

identification bulletin provides clear information to those who are seeking their family, and thus, avoids the chaos of the scene.

Discussion: From the experience of the earthquake-related MCI, we found that inadequate training causes time mis-triage and treatment delays. Our Disaster Response System facilitates the workflow with an easily practiced algorithm, reveals on-time and easily accessible information to the public, and altogether improves our MCI management.

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Nurse Leadership in a Small Hospital in the Less Developed Country: Is It Needs or Circumstances?

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Introduction: Clinic Communal de Miniera is a small hospital located in the poor Dixinn district in Guinea Conakry. The hospital functions with seven general physicians, three surgeons, one gynecologist, one dentist, and fifteen nurses. The facility provides small admitting wards for medical, gynecologist (mostly maternity), and pediatric patients. The average number of patients per day is about forty, including acute and ambulatory patients. Although there is a medical director, the daily work is run by the Head Nurse (HN) who is specialized (on spot) as an Emergency Nurse. Management of all emergency patients is based on her experience, personality and the reality of the organization.

Results: The circumstances emphasized the gaps between the managerial needs and existent reality, and raised the HN role to a team leader. The work will present the situation in the hospital as a case study related to “non-conventional” management due to a “deferent” situation and will highlight questions related to capabilities and risk factors.

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Nursing Can Improve Shelter Environment: Cluster Approach and the Sphere Standard Based Community Shelter Drill

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Introduction: As Florence Nightingale stated, nursing plays a critical role in environmental management for people in sick, injured, and even good conditions. In current practice, affected people are forced to reside in the evacuation shelters for a prolonged period in Japan. Unfavorable living conditions lead to adverse physical and psychological outcomes including cardiovascular events, depression, and more. However, environment management cannot be achieved without involving the community.

Aim: To initiate community into shelter environment management a multi-cluster drill was coordinated by the Department of Psychiatric and Mental Health Nursing, University of Miyazaki,

which appointed a director of Shelter Management for the annual nation-wide disaster drill hosted by the Cabinet Office of Japan.

Methods: With the Department of Health and Pharmaceuticals, Miyazaki Prefecture, the director invited local communities and held an exhibition type disaster drill on August 4, 2018.

Results: 36 organizations, including prefectural and municipal crisis management departments, health care organizations, a social welfare council, Red Cross, a telecommunication company, WASH cluster organizations, and the Japan Ground Self-Defense Force participated. The director requested to develop a plan filled with tactics and techniques protecting the health of people living in the shelter. Through meetings, the organizations recognized similarities and differences in roles, responsibilities, and capacities leading to an organized inter-cluster network. Participants created and prosecuted the plan independently and the director only orchestrated and negotiated with other supporting entities. The organizations exhibited and demonstrated how residents can protect their own physical and psychological health by setting up a proper shelter environment. Direct feedback from residents to organizations resulted in an expanded local network and the organizations improving their capacities.

Discussion: Shelter environment cannot be managed by nursing solely but coordination by nurses may consolidate multi-cluster aid organizations so that shelter environment management would be done by residents and local organizations.

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One Hospital's Timeline for In-Hospital Vertical Evacuation during a Flood Disaster

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Introduction: Recently, the risk of flood disasters due to concentrated heavy rains has been increasing in Japan. While some cases of hospital evacuation have been reported, standards for hospital evacuation have not been established and regional administrative evacuation plans do not include medical facilities.

Aim: To clarify the timeline for in-hospital vertical evacuation during a flood disaster.

Methods: A timeline was set for vertical evacuation as criteria of the hospital's emergency response based on the Arakawa River Downstream Timeline, which is an estimate of the time until river flooding based on the water level of the Arakawa River located near the facility. The timeline was calculated backward from 0 hours to when the river floods. A drill was held for verification.

Results: The timeline was based on the water level of the Arakawa River and objective evidence of risky transfer of critical patients; therefore, the decision to evacuate was made when the water level reached a dangerous level (-3 hours). However, this