

EXERCISE SALAFAI (TSUNAMI DRILL)

Exercise Salafai, also known as Mass Casualty Exercise/Tsunami Drill, took place on 1st July, 2010 in Satupaitea District, Savaii with multi-sectoral participation from several Ministry departments and organizations involved in disaster response. Representation was confirmed from Ministry of Health (MOH), National Health Service (NHS), Disaster Management Office (DMO), Fire & Emergency Service Authority (FESA), Ministry of Police & Prisons (MPP), Ministry of Women, Community & Social Development (MWCSO), Red Cross, National Kidney Foundation (NKF), Electric Power Corporation (EPC), Samoa Ports Authority (SPA), Samoa Shipping Corporation (SSC), and WT Media.



The Mass Casualty Exercise Team discusses the tsunami drill plan for the following day.

The drill took place between 0940 hrs and 1318 hrs, with a subsequent evaluative debriefing commencing at 1600 hrs and closing at 1830 hrs. Tsunami impact sites were located in the villages Vaega, Mosula, Pitonuu, and Satufia. Foailalo District Hospital was utilized as the main hospital for the drill and a



Nurses at Foailalo Hospital treat wounded man

Makeshift Hospital was implemented at Vaega. All response agencies, site evaluators, Emergency Operating Centre (EOC), On-Site Coordination Centre (OSCC), and observers utilized this forum to evaluate the various aspects of the exercise and generate recommendations for strengthened disaster response coordination in the future, both for simulated and actual events. Key recommendations from the drill are noted below:

Communication:

Communication issues were identified as one of the most significant challenges to executing the drill at its most optimal level. This is consistent with evaluative feedback from the previous Mass Casualty Exercise in 2008 (Exercise Doomsday) and improvement in this area will most surely produce improved disaster response coordination amongst all agencies.

Main areas of communication lapse occurred in the following aspects of the drill:

1. Delay with informing the participating villages as many villagers were unaware of the exercise and/or their roles as casualties;
2. Lack of representatives from certain organizations present at the OSCC to communicate with field workers;
3. Delay of tsunami warning/sirens in villages;
4. Breakdown in communication between DMO and participating agencies about OSCC;
5. Issues with instructions communicated via wireless radio to field from OSCC; and
6. Delay in communication from field to hospital to prepare for casualties (NHS).

There were minor communication issues identified between the OSCC, EOC, and field workers, but overall this line of communication within the drill was evaluated positively.



Police helping the tsunami victims

Coordination

Coordination challenges were identified within and between agencies by several evaluators, particularly in terms of carrying out response protocols as defined by the National Disaster Management Plan and coordinating care for casualties (i.e. triaging, assess and load, etc.). It was recommended that all agencies revisit the National Disaster Management Plan as well as their respective organizational response plans to further clarify these issues, effectively prepare for future disaster response, and strengthen response and treatment protocols.

Related to communication, coordinating the drill with the villages could also be improved in the future.

An overall strength of the drill was the utilization of the On-Site Coordination Centre (OSCC). This space allowed channeling of all response communication to one site, and allowed organization representatives to communicate with the field.

Transportation

A shortage of transportation vehicles was highlighted, as certain sites had to wait for extended periods of time before a response was made to their transportation requests. Further briefing of emergency drivers should also be addressed, as a safety concerns arose around the driving speed during the exercise.

Resources

The limitation of communication devices (i.e. wireless equipment), medical supplies (i.e. personal protective equipment), and other disaster resources (i.e. vests), highlighted the need for further procurement of these resources for future disaster response efforts. Strengthening communication amongst response agencies and ability for medical responders to treat and care for casualties will ensure the most efficient and safe response during a disaster, and most effectively protect the health of the public during such an event.



Response agents attending to the casualties

Agency Role Responsibilities

Challenges arose during the debriefing session in clarifying agency roles, both in terms of responsibility for drill coordination and role implementation during the response.

In terms of logistical responsibilities during disaster drills, it was noted that each organization should coordinate their respective internal issues, such as petrol, fuel, and care for their personnel.

Duplication of roles and role overlap were also issues that were visited during the debriefing session. For example, non-medical personnel were observed providing clinical care to casualties, which should strictly be in the role of medical and health personnel. The recommendation to resolve this issue was for all agencies to revisit the National Disaster Plan and to provide briefing for their organizations so as to avoid cross cutting of roles during an emergency.

Overall, all agencies and representatives who participated in the drill noted improvements in this exercise as compared to the previous tsunami drill exercise that took place in 2008. All highlighted the value inherent in conducting these disaster preparation drills, as further evaluation and identification of areas for improvement will only strengthen the multi-sectoral response coordination in face of an actual event.