presented for care, the majority were able to return to work. A major medical challenge encountered was responding to a serious GI illness outbreak. Future medical planning will focus on provision of pharmacy services and promoting the use of eye personal protective equipment in wildfire hazard zones.

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Discovering Best Practice for the Implementation of Evacuation Centers for Vulnerable Populations: Findings from a Japanese Pilot Study

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Study/Objective: This paper will report the preliminary findings of a pilot study, undertaken with local government officials in Japan, concerning their involvement in planning for, setting up, and managing evacuation centers for vulnerable populations in Japan during the Great East Japan Earthquake in 2011. The objective is to illuminate the challenges that officials faced, and the resolutions and lessons learned in the preparation of evacuation centers through this event.
Background: Potentially vulnerable population groups in disasters include the elderly and frail, people who are isolated, and those with chronic diseases including mental health conditions or mobility issues. The 2011 Great East Japan Earthquake disaster affected regions of Japan where the proportion of older population is relatively higher than other parts of the country. In 2008, the Japanese Government Cabinet Office implemented guidelines for the preparation and establishment of evacuation centers for vulnerable populations. However, the 2011 disaster highlighted issues regarding the role and responsibility across governments relating to planning, setup, and management of evacuation centers.
Methods: The study was comprised of two phases. The first involved interviews with local government and relevant agencies' officials who have been involved in establishing evacuation centers for vulnerable populations in Japan. Five officials were recruited from the local government area affected by the disaster in Japan. Face-to-face, semi-structured interviews were audio-recorded and thematic analysis was conducted using NVivo software.
Results: Four themes emerged. They were: (1) reflecting on role and responsibility for community, (2) awareness of the need for preparedness, (3) factors causing organizations to be underprepared, and (4) the need for greater community resilience.
Conclusion: This pilot study demonstrated that the establishment of clear role descriptions and responsibilities are key for local governments to prepare for the establishment of disaster evacuation centers, particularly for vulnerable populations.

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Hospital Surge Capacity in the 2011 Great East Japan Earthquake and Tsunami

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Study/Objective: Until now, there is no experience or evidence about hospital surge capacity in Tsunami disasters in Japan. In the meantime, we had experienced the 2011 Great East Earthquake and Tsunami. So, we will investigate how we make hospital surge capacity in Tsunami disasters.
Background: Surge capacity is a functional expansion capability for catastrophic situations within the organization to deal with a disaster. For hospitals, it can be said that it is the ability of the health care system to accept a large number of patients that occur in a sudden disaster. Not just one of the hospitals, the hospital group, the first-aid station in the area, and more must be considered, as well as the ability of the health care system in the affected prefecture, neighboring prefectures, and nationwide.
Methods: We have investigated five hospitals in Miyagi Prefecture. All hospitals are disaster-based hospitals that were prepared for natural disasters and designated by the local government. We compared bed capacity of these hospitals at peacetime and at the time of disaster; how they effected their surge capacity, and the regional bed capacity. We studied bed capacity in Yamagata Prefecture and places next to Miyagi Prefecture at that time.
Results: Two of the five hospitals that were near the pacific coast should install additional (extra) beds. The number of beds were about two or three times short of daily new admissions. Another two of five that were placed at inland hospitals had no need for additional beds. All hospitals stopped ordinary work to make or expand their capacity of beds and medical staff. Yamagata Prefecture could make slightly more bed capacity.
Conclusion: Except big hospitals in the affected area by Tsunami, hospitals were required to expand their additional (extra) beds for two or three times the daily new admissions, medical staff, and equipment suitable for disaster situations.

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Evacuation Burden of a Safety-Net Academic Medical Center during Hurricane Sandy: Implications for Reverse Triage

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Study/Objective: We describe evacuation burdens of a municipal, safety-net academic medical center, following the largest Atlantic hurricane in United States history.
Background: Typically applied to hospitals receiving surge capacity, reverse triage models have suggested that up to