



Development of Disaster Nursing as Solutions to Global Issues from Japan

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Disaster and Nursing in Japan

Characteristics of Disaster

✓ Natural and man-made disasters✓ Composite, diversified, prolonged

Death Toll in Asia from Disaster

 \rightarrow more than half of the world (2011)

Disasters in Japan

 ✓ Unresolved issues from the Great East Japan Earthquake
 ✓ Imminent Nankai (South Sea) Earthquake
 ✓ Climate Change
 ✓ Tokyo Olympic 2020

Nurses

- Approx. 19.3 million nurses in the world
- •1.5 million employed in Japan

Education in Japan

 234 universities offer nursing degrees (out of 800 total public and private universities)

Research

- Japan Society of Disaster Nursing
- World Society of Disaster Nursing
- WHOCC

HUMAN SECURITY MEASURES Now or Never

Background of Disaster Nursing in Japan

1890 Red cross Nursing in Japan launched

Many work but No report



1995 :Hansin Awaji Earthquake Sarin gas attack on the Tokyo subway system

1854–56 Crimean War

Disaster Nursing Network funded by national research grant

1997 Japan Society of Disaster Nursing launched

2003-2006 Center of Excellence (COE) program "Disaster Nursing in a Ubiquitous Society in Japan", University of Hyogo → WHO Research Collaborating Center for Disaster Nursing and Emergency Management

2007 International Council of Nurses Develop the Framework of the Disaster Nursing Competencies

2010 World Society of Disaster Nursing And held first conference (Chair H. Minami)



2011: Great East Japan Earthquake

Japan Society of Disaster Nursing

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Development of definition of disaster nursing

The systematic and flexible utilization of knowledge and skills specific to disaster-related nursing, and the promotion of a wide range of activities to minimize the health hazards and life-threatening damage caused by disasters, in collaboration with other specialized from disaster prevention, initial and medium and long-term.



(Japan Society of Disaster nursing, 2002)

Number of Abstract Annual Conference of Japan Society of Disaster Nursing



(Kanbara et al., 2019)

World Society of Disaster Nursing

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Greeting from Chargerson

What's New

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By-Law

Academic Conference

Activity Reports

Membership Application

Contact Us

World Society of Disaster Nursing

international academic exchange and collision tree teacourt



UNWCDRR Public Forum

IN World Conference on Disaster Risk Reduction 3.15.2015

Winnels-Naise-

- 2015.4 [Report] Public Forum on the Third UN World Conference on Disaster Risk Reduction (WCDRR) > more
- 2015.4 At the UN World Conference on Disaster Risk Reduction in Sendel, Japan, a new global* Sendai Framework*for Disaster Risk Reduction over the next 15 years is adopted.

Sendal Framework for Disaster Risk Reduction 2015-2030

http://www.wodm.org/upicads/Sendai Framework for Disaster Risk Reduction 2015-2030.pdf

to group it.

Sendal Declaration

http://www.wcdm.org/uploads/Political_Declaration_WCDRR.pdf

- Public Forum on the Third UN World Conference on Disaster Risk Reduction (WCDRR) will be held on March 15th 2015 (SUN) by WSDN and ICN. > more > flyer
- ▶2014.1 The 3rd International Conference of WSDN, 2014 PDF1 wsdn2004.pdf URL1 http://www.cicol
- ►2011.3 Thank you very much Japan. World Society of Disa.

www.wsdn2008.com/



Health and Medical Care Needs in Disaster



Research Priority by Delphi study (Kanbara, 2010)

		Urgent(%)	import ant)	importa nt)
Q03	Disaster nursing support for vulnerable people	82.5	33	119
Q18	Inventory of electric generators in the community (for the use of artificial respiratory equipment in the field)	72.5	29	82
Q24	Developing a manual for nursing support during actue disasters	67.5	27	95
Q17	System of cooperation during non-disaster times and support systems during times of disaster	60.0	24	36
Q20	Disaster preparedness education in general hospitals	57.5	23	44
Q50	Co-operation between hospitals, universities and bodies in the community that are concerned with disaster relief effort	57.5	23	24
Q32	Post disaster telephone triage system	50.0	20	15
Q52	Creating a support network for displaced people who have lost their homes	45.0	18	62
Q51	Establishing a cooperative system between hospitals	45.0	18	39
Q21	Contents and methods of disaster prevention drills according to health condition	45.0	18	41
Q55	Proposal for policy making that reflects experience in the field	42.5	17	51
Q40	Information management in times of disaster	42.5	17	34
Q11	Reduction of fatigue and improvement of efficiency among nurses in the disaster area	40.0	16	56
Q06	Support for children and their family	40.0	16	28
Q39	Establishing a system for sharing information for inquires about the welfare of victims of disaster	37.5	15	39
Q56	Comparison of awareness between nurses with disaster experience and those without	32.5	13	40



