

component of the BSF contributes to the preparedness and vulnerability of each region.

**Results:** The results of this evaluation demonstrate that the risks faced by both Singapore and Seoul are similar, however, the risk modification of the potential events arising from the identified hazards was more emphasized in Singapore. This is due to the high involvement of governmental groups, the Ministry of Health, and other self-help group.

**Conclusions:** The Utstein Guidelines provide a way for multiple hospitals with different healthcare systems to compare risks and examine the level of preparedness to manage mass-casualty incidents.

**Keywords:** comparison; healthcare system; risks; terminology; Utstein Guidelines

*Prehosp Disast Med* 2007;22(2):s105–s106

### Evaluation of Disaster Preparedness System in Japan

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More than 5,000 lives were lost due to damages caused by the Hanshin-Awaji Earthquake. From a medical standpoint, the biggest problem was the delay in setting up local emergency medical facilities. In the year following the earthquake, the Japanese Ministry of Health and Welfare (MHW) listed nine priority areas and instructed the heads of the local municipalities to focus on these nine areas.

1. Citizens should participate in disaster planning. Medical personnel should be included in the development of such plans;
2. Mutual support plans should be established among municipalities;
3. A mobile, local response medical team should be introduced;
4. Disaster base hospitals intended to treat the most severely affected individuals should be established;
5. The functions of the local Health Center to serve as coordinators should be enhanced;
6. Disaster medical training should occur;
7. Operational manuals should be written;
8. Rescue teams should be introduced quickly; and
9. Autopsy facilities for major catastrophes should be established.

The purpose of this study is to evaluate these aspects. Japan established a system of base hospitals for disasters, Disaster Medical Assistance Teams (DMATs), and the Emergency Medical Information System for extended disasters (EMIS). The response to recent events, such as the Chuetsu earthquake, the train accident in Amagasaki, and the Miyagi earthquake, as well as disaster drills provide evidence of the progress of medical responses for disasters in Japan. On the other hand, problems such as the utility of EMIS or DMAT dispatch system are made clear through these disasters and drills.

Following implementation of the results of these evaluations, the disaster response system should improved further.

**Keywords:** disaster; planning; preparedness; prioritization

*Prehosp Disast Med* 2007;22(2):s106

### Session 5: Systems 2

*Chairs: Mauricio Lynn; C. Breederveld*

#### Past, Present, and Future of National Medical Rescue Teams—The Turkish Experience

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Following the Marmara Earthquake in 1999, major accomplishments have been achieved in Turkish disaster response missions. One of these accomplishments was the establishment of National Medical Rescue Teams (NMRTs). In 2003, the Turkish Ministry of Health initiated the “Health Organization in Disasters Project”, in order to respond effectively to all types of disasters that may occur worldwide, and provide medical care to people in need. Currently, there are approximately 2,000 providers that have been trained. Training has been provided by a group of qualified trainers who were chosen from 11 different districts and have completed an instructor training program. The NMRT members have participated in nationwide exercises as well as real-time missions in places such as Pakistan, Indonesia, and Sudan. The organization, structure, personnel selection and training of NMRTs formed within the Turkish Ministry of Health was studied and will be presented as “The Past, Present and the Future of National Medical Rescue Teams in the Light of Turkish Experience”.

**Keywords:** disaster; disaster response; preparedness; rescue teams; training; Turkey

*Prehosp Disast Med* 2007;22(2):s106

#### Swedish National Support Team in the Event of a Serious Overseas Emergency or Disaster

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Disaster preparedness for international disasters involving Swedish citizens was heavily criticised after the Tsunami, December 2004. In response to this, the Swedish Rescue Services Agency (SRSA), the Swedish National Board of Health and Welfare (NBHW), the Swedish National Police Board (NPB) and the Swedish Ministry for Foreign Affairs together have created a National Support Team to handle similar situations in the future. The National Support Team will support the Swedish embassy and consulate and people in distress in the event of a serious overseas emergency or disaster.

The National Support Team consists of a unit for “Rapid Needs Assessment” and a “Joint Task Force” staffed by specifically recruited and trained personnel from the SRSA, health personnel from the Swedish County Councils and police personnel from the NPB.

