faibles logistiques/informatiques/organisationnels par l'ensemble des participants en évitant l'écueil du Crash Test aux effets démobilisants.

**Conclusion:** Ce type d'exercice basés sur plus de 10 ans d'expertise dans la conception et la mise en œuvre de simulation de crise et de formation au pilotage stratégique de crise permet des RETEX de qualité autorisant une réelle amélioration de la planification et de la réactivité des équipes dans une logique conforme à l'esprit de la roue de Deming.

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### The 2016 International Simulation Drill of an Earthquake Disaster in Columbia: The Development of the

**Massachusetts General Hospital Emergency Medical Team**  
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**Study/Objective:** To describe the Massachusetts General Hospital Global Disaster response team's experience in an International Disaster Simulation.

**Background:** Disaster response is increasingly professionalized. The United Nations developed an Internet-based mechanism for the certification and registration of emergency medical teams (EMTs) for use in a crisis such as an earthquake. In September 2016, International Search and Rescue Groups (INSARAG) collaborated with Pan American Health Organization (PAHO) organizing the 6th annual Simulation Exercise (SIMEX) this year, for the second time, included EMTs participation. The goal of the 5-day exercise was practice coordination and communication with the international search and rescue teams, regional EMT's, and the government of Colombia to test procedures and policies in place for a response, and to work and learn together.

**Methods:** We describe the simulation exercise.

**Results:** There were 778 participants at the SIMEX, from 14 different countries of South America Groups ranging from the district level in Bogota, to regional teams, and international participants. There are three phases to this SIMEX: familiarization, preparation in the workshops, then simulation. The Coordination and Management Cell (CICOM – EMT), which provides information, coordinates the response, and supports the Health coordination team in decision making, was reviewed. Teams officially registered on Virtual OSOCC (Onsite Operations Coordination Center) as a deployed EMT and set up a location to work, and to coordinate with other teams, and with the overall disaster response key stakeholders. We simulated a team that had x members, with x equipment, and could work in an affected hospital in the disaster zone.