equipment (PPE)

V. Scenario/Exercise

Overall objectives include: (1) Development of a Health Services (ED) specific CBR Plan; (2) Enhancing multi-agency communication and co-operation; (3) Improving patient outcomes; (4) Improving staff safety; and (5) Protection of the public health system.

Public and acute health personnel also are working with Emergency Service Organisations (fire, police, ambulance, Local Government, Health Services, state emergency services) to strengthen public health emergency management capacity through:

a. Consultation and liaison

b. Formation of agreements, protocols, procedures and plans

c. Acting as drivers and leading change processes

This has been facilitated through the development of a regional medical and public health emergency management plan.

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Disaster Collaboration on Hokkaido Island

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Introduction: Japan consists of four islands. Hokkaido Island is located in the north and comprises one-fifth of the total area of Japan. It includes rural areas and isolated islands. Hokkaido Island is famous for active volcanoes.

Objective: Hokkaido Island experienced many catastrophic events during the last 10 years. Based upon this experience, collaboration between the medical functions and those of other organizations has been developed.

Cases: Typical events/disasters that have occurred within the last decade include: multiple chain-reaction traffic accidents on a freeway in 1992 (2 died); an offshore earthquake in Kushiro in 1993 (2 died); another offshore earthquake in southwestern Hokkaido in 1993 (229 died); collapse of the Toyota tunnel in 1996 (20 died); the eruption of the Mt. Usu volcano in 2000; and the bomb blast (terrorism) at the Yosakoi festival in 2000.

Results: During such situations, an emergency delivery system using helicopters is required. A transportation system for conveying severely injured patients using helicopters and/or fixed-wing aircraft was established after the eruption of Mt. Usu; this system was applied on the Okinawa summit (G8) in 2000. Hokkaido Island has an atomic power plant with its associated risks. Accidents in this plant have occurred three times, and resulted in the following injuries: severe burns, an anoxic accident, and a leg fracture. In these cases, the patients were transported to the hospital by helicopter.

Conclusions: The disaster circle always must be considered, and training provided during the silent phase. It is important to construct collaboration with fire departments, police stations, self-defense force, and prefecture government. Enlightenment of citizens is also necessary.

Improving Disaster Management

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Disasters never can be considered routine. A disaster is defined as a sudden massive disproportion between hostile elements of any kind and the survival resources that are available to counterbalance these within the shortest period of time. A multi-departmental approach to disaster planning is effective to meet the broad scope of needs; however, circumstances and approaches differ for each type of precipitating event and for individual departments. Disasters can take on a life of their own, so being prepared for the unexpected and unplanned is the only way to improve circumstances.

When a disaster occurs, healthcare settings experience everything except the routine; demands exceed the capacity of personnel and facilities. In recent years, there has been an increased incidence of civil disasters; the spectrum of possible catastrophes also has increased dramatically as a result of an increasingly technologically sophisticated society. Being prepared for the unexpected and unplanned is the only way to improve circumstances. Disaster preparedness plans must encompass the possibility of nuclear accidents, hotel and high-rise fires, terrorist attacks, aviation accidents, bomb blasts, riots, and industrial explosions, as well as natural calamities such as floods, epidemics, drought, and cyclones.

The emphasis of medical management shifts from individualized treatment to standardized therapy for disaster victims with the aim of providing maximum benefit to a maximum number of salvageable patients. A successful medical response to civilian disasters that produce multiplevictims, whether natural or manmade, dictates formulation, dissemination, and periodic assessment of a contingency plan to facilitate the triage and treatment of the victims.

Community-Based Disaster Preparedness in West Bengal

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The Indian State of West Bengal is prone to all types of natural disasters including those from floods, cyclones, drought, landslides, earthquakes, and high tide, as well as

from man-made events. In addition, the level of arsenic contamination of the ground water needs urgent attention. Population density intensifies the impact of these events.

