## Continuous Healthcare Support for People Living in Temporary Housings by Local Hospital Teams; Challenges After Earthquake, Tsunami and Fukushima Nuclear Disaster in 2011

*Yohei Iwasaki, Tsuyoshi Nemoto, Tomoyoshi Oikawa*
Minamisoma Municipal General Hospital, Fukushima/Japan

**Study/Objective**: To assess the roles of local hospital teams, of continuous community healthcare support, during the recovery phase from disaster.
**Background**: In March 2011, Minamisoma City had severe damages from the Great East Japan Earthquake and the Fukushima Daiichi Nuclear Power Plant Accident. Over 5 years have passed since then. According to the statistics from Minamisoma City, 14,563 people have been (still) living as refugees, and 2,453 people have been living in the temporary housings (as of November 2016). Because of the rising concerns with healthcare problems, our hospital volunteer teams have provided continuous healthcare support programs to refugees in the temporary housings since 2013. Our teams have consisted of medical doctors, residents, as well as medical students and paramedicals. We have provided them a series of free evening lecture courses (ie. metabolic syndrome, locomotive syndrome, dementia and stroke) and personal health consultations every other month. Here, we assess how the programs have influenced the community health in the affected areas.
**Methods**: In March 2016, a self-entry style questionnaire was performed by each participant, prior to informed consent by the volunteer staff at 8 (out of 33) meeting places of temporary housings. The questionnaire included their basic information, impressions of our programs (ie. interest, achievement, satisfaction, etc.) and their health concerns.
**Results**: Seventy-seven participants (21 males and 56 females) answered the questionnaire. The average age of participants was $73.7 \pm 9.9$ years old. Eighty-eight percent answered their reason for participation was 'Interest'. Ninety-seven percent answered they felt 'Very familiar' or 'Familiar' to our staff. The average subjective level of achievement was 3.5/5. The average degree of satisfaction was 9.3/10. Seventy-one percent have taken a personal health consultation.
**Conclusion**: We found that participants were mostly elderly people. Continuous healthcare support by local hospital teams has been considered to be effective at recovery phase. It is essential for healthcare professionals to take care of a community.

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## Occupational Health Risks of Health Workers at Komfo Anokye Teaching Hospital

*Sonia Cobbold, Roderick E.L. Reindorf, Evans X. Amuzu*
Accident And Emergency Department, Komfo Anokye Teaching Hospital, Kumasi/Ghana

**Study/Objective**: This study sought to identify the occupational health risks that clinical/non-clinical staff at KATH are exposed to.
**Background**: Occupational Health Assessment is the identification, evaluation, and control of risks merging from workplace hazards that affect workers' physical, mental, and social well-being. Mostly, employers look out for the positive end products of the work done and ignore the safety measures put in place to protect employees from health risks they are exposed to. Health workers are exposed to different hazards due to the nature of their work. This study sought to identify the occupational health risks that clinical/non-clinical staff at KATH are exposed to.
**Methods**: A cross-sectional study was adopted for the study, and the study site was chosen to be KATH. The sample was chosen by stratified random sampling. Data were entered in EPI-info software and analysis was done using SPSS. Logistic regression assesses relations and significance.
**Results**: Out of 178 respondents, 129 (72.47%) reported exposure to hazards at various departments of work. The study revealed that airborne diseases were the most widespread hazard reported (72.87%), followed by sharps (62.79%), chemicals (42.64%), and burns (10.85%). The majority of all respondents 165 (92.70%) had knowledge on occupational health risk, of which 60% were clinical staff. There were 86 (48%) of respondents reporting exposure to hazards, indicated having been provided with protective equipment to ensure safety; 83 (47%) indicated no protective equipment; nine (5%) were unsure of the availability of any such equipment. Awareness of occupational health policies was associated with training given at recruitment. Also, there was an association between health problems developed and category of staff, exposure to hazards in the working environment, protective equipment provided, and number of years worked at KATH.
**Conclusion**: The health workers (clinical/non- clinical) are exposed mostly to airborne diseases and pricking by sharps, but most were not adequately protected.

