

1. Osaka City General Hospital, Osaka, Japan
2. Chibune General Hospital, Osaka, Japan
3. Izumiotsu Municipal Hospital, Izumi, Japan
4. Osaka Medical General Center, Osaka, Japan
5. Osaka Women's and Children's Hospital, Izumi, Japan
6. Rinku General Medical Center, Izumisano, Japan
7. National Disaster Medical Center, Tachikawa, Japan

**Introduction:** Children are a vulnerable population in disasters. However, there were few pediatricians, neonatologists, and obstetricians in the Japan Disaster Medical Assistance Team (DMAT), so disaster medical headquarters had limited knowledge to solve these problems. Pediatric and perinatal disaster liaison coordinators were trained to improve disaster medical management for children and pregnant women since the 2016 Kumamoto earthquake.

**Aim:** To analyze and report the activity of PPDML during these years in Osaka, Japan.

**Methods:** The records of PPDML in major disasters and disaster drills from 2017 to 2018 were reviewed.

**Results:** The DMAT had disaster drills twice a year in Osaka, and PPDML participated in the drill for the first time in July 2017. In the drill, PPDML coordinated the pediatric and perinatal issues with DMAT and Japan Ground Self-Defense Force (JGSDF) in disaster headquarters. In June 2018, 4 months after the drill, PPDML participated for the second time in February 2018 when the North Osaka Earthquake occurred. PPDML coordinated transport of 22 children and babies with congenital heart disease from the damaged National Cerebral and Cardiovascular Center Hospital. The operation was finished within 5 hours after requested transportation.

**Discussion:** To protect children and pregnant women, cooperation between the disaster medical network and the pediatric and perinatal network is absolutely important for any phase in disaster. Because PPDML had attended in disaster drills before, the experience could make PPDML achieve good performance in a real disaster in North Osaka Earthquake. It can be concluded that cooperation between disaster medical network and PPDML is very useful to manage the disaster issues for children and pregnant women, and the most important thing is to cooperate not only in disaster but also in ordinary days.

*Prehosp Disaster Med* 2019;34(Suppl. 1):s122–s122

doi:10.1017/S1049023X19002619

### Disaster Preparedness and Management in Pakistan: A Systematic Review

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**Introduction:** Since its inception about 66 years ago, Pakistan has experienced a variety of both natural and man-made disasters like earthquakes in 2005 and 2015 and widespread flooding in 2010. Pakistan has also experienced a range of politically motivated violence, bombings in urban areas, as well as mass shootings. Such events generate a large number of casualties. To minimize the loss of life, well-coordinated prehospital and in-hospital response to disasters is required.

**Aim:** To identify all the existing peer-reviewed medical literature on prehospital and in-hospital disaster preparedness and management in Pakistan.

**Methods:** The search was conducted using PubMed and Hollis plus search engines in accordance with the PRISMA guidelines. The articles selected included articles on both natural and man-made disasters, and their subsequent prehospital and in hospital management. The following search terms and keywords were used while searching PubMed: mass casualty incident preparedness and management Karachi, mass casualty incident preparedness, disaster preparedness Karachi, and disaster management Karachi. To search Hollis plus, we used the terms: mass casualty incident preparedness and management Pakistan, mass casualty incident Pakistan, mass casualty incident preparedness and management Karachi, and disaster preparedness Karachi. We selected only peer-reviewed articles for a literature search and review.

**Results:** The reviewed articles show a lack of data regarding disaster management in Pakistan. Almost all the articles unanimously state the scarcity of planned prehospital and in-hospital management related to both man-made as well as natural disasters. There is a need for planned and coordinated efforts for disaster management in Pakistan.

*Prehosp Disaster Med* 2019;34(Suppl. 1):s122

doi:10.1017/S1049023X19002620

### Disaster Preparedness Technician = Striking Cost Savings

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**Introduction:** The workplace holds a rapidly deployable, self-sufficient field hospital including a medicine cache valued at \$80,000. The cache is rotated through the affiliated hospital pharmacy when they have less than 12 months to their expiry. Rotations are done regularly due to the short expiry dates of stock coming from suppliers. A senior pharmacy technician is employed two days per week at a cost of \$13,024.80 per annum to manage this cache.

**Aim:** To demonstrate the associated cost savings of employing a pharmacy technician to manage a medication cache.

**Methods:** Every month, the technician extracts items with less than a year expiry from the stock control system and compares these dates with that of the stock held in the pharmacy. All items with a better expiry date are rotated as long as there is sufficient turnover to ensure use before its expiry. Automatic recording occurs of items rotated, items discarded, and their costs are used as key performance indicators (KPI).

**Results:** Over a 12 month period, \$52,803 worth of stock was rotated. On average, 48 lines and 7,619 individual items were rotated monthly with a value of \$4,061.83 (range \$0–\$8,820 per month). During this period, there were 2 months where no rotations occurred due to staff changeover and annual leave. 10 lines of medicines at a value of \$4,041 were discarded over this time period. The two main reasons for discarding were that