

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

systematic measuring and life-saving medical systems should be urgent and essential issues. However, there are many problems to be solved in various fields of disaster medicine.

Background: We believe that in order to solve the medical problems, it is necessary to compile and systematize “disaster medicine.”

Methods: Already we have worked on compiling a compendium of disaster medicine from a broad or bird’s-eye perspective, and from a long-term view, which is tentatively completed with 22 volumes as of the financial year 2005. The English version occupied only one fourth, and nearly three fourths is written in Japanese, which are briefly presented: Title : “Compendium of Disaster Medicine”, by Clinical Research Institute, National Hospital Tokyo Disaster Medical Center, Clinical Research Institute; Edited by Haraguchi Y, Tomoyasu Y, Nishi H and contributing editors and advisors: Muneo Ota, Yasuhiro Yamamoto, Noriyoshi Ohashi, Mitsuru Aono, Tsutomu Takeda, Toshiharu Makishima, Tohru Ishihara, etc, which are discussed.

Results: The compendium (Japanese temporary version) were sent to 250 medical facilities against disaster in Japan, as a DVD record (with a few example volumes), and some were also distributed to public health centers, governmental offices and medical voluntary groups before 2010, which seemed partly worked during the mega-disaster in 2011 in Japan (Tohoku area earthquake of 8.9 magnitude with tsunami, followed by the Fukushima Daiichi Nuclear Incident of level 7, as same level of Chernobyl Incident).

Conclusion: Innumerable preventable deaths were caused by the mega-disasters, including the above-written disasters in 2011 and 1986. Most surgeons, found training to be educational and reported learning much about disasters. To educate, many different specialties are needed. There are several, most severe problems for education to be pointed out. The Compilation of disaster medicine compendium are needed as soon as possible.

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