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## Helping Health Information Go Viral: Building a Disaster Information Specialist Network

*Siobhan Champ-Blackwell, Elizabeth Norton*
Disaster Information Management Research Center, National Library of Medicine, Bethesda/MD/United States of America

**Study/Objective**: A program was developed to create a network of disaster health information specialists across the country who could be responsive to disasters by providing timely, accurate, disaster health information throughout all phases of a disaster to the public health and disaster response workforce.
**Background**: The program consists of a three-pronged approach: 1. A series of freely-available, online training courses that provide a foundation to build capacity for public health personnel, librarians, emergency workforce, and others. 2. Monthly webinars provide the opportunity to hear from experts on the latest issues in disaster medicine and public health. 3. A community of practice functions through an online discussion forum, email updates, and social media.

**Methods**: Online training courses were developed as part of a curriculum which offers continuing education credits to earn Basic and an Advanced level certifications. The courses introduce disaster health information, its uses, and potential roles for those interested in participating in disaster health information-related activities. Monthly webinars are offered to supplement these courses and provide an opportunity to host subject matter experts to speak on health information for specific events, or to present new or updated tools and resources that can assist disaster information specialists in their daily work. The community of practice helps information specialists develop relationships with others trained in searching and evaluation of disaster health information. The knowledge gained through these interactions, and from the training opportunities, provides them with tools and information to help their own communities in preparedness, response, and recovery activities.
**Results**: As of October 2016, 66 people in 20 states and three internationally-based persons have earned a Disaster Information Specialization certificate from the Medical Library Association.
**Conclusion**: The program has been instrumental in providing a cadre of responsive individuals, across the United States and beyond, who are involved in preparing and providing health information before, during, and after disasters.

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## Evaluation of Disaster Education from a Pedagogical and Andragogical (Adult Learning Theory) Perspective and Recommendations

*Ebru Inal*[1], *Sevkat B. Ozvarış*[2]
1. Civil Defense and Firefighting, Yalova University, Yalova/Turkey
2. Public Health, Hacettepe University, Ankara/Turkey

**Study/Objective**: This study aims to evaluate disaster education programs, highlighting the basic differences between pedagogical and andragogical approaches (adult learning theory) with examples.
**Background**: Disaster education could be defined as an ongoing strategy aimed at alerting the public to the consequence of a hazard impact on an unprotected community. Effective disaster education is possible with approaches of extended-to-community and systematic education. These disaster education models should have pedagogical and androgogical approaches.
**Methods**: The pedagogical approach is based on teacher-directed-learning theory while the andragogical approach is the based on self-directed-learning theory. The differences between approaches can be explained as follows: Sense of self, Experiences, Readiness to learn, Orientation to learning. The differences between models were evaluated under these topics.
**Results**: Table 1. Available actions about effective disaster education for pedagogical and andragogical approach.
**Conclusion**: When disaster education programs are being made, differences between a pedagogical approach and an andragogical approach should be taken into consideration.

| About | Pedagogical | Andragogical |
|---|---|---|
| *Sense of self* | • Comprise didactic instructions or images<br>• Prepare classroom activities such as role-play<br>• Produce an awareness of at least the possibility of crisis | • Ask questions<br>• Take ideas<br>• Do brainstorming/ discussion<br>• Interactive education |
| *Experiences* | • Teach cognitive processes, behavioral skills necessary for protection, and especially emotional labor<br>• Be accepting of the reality of what has happened | • Make it feel precious<br>• Make it feel as unique as individuals<br>• Join all activities<br>• Be respectful<br>• Provide a setting of information exchange |
| *Readiness to learn* | • Facilitate learning<br>• Perform applications as dramatization, models, and demonstration | • Be motivated<br>• Constitute a reliable, encouraging, positive, and taking-into- account an individual needs setting<br>• Constitute a "real" setting<br>• Put emphasis on requirements of disaster education<br>• Draw attention with disaster scenarios |
| *Orientation to learning* | • Perceived information as precious<br>• Adopt disasters as a important event in their life | • Correlate with their real life<br>• Give clear and explanatory information<br>• Adopt solution-oriented approach for problems |

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## Granting the First Aid Event on the Spot, the Opinion of Team Members in the Medical Rescue Units in the Capital City of Warsaw

*Aneta Binkowska*[1], *Artur Kamecki*[2]
1. Department Of Emergency Medicine, Department Of Medicine Of Disaster, Medical University of Warsaw, Warsaw/Poland
2. Department Of Culture Of Security And Methodology, Social Sciences And Security Institute, Siedlce University of Natural Sciences and Humanities, Siedlce/Poland

**Study/Objective**: The aim of the study was to know the reviews of team members of the emergency medical provincial Ambulance and Emergency "Meditrans" in Warsaw, as people react in situation of real threat to life or health of the injured