The National Support Team will provide command and coordination staff, health care, logistics, IT and telecommunications, information, and, if needed, perform medical evacuation. In addition, psychosocial support will be provided by representatives from the Swedish Red Cross, Save the Children Sweden and the Church of Sweden.

The National Support Team can provide early, remote, rapid needs assessment within two hours after an alarm is activated and a departure for further assessment on site within six hours. The Joint Task Force should be prepared for departure within 12 hours.

A National Support Team has been educated and trained, and was used during the Lebanon evacuation of Swedes this last summer.

**Keywords:** disaster; emergency; international; preparedness; support; Sweden

*Prehosp Disast Med* 2007;22(2):s106–s107

### Importance of Establishing Partnership Abroad for Efficient Disaster Relief

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**Introduction:** MH Thamrin Healthcare Group (Thamrin) in Jakarta requested the Japanese non-profit organization (NPO) Humanitarian Medical Assistance (HuMA) provide medical support in Yogyakarta, an area affected by the Java tectonic earthquake on 27 May 2006. This medical collaboration sprang from a long personal relationship between the President of Thamrin and several core members of HuMA. Humanitarian Medical Assistance offered medical services, and Thamrin managed the logistics.

**Medical and Logistic Collaboration:** Thamrin already had made the following arrangements by the time HuMA arrived in Jakarta: (1) location for the basic clinic and the disaster field mobile site; (2) transportation to disaster area from Jakarta; (3) transportation of overweight medical equipment to Yogyakarta; (4) accommodation for HuMA volunteers; (5) availability of communication tools; (6) accurate estimation of the total budget to reduce total time spent exchanging money; (7) establishment of local staff; and (8) sites for severe injured patients. With these logistics in place, HuMA was able to begin activity immediately.

**Preparedness for Future:** This Java relief mission proved the importance of having established partnerships abroad for efficient disaster relief. After this disaster relief collaboration, we, HuMA and Thamrin had exchanged Memorandum of Understanding for disasters in future. Regularly collaborating and exchanging information with medical counterparts native to an area and understanding the local system enables quick medical care rescue operation when disasters strike that area.

**Keywords:** collaboration; disaster relief; Japan; medical services; partnerships

*Prehosp Disast Med* 2007;22(2):s107

### Just-in-Time Training for Medical Reserve Corps Unit Volunteers in a Point of Distribution Clinic Operation: Does it Work?

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The Nassau County Department of Health (NC-DOH) developed a public health Medical Reserve Corps Unit (MRC) to assure adequate surge capacity during public health crises, such as epidemics. With >300 members from diverse backgrounds, including physicians, nurses, pharmacists, veterinarians, dentists, and social workers, the challenge was to develop a program that rapidly would train the MRC to operate cohesively during public health emergencies. The decision was made to utilize a “just-in-time training” (JIT) methodology.

A program for JIT for Point of Distribution (POD) Clinics was developed and implemented. To prepare for JIT, all members received basic training on the incident command system and its utilization by public health. The training emphasized the importance of following the chain of command and using emergency response functional roles. Participants were provided examples of job action sheets and shown how to use them.

The effectiveness of the training was tested when the NC-DOH initiated a massive POD clinic for senior citizens. Over two days, 7,628 seniors reported to one POD location for influenza vaccination. MRC members were utilized to augment POD staffing. At the POD site, each member received a job action sheet and a brief tutorial on his/her emergency response functional role. The operation was evaluated on multiple levels, including the ability of MRC volunteers to function in the POD. All MRC members were fully able to perform their functional POD roles. All MRC members (and the senior citizens) rated the experience as positive.

**Keywords:** clinics; incident command system; just-in-time training; medical reserve corps; public health; roles

*Prehosp Disast Med* 2007;22(2):s107

### Comparison of Hospital Incident Command Systems (HICS) in Hospitals of Four Different Countries: Does HICS Mean the Same Everywhere?

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**Introduction:** Hospital Emergency Incident Command System (HEICS) was developed in California following the 1970 earthquake there. The system has been widely recommended within the medical community across the world. Today, it is known as Hospital Incident Command System (HICS). The aim of this study was to determine the similarities, differences, and the originality of HICS in Turkey, South Korea, Greece, and the US.