

High School Students Assist Hospital in Mass Casualties Events

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Introduction: The operation of a hospital during mass casualty events (MCE) necessitates expansion of facilities, pre-designation of admitting sites and operation of special roles including the development of ancillary and voluntary teams.

Objectives: The commitment of Israeli Medical System to administrating optimal medical services to casualties during conventional and non-conventional MCE necessitated the development of a team of volunteers.

Methods: In a cooperation program with a neighboring high school, a model training program for students from the 10th to 12th grades was initiated.

Results: Approximately 300 students are integrated with the hospital staff during a MCE. The students serve as stretcher-bearers and other necessary tasks. Once each year, they participate in a training program, drills, and in real-time during a MCE. As a result of the ongoing relationship between the hospital management and the director of the school, which has taken place over the last 10 years, the students are available to the hospital every moment, throughout the whole year. This project has obtained the supported of the Municipality Emergency Law, and has been recognized by the army and the Ministry of Health.

Conclusion: This unique model benefits the community and the hospital, and the students.

Keywords: assistance; collaboration; education; hospital; mass casualties; model; students; training
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Using National Health Insurance Claim Format as the Main Frame of Database Structure for Disaster Patients

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Objective: To establish a comprehensive and uniform database to collect the information about disaster patients, a pilot study was conducted to use the claim format for the National Health Insurance (NHI) as its main frame.

Methods: We defined the elements of the database by full discussion and consultation with specialists in Disaster Medicine. A computer program was designed for collecting data and transmitting files via the Internet. It also provided web-based information for each disaster. Six local hospitals were invited to formulate a network and tested this casualty information system within this network.

Results: The NHI claim format provided the demographic data, date of visit, sections, diagnoses, drugs, procedures, hospital days, dispositions, and medical expenses. The resuscitation data were comprised of basic information about the patients, the disaster events, the extents and severity of the injuries, and the medical care provided. These two database were integrated by names and civilian identification number. This information system was tested during two typhoons in September of 2001, and it was found to be useful.

Conclusion: This casualty information system is feasible and might be applicable to the whole country.

Keywords: database; disaster; information; Internet; health insurance
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Role and Challenges of Japan's ODA for Emergencies in the Asia-Pacific Region

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Introduction: This presentation illustrates the role and challenge of Japan's Official Development Assistance (ODA) for emergencies in the Asia-Pacific region.

History and Achievements: Japan's emergency relief activities for the provision of personnel assistance date back to the late 1970s, when medical teams were dispatched to Cambodian refugee camps. In 1987, the Law concerning the Japan Disaster Relief Teams was enacted to provide for the dispatch of experts in medicine, rescue activities, and emergency recovery. By FY2000, its implementation has resulted in the full systemization of Japan's emergency aid structure, and has provided eight rescue teams, 30 medical teams, 20 advisory teams, and 227 material relief supports personnel. In recent years, Japan's ODA has implemented development cooperation in peace-building in post-conflict countries like East Timor and Cambodia. For Afghan IDPs and refugees, Japan decided to provide support at a level of approximately US\$5 million through an emergency NGO group called "Japan Platform". Japan's ODA also has contributed financial and technical support through UN organizations like the UNHCR, OCHA, and WHO.

Challenges: Although as the leading donor, Japan's ODA, has been important, its budget will be cut down due to economic depression and the restructuring policy. More focus should be placed on capacity building of disaster experts both in donor and beneficiary countries, built-in monitoring and evaluation systems, and promotion of community participation in disaster management.

Keywords: capacity building; challenges; emergencies; Japan's ODA; role
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