



# Development of Disaster Nursing as Solutions to Global Issues from Japan

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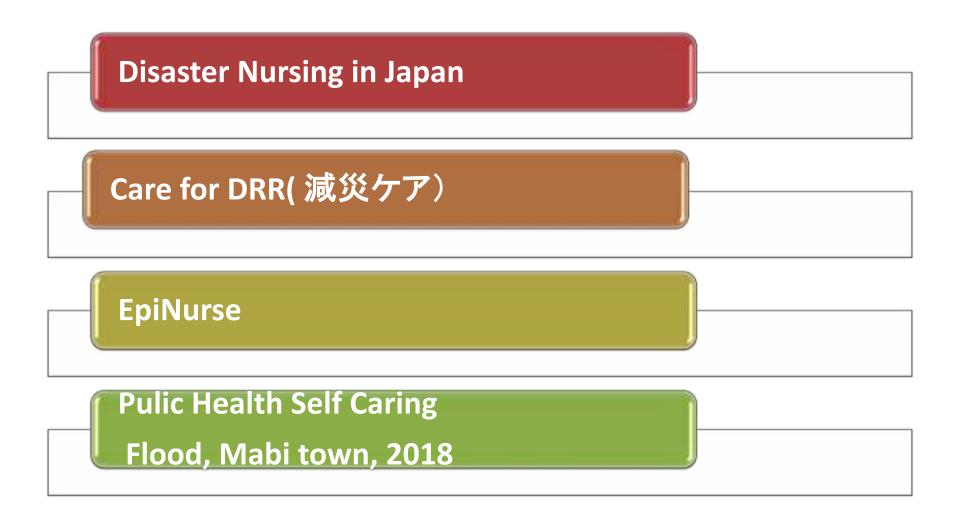












## Disaster and Nursing in Japan

#### **Characteristics of Disaster**

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

## Death Toll in Asia from Disaster

→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

1854–56 Crimean War

Many work but No report



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

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





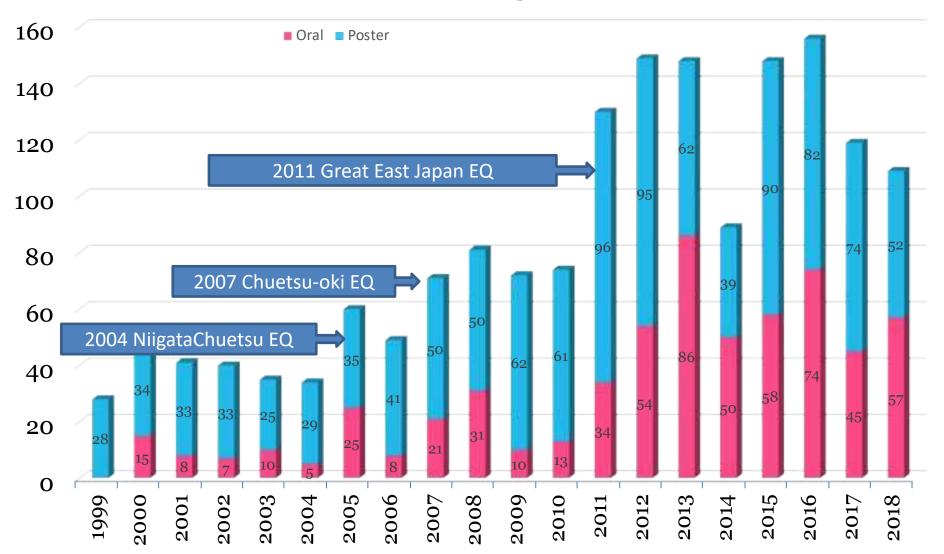
## Development of definition of disaster nursing

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.



