Phoenix Exercise

The response of the Italian Field Hospital to disasters and terrorism events

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The purposes:
- to give you general information about the Italian Light Field Hospital (LFH)
- and
- to introduce to you Phoenix Exercise: the final act of the evaluation process of the LFH with regard to readiness and capability

This short presentation is divided as follow:
- **1st part**: general information, speaker Federica De Giuli
- **2nd part**: philosophy and description of Phoenix Exercise, speaker Antonio Tonarelli
- **3rd part**: medical aspects and conclusions, speaker Federica De Giuli
The adventure of the Surgical & Medical Intervention Group (GIMC) of the National Alpini Association (ANA) started in 1976 after the earthquake in Friuli (Italy) that highlighted the need for an organization and related structures able to act in case of major accidents and catastrophes.

The history of disaster emergencies has confirmed the important role of light field hospitals (LFH) and it has highlighted the need of logistic and sanitary self autonomy of these operating structures especially in difficult environments.
The ANA LFH is a level 2+, mobile, flexible hospital structure self-sufficient health care of rapid employment.

The logistic and sanitary personnel consists of volunteers from the entire Italy.

We support the importance of

- training to ensure self autonomy
- dynamic cooperation between sanitary and logistic personnel
In October 2016 a 3-day training section called “Phoenix” has been performed mimicking a maxi emergency.

The training section was aimed to test/verify:

- the timing and skills of entire personnel to set up and equip the LFH and the logistic structures
- the cooperation among the personnel
- the coordination of sanitary activities among professionals not use to work together and coming from different job environments
- the security of personnel and the correct use of personnel protective devices and procedures
- the new electric system and the water purifying system
Personnel involved:

41 sanitaries

25 logistics
The purpose of this part of the presentation is to give you a quick overview on the preparation made by the LFH to face future challenges.
Philosophy:

The rapid employment envisioned for Disaster Emergencies will require an agile, standing, permanent deployable structure, confirming the important role of Light Field Hospital (LFH).

LFH are now the spearhead for the power projection of a medical structure within the global space.

This capability necessitates a high readiness for volunteers, leaders and staff.

It also means that, once the desired readiness level is achieved through training and exercises, it must be maintained constant.
Training vs Exercise:

Training and preparing a structure like the LFH is a challenging and demanding task.

It is important to distinguish between training events and exercises.

This distinction creates differences between both the conduct and desired end state for each.
Training Events:

Training events focus on preparation at individual, leader, and staff levels to improve skills at each level.

Training events are not evaluated other than to provide feedback for improvement.

The end state of the event is directly linked to an expressed standard drawn from the Director’s vision of his desired readiness level.
Exercises:

Exercises are focused on the structure collective training, particularly in integrating skills at all levels and validating readiness and capability.

They are evaluated according to established standards and serve as a certification of specific capability.

The end-state of the event involves a formal report of the structure capability that serves as a formal notification that the structure, namely the LFH, is ready for employment.
Based on the considerations mentioned, a 3 days field exercise was run in November last year as a mixture of training events and exercise.

In particular, the first day was dedicated to training events.

Whereas, during the second and third day an exercise was run.

This event completed the LFH training period and included full reports, both verbal and written, as to the lessons learned, which will be used as a basis for future developments.
1ST day program:

- activation, and reception of personnel
- **morning briefing for coordination and instruction**
- set up of:
  - logistic tents, dorms, toilettes, showers,
  - Kitchen
  - Mess
  - meeting room
- LFH set up rehearsal
- Radio rehearsal
- Mission rehearsal
- **Evening briefing to identify problems**
2nd day program:

Morning

- morning briefing for coordination and instruction
- set up of the LFH (8 pneumatic tents):
  - triage and reception
  - 2 ambulatories of internal medicine/emergency care small surgery/orthopedy
  - 1 surgical room
  - 1 pre and post surgery observation
  - 1 laboratory for blood assay
  - pharmacy
  - 8 beds for hospitalisation
  - 1 radiology lab

Afternoon

- 4-hour sanitary exercise
- Evening briefing to identify problems
3rd day program:

- morning briefing for coordination and instruction
- take down of:
  - logistic tents, dorms, toilettes, showers,
  - Kitchen
  - Mess
  - meeting room
- dismantling of the LFH

Evening briefing to identify problems and draw lessons learned
Guardian
- self-propelled
- remote-controlled
- Infrared camera

an electronic device which provides a real time picture to monitor activities
Summary:
Achieving and maintaining readiness is the cornerstone of preparation for a structure like a LFH. Various training events culminating in an exercise must be conducted to ensure that readiness is achieved and maintained.

It will not, however, be as hard as potential employment in a real emergency in which a structure like a LFH will be deployed, so we have to make every effort to give the LFH absolutely the best training possible.
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Light Field Hospital ANA

Training
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set up of the LFH
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set up of the LFH
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set up of the LFH
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briefings
Light Field Hospitals

a reality to face future challenges
4-hour sanitary section

- 14 medical doctors
- 13 nurses
- 3 physiotherapists
- 2 pharmacists + 1 technician
- 2 technicians for blood assay Lab
- 2 technicians in Radiology

11 made up persons interpreted patients arriving with ambulance by 118 coming from a near commercial site where a bomb had been exploded
11 patients: 4 green, 4 yellow and 3 red

Services:

7 Blood assay
3 Rx
2 Abdominal echo
1 cardiac echo

3 pts moved to other hospital with: Neurosurgery, orthopaedic surgery, burn centre

5 admissions
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the make up
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Patient’s arrival
Patient’s arrival
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Triage
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Triage: card with SORT parameters
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Evaluation in the Orthopedic/small surgery ambulatory
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Pre-surgical room
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Evaluation & treatment in pre-surgical room
Surgical room
Blood assay lab
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Pharmacy
Conclusions

The training section:

- showed a good level of cooperation among the personnel
- highlighted several aspects that will be ameliorated
- confirmed the need of periodical training sections to guarantee self autonomy in case of disaster emergencies especially in austere environment