Conclusions: Key elements must be considered in developing, implementing, and evaluating of disaster health management policies to ensure the success of these policies.

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(P1-111) Japan Medical Association Team (JMAT)

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Disaster preparedness is one of the national priorities. In Japan, disaster medicine is defined as a part of the national medical plan initiated by Ministry of Health, Welfare and Labor. The Japan Medical Association is the largest professional physicians' group in Japan, and has contributed to all kinds of disaster relief work regionally and nation-wide for years. Based on past successes, the Japan Medical Association proposes a new disaster action plan named Japan Medical Association Team (JMAT). The primary mission of JMAT is to deploy to the disaster scene requested and work for disaster relief. JMAT covers the acute to sub-acute phase of disaster response, and also collaborate with other agencies. In the preparation and mitigation phases, the Japan Medical Association work for establishing mutual disaster aid partnerships, disaster plans, networks with other agencies, team building, disaster medicine training and education, etc. In Japan, the Disaster Medical Assistant Team (DMAT) has been established based on the experience of the 1995 Kobe Earthquake, when lots of preventable trauma deaths occurred because of delayed medical response. The mission of DMAT is to deploy to the scene immediately and triage/transfer the most serious disaster victims outside the scene for advanced medical care. DMAT covers the first 48 hours of disaster response phase, and then JMAT takes charge of the work. JMAT will also respond to chemical, biological, radiological and nuclear disasters, and international humanitarian work. The present issues of establishing JMAT are 1.training and education for Japan Medical Association members, 2.establising cooperation with other agencies, and 3.having presence at the Central Disaster Committee, Cabinet Office, Government of Japan.

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(P2-1) Large Civilian Jets Configured for Aeromedical Use: Implications for Disaster Health

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Background: Australia is a vast and isolated country and often the only viable option of transporting multiple casualties is using fixed wing aircraft. A number of civilian aeromedical services and the military are responsible for the evacuation of casualties, both nationally and internationally. Due to Australia's increased operational commitments, the military can no longer be expected to provide a rapid aeromedical deployment. This situation, coupled with the limited surge capacity of Australia's civilian fixed wing aeromedical services, highlights the need for Australia to improve preparation and readiness for a large scale civilian aeromedical response.

Discussion and Observations: Historically, the use of large jets configured for aeromedical use has been exclusively the domain of the military. Yet in recent years the use of large civilian jets configured for aeromedical capability has been suggested as a solution. The purpose of this paper is to explore the role of large civilian jets configured for aeromedical use in the event of a disaster with multiple casualties. This study involved an extensive literature review and an international study tour of aeromedical services that are at the forefront of using large jets in aeromedical evacuation. The findings identified that standard civilian jets can easily be reconfigured for transporting multiple casualties. It is argued that this strategy can be an inexpensive and effective option and should be included in emergency preparedness arrangements. The aim of this paper is to prompt disaster health agencies in Australia to consider the use of a civilian jet system that can be used for a disaster requiring a large scale aeromedical response.

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(P2-2) Suicide Attack Response Considerations for First Responders

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Introduction: All first responders must be prepared to respond to suicide attacks. Staging safe and effective responses to these incidents requires knowledge of a number of unique considerations.

Methods: The research presented in this presentation used reviews of open source information along with site visits to multiple suicide bombing sites in Israel and the United Kingdom to determine the important considerations for first responders responding to suicide attacks. What is presented is not a specific standard operating procedure but rather a common framework that can help to facilitate a coordinated and effective response from all agencies involved.

Results: Civilians and private security guards can play an important role in detecting the planning and execution of suicide attacks and sometimes even in their interdiction in the imminent attack phase. The suspicions of civilians must be taken seriously and citizens should be encouraged to report these suspicions immediately. The first responding emergency services personnel must be able to effectively begin their agency's response to the attack while maintaining a strong situational awareness. Also on scene, strong frontline commanders are needed to work together to lead a coordinated response. Interagency communication and using a scaled response is of increased importance at these incidents when first responders could be targeted by the secondary attacks or an initial threat that has not yet been neutralized. First responders can take the initial steps to promote the return to normalcy that is important after terrorist attacks. In the aftermath of attacks, efforts should be made to establish a collective knowledge within the emergency services community to share lessons learned in the response.