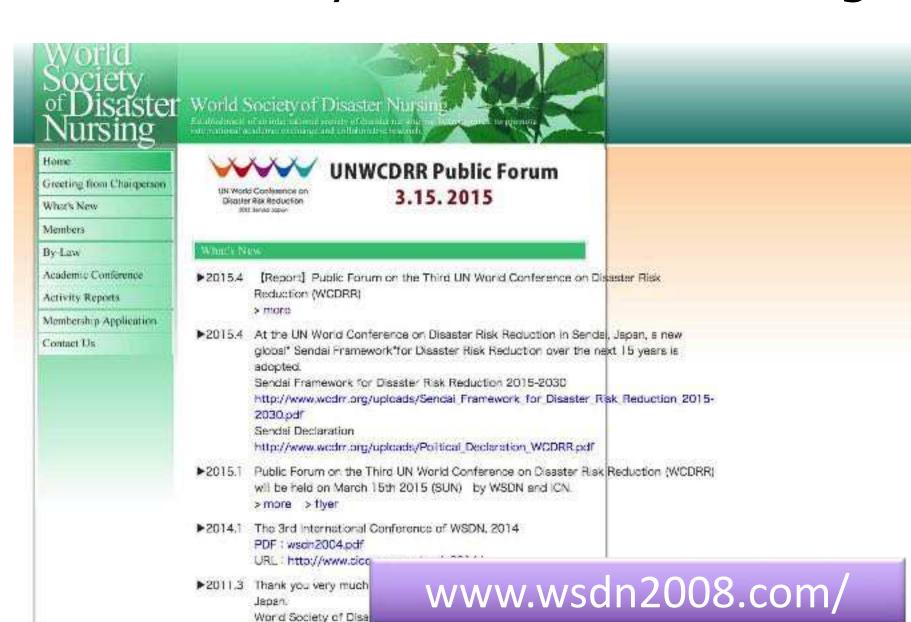


#### Number of Abstract Annual Conference of Japan Society of Disaster Nursing



(Kanbara et al., 2019)

## World Society of Disaster Nursing





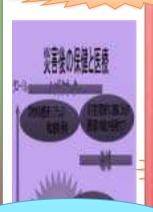
#### Health and Medical Care Needs in Disaster

#### Global

#### Headquarters

③Maintenance and reconstruction of community health and medical care system

Information/Social capital



3. Environmental risk caused by Disaster events

4 Control and mid-long term care of Adverse health influences indirectly caused by disaster

### Community

2. General medical needs

②Health management of disaster victims and evacuees

#### SHELTER

Training/Preparations



3. Care of people in need of considerations during disaster

1. Injuries and diseases caused by disaster events

Individual

Hospital

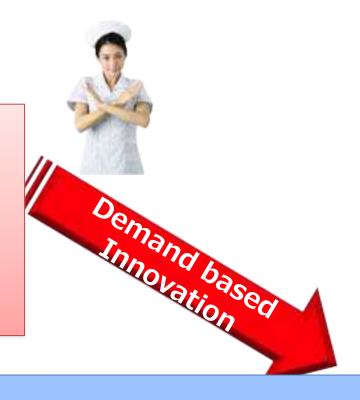
#### Research Priority by Delphi study (Kanbara, 2010)

		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	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	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	eduction of fatigue and improvement of efficiency among nurses in the disaste		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





