

imaging modality available. Therefore, as the application of ultrasound expands within clinical medicine, educational considerations must also align with this expansion to maintain diagnostic accuracy. This means an increasing demand for associated education and training, including in the undergraduate tertiary education sector.

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From Yokohama, Hyogo, and Sendai to the World: The Global Legacy of Kobe

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Introduction: The Hyogo and Sendai Frameworks for Disaster Reduction are well known and have been influential globally. However, less is known of their broader contexts.

Aim: A recent opportunity to visit Kobe, Japan, provided an opportunity to experience the rich, and largely unknown tapestry behind the scenes of the Hyogo and Sendai Frameworks. This paper aims to illuminate the journey of the Kobe Legacy and its global influence.

Methods: An experiential visit to Kobe and exploring its rich resources relating to disaster risk reduction.

Results: The First World Conference on Natural Disasters, was held in Yokohama, Japan, in 1994. Almost immediately, Kobe experienced the Great Hanshin Earthquake, January 17, 1995, resulting in 6,434 dead, 43,792 injured, and 249,180 homes damaged. The United Nations International Strategy for Disaster Reduction (2000 – 2005) culminated in the Second World Conference on Disaster Reduction, Kobe, 2005 and the Hyogo Framework for Action 2005 – 2015. The Great East Japan Earthquake occurred on March 11, 2011, with 18,453 dead or missing, 6157 injured, 1.1M homes damaged, with a tsunami and nuclear accidents. The Third World Conference on Disaster Risk Reduction followed in Sendai in 2015 with the Sendai Framework for Disaster Risk Reduction 2015 – 2030 agreed on. Subsequently, the Sendai Framework has further evolved. However, behind the scenes, Kobe has developed a rich tapestry of insightful and valuable resources which will be outlined in this presentation.

Discussion: In the words of the Mayor of Kobe, Mr. Tatsuo Yada in 2010, “I would like to reaffirm my determination to never allow our experiences of the disaster to fade away. It is our responsibility to make the utmost effort for disaster prevention and mitigation and keep passing on our experiences and the lessons learned to future generations”. This is the real legacy of Kobe.

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Gender-Based Violence After A Natural Disaster

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Introduction: Gender-based violence is endemic across the world. The current evidence suggests that gender-based violence increases after natural disasters. Factors leading to this increase following

natural disasters include physical displacement, loss of community supports and protections, economic hardship, and gendered differences in coping. Multiple agencies are mobilized in response to natural disasters, however, personnel are often not adequately trained to recognize or address gender-based violence.

Aim: To identify challenges faced by disaster responders in recognizing and responding to gender-based violence in disaster settings, and to advocate for gender-sensitive training prior to deployment by responding personnel.

Methods: The world’s literature was reviewed to identify challenges for disaster teams in recognizing and responding to gender-based violence, and to identify principles of training which may be applicable for pre-deployment competency building by disaster response personnel

Results:

Disaster response programs should ensure:

- Collection of data to identify vulnerable populations
- Establishment of procedures for monitoring and reporting
- Inclusion of female staff at all levels of planning and response
- Implementation of holistic services including physical and psychosocial care and legal response
- Safety in designing accommodations and distribution centers

Pre-Deployment training should include:

- Gender-sensitive approach, knowledge of prevalence and impact of gender-based violence
- Familiarity with behaviors and conditions associated with gender-based violence
- Non-judgmental, supportive, and validating approach to inquiry and response
- Familiarity with risk assessment tools
- Mobilization of social supports
- Knowledge of resources, including medical and legal services

Discussion: Natural disasters are destabilizing events which expose vulnerable populations, particularly women, to increased violence. Disaster response teams should be adequately trained on the prevalence and impact of gender-based violence to ensure gender-sensitive interventions. Standard training of response personnel can ensure adequate identification of victims of gender-based violence and referral to appropriate services.

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Happy New Year! Do New Year’s Eve Festivities Influence the Workload of the Emergency Department of an Urban Hospital?

