

humanitarian practice and media reporting. This is evidenced by a study conducted by Smith et al. in 2009, who identified nearly 2,000 peer reviewed, event specific publications that have been published in 789 journals. A variety of new and evolving threats to health described as disasters were identified, that are not captured in established disaster glossaries, along with new descriptors that attempt to classify them.

Conclusion: There is a lack of consistency in terminology when defining disasters across disciplines and communication exchanges. While disaster research guidelines and terminology standards have been produced, definitions are still applied inconsistently across disaster practice. The capacity to scan the horizon to identify non-traditional and emerging threats requires scope to redefine how disasters are interpreted, classified and measured. Interdisciplinary effort is required to inform and guide risk assessment and terminology definitions in a changing environment.

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Lessons Learned from Trauma Injury Patients by Medical Support in the Aftermath of Typhoon Yolanda in the Philippines

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Study/Objective: Course of treatment for trauma patients by JDR (Japan Disaster Relief team) support after typhoon Yolanda in the Philippines.

Background: Typhoon Yolanda hit Leyte directly in November, 2013. A large number of casualties occurred. Japan sent three teams of JDR, and built an air tent in Lethal Park, and they treated patients from 9:00 am - 1:00 pm. We report the course of the patients who underwent trauma.

Methods: There was a total of 187 patients who were treated from November 15 - December 07, 2013. Of those, 132 were men and 55 were women. The ages were 3 - 77 years. We found the tendency about patients who were treated in our tent.

Results: Ninety-four patients needed follow-up, and 78 of them had follow-up treatment more than twice, and 17 had treatment until the wound totally healed. After suture treatment, 4 patients became worse. Almost all patients stayed in the shelter near our tent. We introduced 12 patients to other hospitals when we closed our tent. There is the tendency that men continue to be treated more than women, when they didn't feel pain, they didn't come to our tent, sutured wounds were becoming worse.

Conclusion: Many patients had repeated medical examinations, but only a few consistently followed up treatment until their injuries completely healed. If we treated their injury, we educated them about the continuation of treatment, and what they have to do. We have to know the life and thought.

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Report of Hospital Evacuations in the 2016 Kumamoto Earthquake

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Study/Objective: In the 2016 Kumamoto Earthquake, over 2,000 Disaster Medical Assistance Team (DMAT) members responded. One of the main activities was the inpatient-evacuation from ten damaged hospitals to other hospitals. Some operation problems were found, and those require investigation for future reference.

Background: The 2016 Kumamoto Earthquake consisted of two giant quakes (magnitude 6.2 and 7.3) in the same area within a 2 day duration, and 774 aftershocks occurred within a week. Fifty people died, and 2,300 people were treated, and approximately 180,000 people had spent time in shelters. Inpatients-evacuation at the early phase of earthquake is at high risk of danger due to building damage. DMAT must avoid all risk factors before their operation. Since we had a hospital evacuation in the early phase of the earthquake, it is time to evaluate problems from hospital evacuation.

Methods: Survey questions and a hearing investigation for all evacuated hospitals were conducted.

Results: A total of 1,377 inpatient-evacuations from 10 hospitals was performed, 5 general hospitals, 4 psychiatric hospitals and 1 recuperation hospital. There was no deterioration in patients while being transfer. The reasons for evacuation were: partial building collapse, uneasiness of the mental disease patients and anxiety from building damage with aftershocks. As a result, there were no hospitals that were fully damaged or completely collapsed, however, DMAT entered damaged hospitals without safety confirmation, and transferred in-hospital patients who must stay in complete rest. Another problem for the hospital was financial damage. Since patients were evacuated, hospitals encountered decreased income or defrayment for returning patients.

Conclusion: Inpatient-evacuation needs to be avoided as much as possible for the safety of patients and DMAT members. Also, it affects hospital finances. In order to judge the needs of hospital evacuations, this requires expert opinion of building safety at the early phase of earthquake.

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The Concept of “Aesthetic of Disaster” and its Usefulness for Disaster Preparedness Plans

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Study/Objective: To provide relevant insights for a broader understanding of disaster medicine key concepts.

Background: On September 29–30, 2016, the Institute for Communication Sciences (ISCC), a Joint Service Unit with the Paris Sorbonne and Pierre & Marie Curie Universities ran a European Seminar during which, the question of the aesthetic of disasters (either natural, industrial or intentional) rose.