First Application: September 9,2018

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

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Program - DI

"この学校の料 \*この学程に第

カフォローキャ #シェア 音保存 …

International





Health Emergency

Disaster Nursing

and

#### 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)

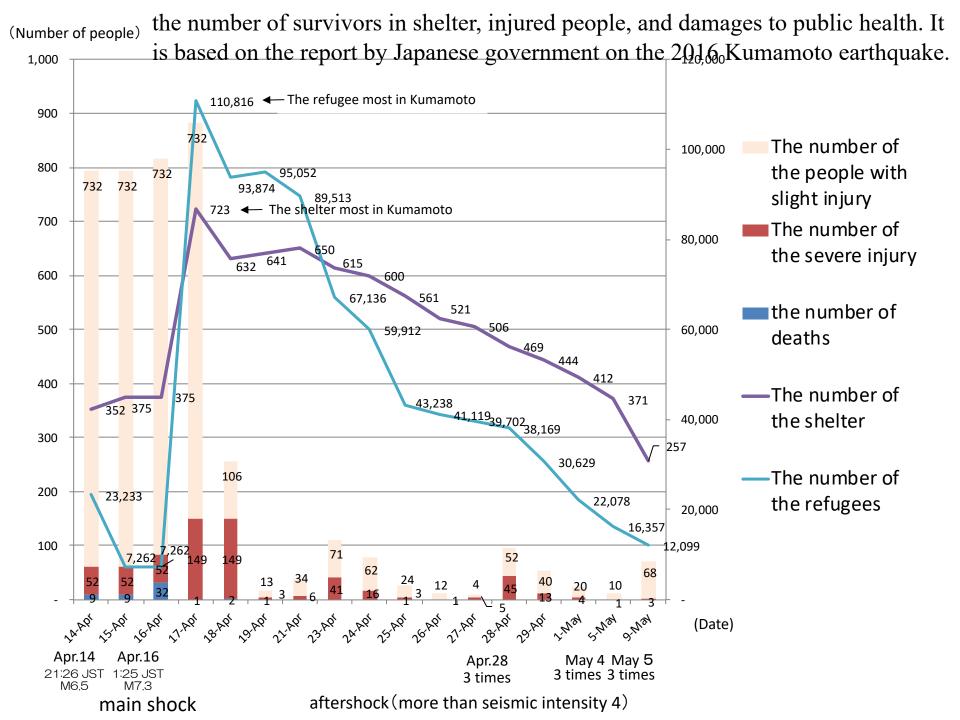
Accepts a wide range of papers

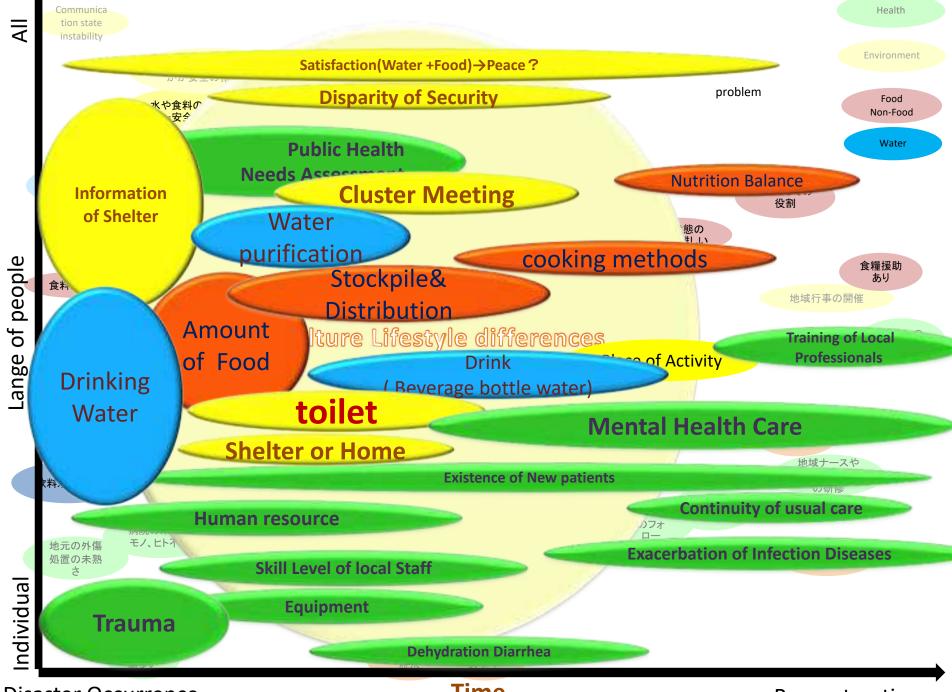
Original research (qualitative, quantitative, historical research, case studies, literature reviews etc.), activity reports, editorials, commentaries, book reviews, and videos

reviews, and videos

Next

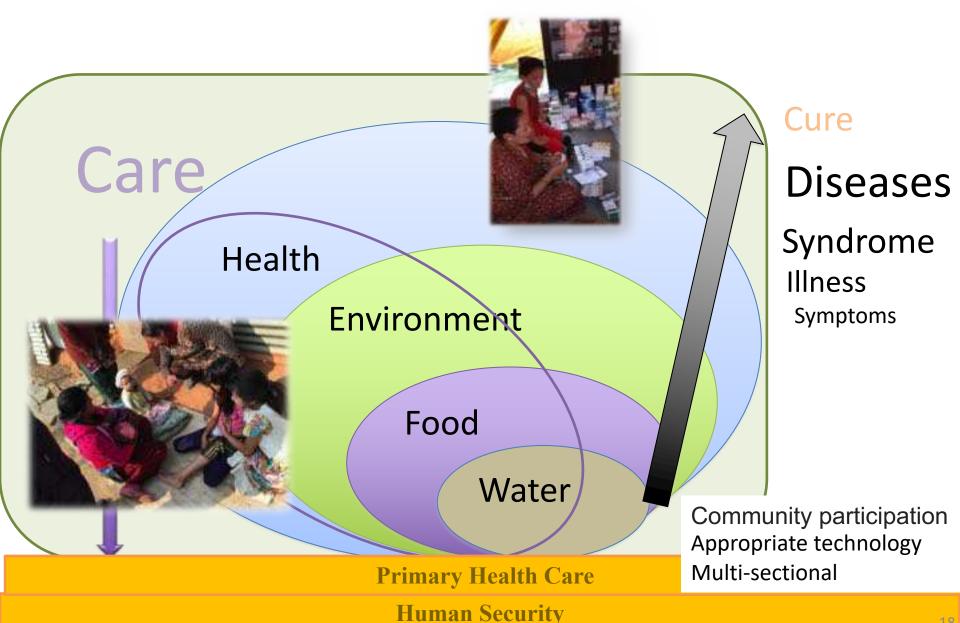
## CARING FOR DISASTER RISK REDUCTION, 減災ケア





