

**Introduction:** The Japan Disaster Relief Search and Rescue Team (the JDR Rescue Team) Medical Unit consists of EMT (emergency medical team) registered doctors and nurses who provide health care and medical advice to rescue operations. The JDR Medical Unit began 20 years ago when they voluntarily participated in rescue training and is characterized by volunteers who belong to different hospitals across the country. As a result, there were problems due to varied skills, and motivation. Until 2017, all applicants were recruited and trained as provisionally registered members, but only about 30% of them became fully registered members.

**Method:** Since 2018, we have fundamentally changed our personnel training methods, establishing three main pillars. The first is a screening process based on work experience, expertise, and motivation; the second is dedicated guidance through training, textbooks, online study sessions, and training; and finally, we have created abundant training opportunities and visualized the growth process through a ladder to keep them motivated and goal-oriented at all times. Specific trainers are defined as task force members and they analyze each scene of the deployment practically and reflect on training. The task force also receives training abroad and absorbs good practice from other teams.

**Results:** After changing the personnel training methods, the number of participants who dropped out of the training program was significantly reduced, and approximately 90% of the participants became fully registered members. The team members are more motivated and the team's capabilities have improved, leading to IER (INSARAG External Reclassification) certification as a heavy team twice.

**Conclusion:** By selecting experienced and capable members and providing them with sufficient guidance and abundant training opportunities, we succeeded in improving the efficiency and capacity of human resource development. Ideally, victims are handed over to EMTs as patients for the future goal.

*Prehosp. Disaster Med.* 2023;38(Suppl. S1):s32–s33

doi:10.1017/S1049023X23001231

### Development of Standard Operation Procedures for Receiving International Emergency Medical Teams. Cooperation Between the United States National Disaster Medical System (NDMS) Disaster Medical Assistant Team (DMAT) and Japan DMAT

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**Introduction:** Japan DMAT and US DMAT have been conducting several tabletop exercises to prepare for major earthquake disasters in Japan. Japan is predicting overwhelming disasters on Japanese soil soon, which needs efficient and optimum use of resources in medical assistance, including additional support from the US. The Japanese government

established a large-scale Earthquake/Tsunami Disaster Emergency Response protocol in 2020. However, this protocol does not include any standard operation procedure (SOP) to receive an international medical team. The purpose of this study is to establish the SOP of receiving medical assistance from US-DMAT based on the WHO International Emergency Team (EMT) initiative through tabletop exercises.

**Method:** Collaborated with the Office of the Administration for Strategic Preparedness and Response (ASPR) of the United States Health and Human Services, tabletop exercises assuming that a large-scale earthquake occurred during the hosting of the 2025 Osaka Expo was conducted utilizing an online meeting system.

**Results:** A provisional SOP was composed. Even though Japan had several disaster medical assistance collaborations with US DMAT and is well-familiarized with the Classification and Minimum Standards for Emergency Medical Teams", many issues need to be prepared to accept US DMAT.

**Conclusion:** Numerous procedures need to be conducted to receive US DMAT assistance during a large-scale earthquake in Japan. With this SOP, receiving US medical team assistance will be conducted promptly, eventually saving many lives. This SOP can be modified for other international teams' acceptance in Japan. It could reference other countries seeking to have SOP for receiving international medical team assistance shortly.

*Prehosp. Disaster Med.* 2023;38(Suppl. S1):s33

doi:10.1017/S1049023X23001243

### Collapse of the Hard Rock Hotel in Downtown New Orleans

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**Introduction:** On October 12, 2019, an 18-story building under construction collapsed in downtown New Orleans. Three construction workers were killed in the incident and their bodies were trapped in the rubble of the unstable structure.

**Method:** This presentation includes public information on how and why the structure collapsed, the timeline of events for the protracted response, and feedback provided by the Urban Search and Rescue medical team about their experience and lessons learned.

**Results:** The scene included a partially collapsed building still under construction, two construction cranes that were destabilized in the incident, two major roadways that required closure, several surrounding buildings impacted by debris, multiple injured workers, and three missing workers later determined to be deceased. Only two of three deceased individuals were able to be located on scene. One victim was safely recovered one day after the collapse. One victim was partially visible to the public but in an area of extreme danger to responders. His recovery required partial deconstruction of the building, which was significantly delayed due to safety, infrastructure, legal, and insurance concerns. The body of the third victim was located and recovered on day 310 of the response.



