

EMERGENCY MEDICAL TEAMS/MEDICAL ASSISTANCE TEAMS

Region 1 RDHRS Disaster Telehealth System

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Introduction: Disasters can quickly overwhelm a healthcare system's capacity and exacerbate existing gaps in access to specialty care. The Region 1 RDHRS has developed a disaster telehealth system. This presentation will highlight how a proof of concept developed into a prototype system, and how it is becoming operational. We will elaborate on the barriers of implementing a telehealth system to provide access to acute consultation with disaster-relevant specialists, and the steps the Region 1 RDHRS is taking to develop solutions.

Method: An RDHRS is a tiered system across states and regions created to deliver a more coherent and comprehensive response to health security threats. A key RDHRS capability is providing disaster telehealth services to target gaps in healthcare coverage, allowing providers to access disaster-relevant clinical expertise in the immediate aftermath of a catastrophic no-notice event.

The Region 1 RDHRS disaster telehealth system can rapidly mobilize a national pool of volunteer specialists to support overwhelmed local providers at the point of care. This system is flexible to support a range of disasters and easy to navigate without prior training. The system is device-agnostic and functions on existing telecommunication systems without requiring new hardware/software installation.

Results: Operationalizing a telehealth system to deliver acute episodic unscheduled care across state lines is fraught with challenges. We collaborated with various subject matter experts to develop solutions that allow for rapid volunteer verification, training, and mobilization. Despite advances driven by COVID-19, barriers related to license portability, liability protection, and credentialing of volunteer specialists across state lines remain complex. We are developing disaster waivers and template documents that can be rapidly implemented via executive action at state and regional levels.

Conclusion: The Region 1 RDHRS team is collaborating with the other pilot sites within the RDHRS program to develop a unified national disaster telehealth response based on this model.

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Deployment of Composite Emergency Medical Team (EMT) in West Sulawesi Earthquake during the Middle of the Covid-19 Pandemic

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Introduction: Deployment of EMT from one institution is a common thing to do in Indonesia. However, it is still rare to deploy a composite team that is combining two or more different institutions and area of origin. CHPM UGM had coordinated composite EMT deployment during West Sulawesi Earthquake in 2021. They sent a management team from Yogyakarta and a medical teams from Central Sulawesi. This paper aimed to report the experience of sending composite EMT to earthquake disasters amid the COVID-19 pandemic.

Method: Documentation studies were carried out during the process of coordination, planning, and deployment of EMTs. Initial coordination was carried out with the Central Sulawesi Health Office which was the nearest neighboring province to affected West Sulawesi. The Central Sulawesi's medical team arrived in Mamuju in less than 24 hours. Followed by the health cluster management team on the second day.

Results: Three composite EMTs came from different institutions and diverse competencies (midwives from PHC, nurses and medical doctor from hospital, health promotion and management from university) were deployed during the emergency response. Coordination activities were carried out through WHATSAPP chat, Zoom, and telephone. The handover process was carried out via online streaming. In addition, prevention of infected COVID-19 was conducted by preparing PPE for personal and team, limiting service time only during the day, ensuring sufficient rest and nutrition, as well as screening and isolation before and after duty. However, there were two people who were infected with COVID-19 at the exit screening.

Conclusion: Intense coordination is required during the preparation and deployment process, including an extra personal approach when the team first meets on the field. In addition, the Covid-19 pandemic situation has made the composite team's task even more challenging.

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The JDR Method. Our 20 Years of Experience and Practice in Developing Human Resources for Disaster Medicine.

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Introduction: The Japan Disaster Relief Search and Rescue Team (the JDR Rescue Team) Medical Unit consists of EMT (emergency medical team) registered doctors and nurses who provide health care and medical advice to rescue operations. The JDR Medical Unit began 20 years ago when they voluntarily participated in rescue training and is characterized by volunteers who belong to different hospitals across the country. As a result, there were problems due to varied skills, and motivation. Until 2017, all applicants were recruited and trained as provisionally registered members, but only about 30% of them became fully registered members.

Method: Since 2018, we have fundamentally changed our personnel training methods, establishing three main pillars. The first is a screening process based on work experience, expertise, and motivation; the second is dedicated guidance through training, textbooks, online study sessions, and training; and finally, we have created abundant training opportunities and visualized the growth process through a ladder to keep them motivated and goal-oriented at all times. Specific trainers are defined as task force members and they analyze each scene of the deployment practically and reflect on training. The task force also receives training abroad and absorbs good practice from other teams.

Results: After changing the personnel training methods, the number of participants who dropped out of the training program was significantly reduced, and approximately 90% of the participants became fully registered members. The team members are more motivated and the team's capabilities have improved, leading to IER (INSARAG External Reclassification) certification as a heavy team twice.

Conclusion: By selecting experienced and capable members and providing them with sufficient guidance and abundant training opportunities, we succeeded in improving the efficiency and capacity of human resource development. Ideally, victims are handed over to EMTs as patients for the future goal.

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Development of Standard Operation Procedures for Receiving International Emergency Medical Teams. Cooperation Between the United States National Disaster Medical System (NDMS) Disaster Medical Assistant Team (DMAT) and Japan DMAT

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Introduction: Japan DMAT and US DMAT have been conducting several tabletop exercises to prepare for major earthquake disasters in Japan. Japan is predicting overwhelming disasters on Japanese soil soon, which needs efficient and optimum use of resources in medical assistance, including additional support from the US. The Japanese government

established a large-scale Earthquake/Tsunami Disaster Emergency Response protocol in 2020. However, this protocol does not include any standard operation procedure (SOP) to receive an international medical team. The purpose of this study is to establish the SOP of receiving medical assistance from US-DMAT based on the WHO International Emergency Team (EMT) initiative through tabletop exercises.

Method: Collaborated with the Office of the Administration for Strategic Preparedness and Response (ASPR) of the United States Health and Human Services, tabletop exercises assuming that a large-scale earthquake occurred during the hosting of the 2025 Osaka Expo was conducted utilizing an online meeting system.

Results: A provisional SOP was composed. Even though Japan had several disaster medical assistance collaborations with US DMAT and is well-familiarized with the "Classification and Minimum Standards for Emergency Medical Teams", many issues need to be prepared to accept US DMAT.

Conclusion: Numerous procedures need to be conducted to receive US DMAT assistance during a large-scale earthquake in Japan. With this SOP, receiving US medical team assistance will be conducted promptly, eventually saving many lives. This SOP can be modified for other international teams' acceptance in Japan. It could reference other countries seeking to have SOP for receiving international medical team assistance shortly.

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Collapse of the Hard Rock Hotel in Downtown New Orleans

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Introduction: On October 12, 2019, an 18-story building under construction collapsed in downtown New Orleans. Three construction workers were killed in the incident and their bodies were trapped in the rubble of the unstable structure.

Method: This presentation includes public information on how and why the structure collapsed, the timeline of events for the protracted response, and feedback provided by the Urban Search and Rescue medical team about their experience and lessons learned.

Results: The scene included a partially collapsed building still under construction, two construction cranes that were destabilized in the incident, two major roadways that required closure, several surrounding buildings impacted by debris, multiple injured workers, and three missing workers later determined to be deceased. Only two of three deceased individuals were able to be located on scene. One victim was safely recovered one day after the collapse. One victim was partially visible to the public but in an area of extreme danger to responders. His recovery required partial deconstruction of the building, which was significantly delayed due to safety, infrastructure, legal, and insurance concerns. The body of the third victim was located and recovered on day 310 of the response.