From the disaster preparedness standpoint, the concept of aesthetic of disaster is not something to neglect or to be considered as minor.

Methods: Expert opinion elaborated on a grounded theory approach, experience and literature review.

Results: First of all, the "Lisbon earthquake" along with the related major firestorm that levelled the city, and the tsunami with heights reaching 12 meters (39 ft.) that devastated both the Iberian peninsula and the North African coasts and reach the Americas, paved the way for Disaster Preparedness. The desire to investigate, record, and understand disasters with a scientific rather than a metaphysical approach, was crystallized by this watershed event in European history. Kant was among the first ones to highlight that disasters provide both aesthetic pleasure and displeasure, depending on whether we have some safe distance from the natural disaster or not. In the first case we experience the 'awe inspiring' version, while in the second case we truly 'realize that we are physically powerless' in the face disasters.

Conclusion: Today, Disaster Preparedness calls for a combination of liberal arts, such as History, Philosophy and Psychology among others, fine arts such as Architecture, and applied sciences such as Engineering, Cindynics and Medicine. Disaster Medicine is, in fact, both an Art and an applied science, those being interdependent and inseparable, just like two sides of a coin.

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Identify the Capacity of a District Hospital Response in Bogota, for a Mass-Casualty Event - Earthquake

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Study/Objective: The overall objective of the study is to identify the capacity of a district hospital response in Bogota for a mass-casualty event -Earthquake. Further improvement opportunities were identified to optimize hospital response, per their level of care.

Background: Health institutions are considered essential to the population, so they must be prepared to operate not only under normal conditions, but also in alert situations, which often happens in natural disasters. Bogotá is located in an area of intermediate seismic hazards; current natural events such as the earthquake in Haiti, which left 300,000 dead and over 700,000 injured, and the Chile earthquake, makes us think about the importance of hospital preparedness for mass-casualty events.

Methods: The research was conducted by a cross-sectional study, where a sample of the District hospital network was made for convenience under the application of a targeted survey. The results were compiled in a database of Excel 2013 and analyzed under statistical software STATA 12.0, where variables, categorical, and quantitative ratings were evaluated.

Results: As a result, an occupancy rate of over 100% in 25% of hospitals was found. The 16 hospitals surveyed, they have an emergency hospital committee, as well as emergency plans, and have been reviewing and implementing these. Fifty percent of

the hospitals contemplated within the structured plan for emergencies, the Incident Command System; only 18.8% of hospitals have structural reinforcement; and 81.2% of hospitals reported having cooperation with local or external organizations. Only four of the 16 hospitals have protocols for diagnosis and medical treatment in disasters.

Conclusion: In the overall analysis, the hospital network is not capable of an adequate response in the event of a mass-casualty event or the scene of a major earthquake; considering the current occupancy rate where 25% of the district hospital system has overcrowding, and 50% are at the top of their installed capacity.

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Experience of Nagano Prefectural Kiso Hospital in the Volcanic Eruption Disaster of Mt. Ontake

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Study/Objective: Experience of Nagano Prefectural Kiso Hospital in the Volcanic Eruption Disaster of Mt. Ontake.

Background: Mt. Ontake, the second highest volcano in Japan at 3067m, erupted on September 27, 2014. There were no significant earthquakes that might have served as warning. This mountain is a popular tourist attraction for hikers and a holy site for followers of Ontake-kyo, one of the sects of the Shinto religion. Because the eruption occurred around the lunch time and the weather was good, there were several hundred people on its slope. Volcanic ash, hot water, and flying rocks from the hydrothermal explosion caused many casualties. Fifty-eight bodies have been found and five people are still missing. All of the injured were brought to our hospital. All staff at our hospital and the Disaster Medical Assistance Team (DMAT) members from other hospitals delivered care to the patients.

Methods: We investigated and analyzed our first experience with a severe disaster and the many difficulties involved.

Results: All of the patients, including severely injured persons transferred to other hospitals, recovered completely. Main cause of injury and death was back damage from flying rocks. However, psychiatric injury remains among the patients and family members of those who died in the disaster.

Conclusion: Cooperative work with many organizations such as Public Health Centers, Municipal Offices, Police, Fire, and Military were very important. We should train for preparation of all types of disasters.

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Disaster Medicine - Significance of Disaster Medicine

Compendium

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Study/Objective: The large number of casualties during mega-disasters are global problems. Establishment of