Presently, policy decision have been made by both national and state governments that are directed at enhancement of the local capacity to mitigate the impact of disasters, and shift emphasis from dependency upon relief to preparedness. The NGOs have been asked to strengthen preparedness. The concept of Community-Based Disaster Preparedness (CBDP) is to develop or strengthen local capacity, and not to depend on doles in the name of relief after disaster. The success of a CBDP program lies in attitudinal changes from dependency to preparedness. A CBDA helps local people develop their own capacity. A good CBDP plan helps effective utilization of relief articles.

Preparedness at the community level must be divided into three phases. (1) Pre disaster phase; (2) Emergency phase; and (3) Post-disaster phase. A brief action plan is described that includes:
1. Pre-Disaster Phase
   (a) Historical assessment
   (b) Task force development
   (c) Involvement and coordination of all team members, especially women
2. Emergency
   (a) Appropriate and timely response
   (b) Rescue, relief, and temporary rehabilitation
   (c) Shelter, food, and water in camps; sanitation, hygiene, and medical relief
3. Post-Disaster Phase
   (a) Restoration of normal life
   (b) Monitoring and surveillance

Conclusions: The CBDP is the successful aspiration of local people. It is their plan made by them, for them, and with them in an effort to mitigate local disaster through scientific process.

Characteristics of the Disaster and Emergency Community-based Programmes in Rural East Africa
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The article highlights desirable characteristics of Disaster and Emergency Community-based programmes in East Africa. Most of our ideas, beliefs, attitudes, concepts of self, personality, philosophy of life, and images come from community experiences: destroy them then there will be a disaster.

When young people make application to enter college or to get an important job, they are asked to provide much information about themselves. To do this, they must draw upon several sources, and involve many persons besides themselves. They must call upon the community in which they live for help. They are asked to give their "permanent" address, the name of the school they attended, what courses they received, in what extra-curricular activities they

participated, what work experience they have had, and so on. They are asked to name three or more persons, not relatives or teachers, who will provide an independent judgment concerning their ability, character, personality, and their promise for the future. Their dependence upon people in the community is not confined to supplying data for application forms and the moral support of those willing to testify in one's behalf, but one "community experience", e.g., if we are asked about the place in which we live and are called upon to tell others what it is like, we are inclined to think we know a good deal about it. We have spent a part of our lives in it, our friendships have been formed among the people with whom we have associated. At one time or another, we nearly all have been over the place where we live.

If we are asked also how all these familiar things are made possible, we become vague and uncertain. We may not know just how far the community extends, and how many people live in it. How people live on the "other side of town". Or, those residing in some particular section may provide something we have not thought about.

The list if things we don't know about the place we live is likely to grow more extensive the longer we think about it. As a matter of fact, persons may talk about "our town". And "what a fine place we have here" until asked about details of police protection, taxation, health services, hazards, vulnerabilities, and so on.

When so confronted, the pronoun "we" often is shifted to "they", and references may be made to "the poor service they give" and "the heavy taxes they demand". Thus, at times, we may fail to identify ourselves with others who comprise the community, and refer to parts as if they were separate and independent. These and many other things about out dependences and knowledge of our community form the baseline of disaster manager.

These are the recommendation of Rural Development and Environmental Community based programmes:-
• The African community is a local society
• The African community is a subculture
• The African community exists on a geographical setting
• Community emergency management program
• Injury reduction program
• The community based disaster program mapping

Remote Area Disaster Response in Australia
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Australia, with a land mass of 7,682,300 square kilometers, is approximately the size of the United States of America (excluding Alaska), 37 times the size of The United Kingdom of Great Britain, twice the size of Europe (excluding the Russian Federation) or three to four times the size of the European Community. Australia's population of almost 20 million is centered mostly in and around the capital cities that generally are situated peripherally on the island continent, and is divided into the Australian Capital Territory and seven other States and Territories. The tyranny of distance is a major factor in planning for