and these must be considered in preparedness and planning phases.
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### (P1-47) Disaster Medicine and the Philosophy

*Y. Haraguchi*
Surgery, Tokyo, Japan

There are many problems, to be solved in the actual fields of disaster medicine. That is the reason why we completed the disaster medicine compendium, 2005. As the next stage, we focused upon the significance of the philosophy from the viewpoint of the disaster medicine.
**Results:** In the disaster situation, leaders are obliged to determine the policies under the mental/ sophisticated consideration. Basically, the following famous phrase "the greatest good (happiness) for the greatest number of people" are accepted simply/ childishly without profound thought. This phrase is presented by the popular concept of Utilitarianism beggined by Jeremy Bentham, followed by John Stuart Mill, etc. This concept strongly influenced in the field of disaster medicine, especially the decision making of triage. However, several argument or criticisms have been pointed out: i.e., definition of happiness, relief of the minority or so-called CWAP, etc. Other opinions are included, as follows: John Rawls: The Principle of Justice or Maximin Principle, Kan Naoto: Minimal unhappiness/misery in the society/people, etc.
**Conclusions:** I basically appreciate the concept utilitarianism. But, especially, if we consider the CWAP or people in the poor countries under the actual unfavorable condition, the latter concepts should also be included.
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### (P1-48) Rethinking the "Disaster Club" as a Student Interest Group on a Health Professions Campus

*D. Mcclure,[1] H. Engelke,[1] S. Mackintosh[2]*
1. College of Veterinary Medicine, Pomona, United States of America
2. Interprofessional Education, Pomona, United States of America

Disaster preparedness and response requires an integrated response by all aspects of the health professions. The most successful outcome can occur when interprofessional cooperation exists between community, first responders, and the many facets of health professions. At Western University Health Sciences we have replaced our interprofessional disaster club with a disaster focused element in several other health professional interest clubs. The primary coordination is centered in the Public Health Club which is composed of students from many of our medical colleges. The public health club mirrors our community disaster response in that preventive medicine and preparedness lies in our public health program. Public health interest such as rabies prevention and education on world rabies they are centered in our public health club with support from our faculty expertise in public health. Educational components such as wilderness medicine fit well into the human emergency and critical care student group. Both human and veterinary emergency and critical care student group's natural interest lies in triage and first response. Student interest groups or clubs that focus on community outreach in medicine, nursing, dentistry and veterinary shelter medicine have a take the lead in emergency sheltering for vulnerable populations. Using the model presented here, disaster preparedness is promoted as routine extensions of daily professional endeavors. By building upon student interest groups we can build a culture of connectivity across the professions. Extending student club supported training endeavors to the community surrounding can allow the disaster responder community to meet on neutral ground. Western University Health Sciences is uniquely situated in Los Angeles County and our faculty and students reside in neighboring Orange Riverside and San Bernardino counties. At a private health professions university, our focus is to provide educational opportunities in a real-world setting which is integrated with community.
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### (P1-49) Development of the Disaster Drill for the Staff Member at the Hospital of the Region in Japan

*T. Arishima,[1] H. Higashioka,[2] K. Tanaka,[3] D. Hayano,[4] N. Matsui,[5] M. Hayashi[6]*
1. Community Medical Support Unit, Toyama, Japan
2. Shizuoka, Japan
3. Fuji, Japan
4. Emergency Medicine, Numazu, Japan
5. Iwata, Japan
6. Tokyo, Japan

A hospital disaster drill is commonly carried out based on the activities assigned beforehand by the occupational description. However, it is difficult for each staff the role is fixing to understand the global image of a disaster correspondence in a hospital disaster when their role is assigned and fixed. We have developed the understandable drill about the whole practice at each hospital in disaster. We keenly realized the necessity of a standard disaster medicine. Therefore we have developed the disaster drill which can be held per hospital. As a goal of a course, each hospital personnel could understand the global image of the disaster, and aimed at the daily course which can master necessary minimum skill to correspond a disaster in each hospital. From the reasons above, we created the course which consisted of a lecture, individual skill training, and a gross training. As essential skill, it starts with (1) management of disaster countermeasures office (2) management of triage post (3) treatment at room (4) support of conveyance between hospitals (5) information control. In order to employ these individual skill booths efficiently we divided attendances into five groups. Five hospitals started from 2008, were carried out 11 times, and about 500 persons took this disaster drill on a course. We expect that cost to bellower, the course to be simpler, and the quality of training will improve by holding this course repeatedly.
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### (P1-50) Pilot Study: The Challenges of Full Scale Radiation Decontamination Drills with Special Needs Populations

*N.K. Joshi, B. Arquilla, P. Roblin*
Emergency Medicine, New York, United States of America



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