### Paradigm of Care for DRRs "GENSAI" care

(Kanbara 2015)





#### Pathogenesis & Surveillance system



**Public Health** Center

(C) SPEED

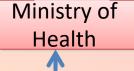
#### Example

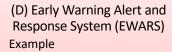
- Fever
- Cough
- · Eye irritation
- Loose stools
- Fractures
- Edema











- •Influenza Like Illness
- Severe Acute Respiratory Infection
- Diarrhoea
- Acute Bloody Diarrhoea
- Suspected cholera



**EWARS** 

病院の診断 発見



Mobile clinic

Hospital

outcome

Preparation

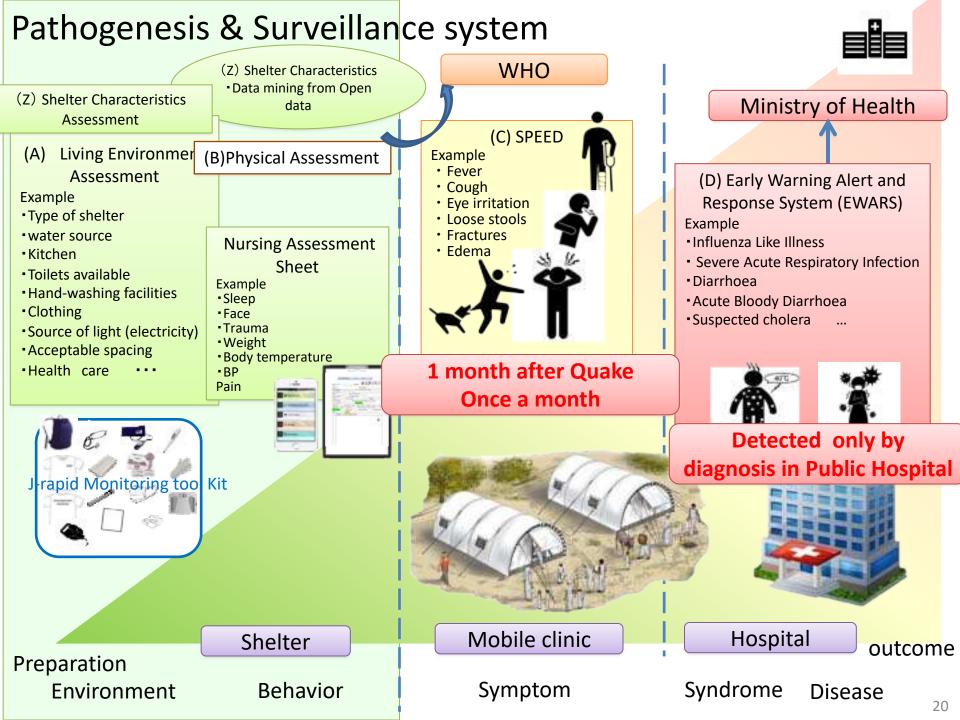
**Behavior** Environment

Shelter

Symptom

Syndrome

Disease



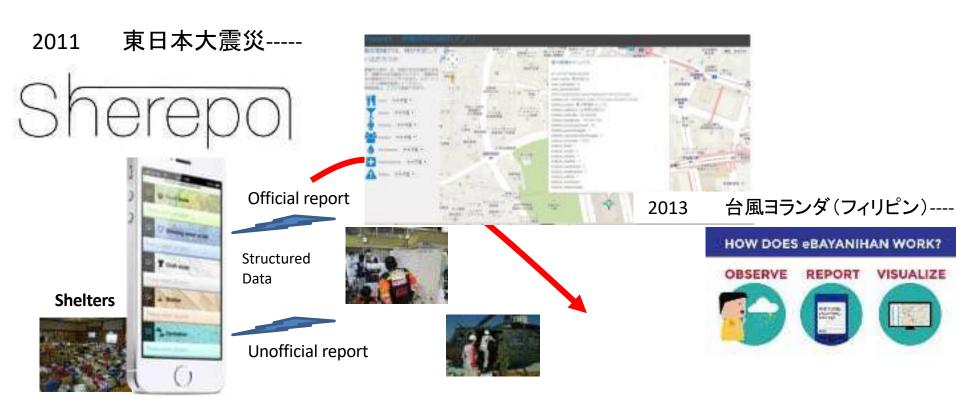
#### Spatial Information mofor Gensai Care Model Global Leader Health Emergency Hazard **D:Croud Sowrsing Mapping** Innovation **Analysis C:** Rapid Assessment tool **B:Geo Tagged Photo** Health Emergency A:Web Survey Case study Health Emergency Insight Indicatoring 予防 行動 症状 症候群 疾患 健康被害レベル

**Market Validation** 

イスラエル

**Globalization** 

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





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#### Global and Trans-disciplinary Team Work







