

and these must be considered in preparedness and planning phases.

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### (P1-47) Disaster Medicine and the Philosophy

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There are many problems, to be solved in the actual fields of disaster medicine. That is the reason why we completed the disaster medicine compendium, 2005. As the next stage, we focused upon the significance of the philosophy from the viewpoint of the disaster medicine.

**Results:** In the disaster situation, leaders are obliged to determine the policies under the mental/ sophisticated consideration. Basically, the following famous phrase “the greatest good (happiness) for the greatest number of people” are accepted simply/ childishly without profound thought. This phrase is presented by the popular concept of Utilitarianism beggined by Jeremy Bentham, followed by John Stuart Mill, etc. This concept strongly influenced in the field of disaster medicine, especially the decision making of triage. However, several argument or criticisms have been pointed out: i.e., definition of happiness, relief of the minority or so-called CWAP, etc. Other opinions are included, as follows: John Rawls: The Principle of Justice or Maximin Principle, Kan Naoto: Minimal unhappiness/misery in the society/people, etc.

**Conclusions:** I basically appreciate the concept utilitarianism. But, especially, if we consider the CWAP or people in the poor countries under the actual unfavorable condition, the latter concepts should also be included.

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### (P1-48) Rethinking the “Disaster Club” as a Student Interest Group on a Health Professions Campus

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Disaster preparedness and response requires an integrated response by all aspects of the health professions. The most successful outcome can occur when interprofessional cooperation exists between community, first responders, and the many facets of health professions. At Western University Health Sciences we have replaced our interprofessional disaster club with a disaster focused element in several other health professional interest clubs. The primary coordination is centered in the Public Health Club which is composed of students from many of our medical colleges. The public health club mirrors our community disaster response in that preventive medicine and preparedness lies in our public health program. Public health interest such as rabies prevention and education on world rabies they are centered in our public health club with support from our faculty expertise in public health. Educational components such as wilderness medicine fit well into the human emergency and critical care student group. Both human and veterinary emergency and critical care student group's natural interest lies in triage and first

response. Student interest groups or clubs that focus on community outreach in medicine, nursing, dentistry and veterinary shelter medicine have a take the lead in emergency sheltering for vulnerable populations. Using the model presented here, disaster preparedness is promoted as routine extensions of daily professional endeavors. By building upon student interest groups we can build a culture of connectivity across the professions. Extending student club supported training endeavors to the community surrounding can allow the disaster responder community to meet on neutral ground. Western University Health Sciences is uniquely situated in Los Angeles County and our faculty and students reside in neighboring Orange Riverside and San Bernardino counties. At a private health professions university, our focus is to provide educational opportunities in a real-world setting which is integrated with community.

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### (P1-49) Development of the Disaster Drill for the Staff Member at the Hospital of the Region in Japan

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A hospital disaster drill is commonly carried out based on the activities assigned beforehand by the occupational description. However, it is difficult for each staff the role is fixing to understand the global image of a disaster correspondence in a hospital disaster when their role is assigned and fixed. We have developed the understandable drill about the whole practice at each hospital in disaster. We keenly realized the necessity of a standard disaster medicine. Therefore we have developed the disaster drill which can be held per hospital. As a goal of a course, each hospital personnel could understand the global image of the disaster, and aimed at the daily course which can master necessary minimum skill to correspond a disaster in each hospital. From the reasons above, we created the course which consisted of a lecture, individual skill training, and a gross training. As essential skill, it starts with (1) management of disaster countermeasures office (2) management of triage post (3) treatment at room (4) support of conveyance between hospitals (5) information control. In order to employ these individual skill booths efficiently we divided attendances into five groups. Five hospitals started from 2008, were carried out 11 times, and about 500 persons took this disaster drill on a course. We expect that cost to bellow, the course to be simpler, and the quality of training will improve by holding this course repeatedly.

