

Of the eight medical doctors and two nurses who participated in the fourth training course, the nurses now are taking an active part in Vietnam and Laos. The doctors have not found any opportunities to work overseas, but have started their activities in education of medical students and training of medical professionals from Disaster Medicine Operation Units to provide medical support to cope with future disasters in Japan. The results of a survey of the participants will be introduced in detail. Funding for this program for next year unfortunately is not planned.

**Conclusions:** A training program for international emergency management and disaster relief is essential and should be continued for Japanese medical professionals. Such training will contribute not only to their domestic disaster relief, but also for international disaster relief to share Japan's experience with natural disasters.

**Keywords:** Disaster Medicine; earthquake; Hanshin-Awaji Earthquake; international emergency management; field experience; international disaster relief; Japan International Corporation of Welfare Services; Japan Medical Team for Disaster Relief

#### G-104

##### Disaster Training for Medical Students

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Disaster training is necessary as part of preparing personnel involved in managing untoward tragedies. In Kuala Lumpur, Malaysia, the medical schools of Universiti Malaya and Universiti Kebangsaan Malaysia have been teaching and training medical students in disaster management. The need for early introduction of this content was recognized, and as part of emergency medicine posting, a specific lecture is dedicated to this purpose. Moreover, whenever the opportunity arises, medical students have been included during tabletop exercises, practical mock drills, disaster seminars, and conferences.

From our experience, we conclude that exposure to disaster training at undergraduate level is very timely and beneficial. Perhaps, this should be considered as part and parcel of Emergency Medicine posting in undergraduate medical curricula.

**Keywords:** curricula; disaster training; disaster drills; disaster exercises; medical education; tabletop exercises

#### G-105

##### Teaching Disaster Medicine in Belgium

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The first course on Disaster Medicine in the Flemish part of Belgium started in October 1988 and lasted eight days. It was a concerted action between the Military Medical Service and the University of Louvain. The aim was to train medical doctors in the management techniques used and pathologies seen during disasters. Since then, about 30 persons per year have graduated in Disaster Medicine. In order to follow evolutions in the country and in medical science as well, we adapted the organization and the content of our course.

After the first edition, it became clear that education of nurses was of paramount importance and the NVKVV, a professional nursing organization, joined us as co-organiser. From that moment on, the course also was accessible for officers from the police, fire brigades, Red Cross, and army.

In 1990, the Ministry of the Interior imposed a uniform disaster plan for all municipalities in Belgium. This incited both university courses on Disaster Medicine (French and Dutch part of the country) in 1991, to elaborate with all intervening corps, a uniform doctrine for medical disaster management in our country.

In 1992, the Scientific Committee of the International Society of Disaster Medicine edited a curriculum for education and training. Since 1997, we adapted our education program to comply with this international standard. Every candidate must start with the basic course and must choose at least two of four specialized courses: hospital disasters, technological disasters, medical techniques, and management. In cooperation with other institutions, we can offer a course on psychosocial disaster relief and on humanitarian operations.

**Keywords:** Belgium; Disaster Medicine; education; military; planning; psychosocial; standards; training; universities

#### G-106

##### TRIAGE! TRIAGE!! TRIAGE!!! (NOT TREATMENT!!)

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Better management of a situation through effective utilization of staff/manpower and following the triage rules will facilitate the flow of casualties. Managing a large number of casualties in short period of time is not a good experience nor is it easily handled.

Triage, a French word, means to sort and to choose when the need for immediate medical care of patients exceeds the supply of medical manpower. The aim is to maintain a safe environment within limitations by prioritizing the patient's individual needs and providing care through the optimum use of the available resources. It has