<Past Achievements>

Immediate Response Relief in Acute Phase DMAT · Training Dispatched Nurses Lesson leaned from Past Disaster" based Relief Work





Challenges & Tasks Trans disciplinary work Long-term Recovery Community-based Seamless & Continuous Support Comprehensive approaches Policy Recommendation Disaster Ethics University of Kochi Graduate School Cooperative Doctoral Program for Disaster Nursing Graduate School of Nursing

For our Future, For our Life,

IN TENTE IS

Examination Schedule First Application: September 9,2018 f Divil, University of Kochi



Global Leader Degree Program

Disaster Nursing Global Leader Degree Program -DNGL, University of Kochi

ホーム 投稿 写真 発売 ページ情報











Health Emergency and Disaster Nursing (HEDN)

- the world's first journal on disaster nursing
- Online-based
- From people engaged in disaster nursing in various fields

(educators, researchers, clinicians, students, and activists)

Accepts a wide range of papers



Original research (qualitative, quantitative, historical research, case studies, literature reviews etc.), activity reports, editorials, commentaries, book reviews, and videos

Next

CARING FOR DISASTER RISK REDUCTION, 減災ケア





Paradigm of Care for DRRs "GENSAI" care

(Kanbara 2015)



Human Security



Pathogenesis & Surveillance system



Pathogenesis & Surveillance system



outcome

Disease



Market Validation

Globalization

イスラエル

EpiNurses use ICT Toolkit to assess living conditions and provide crucial yet hard-to-collect evidences of health threats on disaster site.



-2016 熊本地震



To report a disaster event test POST (SANCE) Weywords (COMMA) - Urgency-(COMMA) - Orgency-(SANCE) - Stay Touric pathy-(COMMA) - Stay Touric pathy-(COMMA) - Stay Touric pathy-

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MANUAL

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Global and Trans-disciplinary Team Work

From Japan Lesson learned

Nursing Science Epidemiology

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Geography Information Technology Health Informatics Anthropology Disaster Scienece

Interdisciplinary

Globally Nepal

Philippine















Objective

- To provide an open framework that can easily provide information for data sharing with other sectors
- For nurses to assess the extent of the emergency in living environment and the communicable disease threats to the population in disaster camp













Activities

Rapid Assessment a. Location b. Care needs (WASH, Food, Non Food, Shelter, Health) c. vulnerability and hazard

- Data information sharing (Plug into WHO-MDS)
- Minimum First aid & nursing care









She said

Emergency Drill Experience No Disaster experience thunderstorm and accident in the hospital.

WASH training by WHO one year before Quake

Aftermath of Disaster

Doctors, CMA and nurses were so busy. No foods to cook. PHC knows about the disaster management but

they are **not prepared**, didn't know whom to coordinate We have very **less manpower**

Daily there are about 150 patient and 4 to 5 critical patient to bed.

We have about 45 delivery case Other hospitals are difficult to due to geographical reason.

EpiNurse as informant

Working experience on site: 16 years She can speak local language and know their culture

EpiNurse as monitor

Mapping Health and Environmental Assessment



Toilet 4 Adequate number of toilets Yes Hand-washing Yes Soap Yes clean food No Kitchen Yes waste storage No Acceptable spacing No Acceptable cleanliness No Blanket No

EpiNurse works as care giver

Need not report up and inhospitalization but need direct care and common medication







- Innovative PROJECT that uses modern communication technologies and
- Offer tailor-made solutions for disaster risk problems
- Take people-centered approaches
- Combination of bottom-up approaches with top-down frameworks.
- Multi-stakeholder partnerships (different sectors, different sizes, different organizational background, PPPs).

