

local government or emergency services should be delegated to a member of this team to ensure resource coordination and approach integration where necessary. The location of this team also requires significant planning, and requirements like communications, space, signage, and equipment are addressed.

In addition, plans should include processes for incident notification and activation, staff management, casualty registration and management, media and resource/supply management, crowd control and perimeter security, documentation, and evidentiary care expectations.

Developing a hospital disaster plan is a challenging task that relies on the use of a strategic framework for success. This presentation will highlight critical elements to be considered in hospital disaster planning identified within the Western Health Service in Melbourne, Australia.

Keywords: disaster; effectiveness; hospital; planning; process; team
Prehosp Disast Med 2007;22(2):s120–s121

(203) Development of the Local Disaster Medical Assistance Team System in a Local Government and the Tohoku Region of Japan

K. Morino,¹ H. Henmi,² M. Honma,² Y. Otomo,³ H. Kondo,⁴ S. Yamanouchi,⁵ T. Kenichiro,¹ Y. Tsujimoto¹

1. Yamagata Prefectural Medical Center for Emergency, Yamagata City, Japan
2. National Disaster Medical Center, Tokyo, Japan
3. Tokyo Medical and Dental University, Tokyo, Japan
4. Nippon Medical School, Tokyo, Japan
5. Tohoku University, Sendai, Japan

Ever since the Kobe earthquake, Japan has authorized hospitals that treat disaster victims; presently 550 hospitals are authorized. However, the level of preparedness of each individual hospital differs. Some authorized hospitals do not even train for disasters. In addition, only a few local governments mandates require evaluation of the disaster medical system. Disaster Medical Assistance Teams (DMATS) are based at the disaster hospitals, but the role of DMATs (except for the Tokyo DMAT) mainly is focused on nationwide aircraft evacuation—no local DMAT system copes with local accidents or disasters. The local disaster management system is not sufficient in Japan, the disaster hospitals and DMATs are not able to function in actual disasters. In view of this situation, the local government has organized “Yamagata Prefectural Disaster Medical Hospital Communication Coordination Conference (YDMC)”, and developed a communication and coordination system, an education system, and a local DMAT system that copes with local accidents or disasters (Yamagata DMAT). The same system will be developed in the Tohoku Region to improve the relationship of the the inter-local DMATs.

Keywords: disaster medical assistance team; hospital; Japan; government; preparedness
Prehosp Disast Med 2007;22(2):s121

(204) Orthopedic Preparedness vis-a-vis Capacity Development: Observations from a Tsunami Medical Relief Camp in India

J.P. Prakash,¹ K.M. Shyamprasad,² U.G. Gauthamdas,³ J.S. Prakash¹

1. Christian Medical College & Hospital, Ludhiana, India
2. National Lutheran Health & Medical Board, Chennai, India
3. Academy for Disaster Management-ADEPT, Chennai, India

Introduction: The 26 December 2004 Asian Tsunami impacted the world in many ways.

Over 220,000 lives were lost and properties and infrastructure worth billions of dollars were destroyed in 12 countries.

Methods: After obtaining mandatory governmental approvals, a Tsunami Medical Relief Camp became operational on 07 January 2005 at the Bishop Peter Teachers Training Institute at Devenampattinam, Cuddalore district, Tamilnadu, India. International, interdenominational Christian donor agencies partnered with the Christian Medical College & Hospital (Ludhiana), National Lutheran Health & Medical Board (Chennai), Christoffel Blinden Mission International, CSI Somervel Medical College (Karakonam), Joseph's Eye Hospital (Trichy), Bethesda Hospital (Ambur), Academy of Disaster Management—Education, Planning, and Training (ADEPT, Chennai), and Martin Luther Christian University (Shillong) India.

Results: Data from patients undergoing orthopedic surgery and other procedures performed at the Camp will be presented.

Conclusion: Although the partners/volunteers had varied prior experiences in working during various disasters and mass casualty incidents, observations and the analysis of the data collected from the Tsunami Medical Relief Camp led to the conclusion that further research on orthopedic preparedness and other aspects of capacity development is necessary.

Keywords: capacity development; disaster; donors; medical relief camp; orthopedic; preparedness; Tsunami

Prehosp Disast Med 2007;22(2):s121

(205) Importance of Population Self-Sustainability in Crisis Situations

C. Motz

Fylgiur, Bushcraft, Trekking and Wildmed, Rotterdam/Zuid Holland, The Netherlands

In the current age of fast technological advancement and globalization, there is an increasing awareness of the disasters occurring around the world. The increasing world population, changes in the environment caused by the exhaustion of natural resources, and the increasing imbalance in the distribution of assets are either direct or indirect results of humanity.

For the most part, disaster and crisis management, especially in the developed world, have mostly been addressed through crisis-prevention programs by the government and supporting governmental bodies. These programs have been entrusted with the task of protecting the