## EpiNurs@ Project

Epidemiology + Local Nurses for Disaster Risk Reduction





## **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









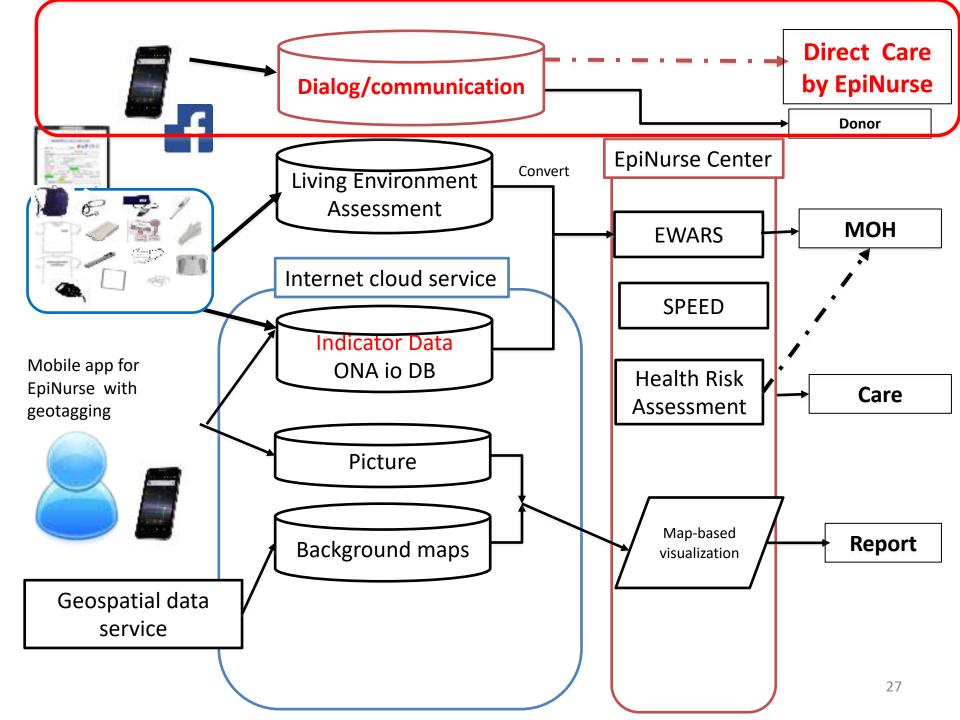




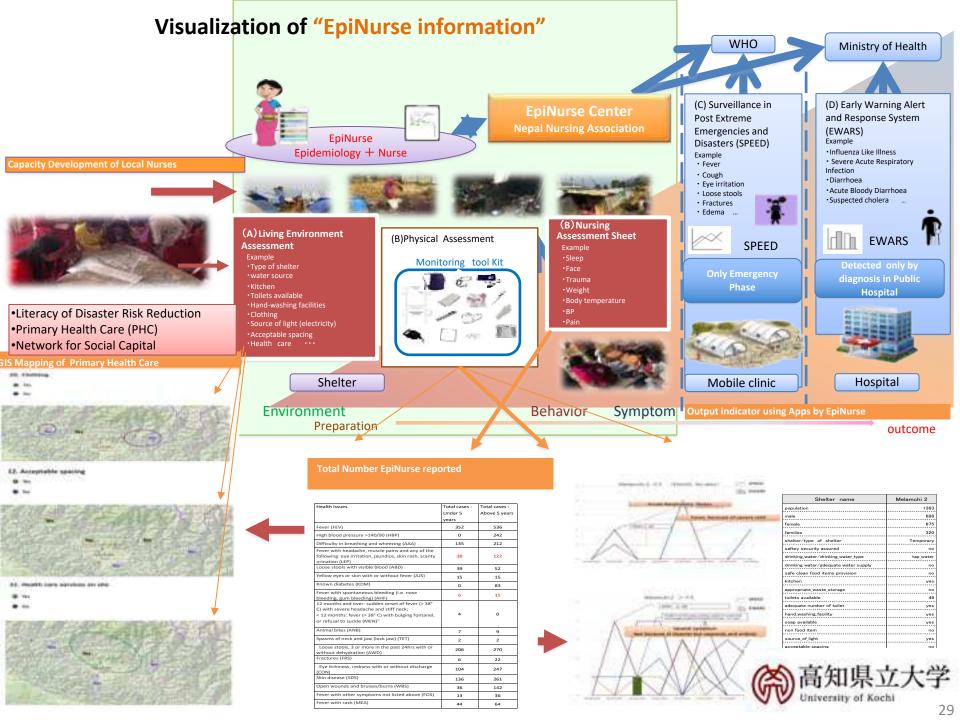
#### **Activities**

- 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** 



#### **EpiNurse works as care giver**

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



### 2017



- 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

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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

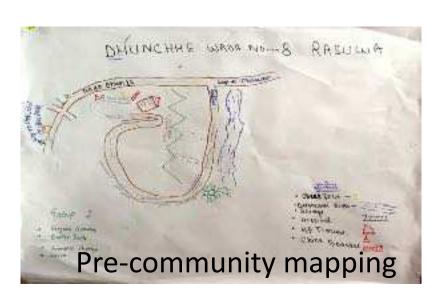
(Difficulties of People centered & bottom up approach)

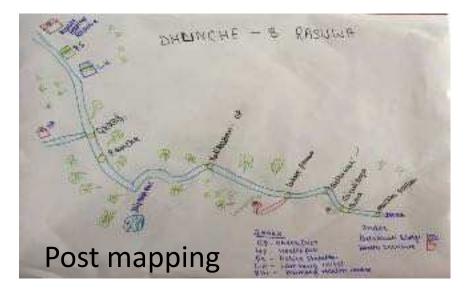
- Geographic information of Tentative migration point
- Minimum Indicator for health security
- Availability of access to data
- Visualize uncountable data
- Update fluid situation
- Statistics disaggregated by characteristics relevant in community
- Ensure that no one is left behind



## Capacity building: Map Reading and Map Making















## Capacity building: ICT training and system (app) orientation





## Community nurses, field training Global Leader Programs









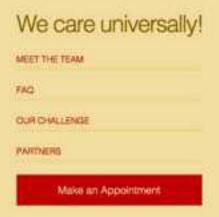


Local Nurses + Epidemiology for Disaster Risk Reduction



# www.epinurse.org FB page: EpiNurse





**EpiNurse** 

Epidemiology+ Nursing for Disaster Risk Reduction

Project

Our Team





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

# Individual characteristics

- Literacy
- · Disaster experience
- Logical thinking within the framework of recognition

### Locality

- Disasters frequently occurring in the neighborhood
- Disaster management activities in the community

### **Technology**

- · Information collection
- Evacuation
- · Risk averting behaviors
- · First aid care

### Knowledge

- Type and mechanism of disaster
- Lessons learned from the past
- Danger points and expected damages in the neighborhood
- Evacuation point
- Evacuation method
- First aid method
- · Knowledge for self-protection

#### Awareness

- · Gravity of human lives
- Daily life
- · Fear of disaster

Assistance for information sharing depending on the community (role of nursing)

# Reduction of health risks

- Appropriate actions for security
- Appropriate behaviors for health
- Contribution to mutual assistance

