

The 2nd Autumn Congress of Japanese Association of Rehabilitation Medicine (2018/11/4)

Topics: Disaster Medicine and Rehabilitation Medicine: What can we do and how should we prepare.

Venue: Sendai International Center (Sendai, JAPAN)

On Nov. 4th, Professor Shinichi Egawa in Disaster Medical Science Division of IRIDeS lectured on the symposium & debate in the 2nd Autumn Congress of Japanese Association of Rehabilitation Medicine. Disaster medicine and rehabilitation medicine is strongly related because staying in evacuation center will deteriorate the daily activities and result in the exacerbation of non-communicable disease or loss of motivation. The word “rehabilitation” is not only a medical terminology, but is used as the recovery and reconstruction of buildings, cities and society which is main process after disaster onset.

This symposium & debate session gathered experienced rehabilitation responders and discussed what we can do and how we should prepare.

Prof. Egawa lectured about the basic knowledge of disaster medicine especially the concept of disaster risk and the medical needs after disaster. The background of disaster related death after 2011 Great East Japan Earthquake was elderly with some comorbidities and the rehabilitation could have stopped the deterioration of physical and mental expiration. The other speakers presented the concept and framework of Japan Rehabilitation Assistance Team (JRAT), rehabilitation response after the triple disaster in Minamisoma City in Fukushima, JRAT activities in Hiroshima prefecture as a supporter in 2015 Kumamoto Earthquake but receiver/supporter in 2018 heavy rain in Hiroshima and rehabilitation response plan in Tokushima Prefecture assuming South Trough Earthquake. Individual team has identified the problem and is going to establish robust JRAT in each prefecture.

In Japan, the JRAT is supposed to join the medical and public health headquarter in prefectural office. Currently, the control and command is under the umbrella of Japan Medical Association Team. This enabled JRAT to act with financial support from central government under Law of Disaster Relief. However, the needs and supportive activity of JRAT tends to be longer than JMAT. The middle to long-term support and recovery of local resource for rehabilitation medicine is the most challenging gap. The exiting strategy may not be difficult if the local provider has rich resource. But if affected area lacked local resource even from before disaster, the “Build Back Better” is to enrich the resource of rehabilitation medicine in the affected area. Prof. Egawa insisted the importance of human network and long-term rehabilitation care facility. Good example is the mental health care center in Hyogo after 1995 Hanshin Awaji Earthquake.

In Minamisoma Municipal General Hospital, the 1/3 of health care workers evacuated after Fukushima Nuclear Power Plant accident. The central government restricted the area of residence and the hospital was enforced not to admit the in-patients. The rehabilitation medicine staff also severely decreased. How to support the health care providers in the affected area is a big issue. But if we understand the importance of their support, the relief aid is very effective.

The Hiroshima JRAT helped 2016 Kumamoto Earthquake, but they faced 2018 Hiroshima heavy rain disaster with numerous landslides and floods. The coordination turned better after DHEAT (public health team) assisted the coordination. Tokushima prefectural government is willing to improve the disaster medical response and actively organize the training opportunities.

The coordination between the needs in the affected area and capability of responders is critical. Presentation in other medical sector is precious opportunity to promote mutual understanding to create team disaster medicine for more efficient response and preparedness.

Report by Shinichi Egawa (Disaster Medical Science Division)

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平成29年度四国ブロックDMAT実動訓練

2018.1.20 徳島県

- 保健医療調整本部運営
- 指揮所運営
- 参集拠点
- 患者集積場所、SCU
- 避難所
- 多職種連携
- ロジスティクス

医療関係

- 小児・周産期医療：小児・周産期リエゾン
- 精神科病院支援：DPAT先遣隊
- 透析：透析医会、透析ネットワーク
- 在宅酸素：帯人、呼吸器医会
- 避難所アセスメント：保健衛生コーディネータのもとで実施
- **福祉避難所アセスメント：介護福祉コーディネータとリハビリテーション圏域リーダーのもとで実施**
- 福祉タクシー
- 医療ガス
- 歯科医師会：歯科検診車等

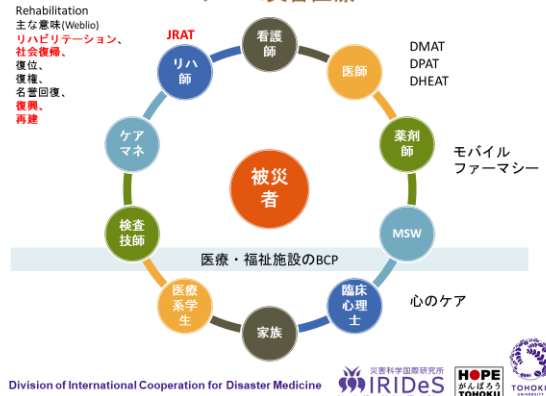


Division of International Cooperation for Disaster Medicine



JRAT in disaster drill in Tokushima Prefecture

チーム災害医療



Division of International Cooperation for Disaster Medicine



Team Disaster Medicine