**Methods:** Data were gathered through a questionnaire survey that was distributed to available foreign residents.

**Results:** Of the respondents, 26% can not communicate in Japanese, while 90% can communicate in English. Two women could not communicate in either Japanese or English. Most of the respondents did not take safe action during the Miyagi earthquake: 55% of respondents who were in a building at the time of the earthquake did not respond safely, and 75% of those who were driving did not respond safely. Among respondents, 84% did not have a emergency kit prepared, 70% did not have their furniture fixed on the walls, 57% did not know their evacuation area, and 51% did not know how to provide first aid to injured people.

**Conclusions:** Foreign residents in Sendai are vulnerable to disasters; they require better access to information in English in order to be better prepared and to minimize risk during and following up-coming earthquakes.

### Community Preparedness: A Disaster Management-Trigger Mechanism as a Model in Disaster Preparedness
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The regular occurrence of disasters in coastal Andhra Pradesh, India, has had a series of repercussions on the country's economy and development policies, and on the daily lives of millions of Indians. Disaster prevention and preparedness is a neglected aspect of disaster management in this area.

Coastal Area Disaster Mitigation (CADME) has initiated a program that induces early warnings and preparedness in 350 most vulnerable villages on the coast.

The effort made by CADME has been successful and is considered a "best practice" to mitigate the effects of events.

## Poster Presentations—Theme 15: Research and Health Surveillance

### (241) The Management of Healthcare Services at the Time of Natural Disasters: A Qualitative Study
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Iran is one of the world's most predisposed and liable countries to disasters. Studies have shown no coordination in providing health services to Iran at the time of disasters. Thus, studying the management of health services is important. This study makes an attempt to bring the experiences of health service providers who were in disasters and to suggest effective factors in the management of health services.

This study is based on the grounded theory. Participants consisted of a group of 17 individuals (15 males and two females) comprised of six nurses, two psychiatrists, an epidemiologist, a social worker, a psychologist, a PhD in health, a master of health, a nurse aide, two Bam residents, and a physician. The average of the ages of the participants was 37 years. All had at least one disaster-related experience. Data were obtained by semi-structured interviews, which were recorded, transcribed, and analyzed using the Strauss and Corbin method.

The participants emphasized management during disasters, and issues such as planning, organization, coordination, and participation of other countries were brought up as well. The lack of planning and discipline in providing health services, the division of labor, duties and responsibilities, lack of coordination, and the inability of the United Nations in coordinating international participations are considered main obstacles in providing required health services for survivors at the time of disasters. These issues can be dealt with by appropriate management.

Since the participants emphasized management and its important role in coordinating continuous, accessible health services, preparedness, attention to the importance of international, provincial, and local planning, human resources, division of labor, resources, and equipment. Proper management can help to provide adequate health services in disasters.

### (242) Pre-Crash Phase Development of Blood Screening in a Southern Nigeria City: A Case Study with the Save Accident Victims Association of Nigeria (SAVAN)
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The use of auto-bikes as commercial transportation became popular in Nigeria in the mid-1980s. This is due to the failures of mass transportation infrastructures in the country. The sudden rise in auto-bike transportation with no safety or regulatory measures and a lack of trained personnel led to a rise in the number of crashes involving auto-bike drivers, their passengers, and pedestrians.

One factor related to the "golden hour" usually is massive loss of blood. This puts pressure on the blood bank for blood type screening, and the delay in obtaining needed blood for transfusion may lead to increased mortality. The delay in accessing blood for the victims led to establishing pre-crash blood data as an incentive for all auto-bike riders that participated in a Save Accident Victims Association of Nigeria (SAVAN) training program.

A total of 1,250 bike riders were screened for their blood type. Volunteers for the screening included nurses, scientists, and doctors. The results of the screening revealed that 54.3% of the volunteers had a blood type of O positive, 20.3% were A positive, 18.8% were B positive, 3.7% were O negative, 1.3% were AB positive, 1.1% were B negative, and 0.5% were A negative. None of the volunteers had a blood type of AB