Minimum Caring Communication

Awareness of issues Respect for others

**Communication skills** 

**Reconciliation and resolution** 

Kanbara et al (2017)39

3

### **FLOOD IN WEST JAPAN 2018**

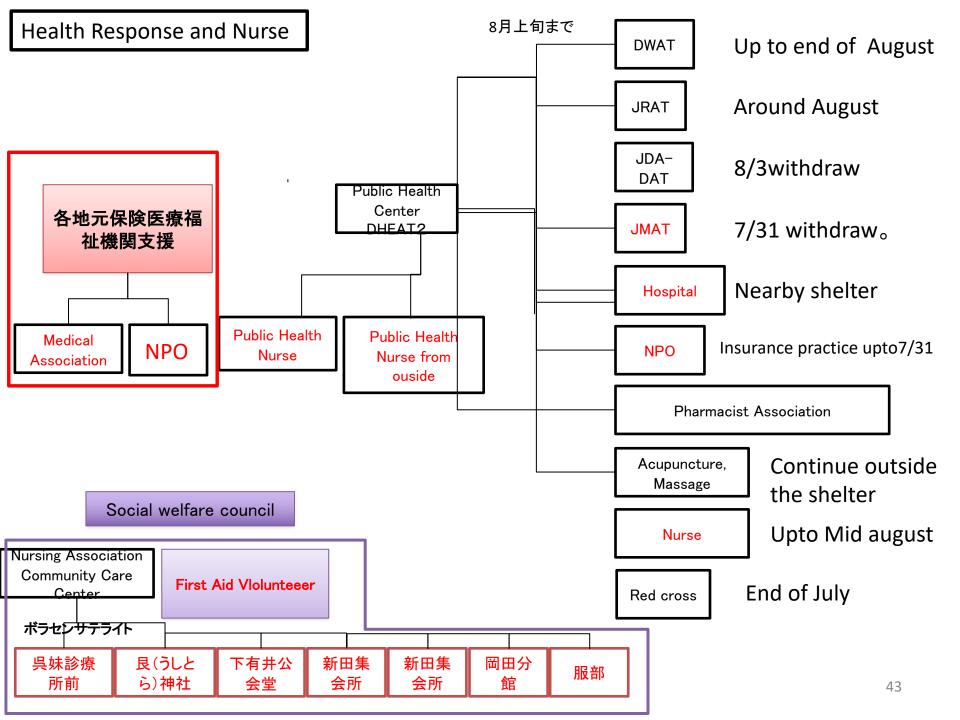




### Evening July 8th Google Map

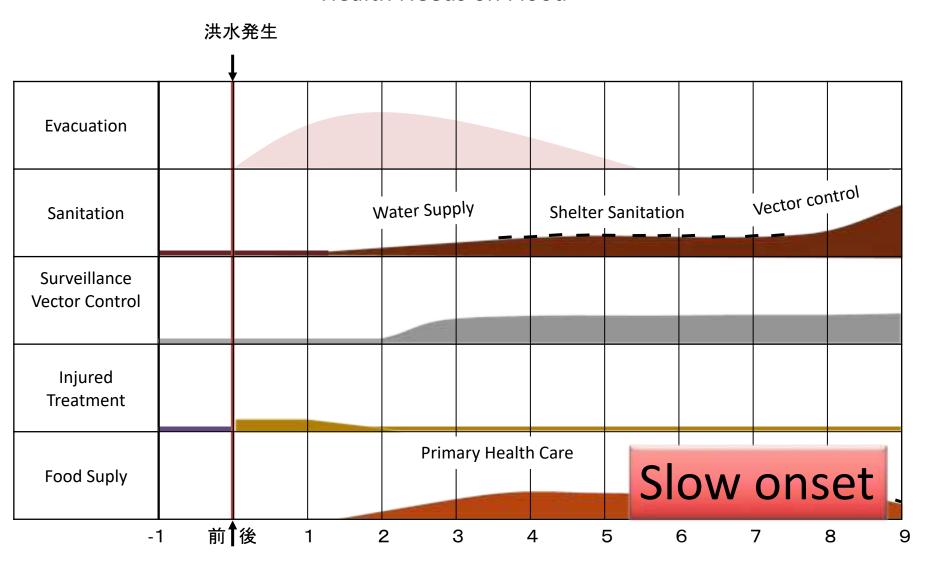
44.08km2 9006 households 22,797 (As of June 30,) Daytime temperature 37 C Water shortage Cable TV break up Passing off







