New York City Pediatric Disaster Coalition (NYCPDC) is funded by the NYC Department of Health and Mental Hygiene (DOHMH) to improve NYC's pediatric disaster preparedness and response.
Aim: After creating planning resources in Pediatric Long-Term Care Facilities, Hospital Pediatric Departments, Pediatric and Neonatal Intensive Care Units and Obstetric/Newborn Services within NYC hospitals, the NYCPDC partnered with leaders and experts from outpatient/urgent-care facilities caring for pediatric patients and created the Pediatric Outpatient Disaster Planning Committee (PODPC). PODPC's goal was to create guidelines and templates for use in disaster planning for pediatric patients at outpatient/urgent-care facilities.
Methods: The PODPC includes physicians, nurses, administrators, and emergency planning experts who have experience working with outpatient facilities. There were 21 committee members from eight organizations (the NYCPDC, DOHMH, Community Healthcare Association of NY State, NY State DOH, NYC Health and Hospitals, Maimonides Medical Center and Presbyterian/Columbia University Medical Center). The committee met six times over a four-month period and shared information to create disaster planning tools that meet the specific pediatric challenges in the outpatient setting.
Results: Utilizing an iterative process including literature review, participant presentations, discussions review, and improvement of working documents, the final guidelines and templates for surge and evacuation of pediatric patients in outpatient/urgent care facilities were created in February 2018. Subsequently, model plans were completed and implemented at five NYC outpatient/urgent-care facilities.
Discussion: An expert committee utilizing an iterative process successfully created disaster guidelines and templates for pediatric outpatient/urgent care facilities. They addressed the importance of matching the special needs of children to available space, staff, and equipment needs and created model plans for site-specific use.

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Perceptions of Climate Change and Disaster Risk in Oceania

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Introduction: This study profiles climate change as an emerging disaster risk in Oceania. The rationale for undertaking this study was to investigate climate change and disaster risk in Oceania. The role of this analysis is to examine what evidence exists to support decision-making and profile the nature, type, and potential human and economic impact of climate change and disaster risk in Oceania.
Aim: To evaluate perceptions of climate change and disaster risk in the Oceania region.
Methods: Thirty individual interviews with participants from 9 different countries were conducted. All of the participants were engaged in disaster management in the Oceania region as researchers, practitioners in emergency management, disaster health care and policy managers, or academics. Data collection was conducted between April and November 2017. Thematic analysis was conducted using narrative inquiry to gather first-hand insights on their perceptions of current and emerging threats and propose improvements in risk management practice to capture, monitor, and control disaster risk.
Results: Interviewees who viewed climate change as a risk or hazard described a breadth of impacts. Hazards identified included climate variability and climate-related disasters, climate issues in island areas and loss of land mass, trans-nation migration, and increased transportation risk due to rising sea levels. These emerging risks are reflective of both the geographical location of countries in Oceania, where land mass due to rising oceans has been previously reported and climate change-driven migration of island populations.
Discussion: Climate change was perceived as a significant contemporary and future risk, and as an influencing factor on other risks in the Oceania region.

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Perspective of an Academic Consortium for Preparedness of Emergency/Disaster Medical Response during 2020 Tokyo Olympic/Paralympic Games

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Introduction: A large number of visitors to Tokyo during the Tokyo Olympic and Paralympic Games in 2020 resulted in an increase of injury/illness and burden to the routine emergency medical services system. Furthermore, extremely hot and humid weather, terrorism, and outbreaks of infectious diseases are marked risks.
Aim: We introduce the present status of an academic consortium (AC2020) to fulfill our mission as academic organizations. The Japanese Association for Acute Medicine (JAAM) and six academic associations have initially established the AC2020 since 2016, which consists of the 23 associations at this time. The role of the AC2020 is to provide knowledgeable evidence, intelligence, and support for constructing response plans for medical problems via the website (http://2020ac.com/).
Methods: The joint committee of the AC2020 (JC-AC2020) has been launched to accomplish consortium activities; make statements and recommendations, compile manuals, conduct seminars, and coordinate the training program of on-site medical teams. The JC-AC2020 organizes nine working groups of heat stroke, lightning strike, nursing, athletes, first responders, foreigners, pre and in-hospital response of MCI, and data collection for audit.
Results: As of December in 2018, AC2020 has released 30 documents and 10 event-news on the website including seven

statements, two recommendations of a prerequisite of the on-site medical team, and two manuals concerning the treatment of gunshot and explosive injuries. Based on some of these statements, the Tokyo government has already enhanced the previous plan.
Discussion: The AC2020 will propose the web site as a portal site and platform, disseminate the activities widely to society, and ask for the cooperation of other related organizations and academic societies. The AC2020 will aim to provide the landmark project of mass-gathering medical care in Japan as well as the transition to the Olympic Games in Paris in 2024.

