We had planned to support disaster victims physicians, nurses, forensic pathologists, and social workers. DMORT Association is a private society which consists of struck Kumamoto and Oita prefectures, Japan. Fifty people earthquakes, including a magnitude 7.0 main shock on April Background

police department of a disaster stricken area. The Japan DMORT association of Study/Objective

Japan DMORT Association, Kobe/Japan

Kazumasa Yoshinaga

Yasushi Nagasaki, H Nushida, Tatsue Yamazaki, S Akitomi, C Kubota, Kayoko Kurokawa, Noriko Murakami, Kazutoshi Kuboyama, Tsuneo Asada, Tokmoko Kohno, Department in the 2016 Kumamoto Earthquakes, Japan

DMORT administrator with Kumamoto prefectural police, for the victims. Some of the families showed appreciation to grieving stories showing sympathy. We also provided makeup for the victims. Some of the families showed appreciation to us. These activities helped the members of the police’s victim supporting section, to concentrate on victim’s identification and paperwork. We paid attention to the police through conversation and provided them the manuals for caregivers’ stress. Conclusion: Activities of Japan DMORT as specialists of grief care in collaboration with police, are supportive for both victims’ families and caregivers in early phases of disasters. Prehosp Disaster Med 2017;32(Suppl. 1):s187
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First Official Disaster Relief Activities of the Japan DMORT Association in Collaboration with Police

Department in the 2016 Kumamoto Earthquakes, Japan

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Study/Objective: To report the first disaster relief activities of the Japan DMORT association officially collaborating with the police department of a disaster stricken area. Background: The 2016 Kumamoto Earthquakes are a series of earthquakes, including a magnitude 7.0 main shock on April 16, 2016 and a magnitude 6.2 foreshock on April 14th, which struck Kumamoto and Oita prefectures, Japan. Fifty people were killed and about 3,000 people were injured. The Japan DMORT Association is a private society which consists of physicians, nurses, forensic pathologists, and social workers. We had planned to support disaster victims’ families, but had been frustrated by the police’s systematic barriers because, in Japan, disaster victims’ identification and care of their families had been monopolized by police. Methods: On April 15th, a nurse and a driver/secretary were dispatched to the disaster area after quick negotiation by DMORT administrator with Kumamoto prefectural police, through the police department of our own prefecture. On April 16th, we were advised to work in the makeshift morgue in the police school. Results: On April 16th and 17th, we assisted families of 17 victims when they saw the corpses and listened to their grieving stories showing sympathy. We also provided makeup for the victims. Some of the families showed appreciation to us. These activities helped the members of the police’s victim supporting section, to concentrate on victim’s identification and paperwork. We paid attention to the police stress, 36 participants in total. The components of the BASIC PH model were put into practice using cognitive, emotional and creative supporting tools. The sessions culminated in the creation of a teamwork plan designed to preserve the program’s achievements. Results: The act of sharing difficulties within the support group generated cohesion and hope, which are components of resilience. The relationships within the group became more open, and the participants were more easily able to communicate their difficulties and felt more connected (also factor of resilience). The intervention provided the participants with a support framework, and enhanced their ability to cope with stressful situations. Conclusion: Organizational support based on a resiliency model can strengthen the individual’s ability to cope with daily stressful situations and enhance cohesion, that in turn may have a positive influence on the organization’s ability to handle changes and crisis.