REASONING why EpiNurse

- **Trust:** Calls to get to safety have a profound impact on people's everyday lives.
- The best and most innovative technology is of little use if messages are not taken seriously by the recipients.
- The target group the people at risk, must be prepared so that they can understand and use the new technology
- **Critical mass:** an Information Communication Technology (ICT) must reach a large number of people in the target region.

Warnings should be reliable and that there is trust between the sender and the recipient.

WHO-EMT- Minimum Data Set

EMT-MDS Daily Reporting Form(ver1.0) (\mathbf{R}) Congrammation service Desix of activity on Your of Issueling front name Type Longers Photo-offic Contract Pressure Contract Section 2 CRY 482.11 Wings die beiteten Paulity Lates and all designing No. or and characteristic state tailing will realize taking the industry want of the local second And Personal Print a second second the Loberton Game Lot (had (1700) off and in families of Including Report Pringers of Laboration The lots in the latest in the 100-003-04 id into the st 18. 947 10.64 And Determined ++ free best reporting to DEVICE / WOR on the following lowers

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• EpiNurse Apps API

Positioning

Vulnerability/Protection

WASH

- Water source
- Water distribution system
- Water storage
- Toilet facilities
 Sanitation –

Food

• Food supply and calorie intake

Non-food items

 Essential items for daily living blankets, bedding lighting, heating/air-conditioning equipment

Shelter

- Status and need for temporary shelters
- Covered area

Photo



Critical issue faced on Community Monitoring

(Difficulties of People centered & bottom up approach)

- Geographic information of Tentative migration point
- Minimum Indicator for health security
- Availability of access to data
- Visualize uncountable data
- Update fluid situation
- Statistics disaggregated by characteristics relevant in community
- Ensure that no one is left behind



Capacity building: Map Reading and Map Making















Capacity building: ICT training and system (app) orientation









Community nurses, field training Clobest Leader









Local Nurses + Epidemiology for Disaster Risk Reduction

www.epinurse.org FB page: EpiNurse









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Project	Our Team	Get involved	Contact	Bog	
					-

We care universally!

MEET THE TEAM

FAC

OUR CHALLENGE

PARTNERS

Make an Appointment





Concept Analysis of Gensai/ Bosai literacy (減災/防災リテラシー) in Japan



Kanbara et al (2017)₃₉

FLOOD IN WEST JAPAN 2018



West Japan Flood, July2018









Health Needs on Flood





Day (WHO/PAHO : Short-term effects of major disasters ; Natural Disasters : Protecting the Public's Health, 2000



Who can stay? By Arrival time ? Priority? Care needs?

Daytime: A reception slip/ necessary meal (supplies) 800 people?



Vulnerability<>Resilience= Coexisting

Night : Abrasion, fatigue, anxiety Dementia wandering



Food : Nutrition balance <>Hygiene Required number << Vender Limited

Nutrition Balance >> Hygiene?

Heat Attack....



Well and clean cloth for Water outage



Heat Attack Prevention
Everyone "taking a rest", to stop emergency transportation
>>> Individual efforts of health care >> Primary health care · Public health







Mapping (difficulty)





Bottleneck of "Operation"

"I never imagine that"

"I think it is a good idea, but I can not decide"

"I can not decide, because of my first experience."

".....Because of personal information"

Disaster Risk Creation

I do not do because the neighbor do not do.

How to promote selfcare?



Access to live a healthy life In chaos disaster affected area....



Disaster Log Book

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Health Record/Medical Chart Diary Reminder of Administrative procedures Calendar of Seasonal Health problem & Consciou Telephone directory







Challenge during Disaster Research as Human Science

Design thinking Hypothesis for uncertainness

Pre-disaster data △
Pilot study ×
Disaggregated Information
Hypothesis planning
Connect to counterpart
Budgeting

Ethical considerations Implementation Reliability Validity Publication for Revitalization

減災ケア(in Japanese) Gensaicare.com

EpiNurse Epinurse.org



Caring for Disaster Risk Reduction

Care

まびケア (in Japanese) **Mabi-care.com**

減災ケアの構築

CUTE 「滅災ケア」とは、人間の安全保障を基盤とした、 「木・食糧・生活環境・健康」のセルフケアによって、 あらゆる災害に関する健康リスクを減らす活動です。 Syndrome Breas Syndrome Syn