

Hospitals Safe from Disasters

<Message from Hyogo-Kobe>



Weak Points Exposed in Japan's Medical Care Services

Prior to the Hanshin-Awaji Earthquake, it was thought unlikely that a large earthquake would hit the area. Roofs were made heavy to protect against typhoons because it is within the typhoon alley.

The Hanshin-Awaji Earthquake struck an urban area of over 1 million people and, despite the high density of hospitals, it was hard dealing with the situation. From the lessons learned, Japan's medical care services were significantly changed to deal with disaster.

New Efforts Emerged After the Hanshin-Awaji Earthquake

1. Participation by medical care providers promoted in local disaster management committees
2. Aid agreements concluded for disasters
3. Wide-area disaster/emergency medical care information systems built
4. Hospitals named as disaster bases
5. Health care clinic services strengthened for disaster medicine
6. Disaster medicine awareness, training and drills implemented
7. Guidelines used by hospitals to prepare disaster manuals
8. Coordination with fire-fighting elements in times of disaster
9. System built for locating deceased in a disaster

(Study Group for First Action Manual and Application for Disasters, Edited by Yasuhiro Yamamoto)

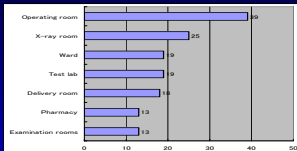
Causes of Hospital Services Failure

(Day of disaster, 01/17/1995)

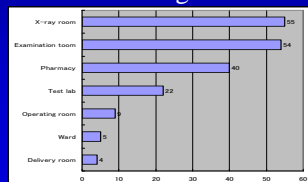
- Interrupted water supply/sewerage 74.0%
- Interrupted/ Overcrowded telephone lines 60.1%
- Interrupted gas supply 54.0%
- Interrupted electricity supply 33.0%
- Lack of manpower (Staff reported for work)
 - Hospitals: Doctors 58%, Nurses 44.2%
 - Clinics: Doctors 65.5%, Nurses 39.3%

Damage to Medical Services

Damage to hospitals



Damage to clinics



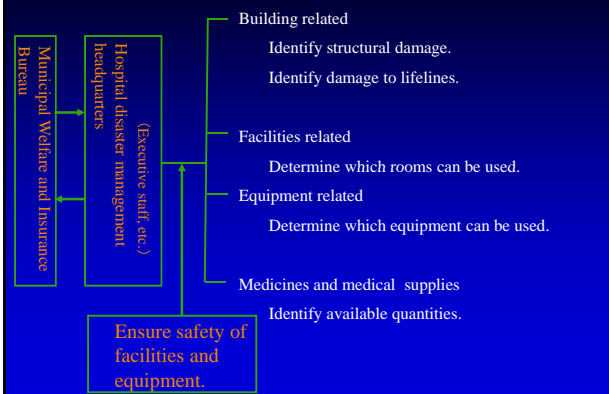
Support for First-Aid Centers in Stricken Areas

In the stricken areas, public health centers and clinics spearheaded medical care services and were placed in charge of cremation and healthcare activities.

There were 320,000 evacuees in Hyogo, which were housed in 1,153 evacuation centers.

1. Accepting and deploying volunteer doctors from across Japan
2. Securing and distributing medicines and medical supplies
3. First-aid activities
4. Collecting and disseminating information
5. Preventing food poisoning and contagious diseases

Roles of Hospital Disaster Management Headquarters



Hospital Damage Inspections

1. Patients
 - (1) Confirm safety of patients.
 - (2) Secure medical care services.
2. Staff and families
 - (1) Identify who can report to work.
 - (2) Secure medical care services.

Emergency evacuation plan
(Evacuation, redeployment, etc.)

Create emergency contact system.

Set location where to attend.

Make contact information available in advance.

Results of Hospital Restoration and Reconstruction

Physical results

- Disaster base-hospitals
- Facility modernization/disaster strengthening projects
- Wide-area emergency medical care system

Human resource results

- Emergency medical care coordinators
- Japan-DMAT
- Disaster volunteers