

Introduction: The science supporting event medicine is growing rapidly. In order to improve the ability of researchers to access event data and improve the quality of publishing mass gathering cases, it would be of benefit to standardize event reports to permit the comparison of similar events across local and national boundaries. These data would support the development of practice standards across settings.

Aim: The authors propose the creation of a publication guideline to support authors seeking to publish in this field.

Method: Derivation study via analysis of published case reports using the Delphi process.

Results: Data elements were inconsistently reported within published case reports. Categories of variables included: event demographics (descriptors of date, time, genre, activity, risks), attendance and population demographics, data related to climate and weather conditions, composition and deployment of an onsite medical team, highest level of care available onsite, patient demographics, patient presentations and measures of impact on the local health care system such as transfer to hospital rates. Of note, there was a high incidence of “missing” variables that would be of central interest to researchers.

Discussion: Approaches to standardizing the collection and reporting of data are often discussed in the health care literature. The benefits of consistent, structured data collection are well understood. In the context of mass gathering event case reporting, the time is ripe for the introduction of a guideline (with accompanying guidance notes and dictionary). The proposed guideline requires the input of subject matter experts (in progress) to enhance its relevance and uptake. This work is timely as there is ongoing work on improving an international event medicine registry. If the evolution of both proceeds in lockstep, there is a good chance that access to a rigorous data set will become a reality.

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Medical Activity Training using SDF Ship at Wide Area Disaster

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Introduction: We have repeatedly trained to use the SDF ship as a temporary medical facility during acute disasters. The Maritime Self Defense Force has various types of ships: supply ship (Oumei type), transport ship (Osumi type), and escort ship (hinge type, whip type) which has a large hangar and a treatable medical compartment.

Methods: The points of training are collaboration between the SDF and the commander's line of medical personnel, construction of a method of contact with the outside, construction of contact method inside the ship, kind of patient, medical contents, use of medical zone, method of transporting to the ship, method of transporting to the outside of the ship, positioning of the ship in the afflicted area, etc.

Results: Assuming the Nankai Trough Earthquake, the activities of SDF vessels in coastal areas are affected by the extent to

which the functions of medical institutions in inland areas are kept, how transportation methods can be secured, and how many injured people there are.

Discussion: As a result of the examination thus far, the range of activities of SDF vessels is limited. The function of the ship is considered to be offshore SCU, hospital evacuation support, etc. Tight collaboration and training with the SDF are necessary in the future.

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Medical Measurement Against the Mega-Disaster: The Necessity of Systematization of the Disaster Medicine or the Disaster Medicine Compendium

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Introduction: The large number of casualties during major or mega-disasters are a global problem.

Aim: The role of medicine against mega-disasters is analyzed from a worldwide perspective.

Methods: Chernobyl incident, the Tokyo Subway Sarin Attack, the 9-11 attack, the Indian Ocean earthquake/tsunami, Hurricane Katrina, the Flu pandemic, the Higashi Nihon Earthquake followed by the Fukushima nuclear plant incident, etc. are critically analyzed, based on the actual medical experiences.

Results: These mega-disasters often have a wide, severe negative influence. Linked catastrophes often form catastrophic circulus vitiosus (CCV) or malignant cycles on a global scale. The typical example is the Chernobyl incident which caused not only many deaths by radiation exposure/thyroid cancer and world anxiety, but also is considered to have contributed to the end of the Eastern European Communism system in 1989 (East Germany) and 1991 (USSR).

Discussion: Many roles of medical doctors and staff were requested, including creating preventive life-saving systems, in addition to the prevention of mega-disaster measurement to minimize the unhappiness. Moreover, medical ethics and philosophy are important, which were often overlooked. It is necessary for medical care and support to have a broad perspective. Although the classical philosophy of utilitarianism is often accepted without suspicion, it comes with the risk of disregarding vulnerable/weak people. The concept of justice according to John Rawls (USA) and the Minimal Unhappiness Theory by Naoto Kan (Japanese politician) should be considered, too. From such viewpoints, it is our conclusion to urge the establishment of systematic disaster medicine or to compile a disaster medicine compendium. Although the tentative first version was compiled with 22 volumes in 2005, only one-fourth was available in English. The English part increased up to nearly three-fourths by adding several new versions in which the nuclear/biological/chemical