

Abstracts of Poster-Presentations-WADEM Congress on Disaster and Emergency Medicine 2019

POSTER PRESENTATIONS

2018 Natural Disaster Response in Japan

Dr. Hisayoshi Kondo, Dr. Yuichi Koido, Dr. Hirotaka Uesgi, Dr. Yoshitaka Kobayagawa, Dr. Ayako Takahashi, Dr. Yuzuru Kawashima, Dr. Miho Misaki, Ms Kayako Chishima, Mr. Yoshiki Toyokuni
National Disaster Medical Center of Japan, Tachikawa, Japan

Introduction: Japan experienced several major disasters in 2018.

Aim: Evaluation of medical response was conducted and problems determined to solve for future response.

Methods: An evaluation conducted on DMAT responding report of Northern Osaka Earthquake, West Japan Torrential Rain Disaster, Typhoon Jebi, and Hokkaido Iburi East Earthquake.

Results: DMAT responded 58 teams for Osaka Northern Earthquake, 119 teams for West Japan Torrential Rain Disaster, 17 teams for Typhoon Jebi, 67 teams for Hokkaido Iburi East Earthquake. At the Osaka Northern Earthquake, by comparing the report of seismic diagnosis, results and, a magnitude of each region, hospital damage was evaluated. At the West Japan Torrential Rain Disaster, a flood hazard map was used to expect inundation at hospitals. At the Hokkaido Iburi East Earthquake, information of hospital generator was gathered and planned assistance for loss of power. Water supply cessation in the West Japan Torrential Rain Disaster and loss of power in the Hokkaido Iburi East Earthquake influenced hospital functionality. More precise preparation for hospital management in the event of a loss of power and water supply situation required in not only in local government but also each hospital. For the West Japan Torrential Rain Disaster, we experienced the same type of major disasters in the past, but could not manage accordingly. For the Hokkaido Iburi East Earthquake, we applied what was learned from the West Japan Torrential Rain Disaster.

Discussion: Disaster medical operation was supposed to be managed with information from the Emergency Medical Information System (EMIS). However, 2018 disasters provided lessons that require a full understanding of disaster prior information and expected disaster damage information to manage disaster assistance. To accomplish effective disaster assistance, information must be gathered of supplies and assistance required by hospitals. An effective system to facilitate lessons learned needs to be developed

Prehosp Disaster Med 2019;34(Suppl. 1):s98

doi:10.1017/S1049023X19002000

The 14th Asia Pacific Conference on Disaster Medicine in Kobe, Japan: A Brief Overview and a Proposal

Dr. Shinichi Nakayama¹, Dr. Takashi Ukai¹, Dr. Shuichi Kozawa¹, Dr. Tetsunori Kawase¹, Dr. Satoshi Ishihara¹, Dr. Soichiro Kai Kai¹, Dr. Ryoma Kayano², Dr. Tatsuro Kai³

1. Hyogo Emergency Medical Center, Kobe, Japan
2. The WHO Center for Health Development (WHO Kobe Center), Kobe, Japan
3. Osaka Saiseikai Senri Hospital, Osaka

Introduction: The Asia Pacific Conference on Disaster Medicine (APCDM) started in 1988 in Osaka, Japan, and the 14th conference was held from October 16-18, 2018, in Kobe.

Aim: To give a rundown of the 14th APCDM and a proposal for WADEM.

Methods: Retrospective analysis of participants, the category of presentations, and deliverables.

Results: With “Building Bridges for Disaster Preparedness and Response” as its main theme, the 14th APCDM was held near the epicenter of the 1995 Great Hanshin Earthquake in Kobe. The total number of participants was 524 from 35 countries, not only from Asia and the Pacific but also Europe and the Americas. Its program had 10 lectures by distinguished speakers such as WADEM Board members and WHO (World Health Organization), four symposia, two panel, oral and 99 poster presentations. “Preparedness” and “Education and Training” were the categories with the largest number of presentations. The presidential lecture outlined improvements made in Japan since the Great Hanshin Earthquake (disaster base hospitals, disaster medical assistance teams, emergency medical information system, and disaster medical coordinators) and emphasized the importance of standardizing components for better disaster management. This idea was echoed in symposia and round-table discussions, where experts from WHO, JICA (Japan International Cooperation Agency), and ASEAN (The Association of Southeast Asian Nations) countries discussed other components such as SPEED (Surveillance in Post Extreme Emergency and Disasters) and standardization of Emergency Medical Teams.

Discussion: Each country in the disaster-prone Asia-Pacific region has a different disaster management system. However, participants agreed in this conference that we can cope with disasters more efficiently by sharing the standardized components, from both academic and practical points of view. APCDM must provide these deliverables to WADEM, so both