#### Health Needs on Flood



Day



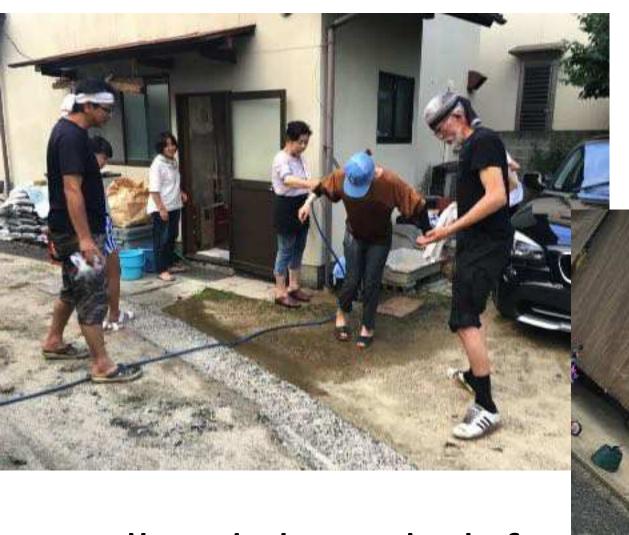


Food:

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)





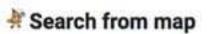
## Bottleneck of "Operation"

- "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"

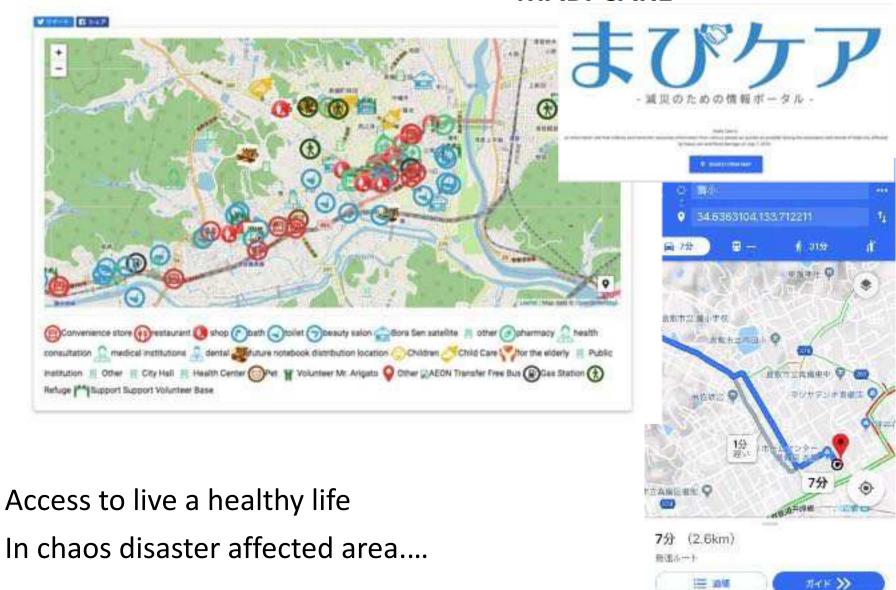
Disaster Risk Creation

I do not do because the neighbor do not do.

## How to promote selfcare?

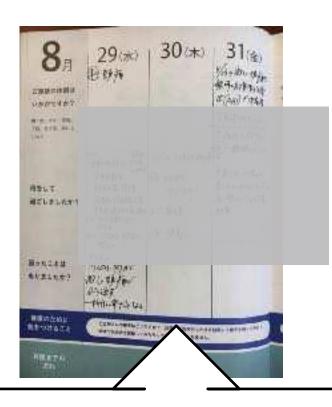


# DISASTER RECOVERY MAP MABI CARE



## Disaster Log Book

25年 | 26日 | 27月 | 28回



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

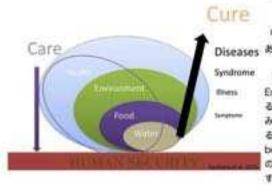
# 減災ケア(in Japanese) **Gensaicare.com**

EpiNurse **Epinurse.org** 

まびケア (in Japanese) **Mabi-care.com** 



### **Caring for Disaster Risk Reduction**



#### 減災ケアの構築

「滅災ケア」とは、人間の安全保障を基盤とした。 「水・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。

高知県立大学×災害看護では、予期せぬ「Health Emergency」(健康の緊急事態)」による医療不足あ るいは皆無を意定し、地域の産官学見が、それぞれの強 みを生かしながら、持続可能な開発目標(SDGs)が掲げ る「服も誰一人取り残さない (No one will be left behind)」ための「滅災ケア」を高知というフィールド の「リサーチステーション」と位置付けて活動していま す。