S2-4
Significance and the Future of Disaster Education in Hospitals

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Aim of Study: This study examined the problems encountered during the provision disaster training courses and drills performed in hospitals with the objective of establishing a better system for the future.
Introduction: For the last three and a half years, in the authors' Hospital Disaster Medical courses and disaster drills were provided at regular intervals. These works were listed and examined again from the viewpoint of the organizer.
Materials and Methods: A long-term (nearly one week) disaster education course for medical staff was conducted in the author's hospital eight times. Large-scale disaster drills also were conducted eight times. The drills were classified based on scale, purpose, specificity, and complexity.
Results and Discussion: Although full-scale drills are useful for participants, they are difficult to perform often. Therefore, a table-top exercise also was conducted. It is essential to be come aware of the characteristics of each drill and to conduct combined programs is essential. Judging from the results of a questionnaire regarding these disaster courses, the level of Disaster Medicine attained by the participants has progressed, and their passion for Disaster Medicine has increased.
Conclusions: Meaningful content should be provided to medical personnel rallied to participate in disaster courses. These exercises and education courses attracted wide attention to Disaster Medicine. It was the conclusion that these courses have played important roles and should be continued.
Keywords: Disaster Medicine; disaster drills; disaster exercises; drills; education; exercises; table-top exercises; training courses

Wednesday, 13 May, 13:00–14:00 hours
General Session XIX
International Relief Activities
Chair: ***Michele Masellis, Yasumi Asai***

G-91
Experience in Treating Victims Following the Tidal Wave in Papua, New Guinea

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2. Kitazato University
3. Ministry of Foreign Affairs
4. Kugayama Hospital
5. Abiko Seijinkai Hospital
6. St. Marianna University
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9. Japan International Cooperation Agency

On 17 July, 1998, huge tidal waves struck the remote, northwestern part of Papua, New Guinea (PNG). A Japan Disaster Relief Team (JDR) was dispatched to PNG, and treated casualties of the tidal waves. The first JDR medical team arrived at the scene on 22 July, six days after the event. A JDR medical team started treatment at Wewak General Hospital in Wewak, which was approximately 150 kilometers from the worst-hit area. Wewak hospital was the main hospital to receive casualties. Serious patients had been airlifted to the hospital from the worst-hit area. The team treated the casualties along with the local medical staff for nine days.

All of the 89 casualties except for one, were trauma cases. We first imagined that there were many patients who needed critical care medicine. However, the general status of almost all of the injured was very stable, many only having fractures. There were no cases of severe head injury, chest injury, or abdominal injury. Almost three-quarters of the patients had fractures, especially femoral fractures, tibial fractures, and fibular fractures. The team members performed 26 operations, and assisted in 38 other operations.

Infections began to be a problem when the disaster entered late Phase I. Wound infections were common. In addition, there were eight cases complicated by aspiration pneumonia caused by swallowing seawater.

However, since the hospital was far from the affected area, there were no cases in the hospital with respiratory or intestinal infections due to poor hygiene.
Keywords: air-medical; aspiration; Japan Disaster relief Team; fractures; infections; injuries; New Guinea; pneumonia; tidal waves; tsunami

G-92
Medical Relief for Remote Rural Communities: The Republic of Singapore Navy Experience

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Background: The Republic of Singapore Navy (RSN) has participated with the Indonesian Armed Forces in providing medical and social-civic aid to the villages in remote east and west islands of Indonesia. Three such missions have been organised this year, each about two weeks in duration. This presentation describes the planning model adopted by the RSN for these missions.
Mission: To provide community services comprised of medical and social-civic activities to the assigned islands.
Principal considerations: These included knowledge of existing public health deficiencies, endemic disease

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