

Culturally Sensitive Disaster Nursing Focusing on Pacific Rim Island Countries: First Report on Japanese Public Health Nurses

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Introduction: Providing culturally sensitive disaster nursing is essential to enhance survivors' resilience, especially in Pacific Rim island countries, which are home to 80% of the disaster victims of the world. Until now, most studies have focused on immigrant culture or language, and few have explored the idea of disaster nursing adjusted to the affected area's culture.

Aim: The study explores public health nurses' (PHNs) tacit knowledge regarding culturally sensitive disaster nursing focusing on the Pacific Rim island countries. This first report is the result of the study that clarified how Japanese PHNs, as relief nurses, considered the local culture to provide care to survivors in Japan.

Methods: Study participants were nine PHNs from seven prefectures, who provided care to survivors of natural disasters that occurred in 2011–2017 in Japan. Semi-structured interviews were conducted with questions such as, "Which culture did you consider while providing care to survivors in each disaster phase?" Data were analyzed qualitatively and inductively and were sorted according to the four disaster phases. The study was approved by the ethical committee at the National Institution of Public Health.

Results: In the acute phase, PHNs utilized close relationships between local residents and health care providers to collect information. They balanced local habits and the prevention of secondary health damage in the subacute phase; for example, balancing sanitation habits and prevention of contaminations. Additionally, they, as strangers to the community, played a role in alleviating tensions between residents under stress. During the recovery phase, they strengthened survivors' attachment to the area.

Discussion: PHNs dispatched from the outside of the affected areas must be culturally malleable to adjust their practice to the local context. Being strangers in an affected area can be advantageous if they utilize their position effectively.

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Current Status of the Japanese Disaster Medical Record

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Introduction: There was no common medical record used in disasters in Japan. At the 2011 Great East Japan Earthquake,

medical teams used their own medical records instead of a unified format and operational rules. As a result, confusion occurred at the clinical practice site. The Joint Committee on Medical Records proposed a standard format of disaster medical records in February 2015. The Ministry of Health, Labor, and Welfare has issued the notification of states' use of a standardized medical record for disaster in 2017. It was confirmed that standardized disaster medical records were used by each organization in the 2018 Western Japan torrential rain disaster and the Hokkaido Iburi Eastern Earthquake, but the actual condition of those records was not clarified.

Methods: We sent a questionnaire to the local governments where the medical team worked in 2018 Western Japan torrential rain disaster and the Hokkaido Iburi Eastern Earthquake. In the questionnaire, we asked about the operation and management of standardized disaster medical records at the time of the disaster and also questioned future management methods.

Results: There was no use of other medical records. Standardized medical records were used in all records. All records were managed and operated by the disaster medical headquarters responsible for health care and welfare. Standardized disaster medical records were recorded on paper. Evacuees included patients who moved from shelter to shelter or to temporary housing to get better living conditions. That created difficulties transferring records since it was recorded on paper and stored in medical headquarters. Some returning patients were checked by several medical teams, resulting in the creation of several medical records of the same patient's condition. Future improvements and management of the recording process and record-keeping are required.

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Description Analysis of Primary Care Issues in Puerto Rico after Hurricane Maria: Results from Federal Medical Shelter Manati

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Introduction: In September 2017, Hurricane Maria devastated Puerto Rico's health care infrastructure. To meet the demands of ongoing primary care and medical emergencies, Federal Medical Shelters (FMS) were set up to serve local communities for the weeks after the hurricane. A team of health professionals from New York assisted federal authorities in the provision of healthcare in the FMS.

Aim: To describe the population of patients requesting medical care in the aftermath of Hurricane Maria at FMS Manati and to categorize the range of problems faced by patients after the hurricane, and examine how this changed longitudinally over the course of the operation.

Methods: Researchers collected basic data of patients at presentation to the FMS. Descriptive analyses were performed of the patient population and nature of presenting illnesses. Chi-squared analysis was performed to compare the change over