Conclusion: The prolonged demolition of the Hard Rock collapse site resulted in emotional anguish for affected families, public anger about the perceived lack of response, and significant impacts for local businesses in the area. This event offers many lessons learned about prevention and response of urban structural collapse incidents.

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You Want Me to Treat What?

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Introduction: There are only two medical practitioners who are genuinely generalists. The confirmed generalist is the one who has been trained and credentialed to perform prenatal care, deliver babies and perform c-sections, take care of young children, perform simple surgeries, perform palliative care, and hold a patient's hand and hug the family after the death of a loved one. In the human world, that medical provider is a family practice physician. In the animal world, that provider is the veterinarian, who cares for all species that are not human and covers their medical needs, from preventive care to surgical needs, dentistry to dermatology, internal medicine to cardiology. As such, veterinarians are indeed generalist medical providers. In disasters, veterinarians are often pushed aside by their human medical counterparts. In doing so, there are a lot of learning opportunities missed on both sides.
Method: A literature review was conducted.
Results: n/a
Conclusion: In learning the skills that are unique and overlapping, physicians and veterinarians will be better able to respond to disasters anywhere and will be positioned to help the displaced and injured get better so they may return to normalcy as quickly as possible. It is time that disaster teams and planning sessions stop being siloed and think about how medical generalists can team up and work together.

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Recommendations for the Implementation of a Competency Matrix for Volunteers of an Emergency Medical Team

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Introduction: Emergency Medical Teams (EMT) training is moving towards competency training. Although there exist a few systematic reviews regarding the competency training, there has been little investigation on how the competencies can be effectively translated into the EMT personnel's training.

In a humanitarian organization in Hong Kong, a competency matrix for EMT volunteers was developed in 2018. The organization relies on a steady base of volunteers to perform its services. With these competencies, volunteers can be encouraged to undertake a multitude of available trainings to fit with the needs of the organization, or for their own personal benefit.
Method: The aim of the study is to recommend methods to improve uptake of the competency matrix among volunteers of the organization. A mixed methods study was completed, encompassing literature search, a quantitative questionnaire and qualitative one-to-one semi-structured interviews.

The Behavior Change Wheel and the Capability-Opportunity-Motivation-Behavior (COM-B) interactive system were used to guide the research rationale and to frame the questions asked to investigate perceptions regarding the competency matrix.
Results: Data collected from the questionnaire and interviews were collated and organized into the corresponding Theoretical Domains Framework as specified from the Behavior Change Wheel, and the respective intervention functions and policy categories were lined up accordingly. Analysis of data identified a series of key factors influencing the potential incorporation of the competency matrix among volunteers. Data collected from volunteers largely agree with and is supported by the literature on adult training, volunteer management and specifically on EMT training.
Conclusion: Although EMT training is moving towards competency-based training, research publications on how to effectively deliver competency-based training, and on the effectiveness of various didactic methods within EMT training are scarce. This calls for more research to be done in the area of competency-based training of EMT.

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Activation of the Health Cluster Coordination Post in Lumajang District Health Office During the Management of Mount Semeru Eruption Disaster

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Introduction: The ambiguity of the command system is still the main challenge during the activation of health cluster coordination. It begins with the unclear division of tasks, communication channels that are not yet optimal, and do not have an alternative plan. This study reported the management of health cluster coordination posts during the disaster of Mount Semeru Eruption, in December 2021.
Method: This study was a case study of qualitative research methods, data collection was carried out by observing the health cluster operation of Lumajang District Health Office (DHO) and supported by an analysis of health cluster activation policy reviews.
Results: Resources to manage health clusters were limited due to a lack of staff knowledge in health cluster management. Therefore, the head of the Lumajang DHO appointed the Office Secretary as the health cluster coordinator. The Head of Referrals Health Services is the emergency medical team focal

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person and the Head of Health Promotion is the spokesperson. East Java Provincial Health Office, Ministry of Health, and Disaster Task Force of Faculty of Medicine UGM assisted in the management of health cluster post operations. Then, assisting was concerned with the most fundamental thing in facilitating health clusters such as establishing an organizational structure based on the incident command system approach as well as mapping the capacity of existing health resources on the field to visualize the geographical situation of health service capacity and emergency medical teams distribution.
Conclusion: Although located in prone and high-risk or periodically eruption areas, the staff still have a low capacity in disaster health management. Thus, capacity building in the predisaster phase is highly required in the management of health clusters and emergency medical team coordination by the mandate of the Ministry of Health Regulation.

