

trends were analyzed covering all phases of the national response. Information was extracted from the electronic health record system iPMS.

Results: Overall attendances decreased by 11.5% {42,637 (2019) to 37,751 (2020)}, well below expected annual growth projections from 2019 to 2020. A significant reduction in pediatric attendance (≤ 16 years) occurred, with 31.68% negative growth (10,351 to 7,071) in 2020 and sustained decrease of 15.3% (8,767 attendances) in 2021. In contrast, geriatric (≥ 65 years) attendances were unchanged in 2020 (17,751), with a surge of 8.9% to 19,333 attendances in 2021, the largest year-on-year growth since 2018. Comparisons of month-to-month trends in relation to public health measures correlated to a marked decline in attendances at the extremes of age during “lockdown” periods.

Conclusion: The reduction in attendances is likely multifactorial, such as a reduction in school-related stress and patients deciding to stay home for fear of attending during the pandemic with non-emergent conditions. The increase in geriatric presentations in 2021 may reflect continuing restricted access to primary care and GP services, or neglect of prior conditions. Examining changing demographic attendances may offer opportunities to develop alternative ways of supporting frail populations and families in community care avoiding ED presentations.

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Japan Disaster Medical Assistance Team Boot Camp for the Trainer in KOBE : Corona Era Experience of Hyogo Emergency Medical Center

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Introduction: Japan Disaster Medical Assistance Team (JDMAT) consists of four personnel. They are selected in 47 local governments in Japan, and after the completion of a four day boot camp, they are registered in the list of JDMAT. Hyogo Emergency Medical Center (HEMC) has been playing an important role as one of the oldest boot camps with Disaster Medical Center in Tachikawa. The boot camp's significance is obvious, but the JDMAT system requires a trainer for the course. Many courses were discontinued and affected by the COVID-19 Pandemic.

Method: Retrospective, single institute data, observed in the number of participants for instruction. The periods are from March 2019 to September 2022. Instructing members of this boot camp consist of three categories of Drs, Nurses, and logisticians.

Results: In FY2019, from April to March during the pre-pandemic year, a boot camp was held nine times. During those days, the total number of instructors, including potential ones, was 659 persons, and fortunately 75 people participated for the very first time. However, during the Corona era, in FY2020, the boot camp was held only four times. The total number of instructors was 161 persons, and 14 people participated for

the first time. In FY2021, the boot camp was held only three times. The total number of instructors was 141 persons, and 11 people participated for the first time. In FY2022, after two quarters passed, the boot camp was held five times according to the schedule. The total number of instructors was 256 persons, and 18 people participated for the very first time.

Conclusion: Officers were not trained for future disaster response for two years because of the pandemic.

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Using the Experience of Natural Disasters to Prevent Health Hazards in Shelters

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Introduction: The number of deaths from natural disasters that have occurred in Japan since 1989 is in the order of (1) the Great East Japan Earthquake, (2) the Great Hanshin-Awaji Earthquake, and (3) the Kumamoto Earthquake, but the ratio of related deaths to the total number of deaths was highest for the Kumamoto earthquake.

Method: In the case of the Kumamoto earthquake, an inland earthquake of the same scale as the Great Hanshin-Awaji Earthquake, direct deaths due to the earthquake were suppressed, but related deaths are thought to have increased due to the effects of evacuation life and other factors. According to a report by Kumamoto Prefecture, the majority of direct deaths from the Kumamoto earthquake were caused by trauma such as excessive pressure or asphyxiation. As for related deaths, most of the victims were aged 60 years or older, more than 80% of them had pre-existing medical conditions, and respiratory and circulatory system diseases were the most common causes of death.

Results: A survey of victims transported by ambulance from evacuation centers to medical institutions after the Kumamoto earthquake showed that a large number of victims were transported in the acute phase after the disaster. The reasons for transport are diverse injuries and illnesses, including trauma from falls, dyspnea, impaired consciousness, and fever, suggesting that stress from the earthquake and problems in the living environment of the evacuation centers had an impact on the deterioration of health conditions.

Conclusion: It is important to identify issues and consider countermeasures based on past experiences in order to prevent health hazards in evacuation centers.

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Hurricane Ida Emergency Medicine Resident Disaster Response

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