Results: The total number of studied EPCR (trauma and medical cases) was 36,000. The medical errors identified were 265 cases (0.74%). 134 cases (51%) were moderate (can cause side effects), 115 cases (43%) were minor, and 16 cases (6%) were critical (can lead to death). The most common type of medical errors were cognitive errors. The causes were skill-based errors committed five times (2%) when the Paramedics did not follow ACLS Algorithm, three times shockable cardiac arrest and two times Pulseless Electrical Activity. The knowledge-based errors were drug indications errors five times (2%). The three EMT’s levels in ADPA (Basic, Intermediate, and advanced) committed medical errors. The question to ask is not who made the mistake, but why the mistake was made. Preventing ADPA crew errors requires a systematic approach to modify the conditions that contribute to errors. The strategies are developing more awareness of cognitive errors by education and incorporating simulation into training.

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Discussion: The strategies are developing more awareness of cognitive errors by education and incorporating simulation into training.

Analysis of Disaster Psychiatric Assistant Team Activity During the Past Four Disasters in Japan

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Introduction: The Disaster Psychiatric Assistant Team (DPAT) is Japan’s original mental health care dispatched team during disasters. Established in 2013, this team has been involved in the response to many disaster-related mental issues.

Aim: We aimed to evaluate the DPAT activity in response to the past 4 disasters (Oniaké volcano, Hiroshima flood, Joso flood, and Kumamoto earthquake), using the disaster mental health information support system (DMHIISS).

Methods: DMHISS data from the four disasters was extracted. Descriptive statistics were performed from the obtained dataset and the characteristics of the disaster victims from each disaster were compared and examined.

Results: About 2,400 cases were obtained and tabulated to from the database. Based on descriptive statistics, the DPAT support objectives, activities and activity periods Aim to establish (1) the characteristics of the affected areas (population composition, psychiatric medical condition), (2) the scale and content of the disaster (the injured, building damage, number of evacuees), and (3) the activity ability. The number of counseling cases peaked several days after the disaster onset, and the importance of the DPAT activity during the acute phase was confirmed. The time course of the consultation number, which is a measure of the termination, could be predicted from the disaster scale and content. These results suggest that DPAT activity may be a guideline for local disasters for one month and for wide-reaching disasters for two months or longer.

Discussion: It is suggested that the timing of activity and the termination period could be estimated from factors including the type of disaster, the size of the disaster, and the number of evacuees using the disaster mental health medical activities from four disasters. It should be considered necessary to accumulate data and examine indicators related to the DPAT activity.