

**(H86) Disaster Management and Public Health***Jeffrey Levett; Vicky Papanicolaou*

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In recent years, the foundations of public health and disaster management have been strengthened through a combination of preparation and response to ever-present dangers and an aggregation of measures to prevent or reduce the likelihood of a health disturbance (HD). A health disturbance is related to the vulnerability of the population, the level of development of society, and its governance. A formula was used consisting of three interacting factors taken from the Utstein Template representing hazard, risk, and community management in order to predict health damage as a result of an event (earthquake, wildfire, accident, epidemic). If one of the three factors is zero, then  $HD = 0$  and no disaster will take place. Distinctions are made between risk, hazard, vulnerability, mitigation, and societal management as well as the pre-event level of the preparedness of a society and the vulnerability of its population. A health disturbance is dynamic and is lower when economic growth is high and the basic functions of society strong. Management can be productive (strong public health functions) or counter-productive (authoritarian governance). Because disaster management is a part of public health, it should play a greater role in any societal dialogue regarding the creation of beneficial hazards and health practices in all other policies. This approach is strong because it can deal with a unifying set of principles for both public health and disaster management that permits us to organize thinking about a problem space (conceptualization), analyze situations, and design and evaluate interventions relevant to a threatened society. Furthermore, it has potential for cost-benefit assessment with respect to interventions matched to any of the three factors and a classification of societies with respect to human security.

**Keywords:** disaster health management; hazard; health disturbance; public health; Utstein Template

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**(H87) "Sahabat" Clinic ("My Friend" Clinic) Preparedness to Cope with Disasters***Marie Caesarini*

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**Background:** Recently, the Sahabat Clinic Yakkum Emergency Unit is actively increasing the health quality of Nagan Raya without discriminating based on ethnicity, religion, race, or socio-economic background. The clinic is based on humanitarian values. This clinic is in a 350 m<sup>2</sup> building consisting of a 24-hour emergency unit, general clinic, delivery room, and inward room. The clinic is located in the Nagan Raya District of Aceh Province, the coastal region that was hit by the earthquake and tsunami in December 2004. In such a disaster-prone area, it is essential for the clinic to implement a preparedness plan for disaster management.

**Objective:** The objective of this project was to prepare and perform a Clinic Disaster Plan for the Sahabat Clinic for managing a disaster or major incident by empowering all

clinic staff with an early information system, a clinic staff coordination system, medical and non-medical preparation, networking and public relations system, and a referral and reporting system on closing activities.

**Methods:** A literature review and internal group discussions were conducted.

**Results:** A clinical disaster plan incorporates all of the components of empowerment. This involves a direct command from one person responsible as the leader, an internal and external response system, clinic staff coordination on performing medical and non-medical duties, networking and public relations connected to government stakeholders and other organizations who potentiality are involved in disaster management, the referral system, and the reporting system on closing activity. A maternity and delivery room in the clinic is useful for pregnant women, delivering babies, lactating mothers, or women with complications regarding maternal, reproductive matters, and neonatal health.

**Conclusions:** The Sahabat Clinic disaster plan has been prepared and performed and will be implemented when a disaster or major incident occurs in this area.

**Keywords:** disaster; clinic disaster plan; Indonesia; planning; preparedness; task-sharing

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**(H88) Development Methodology of New Disaster Medical Response Guideline through Step-Wise Analysis***Soon-Joo Wang;<sup>1</sup> Eun-Goo Ham<sup>2</sup>*

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**Introduction:** Recently, there have been changes in environmental and disaster-related conditions. There are frequent natural disasters related to global warming, newly emerging hazards, and terrorism. However, traditional disaster management does not fulfill the new paradigm. Through this research, the authors suggest a new methodology of developing medical response guidelines through a 10-step scientific analysis.

**Methods:** The development of disaster and crisis management guidelines will be performed in 10 steps:

1. Coding based on the sub-classification of the type of disaster;
2. Analyzing the possibilities of the sub-classified disaster occurrence;
3. Deriving the possible sub-classified disaster types;
4. Classifying the disaster based on various situations;
5. Deriving the priority of the sub-classified disaster types;
6. Deriving the specific roles based on the three levels of disasters;
7. Deriving the scenario event and checkpoint;
8. Describing the scenario according to the sub-classified disaster type;
9. Developing general disaster management algorithms in specific sub-classified disaster; and
10. Developing a general algorithm and protocol in particular flows in disaster medical response and deriving the role of related persons