component of the BSF contributes to the preparedness and vulnerability of each region.

Results: The results of this evaluation demonstrate that the risks faced by both Singapore and Seoul are similar, however, the risk modification of the potential events arising from the identified hazards was more emphasized in Singapore. This is due to the high involvement of governmental groups, the Ministry of Health, and other self-help group.

Conclusions: The Utstein Guidelines provide a way for multiple hospitals with different healthcare systems to compare risks and examine the level of preparedness to manage mass-casualty incidents.

Keywords: comparison; healthcare system; risks; terminology; Utstein Guidelines
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Evaluation of Disaster Preparedness System in Japan

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More than 5,000 lives were lost due to damages caused by the Hansin-Awaji Earthquake. From a medical standpoint, the biggest problem was the delay in setting up local emergency medical facilities. In the year following the earthquake, the Japanese Ministry of Health and Welfare (MHW) listed nine priority areas and instructed the heads of the local municipalities to focus on these nine areas.

1. Citizens should participate in disaster planning. Medical personnel should be included in the development of such plans;
2. Mutual support plans should be established among municipalities;
3. A mobile, local response medical team should be introduced;
4. Disaster base hospitals intended to treat the most severely affected individuals should be established;
5. The functions of the local Health Center to serve as coordinators should be enhanced;
6. Disaster medical training should occur;
7. Operational manuals should be written;
8. Rescue teams should be introduced quickly; and
9. Autopsy facilities for major catastrophes should be established.

The purpose of this study is to evaluate these aspects. Japan established a system of base hospitals for disasters, Disaster Medical Assistance Teams (DMATs), and the Emergency Medical Information System for extended disasters (EMIS). The response to recent events, such as the Chuetsu earthquake, the train accident in Amagasaki, and the Miyagi earthquake, as well as disaster drills provide evidence of the progress of medical responses for disasters in Japan. On the other hand, problems such as the utility of EMIS or DMAT dispatch system are made clear through these disasters and drills.

Following implementation of the results of these evaluations, the disaster response system should improved further.

Keywords: disaster; planning; preparedness; prioritization
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Session 5: Systems 2

Chairs: Mauricio Lynn; C. Breederveld

Past, Present, and Future of National Medical Rescue Teams—The Turkish Experience

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Following the Marmara Earthquake in 1999, major accomplishments have been acheived in Turkish disaster response missions. One of these accomplishments was the establishment of National Medical Rescue Teams (NMRTs). In 2003, the Turkish Ministry of Health initiated the "Health Organization in Disasters Project", in order to respond effectively to all types of disasters that may occur worldwide, and provide medical care to people in need. Currently, there are approximately 2,000 providers that have been trained. Training has been provided by a group of qualified trainers who were chosen from 11 different districts and have completed an instructor training program. The NMRT members have participated in nationwide exercises as well as real-time missions in places such as Pakistan, Indonesia, and Sudan. The organization, structure, personnel selection and training of NMRTs formed within the Turkish Ministry of Health was studied and will be presented as "The Past, Present and the Future of National Medical Rescue Teams in the Light of Turkish Experience".

Keywords: disaster; disaster response; preparedness; rescue teams; training; Turkey
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Swedish National Support Team in the Event of a Serious Overseas Emergency or Disaster

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Disaster preparedness for international disasters involving Swedish citizens was heavily criticised after the Tsunami, December 2004. In response to this, the Swedish Rescue Services Agency (SRSA), the Swedish National Board of Health and Welfare (NBHW), the Swedish National Police Board (NPB) and the Swedish Ministry for Foreign Affairs together have created a National Support Team to handle similar situations in the future. The National Support Team will support the Swedish embassy and consulate and people in distress in the event of a serious overseas emergency or disaster.

The National Support Team consists of a unit for "Rapid Needs Assessment" and a "Joint Task Force" staffed by specifically recruited and trained personnel from the SRSA, health personnel from the Swedish County Councils and police personnel from the NPB.

The National Support Team will provide command and coordination staff, health care, logistics, IT and telecommunications, information, and, if needed, perform medical evacuation. In addition, psychosocial support will be provided by representatives from the Swedish Red Cross, Save the Children Sweden and the Church of Sweden.