

Background: After the first shocks of the earthquake in Amatrice and Accumoli (August 24, 2016), the national Civil Protection activated the national disaster response and rescue teams of CNSAS and reached the affected areas under a national coordination. Expert teams on hostile and confined environments were recruited, search dogs and medical teams were recruited as well.

Methods: The immediate response (because of the deep diffusion of the Alpine Corp resources in this area) was realized by local and regional teams. A second wave of rescue teams arrived a few hours later. The teams were deployed in Amatrice, Accumoli, and 38 small villages in the province of Rieti. A helipad in Amatrice was used for Medevac operations. The farthest areas and villages were reached only with military helicopters support. Two main scenarios were faced: 1) inside the “red area”: supporting the rescue operation missions together with firefighters and police; 2) out of the “red area”: checking people with minor injuries and vulnerable categories. All the data was transmitted to the Crisis Unit in Amatrice and to the Command Control Chain of Civil protection.

Results: The experience showed the importance of:

- stockpiles and technological support;
- information and training on disaster medicine and basic procedures (triage and tracking tools);
- knowledge on tactical approach and tactical medicine;
- knowledge of the Command and Control Chain and of the Civil Protection disaster response.

Conclusion: The medical teams of the CNSAS are an essential resource to support, search and rescue missions after earthquakes. Their own role can be precious in the check and monitoring of the health needs of the people affected, inside the Civil Protection disaster response.

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Lessons from the French Society of Disaster Medicine, Stratadviser Ltd and the West African Health Organization Collaborative Group during the 2014-2016 Ebola Outbreak
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Study/Objective: Ex-post evaluation of Relevance, Efficiency, Effectiveness, Impact, and Sustainability of recommendations elicited by the collaborative group during this period.

Background: Unlike more common epidemics in the three affected countries, such as malaria (over 2,650,000 cases/year) or tuberculosis (close to 32,000 cases/year), the Ebola outbreak (around 24,000 cases/2 years) paradoxically undermined the conditions of cohesion, integrity, security, functioning, and existence of health systems and beyond the economies of the Economic Community of West African States (ECOWAS). Therefore, the collaborative group disaster medicine experts analyzed socio-economic and historical insights, and epidemiological data and field practice

observations to come up with specific recommendations on the design of Humanitarian, Health, and Economic Corridors (H2EC). This is intended to limit the spread of a virus that contaminates and disseminates progressively thanks to population movements, while promoting the movement of this population.

Methods: Due to the international nature of potential applications of the H2EC concept and design, the collaborative group followed the methodology for Center of Excellence (CoE) project evaluation, used by the European Commission, namely the Logical Framework Approach (LFA).

Results/Conclusion: The positive post-evaluation of the economic corridors design teaches broad lessons applicable to other disaster medicine situations.

To date	
Relevance and quality of design:	Comprehensive, regarding geographical environment, socioeconomic constraints, population natural behavior, and public health requirements.
Efficiency of implementation:	Scaled to local/regional scarce health care workers/assets resources.
Effectiveness:	Actually limit population displacement while allowing nearly normal socioeconomic activity.
Impact prospects:	Positively bear upon population resilience.
Potential sustainability:	Could be easily reactivated, but will still require external support to some extent.

Table 1. Assessment of Humanitarian, Health and Economic Corridors according to the Logical Framework Approach.

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Emerging Issues of Withdrawing the DMAT Headquarters, Kumamoto Earthquakes of 2016

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Study/Objective: Clarify the issues of withdrawing the Disaster Medical Assistance Team (DMAT) headquarters.

Background: It is essential that DMATs have to hand over management to the right organizations at the right time. That is why DMATs Headquarters must be withdrawn smoothly. Kumamoto earthquakes 2016 in Japan, DMATs were dispatched on April 14 to the stricken area and concluded activities by April 23. Our team had orders to manage the biggest local headquarters and to close it down. However, withdrawing was so tough on the front line due to newly emerging issues; there has been little experience in withdrawing the big headquarters.

Methods: Five emerging issues were extracted as follows: (1) Confusion on determination how and when the DMATs hand over management to other organizations. (2) Difficulties on choice of DMATs staying behind until the very end. (3) Impediment by the remaining equipment that DMATs