**Conclusion:** The prolonged demolition of the Hard Rock collapse site resulted in emotional anguish for affected families, public anger about the perceived lack of response, and significant impacts for local businesses in the area. This event offers many lessons learned about prevention and response of urban structural collapse incidents.

*Prehosp. Disaster Med.* 2023;38(Suppl. S1):s33–s34

doi:10.1017/S1049023X23001255

### You Want Me to Treat What?

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**Introduction:** There are only two medical practitioners who are genuinely generalists. The confirmed generalist is the one who has been trained and credentialed to perform prenatal care, deliver babies and perform c-sections, take care of young children, perform simple surgeries, perform palliative care, and hold a patient's hand and hug the family after the death of a loved one. In the human world, that medical provider is a family practice physician. In the animal world, that provider is the veterinarian, who cares for all species that are not human and covers their medical needs, from preventive care to surgical needs, dentistry to dermatology, internal medicine to cardiology. As such, veterinarians are indeed generalist medical providers. In disasters, veterinarians are often pushed aside by their human medical counterparts. In doing so, there are a lot of learning opportunities missed on both sides.

**Method:** A literature review was conducted.

**Results:** n/a

**Conclusion:** In learning the skills that are unique and overlapping, physicians and veterinarians will be better able to respond to disasters anywhere and will be positioned to help the displaced and injured get better so they may return to normalcy as quickly as possible. It is time that disaster teams and planning sessions stop being siloed and think about how medical generalists can team up and work together.

*Prehosp. Disaster Med.* 2023;38(Suppl. S1):s34

doi:10.1017/S1049023X23001267

### Recommendations for the Implementation of a Competency Matrix for Volunteers of an Emergency Medical Team

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**Introduction:** Emergency Medical Teams (EMT) training is moving towards competency training. Although there exist a few systematic reviews regarding the competency training, there has been little investigation on how the competencies can be effectively translated into the EMT personnel's training.

In a humanitarian organization in Hong Kong, a competency matrix for EMT volunteers was developed in 2018.

The organization relies on a steady base of volunteers to perform its services. With these competencies, volunteers can be encouraged to undertake a multitude of available trainings to fit with the needs of the organization, or for their own personal benefit.

**Method:** The aim of the study is to recommend methods to improve uptake of the competency matrix among volunteers of the organization. A mixed methods study was completed, encompassing literature search, a quantitative questionnaire and qualitative one-to-one semi-structured interviews.

The Behavior Change Wheel and the Capability-Opportunity-Motivation-Behavior (COM-B) interactive system were used to guide the research rationale and to frame the questions asked to investigate perceptions regarding the competency matrix.

**Results:** Data collected from the questionnaire and interviews were collated and organized into the corresponding Theoretical Domains Framework as specified from the Behavior Change Wheel, and the respective intervention functions and policy categories were lined up accordingly. Analysis of data identified a series of key factors influencing the potential incorporation of the competency matrix among volunteers. Data collected from volunteers largely agree with and is supported by the literature on adult training, volunteer management and specifically on EMT training.

**Conclusion:** Although EMT training is moving towards competency-based training, research publications on how to effectively deliver competency-based training, and on the effectiveness of various didactic methods within EMT training are scarce. This calls for more research to be done in the area of competency-based training of EMT.

*Prehosp. Disaster Med.* 2023;38(Suppl. S1):s34

doi:10.1017/S1049023X23001279

### Activation of the Health Cluster Coordination Post in Lumajang District Health Office During the Management of Mount Semeru Eruption Disaster

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**Introduction:** The ambiguity of the command system is still the main challenge during the activation of health cluster coordination. It begins with the unclear division of tasks, communication channels that are not yet optimal, and do not have an alternative plan. This study reported the management of health cluster coordination posts during the disaster of Mount Semeru Eruption, in December 2021.

**Method:** This study was a case study of qualitative research methods, data collection was carried out by observing the health cluster operation of Lumajang District Health Office (DHO) and supported by an analysis of health cluster activation policy reviews.

**Results:** Resources to manage health clusters were limited due to a lack of staff knowledge in health cluster management. Therefore, the head of the Lumajang DHO appointed the Office Secretary as the health cluster coordinator. The Head of Referrals Health Services is the emergency medical team focal