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Pharmaceutical Prescribing Patterns and Costs During Hurricane Harvey Shelter Operations in Dallas, Texas

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Introduction: Hurricane Harvey made landfall in southeast Texas in August 2017, causing unprecedented flooding throughout the Texas coastal region. Residents of affected regions were forced to evacuate to nearby unaffected areas, including Dallas, TX, where a large shelter operation was opened for 23 days to care for those evacuees. Retrospective evaluation of pharmaceutical prescribing patterns for the evacuees who self-presented to the Megashelter Medical Clinic (MMC) established in the shelter contributes to developing evidence-based planning strategies for healthcare delivery in the post-disaster setting.
Aim: To describe the pharmacy needs of a displaced population following a large-scale evacuation after a hurricane
Methods: De-identified prescription records written and filled at a shelter pharmacy were reviewed, looking at both cost and category of medications dispensed over time.
Results: Approximately 41% of evacuees with a total of 2,654 visits utilized the MMC clinic, resulting in 1,590 prescriptions filled with an associated cost of $78,039. The most commonly prescribed drug categories were cardiovascular (21.2%), neuropsychotropic (15.6%), infectious disease (12.5%), and endocrine (9.6%). While the most commonly dispensed were antihypertensives, diabetes treatment-related prescriptions, antibacterials, antidepressants, and NSAIDs, the costliest individual prescriptions were antiretrovirals and antipsychotics.
Discussion: Prescribing patterns for the MMC differed from normal prescribing patterns of a general population. Of the prescriptions dispensed at the MMC, pharmaceutical prescription patterns suggest the immediate needs of evacuees differ from later needs. There is a greater need for chronic disease management in the early phase of shelter operations, and an increasing need for neuropsychotropic and infectious disease prescriptions over time. Understanding overall patterns of drug utilization over the duration of the shelter provides valuable insight on post-disaster medical resource utilization in evacuee populations.

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Pharmaceutical Relief Activities at Western Japan Torrential Rain Disaster

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Introduction: The torrential rain triggering massive flooding and hundreds of landslides was the worst weather disaster in Western Japan. A temporary pharmacy was established in the Kurashiki health center, which provided medicine to victims.
Aim: To evaluate the supply status of prescription under the health insurance system during a disaster.
Methods: When the enormous disaster occurred, victims get a prescription in the hospital or community pharmacy under the Disaster Relief Act or Health Insurance Act. Under the Disaster Relief Act, prescriptions that are given at a first aid station are able to be filled at the mobile pharmacies at no cost to the patient from the local government. Prescriptions that are issued by a medical institution, and are in accordance with the Health Insurance Act or National Health Insurance Act, can be dispensed at hospitals or community pharmacies. Patients may be exempt from the co-payment by being covered by their health insurance. Here, we investigated the supply status of prescription to affected people.
Results: The good points of the supply status were as following: 1) dispensing out of disaster area was a good system to relieve a pharmacist2.) J-SPEED was also a good reporting system to provide appropriative medicine inventory management, and 3) sending prescription using a mobile phone was very useful for pharmaceutical activities. On the other hand, the points for improvement were as following: 1) more time to learn the medical insurance system during the disaster was needed, and 2) the mobile pharmacy is better to make the rounds of shelters including health care consultation.
Discussion: In case of a disaster, two different medicine supply systems cause confusion to medical relief teams. It is considered that collaboration relief activities with relief teams that included a pharmacist was very important.

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Pharmaceutical Services Preparedness of Military Units in an Institution of Brazilian Armed Forces

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Introduction: Military participation in humanitarian operations, both in cases of armed conflict and in response to natural