PREHOSPITAL and DISASTER MEDICINE

Médecine Pré-Hospitalière et Médecine de Catastrophe Medicina Prehospitalária y de Catástrofes

> 病院にかかる前の処置と 災害医療

Volume 13, Number 2-4

April–December 1998

Anti-Personnel Landmines — The Next Step... Original Research

Mortality and Morbidity of Rwandan Refugees

Triage, Transportation, and Destination Decisions

Preparedness for a Catastrophic Casualty Disaster

Treatment of Severe Hypoglycemia

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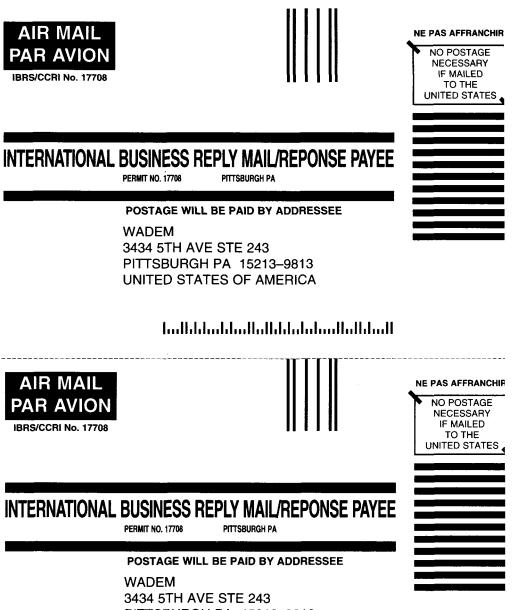
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DISASTER MEDICINE

- **1**. Earthquake and Tsunami Disasters
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- **5**. Environmental Disasters
- □ 6. Complex Disasters
- **7**. Meteorological Disasters
- **8**. Nuclear Disasters
- 9. Technology
- □ 10. Education and Training
- 11. Preparedness
- **12**. Hospitals in Disasters
- □ 13. Children and Disasters
- □ 14. Disaster Epidemiology
- □ 15. Evaluation of Disasters
- □ 16. Search and Rescue
- In 17. Burn Disasters
- □ 18. Disaster Nursing
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- 25. Burns
- 26. Shock
- **27.** Organ Failure
- 28. Toxicology
- 29. Emergency Medical Services System
- □ 30. Emergency Nursing
- □ 31 Pediatric Emergency
- □ 32. Cardiac Emergency
- □ 33. CNS Emergency
- □ 34. Education and Training
- □ 35. Air Ambulance
- 36. International Transportation
- □ 37. Total Quality Management
- **3**8. Other

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The Lessons Learned from the 1995 Great Hanshin-Awaji Quake: The Role Of Hospitals Surrounding Affected Area-

Tatsuro Kai, MD; Muneo Ohta, MD

Osaka Prefectural Senri Critical Care Medical Center. Suita City, Osaka, JAPAN 565-0862.

Introduction: At 05:46h on 17 January, 1995, the worst earthquake in postwar-Japan occurred in Kobe area. The quake killed more than 6,000, injured approximately 36,000, and left 320,000 persons homeless. There were 593 hospitals in Osaka prefecture, only 30 km east of Kobe, and 87% of those hospitals functioned normally at the time of the quake.

Purpose: To investigate disaster medical services to the affected area from non-affected Osaka area. **Methods:** Questionnaires were constructed to elicit information from hospital administrators in Osaka prefecture about their impressions about the medical relief activities provided for the affected area and patients one month after the earthquake. Questionnaires were mailed to each of the 593 hospitals. **Results:** A total of 330 surveys were completed and returned (recovery rate = 55%). 23% of hospitals dispatched medical teams to the affected area within one month, but only 4 hospitals could have done so within the first 48 hours of the event due to lack of detailed information and requests from the affected area. There were a total of 300 vacant beds available for critical patients and 500 for severe patients at the hospitals in Osaka during the first day of the disaster. Nevertheless, 15 critical and 54 severe patients were admitted to hospitals in Osaka during the first day due to the lack of information and destruction of ground access routes. **Conclusion:** Hospitals in Osaka did not function well as surrounding hospitals of the disaster site. We will discuss the factors that hindered the medical activity in Osaka area.

Key words: available beds; disaster; earthquake; Great Hanshin-Awaji Quake (1995); hospital function; hospital role; information systems; medical activities

[note: Abstracts will be edited for clarity and English by Editorial Staff of PDM] Send to:

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