

Abstracts of Poster-Presentations-WADEM Congress on Disaster and Emergency Medicine 2019

POSTER PRESENTATIONS

2018 Natural Disaster Response in Japan

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Introduction: Japan experienced several major disasters in 2018.

Aim: Evaluation of medical response was conducted and problems determined to solve for future response.

Methods: An evaluation conducted on DMAT responding report of Northern Osaka Earthquake, West Japan Torrential Rain Disaster, Typhoon Jebi, and Hokkaido Iburi East Earthquake.

Results: DMAT responded 58 teams for Osaka Northern Earthquake, 119 teams for West Japan Torrential Rain Disaster, 17 teams for Typhoon Jebi, 67 teams for Hokkaido Iburi East Earthquake. At the Osaka Northern Earthquake, by comparing the report of seismic diagnosis, results and, a magnitude of each region, hospital damage was evaluated. At the West Japan Torrential Rain Disaster, a flood hazard map was used to expect inundation at hospitals. At the Hokkaido Iburi East Earthquake, information of hospital generator was gathered and planned assistance for loss of power. Water supply cessation in the West Japan Torrential Rain Disaster and loss of power in the Hokkaido Iburi East Earthquake influenced hospital functionality. More precise preparation for hospital management in the event of a loss of power and water supply situation required in not only in local government but also each hospital. For the West Japan Torrential Rain Disaster, we experienced the same type of major disasters in the past, but could not manage accordingly. For the Hokkaido Iburi East Earthquake, we applied what was learned from the West Japan Torrential Rain Disaster.

Discussion: Disaster medical operation was supposed to be managed with information from the Emergency Medical Information System (EMIS). However, 2018 disasters provided lessons that require a full understanding of disaster prior information and expected disaster damage information to manage disaster assistance. To accomplish effective disaster assistance, information must be gathered of supplies and assistance required by hospitals. An effective system to facilitate lessons learned needs to be developed

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The 14th Asia Pacific Conference on Disaster Medicine in Kobe, Japan: A Brief Overview and a Proposal

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Introduction: The Asia Pacific Conference on Disaster Medicine (APCDM) started in 1988 in Osaka, Japan, and the 14th conference was held from October 16-18, 2018, in Kobe.

Aim: To give a rundown of the 14th APCDM and a proposal for WADEM.

Methods: Retrospective analysis of participants, the category of presentations, and deliverables.

Results: With “Building Bridges for Disaster Preparedness and Response” as its main theme, the 14th APCDM was held near the epicenter of the 1995 Great Hanshin Earthquake in Kobe. The total number of participants was 524 from 35 countries, not only from Asia and the Pacific but also Europe and the Americas. Its program had 10 lectures by distinguished speakers such as WADEM Board members and WHO (World Health Organization), four symposia, two panel, oral and 99 poster presentations. “Preparedness” and “Education and Training” were the categories with the largest number of presentations. The presidential lecture outlined improvements made in Japan since the Great Hanshin Earthquake (disaster base hospitals, disaster medical assistance teams, emergency medical information system, and disaster medical coordinators) and emphasized the importance of standardizing components for better disaster management. This idea was echoed in symposia and round-table discussions, where experts from WHO, JICA (Japan International Cooperation Agency), and ASEAN (The Association of Southeast Asian Nations) countries discussed other components such as SPEED (Surveillance in Post Extreme Emergency and Disasters) and standardization of Emergency Medical Teams.

Discussion: Each country in the disaster-prone Asia-Pacific region has a different disaster management system. However, participants agreed in this conference that we can cope with disasters more efficiently by sharing the standardized components, from both academic and practical points of view. APCDM must provide these deliverables to WADEM, so both

conferences can cooperate and contribute to disaster preparedness and prevention in the new era.

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The 25 Years of Experience Since Inauguration of All-Russian Center for Disaster Medicine “Zaschia” (Protection)

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Introduction: Main functions of the Russian Federation in disasters and emergencies are loaded on All-Russian Center for Disaster Medicine of Ministry Health (ARCDM). The principal strategies of the staff are to play leading roles in preparedness, emergency response, evacuation, recovery of health systems, and education.

Methods: Our presentation includes selection, classification, analysis, and statistics. There about 80 territorial Disaster Medicine Centers working under the leadership of ARCDM. One experience from the Moscow Territory Disaster Medicine Center will be presented.

Results: At the operational and informational department, there are nine special medical emergency teams (three with helicopters). Time of arrival takes between seven and ten minutes, and transport to the hospital takes about five to seven minutes with 33 landing places for helicopters. The operational and control department uses an early warning system. About 1,300 exercises were organized in these centers and hospitals. We will discuss the examples of medical care delivery to the injured in metro Slaviynskie, Basar park Pobedi, Narofominskay, two major fires, and hurricanes. The mobile field hospital worked in more than 12 countries and in many territories in the Russian Federation over 25 years.

Discussion: The last year was very difficult due to the Football World Cup, working hard as a collaborating center in emergencies, and working in the framework of a memorandum with China. Preparedness for an international event next May, which includes a field drill with participants from emergency medical teams of Health Ministries of CIS Countries and from State Health of China. We invite others to observe or join this event. Thus, we have some difficulties and problems, but we must increase solidarity and collaboration due to the scale, frequency, and number of losses in emergencies and disasters. Humanity could be able to cope with emergencies if we take into account these issues.

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Absence of Cultural Awareness Training in International Non-Governmental Organizations

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Introduction: Cultural awareness is the understanding of differences in cultures, and openness to these differences. It

is a vital step in the development of cultural sensitivity and becoming operationally effective when working within different cultures. The benefits of Cultural Awareness have become apparent in recent decades, including within governments, militaries, and corporations. Many organizations have developed Cultural Awareness training for their staff to improve cross-cultural cooperation. However, there has not been a large movement toward cultural sensitivity training among Non-Governmental Organizations (NGOs) who provide aid across a number of countries and cultures. Cultural Awareness can be a useful tool which enables an NGO to better serve the populations with which they engage.

Aim: To evaluate the presence within International NGOs of Cultural Awareness Training to employees and volunteers.

Methods: Ten of the largest international NGOs were identified. Their websites were evaluated for any mention of training in Cultural Awareness available to their employees and volunteers. All 10 were then contacted via their public email addresses to find out if they provide any form of Cultural Awareness training.

Results: Of the ten NGOs identified, none have any publicly available Cultural Awareness training on their websites. One NGO deals with cultural awareness by only hiring local staff, who are already a part of the prevalent culture of the area. None of the others who responded have any cultural awareness training which they provide.

Discussion: Cultural awareness is a vital tool when acting internationally. Large NGOs, which operate in a wide range of cultures, have an obligation to act in a culturally aware and accepting manner. Most large NGOs currently lack cultural awareness training for their employees and volunteers. It is time for these NGOs to develop, and begin to employ, cultural awareness training to better prepare their staff to serve international populations.

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Abu Dhabi Police Ambulance EMTs Medical Errors January-October 2018

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Introduction: Medical errors are a reality for Emergency Medical Technicians (EMT's) working in a prehospital, high-stress environment. A “medical error” can be defined as a mistake or system failure which results in improper care of a patient's injury.

Aim: To study the frequency, severity, types, and causes of medical errors committed by Abu Dhabi Police Ambulance (ADPA) crews, and how to prevent these errors. The study is retrospective. All the data was collected using the Electronic Patient Care Report (EPCR) of all the patient treated and transported by ADPA crew from January to October 2018. After the EPCR auditing and monitoring, the medical errors were identified and discussed by a medical committee.