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.

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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

Akinori Wakai MD[1], Yoshiki Toyokuni PhD[2], Yuichi Koido MD, PhD[2], Tatsuo Ono[2], Tatsuhiko Kubo MD, PhD[3]
1. National Hospital Organization Japan DMAT Secretariat, Osaka, Japan
2. National Hospital Organization Japan DMAT Secretariat, Tachikawa, Japan
3. Department of Public Health and Health Policy, Hiroshima University, Hiroshima, Japan

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.

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Collapse of the Hard Rock Hotel in Downtown New Orleans

Meghan Maslanka MD[1], William Niemeck[2]
1. LSU-New Orleans, New Orleans, USA
2. New Orleans Emergency Medical Services, New Orleans, USA

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.