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### (P1-50) Pilot Study: The Challenges of Full Scale Radiation Decontamination Drills with Special Needs Populations

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Special needs populations are often excluded from emergency preparedness plans, despite their vulnerability. As defined by the CDC one aspect of special needs is physical disabilities which include mobility issues. In 2009 the CDC reported 16% of the US non-institutionalized population as having a physical disability. The literature is limited and empirical evidence on addressing the needs of disabled individuals in disaster preparedness is sparse. This demonstrates the need for guidelines on how to plan for the needs of individuals with physical disabilities during disasters. In July 2010 a coalition of hospitals in Central Brooklyn, NY, University Hospital Brooklyn, Kings County Hospital Center, and Kingsbrook Jewish Hospital Center conducted full scale radiological decontamination exercises which incorporated people with physical disabilities. The exercises utilized the same set of drill participants; 17 total victims and 4 victims with physical disabilities that included 2 wheelchair bound nonmobile victims. The exercise required the HAZMAT teams to address in their decontamination plan the use of accessible equipment for nonmobile individuals. As a pilot study, we hypothesized that the hospitals would be unprepared to decontaminate special needs victims, especially the nonmobile victims based on guidelines published by the US Department of Health and Human Services. By conducting this exercise we found that the hospitals were unprepared to effectively decontaminate special needs victims. We also had a secondary finding that showed that the exercise failed to reach the primary goal also because of the artificiality of the drill. By utilizing healthy actors to assume the role of special needs victims, we found that many of the challenges of special needs victims were bypassed. We share the lessons learned in this drill in both the decontamination of special needs victims and how to prevent the short cuts that can occur in drills that simulate real life scenarios.

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### (P1-51) Learning from a Cohort of Emergency Technicians & Doctors in Patient Assessment - A Survey in Secondary Hospital, Ningbo Area, China

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**Background:** Patient assessment (PA) is one of the key points to Emergency Technicians and Doctors (ETD) in Emergency cases. Objective of this study is to investigate the general level of PA skill in ETD in a secondary hospital Ningbo and how ETD practice in different scenarios during PA process.

**Methods:** A retrospective study was carried out by using a questionnaire .33 ETD which includes 3 Emergency Technicians and 30 Emergency Doctors (Male: Female = 2:1) were taken into the study. Thus the analysis of position dependent PA skill variation is difficult to carry out. Mean age of the subject was 28.2 years. Average working experience was 3.91 years.

**Analysis:** 12% ETD did not carryout scene size-up before approaching victims. The same proportion (12%) of ETD didn't call Police /Fire Agency in risk situations. 1/3 doctors insisted in entering the dangerous spot. Almost 30% doctors ignored bystanders safety when assessing patients. 10% doctors did not collect patient history during transferring. Only 30% of the

doctors practice complete physical examination, others (70%) were inclined to assess main parts. 84% of the ETD would not carry cervical collar when approaching the injured. During assessment, 69.9% ETD neglected patient's medical tag. 94.1% ETD accepted Emergency Training with only once or twice a year.

**Conclusion:** Awareness on safety of scene and self protection is weak in ETD in PA. Less doctors examine patient completely. Most of ETD does not look for medical tag which is considered an important element in PA although it is not prevailed yet in Ningbo. No significant differences are perceived upon the gender of the worker. Systematic education programs and ongoing trainings with identified shortcomings in patient assessment skill of ETD in Secondary hospitals in Ningbo area are highly recommended.

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### (P1-52) Educational Program of Disaster Preparedness in the Earthquake Prone Area, Mie, Japan

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**Background:** Major earthquakes with a magnitude of 7-8 are anticipated to occur in the next 30 years at a 60 percent chance on the southern coast of Mie, Japan. Since the most part of the Mie Prefecture, Japan, is likely to be damaged by tsunami and landslides, residents are expected to take self-reliant approach on the initial several days after the earthquake.

**Aim:** Developing disaster support system in including community based medical disaster preparedness in the region.

**Methods:** We have been providing knowledge and techniques to cope with the earthquake cooperated with experts of earthquake engineering. Basic and advanced life support educational programs for acute illness and trauma that may occur in earthquake and/or tsunami as well as during the evacuation and sheltering have been developed for public, local medical associations and the main hospital in the region. Moreover, we have started a new community continuous educational course to promote the public disaster preparedness. We teach introduction of emergency and disaster medicine to enhance knowledge of natural and social science on disaster preparedness.

**Results:** Local residents including public and medical personnel started to acquire a general idea of disaster and emergency medicine. The educational programs seemed to motivate local residents and healthcare professions.

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### (P1-53) Effectiveness of "Understanding Disasters" Training Among Health Care Professionals and Responders in China

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**Background:** Knowledge about disasters plays an essential role in managing and responding to disasters and emergencies, especially among a group of health care professionals who are actively or will potentially be involved in disaster and emergency settings. A set of training materials that aims to enhance