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Fellowship in Prehospital and Disaster Medicine

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As Emergency Medicine has evolved, emergency physicians have assumed responsibility for supervision of prehospital and disaster care. In 1991, the University of Massachusetts Medical Center developed a two-year fellowship in Prehospital and Disaster Medicine. The curriculum includes investigation of current emergency medical services (EMS) models, application of total-quality improvement to EMS systems education, and training requirements for prehospital personnel, plus review of regional and national policy issues in prehospital medicine. The fellow works closely with paramedic-level ambulance and air medical helicopter services based at the university, with particular emphasis on continuing education and case reviews.

Training and education in Disaster Medicine is achieved by participation in disaster planning at all levels. The organization of disaster drills provides opportunities for management of issues and problems encountered during disaster response, as well as interaction with key personnel in related fields. Development of a Disaster Medical Assistance Team (DMAT), which has been deployed to federal disaster responses, allows the potential for first-hand experience with Disaster Medicine. The fellowship provides opportunities for research and publications dealing with Prehospital and Disaster Medicine. To maintain competence in Emergency Medicine, the fellow also serves as attending physician in the emergency department and as a flight physician.

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Education and Training in Disaster Medicine

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International statistics show that major accidents and disasters have become significantly more common in recent decades, parallel to and generated by social developments. The goal of health care in these situations is to save lives, preserve function, and reduce suffering as widely as possible. Sound medical knowledge and common sense, though prerequisites, are not enough. All relevant experience clearly demonstrates that if the personnel of rescue organizations and medical services have prepared themselves for such situations, not only in the medical, curative field, but also in other disciplines such as sanitation, nutrition, and epidemiology, the possibilities for optimal results will be greatly increased.

Preparation must include identification of risks, planning of organization and equipment, and, perhaps most important, education and training. All this is covered by the heading Disaster Medicine, which also must include scientific research

with collection and analysis of experience and results, as well as evolution of new methods for treatment, planning, and education. Disaster Medicine has been recognized as a special field only in recent decades, but is rapidly becoming established throughout the world.

Education and training are not merely important, but essential for disaster services. Good planning and equipment may be of little or no use if the staff have not received appropriate instruction in the function of the organization or use of the equipment. Education and training must be undertaken at many levels: the general population; rescue workers (police and fire services); ambulance staff; nurses; doctors; specialists; and coordinators. The need, quantitative and qualitative, for generally accepted guidelines for education and training in Disaster Medicine long has been emphasized. Such guidelines would promote international collaboration and assist current efforts to plan and develop centers for training.

The International Society of Disaster Medicine is a worldwide association of doctors and nurses with experience and skills in that field. One of the Society's main aims is to promote and to propagate such knowledge and generally to support all those concerned with organization and/or education in Disaster Medicine. The Society's Scientific Committee has worked since May 1990 to devise such guidelines, which are now presented in the form of an educational curriculum. The purpose of the curriculum is to provide guidance in planning of education and training in Disaster Medicine in all schools of medicine or nursing, and training centers for ambulance crews and other rescue workers.

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Survey of Hospital Disaster Preparedness in Osaka, Japan

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Objective: To investigate the adequacy of hospital disaster preparedness in Osaka, Japan.

Methods: Questionnaires were designed to elicit information from hospital administrators, pharmacists, and safety personnel about self-sufficiency in electric power, gas, water, food, and medical supplies in the event of a disaster. Questionnaires were mailed to 553 hospitals, of which 265 were completed and returned (recovery rate: 47.9%).

Results: Of the responding hospitals surveyed, 16% had an external disaster plan, and 93% did not have backup plans to accept casualties during a disaster, if all beds were occupied. Drug supplies were stockpiled in 7.9% of the hospitals, and 67.4% had medical supplies stockpiled for disasters. Independent electric power generating plans were claimed by 78% of the hospitals. However, 57% of the hospitals estimated that emergency power would not exceed six hours of use due to a shortage of reserve fuel. Reserve water supplies were claimed by 70% of the hospitals. Food for emergency use is stockpiled