

level, and each treatment area noting the treatment status of each patient. The Disaster Response Headquarters replied with the results of adjustments such as hospitalization ward and time to start surgery. The descriptions were reflected in the remotely shared DWBs in about one second. Text conversations through the DWBs were also seen. In the post-event survey, some said that the smooth sharing of information led to quick decisions. Compared to conventional radios, DWBs have the advantage of allowing communication through text, which allows more detailed and accurate patient information to be communicated quickly. The results suggest the survival rate can be improved by assisting early medical intervention or rapid entry of patients into operating rooms. The next goal is to use DWBs for medical coordination among disaster base hospitals.

**Conclusion:** DWBs are effective for the rapid and accurate sharing of patient information during disasters.

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### Adolescents Exposed to Cumulative Natural Disasters: A Comparison Between their Realities in Rural and Urban Areas

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**Introduction:** Over the past years, the Outaouais region (Quebec, Canada) and their residents have had to endure no less than five natural disasters (floods, tornadoes). These disasters are likely to have a variety of consequences on the physical and mental health of adolescents, as well as on their personal, family, school and social lives. The experiences of teenagers are also likely to vary depending on whether they live in rural or urban areas.

**Method:** Data were collected via a self-administered questionnaire in February 2022. A total of 1307 teenagers from two high schools participated in the study by completing an online survey. The questionnaire measured various aspects of the youth's mental health using validated tests, such as manifestations of post-traumatic stress, anxiety and depression, as well as the presence of suicidal thoughts and self-harm. Other aspects of the youth's experience were measured, including their level of social support, school engagement, alcohol and drug use, and coping strategies.

**Results:** One third of young students (n=1307) were experiencing depressive symptoms and suicidal thoughts, as well as significant daily stress. More than 25% of the students had moderate or severe anxiety and thoughts of self-harm. These problems were significantly more prevalent among youths with prior exposure to a natural disaster. The study data also revealed that youths living in rural areas had a more worrying profile than those living in urban areas.

**Conclusion:** Similar to other studies (Ran et al., 2015; Stratta et al., 2014), our research data revealed that youths living in rural areas presented a more concerning profile than those residing in urban areas. It therefore seems important, in future

studies and services, to focus more specifically on these teenagers to better understand their needs and to develop adapted services more likely to meet them.

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### Significance of the “Coordination Headquarters for Healthcare and Medical Support” in Japan; comparison with Emergency Medical Team Coordination Cell (EMTCC)

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**Introduction:** The Japan Disaster Medical Assistance Team (DMAT) was established in 2005. Although it had become possible to gather medical teams at an early stage in the fields of health and welfare, there had still been a lack of personnel. In 2017, the Japanese government decided to establish the Health and Medical Coordination Headquarters when we had major disasters. Not only the medical team, but also the public health nurse and the welfare team gathered at this headquarters, and activities that integrated health, medical care, and welfare started from an early stage. On the other hand, WHO indicates to establish EMTCC within the Ministry of Health, in order to manage and coordinate EMT activities and aggregate data.

**Method:** The Japanese Headquarters and the EMTCC were compared in terms of their functions and issues.

**Results:** In Japanese headquarters, the director of the local public health center will be the director, and the secretariat for the headquarters will be run by supporters. Participants in the headquarters meeting include leaders of public institutions involved in health risk management. Furthermore, leaders of unions such as medical, dentist, pharmacists and nurses on the side of supporters, leaders of medical, healthcare, and welfare will participate. To establish EMTCC, WHO dispatches a coordinator, information manager, and data analyst.

EMTCC collects medical information by using Minimum Data Set (MDS), which is similar to Japanese Surveillance in post extreme emergencies and disasters (J-SPEED). The most significant difference is that EMTCC does not deal with health and welfare issues.

**Conclusion:** Regarding medical care, information is summarized in a similar way at headquarters. These facts indicate the Japanese headquarters management experience is applicable to EMTCC.

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### Mass Casualty Triage: What Works and Who Does it Best?

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