

The National Support Team can provide early, remote, rapid needs assessment within two hours after an alarm is activated and a departure for further assessment on site within six hours. The Joint Task Force should be prepared for departure within 12 hours.

A National Support Team has been educated and trained, and was used during the Lebanon evacuation of Swedes this last summer.

Keywords: disaster; emergency; international; preparedness; support; Sweden

Prehosp Disast Med 2007;22(2):s106–s107

Importance of Establishing Partnership Abroad for Efficient Disaster Relief

S. Fujii,¹ K. Yano,² K. Sugimoto,² N. Ninomiya,² N. Seo,² K. Nakano,² Y. Shimada,² T. Ukai,² T. Nakatani³

1. Humanitarian Medical Assistance (HuMA), Osaka, Japan
2. HUMA, Tokyo, Japan
3. Kansai Medical University, Osaka, Japan

Introduction: MH Thamrin Healthcare Group (Thamrin) in Jakarta requested the Japanese non-profit organization (NPO) Humanitarian Medical Assistance (HuMA) provide medical support in Yogyakarta, an area affected by the Java tectonic earthquake on 27 May 2006. This medical collaboration sprang from a long personal relationship between the President of Thamrin and several core members of HuMA. Humanitarian Medical Assistance offered medical services, and Thamrin managed the logistics.

Medical and Logistic Collaboration: Thamrin already had made the following arrangements by the time HuMA arrived in Jakarta: (1) location for the basic clinic and the disaster field mobile site; (2) transportation to disaster area from Jakarta; (3) transportation of overweight medical equipment to Yogyakarta; (4) accommodation for HuMA volunteers; (5) availability of communication tools; (6) accurate estimation of the total budget to reduce total time spent exchanging money; (7) establishment of local staff; and (8) sites for severe injured patients. With these logistics in place, HuMA was able to begin activity immediately.

Preparedness for Future: This Java relief mission proved the importance of having established partnerships abroad for efficient disaster relief. After this disaster relief collaboration, we, HuMA and Thamrin had exchanged Memorandum of Understanding for disasters in future. Regularly collaborating and exchanging information with medical counterparts native to an area and understanding the local system enables quick medical care rescue operation when disasters strike that area.

Keywords: collaboration; disaster relief; Japan; medical services; partnerships

Prehosp Disast Med 2007;22(2):s107

Just-in-Time Training for Medical Reserve Corps Unit Volunteers in a Point of Distribution Clinic

Operation: Does it Work?

K.A. Qureshi,¹ E. Scanlon²

1. University of Hawaii at Manoa, Honolulu, Hawaii, USA
2. Nassau County Department of Health, Nassau County, New York, USA

The Nassau County Department of Health (NC-DOH) developed a public health Medical Reserve Corps Unit (MRC) to assure adequate surge capacity during public health crises, such as epidemics. With >300 members from diverse backgrounds, including physicians, nurses, pharmacists, veterinarians, dentists, and social workers, the challenge was to develop a program that rapidly would train the MRC to operate cohesively during public health emergencies. The decision was made to utilize a “just-in-time training” (JIT) methodology.

A program for JIT for Point of Distribution (POD) Clinics was developed and implemented. To prepare for JIT, all members received basic training on the incident command system and its utilization by public health. The training emphasized the importance of following the chain of command and using emergency response functional roles. Participants were provided examples of job action sheets and shown how to use them.

The effectiveness of the training was tested when the NC-DOH initiated a massive POD clinic for senior citizens. Over two days, 7,628 seniors reported to one POD location for influenza vaccination. MRC members were utilized to augment POD staffing. At the POD site, each member received a job action sheet and a brief tutorial on his/her emergency response functional role. The operation was evaluated on multiple levels, including the ability of MRC volunteers to function in the POD. All MRC members were fully able to perform their functional POD roles. All MRC members (and the senior citizens) rated the experience as positive.

Keywords: clinics; incident command system; just-in-time training; medical reserve corps; public health; roles

Prehosp Disast Med 2007;22(2):s107

Comparison of Hospital Incident Command Systems (HICS) in Hospitals of Four Different Countries:

Does HICS Mean the Same Everywhere?

M. Eryilmaz,¹ S.J. Wang,² S. Suner,³ J. Levett,⁴ N. Sarp,⁵ G. Ozel⁵

1. Gulhane Military Medical Academy, Ankara, Turkey
2. Hallym University, Sacred Heart Hospital, South-Korea
3. Rhode Island Hospital, Rhode Island, United States
4. Public Health School, Athens, Greece
5. Ankara University, Ankara, Turkey

Introduction: Hospital Emergency Incident Command System (HEICS) was developed in California following the 1970 earthquake there. The system has been widely recommended within the medical community across the world. Today, it is known as Hospital Incident Command System (HICS). The aim of this study was to determine the similarities, differences, and the originality of HICS in Turkey, South Korea, Greece, and the US.