Preparedness is comprised of a response plan which is taught in basic EMS training and practiced a few times each year. The response is based on shift ambulances, Mobile Intensive Care Units (MICU), and volunteer first responders. This article proposes to study the phase which occurs after authorization by the fire department, extraction of the patients, and first triage and treatment that includes secondary triage and allocation of the patient to the appropriate transporting vehicle, with the appropriate medical team for transportation to the hospital, with consideration of injury types and severity. The departure site facilitators conduct secondary triage, ensure the proper medical team and vehicle, and report quantity of injured and severity to the receiving destination hospital.

Methods: MDA is using a departure dispatch site to make secondary triage and transportation decisions. MDA conducted a drill to compare the efficiency between the use of a dedicated app for report and decision making and the use of a smartphone messaging app that allows recording of times and voice recording.

Results: Data were extracted from both apps and compared as to time intervals, report quality, apprehension of the dispatch center, and decisions made by the dispatch center. The data were compared with consideration of data from the records of MDA representative in the receiving hospitals which records arrival of ambulances, number of injured, and injury types.

Conclusion: The messaging app allowed for quicker apprehension by the dispatch, higher quality of report, and quicker and better decisions as to the destination hospital.

Development and Application of an Educational Program for Medical Disaster Health Coordinators in an Earthquake and Tsunami Prone Area of Japan

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Study/Objective: We have developed and implemented an educational program for medical professionals in an earthquake and tsunami prone area of Japan, in order to provide training on the competencies needed by medical and disaster health coordinators to run a cluster meeting.

Background: Major earthquakes with a magnitude of 8.0-9.0 are anticipated to occur on the southern coast of Japan. Most part of Mie Prefecture would likely be damaged severely by tsunami and landslides. We need to foster medical and disaster health coordinators who could serve the area’s Health Emergency Management Service.

Methods: We have developed a 4-hour program for the coordinators, that includes 2-hour didactic lectures and 2-hour tabletop exercises, which will be organized by the local government. The educational contents include practical procedures necessary to function as a disaster health and medical coordinator; ie, registering and dispatching medical teams and public health teams, analyzing and assessing situations in order to plan further response to a disaster, and organizing health cluster meetings. The tabletop exercise simulates disaster response in the area where the program is conducted. It requires participants to utilize the cluster meetings to share information and dispatch each team to rescue sites, shelters and/or facilities for medical and health support. The program evaluation by the participants was anonymously conducted using a questionnaire.