Oral Presentations—Preparation and Planning

Medical Plan and Activity for 2008 G8 Hokkaido-Lake Toya Summit

Yasufumi Asai;[1] Katsutoshi Tanno;[1] Kazuhisa Mori;[1] Satoshi Nara;[1] Yasuhiro Yamamoto[2]

1. Sapporo Medical University, Sapporo, Japan
2. Nippon Medical College, Tokyo, Japan

Introduction: After the Genoa Summit of 2001 in Italy, when one protestor was killed while demonstrating, "retreat method" summits became predominant. The Windsor Hotel, located on a mountain next to Lake Toya in Hokkaido, Japan was selected to host the G8 summit in 2008.
Methods: The G8 Hokkaido-Lake Toya Summit was held 07–09 July 2008. Emergency medical services and systems were constructed. The Japanese Ministry of Health, Labour and Welfare developed a plan for emergency medical services and preparedness in response to potential nuclear, biological, or chemical terrorist attacks.
Results: The Windsor Hotel is located 75 kilometers from Sapporo, where there are four Level-1 treatment areas in four hospitals. In the Windsor Hotel, O-type (Rh -) blood was prepared for foreign guests. Four helicopters were on standby near the Windsor Hotel for emergency transportation. One Mobile Intensive Care Unit car was located near the foothill for the provision of emergency treatment. The expert medical team of the Windsor Hotel was present in the hotel's medical office. More than 200 doctors with disaster and emergency expertise were commissioned to the summit. During the summit, 68 patients were treated, including one patient who was transferred to Sapporo by helicopter.
Conclusions: An emergency medical system was established for the G8 Hokkaido-Lake Toya Summit with the collaboration of many organizations.

Keywords: G8 Summit; helicopter; mobile intensive care unit; nuclear, biological, or chemical; terrorism
Prehosp Disast Med 2009;24(2):s90

Indian Perspective of Medical Preparedness and Capacity Building in Disaster Management

Vivek Chhabra;[1,2,3] Janak R. Bhardwaj[1]

1. National Disaster Management Authority, Government of India, New Delhi, India
2. Doctors For You, Mumbai, India
3. emsuniversal.com, Greater Noida (National Capital Territory), India

Introduction: Following the 2005 Disaster Management Act of India, there has been a paradigm shift from the old 3R (Rescue, Relief, and Recovery) approach to new 3PM (Planning, Prevention, Preparedness, and Mitigation) approach.

The National Disaster Management Authority (NDMA), India's institutional mechanism for effective disaster management, was constituted in 2005. It approves policies, plans, and guidelines for disaster management prepared by various departments of the government to ensure timely and effective response to disaster. The NDMA is supported by: the National Executive Committee, State Disaster Management Authority, the State Executive Committee, District Disaster Management Authority,the Central Government, International Agencies, and the National Institute of Disaster Management.
Methods: The strategy was to evaluate existing plans and methodologies. Multiple deliberations of various stakeholders including various nodal and line Ministries of Government were initiated by NDMA from 2005 onward. This was followed by core and steering group meetings/conferences, studies of international best practices leading to the evolution of a draft document for bridging identified gaps and ultimately, the development and implementation of National Disaster Management Guidelines—Medical Preparedness and Mass Casualty Management.
Results: An all-hazards, medical preparedness plan was developed for all phases of the disaster cycle. Salient gaps that need bridging were identified. Incident command systems were created along with comprehensive guidelines. These included legislative and regulatory framework, preventive measures, preparedness, capacity development. Hospital preparedness, specialized healthcare and laboratory facilities, alternative systems of medicine, preservation and identification of the dead, psychosocial care and mental health services and research and development for medical preparedness and mass-casualty management also was included. Guidelines related to responses, rehabilitation, and recovery, private-public partnership, post-disaster documentation, media management, and important medical management aspects also were created, along with specific chemical, biological, radiological, or nuclear emergency-related guideline. An approach for the implementation of the guidelines also was formulated.
Conclusions: The formulation and partial implementation of guidelines are displaying positive results and expected to strengthen our preparation for future disaster scenarios.

Keywords: capacity building; disaster management; India; planning; preparedness
Prehosp Disast Med 2009;24(2):s90

Global Partnership in Prehospital Care: A Case Study with Richmond Ambulance Authority and Save Accident Victims of Nigeria

Edeaghe E. Ehikhamenor; Jerry Overton

World Association Disaster Emergency Medicine, Benin City, Nigeria

Prehospital care involves innovations and the commitment of time and enormous resources that can overwhelm a solitary approach, especially in developing countries. The need for partnership between transitional countries and developed countries is imperative to overcome challenges in areas of high-tech resuscitation, trained personnel, ambulance and equipment procurement, and the development of academic curricula on paramedics and prehospital care. Cases of fraud and the notorious acronym "419" have made it more difficult for poor nations to initiate and build any durable relationship with counterparts in developed countries.

Regular participation at international conferences can be the catalyst or starting point to network and stimulate a mutual collaboration and overcome such as the lack of trust.