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Introduction: Bruges is the largest city in the province of West-Flanders in Belgium. Because of its ample canals, it is sometimes referred to as “Venice of the North.” As such, it is

a major tourist destination, and during New Year's Eve, there are many festivities. The AZ Sint-Jan is the largest hospital providing medical care to the area.

Aim: To examine the impact of the New Year's Eve festivities on the workload of the emergency department of AZ Sint-Jan.

Methods: Data was analyzed for every patient presenting to the emergency department from the 31st of December starting from 06:00 PM until the 1st of January 08:00 AM from 2009 until 2018. The time of entry, type of injury, gender, age, and whether the patient was intoxicated were evaluated. Ten other dates in this time period were obtained for comparison via a random date generator. Data were analyzed using Jasp®.

Results: There were 826 patients included for analysis. On average, 41 patients presented themselves to the emergency department on New Year's Eve between 06:00 PM and 08:00 AM. On a random day, there were only 31 patients. Most of the patients on New Year's Eve arrived between 00:00 AM and 08:00 AM. 57% of all patients were male. 22% of all patients were intoxicated with alcohol. From 00:00 AM until 08:00 AM, one in three patients were intoxicated. The average age on admission was 36 years.

Discussion: During New Year's Eve there is a consistently higher workload in the emergency department. There is an influx of young males who are intoxicated. These patients tend to stay a long time to "sleep it off" and put considerable stress on the available resources. More attention should be given to risk mitigation strategies tailored to this group to prevent excessive drinking.

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Health Care Provision during a Sporting Mass Gathering: A Structure and Process Description of On-Site Care Delivery

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Introduction: During mass gatherings, such as marathons, the provision of timely access to health care services is required for the mass gathering population as well as the local community. However, effective provision of health care during sporting mass gatherings is not well understood.

Aim: To describe the structures and processes developed for an emergency team to operate an in-event acute health care facility during one of the largest mass sporting participation events in the southern hemisphere, the Gold Coast marathon.

Methods: A pragmatic qualitative methodology was used to describe the structures and processes required to operate an

in-event acute health care facility providing services for marathon runners and spectators. Content analysis from 12 semi-structured interviews with Emergency Department (ED) clinical staff working during the two-day event was undertaken in 2016.

Results: Structural elements that underpinned the in-event health care facility included: physical spaces such as the clinical zones in the marathon health tent, tent access, and egress points; and resources such as bilingual staff, senior medical staff, and equipment such as electrocardiograms. Critical processes included: clear communication pathways, interprofessional care coordination, and engagement involving shared knowledge of and access to resources. Distinct but overlapping clinical scope between nurses and doctors was also noted as important for timely care provision and appropriate case management. Staff outlined many perceived benefits and opportunities of in-event health care delivery including ED avoidance and disaster training.

Discussion: This in-event model of emergency care delivery enabled acute out-of-hospital health care to be delivered in a portable and transportable facility. Clinical staff reported satisfaction with their ability to provide a meaningful contribution to hospital avoidance and to the local community. With the number of sporting mass gatherings increasing, this temporary, in-event model of health care provision is one option for event and health care planners to consider.

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Health Needs Assessment in Disasters by Emergency Medical Teams in the ASEAN Region

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Introduction: Japan International Cooperation Agency has started the project for strengthening the ASEAN regional capacity on disaster health management (ARCH Project) since 2016. This project conducted the start-up regional collaboration drill in ASEAN. All participants from ASEAN countries realized the need for a standardized assessment tool. Several UN agencies and international organizations launched assessment tools, but there is no standard assessment tool.

Aim: To develop an integrated rapid health needs assessment (HNA) tool in the ASEAN region. This paper reports the development process of the HNA tool.

Methods: The project established the project working group (PWG) to developing some tools. PWG consisted of the expert team, project team, Japanese Advisory group and twenty delegates from ten ASEAN member states. PWG established the cycle of the developing process of the HNA tool.

Results: We created a health needs assessment form and a summary form. The assessment form consists of (1) Informant information, (2) Site information, (3) Overall situation of the site, (4) Public health, (5) Health facility damage. The summary form consists of (1) Informant information, (2) Site information, (3) Critical areas for support, (4) Situation of the site.