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Reviewing the Implementation of the Emergency Medical Team Minimum Data Set

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Introduction: The Emergency Medical Team (EMT) Strategic Advisory Group of the WHO has endorsed the EMT Minimum Data Set (MDS) Daily Reporting Form in 2017 and the revised EMT Minimum Standards of the WHO suggests EMTs report it regularly in case national reporting forms are not available.
Method: This study searched and listed previous use cases of the MDS by reviewing published papers including gray literature and interviews with national authorities, organizations, and experts.
Results: In 2019, the MDS had been activated for the first time in Mozambique during international scale response at the tropical cyclone Idai; also in Japan it was used at the typhoon Faxai/Hagibis response; further in the Independent State of Samoa during the measles outbreak. In 2020, the MDS was used during a COVID-19 mega-cluster incident on the Diamond Princess Cruise Ship in Japan, the tropical cyclone Harold in Vanuatu and the Kumamoto Heavy Rain in Japan. In 2021, the one was used during the Izuyama landslide response in Japan; and the typhoon Rai response in the Philippines. In 2022, it was used during the cyclone Batsirai response in Madagascar; and in Moldova, Poland, and Ukraine to respond to the armed conflict situation in Ukraine.

Many countries are preparing to use the form; in 2022 the Association of SouthEast Asian Nations (ASEAN) has officially endorsed the form as a regional standard form for EMT daily reporting. Military partners also were testing the form, in 2019 forces from eight nations at the 39th Cobra Gold 20 in Thailand used the form for training purposes.
Conclusion: The MDS was used in at least 14 emergencies in nine countries. Mozambique and Japan have published academic literature using the MDS. The use of MDS would strengthen Health Emergency and Disaster Risk Management (H-EDRM) in a data-based manner.

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Diamond Princess Cruise Ship. COVID-19 Medical Operation by the National EMT, Japan DMAT.

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Introduction: The Diamond Princess cruise ship (DP) arrived in Yokohama, Japan, on February 3, 2019, with a confirmation of the Polymerase Chain Reaction test (PCR) positive for the Coronavirus disease 2019 (COVID-19) in a passenger who disembarked at Hong Kong. Japan National Emergency Medical Team (N-EMT), and Japan Disaster Medical Assistance Team (DMAT), were dispatched and measures to prevent the spread of viruses were taken for 3,711 (2,666 passengers and 1,045 crew members) on board.
Method: Japan DMAT was dispatched and managed the medical operation for DP passengers and crew members. The records of communication logs for the DMAT were evaluated. In this study, evaluation of DMAT medical operations in the DP was conducted to find any positive effects
Results: 472 (157 doctors, 123 nurses, 161 medical logisticians, 31 pharmacists) members responded. Among them, 283 (97 doctors, 66 nurses, 91 medical logisticians, 29 pharmacists) worked inside the DP, and 189 (60 doctors, 57 nurses, 70 medical logisticians, two pharmacists) operated outside mainly for patient transport. DMAT conducted a strategic operation and developed categorization for medical care and patient transport. Eventually, DMAT constructed flow to provide rapid medical care and prescription distributions for passengers and crew members.
Conclusion: DMAT has been required to respond to unforeseen disasters in the framework since the Fukushima Nuclear Plant accident in 2011. All the past several types of disaster response were contributed to managing medical operations at the DP. These operations are thought to reduce preventable deaths from COVID-19.

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