(ASEAN ARCH Project)

The Project for Strengthening
the ASEAN Regional Capacity
on Disaster Health Management

5.1 Background of the Project

Dr. Phumin Silapunt

Background

- JICA (Japan International Cooperation Agency) conducted a training course on Disaster Medicine ; 1998-2008 with 207 participants from 52 countries. **Thailand 'only',** achieves in DMAT's establishment (Disaster Medical Assistance Team), by Dr.Wiwat Seetamanotch.

3

- June 2014, the 4th ASEAN Plus Three SOMHD, in Thailand, identified Disaster Medicine as one of the priorities under the ASEAN Plus Three Cooperation.

4

- September 2014, the 12th ASEAN Health Ministers' Meeting (AHMM), in Hanoi, **Disaster Health Management** was endorsed as one of the 20 Health Priority Areas of the ASEAN Post-2015 Health Development Agenda.

- The ASEAN Health Cooperation on Disaster Health Management currently being implemented through the ASEAN-Japan Collaboration Programme on Disaster Medicine spearheaded by Thailand; NIEM, and Viet Nam.

NIEM-JICA

- A meeting in September, 2014 agreed to conduct a project on "Survey on the Current Situation of Disaster/Emergency Medicine System in the ASEAN Region" during January-March 2015
- The project is object to understand EMS and disaster medicine of AMS and analyze need and opportunities that can lead to the system development plan.

Meetings

- 1st Regional Meeting, Phuket; 11-12 December 2014
- 2nd Regional Meeting, Tokyo; 18-19 March 2015
- 3rd Regional Meeting, Bangkok; 7-9 July 2015

Survey:

- Survey on the current situation on Disaster/ Emergency Medicine System in the ASEAN Region; December 2014-March 2015


Vietnam

Thailand

Brunei


Cambodia


Indonesia


Singapore


Myanmar


Philippines


Malaysia

LaoPDR

In-country surveys

- July-August 2015, NIEM and JICA collaboratively propose The Project for Strengthening the ASEAN Regional Capacity on Disaster Health Management
- September 2015, NIEM, as a representative of Thailand, proposed the said project to 10th SOMHD, Dalat, Vietnam, and the project was perfectly **endorsed.**

10th SOMHD,
Dalat, Vietnam

11

- February 19th, 2016, Secretary-General of NIEM and Chief Representative of JICA Thailand Office signed the Record of Discussion (R/D).

12

- July 11th, 2016, NIEM had the first meeting with Japanese expert team from JICA.

- Aug 1st- 2nd, 2016, the project had meetings of Project Working Group 1 and Working Group 2, respectively.

What Thailand gets from the project.

- 1. We will play an ASEAN leader's role on EMS and Disaster Medicine
- 2. We will be a training hub on EMS and Disaster Medicine for ASEAN
- 3. A chance of being a Medical cooperation centre during disaster for AMS

What Thailand gets from the project.

- 4. Thai medical and public health personnel will be armed with knowledge and skill on disaster medicine and disaster management
- 5. Thai public health and medical sector will be better prepared and better skill to disaster response
- 6. The effected persons will receive better help and better medical treatment

Outline of the Inception Report

Joint Coordinating Committee Meeting
04 August 2016

Contents

- Overview of the Project
- Project Policy
- Project Implementation Structure
- Major Activities and Responsibilities

Overview of the Project

Chapter 1

- Period：from June 2016 to August 2019
- Executing Agency
  - National Institute for Emergency Medicine (NIEM), Thailand
- Major Concerned Agencies
  - Ministries of Health in ASEAN Member States
  - ASEAN Secretariat
    (Health Division and Disaster Management and Humanitarian Assistance Division)
  - ASEAN Coordinating Centre for Humanitarian Assistance on Disaster Management
    (AHA Centre)
- Project Purpose
  Regional coordination on disaster health management is strengthened in ASEAN.
- Outputs
  - Output 1: Coordination platform on disaster health management is set up.
  - Output 2: Framework of regional collaboration practices is developed.
  - Output 3: Tools for effective regional collaboration on disaster health management are developed.
  - Output 4: Academic network on disaster health management in AMS is enhanced.
  - Output 5: Capacity development activities for each AMS are implemented.

Major Terminology of the Project (1)

- Regional Collaboration Drill
  - A joint exercise to pilot draft collaboration tools and identify challenges and issues to strengthen regional collaboration
  - “Regional drill” in Activity 2-1 and Inputs, as well as “Joint regional drill” in Activity 2-2 and Inputs shall be the same meaning.
- Emergency Medical Team (EMT)
  - A group of health professionals (doctors, nurses, paramedics etc.) that treat patients affected by an emergency or disaster.
  - “Disaster medical team” in Objectively Verifiable Indicator (OVI) 2-3, “medical team” in OVI 3-4, and “medical assistance teams” in Activity 3-3 shall be the same meaning.

Major Terminology of the Project (2)

- Regional Collaboration Tools
  - The following tools to be drafted under the Project
    - SOP for regional collaboration in disaster health management
    - Minimum requirements of EMT members
    - Framework of health needs assessment in the initial stage of disaster response
  - Database of EMTs and members

Schedule of the Major Activities (Tentative)

	2016	2017	2018	2019
Regional Coordination Meeting (RCM)	Sep.	Jul.	Mar. and Oct.	Mar. and Aug*
Regional Collaboration Drill	-	Jan.** and Jul.	Mar. and Oct.	-
PWG1 Meeting	-	Jan., Jul. and Sep.	Mar., Jun. and Oct	-
PWG2 Meeting	-	Jan., and Jul.	Mar.	-
Training for AMS	-	May. and Nov.	May and Jul.	-
Study Tour in Japan	-	Oct.	-	-
Training in Japan (Thai C/P)	-	Feb.	Feb.	-
Academic Conference	Nov.	Feb. and Apr.	Feb. and Sep.	-
Monitoring Survey	-	-	Oct.	-

*Final Seminar **Start-up Drill

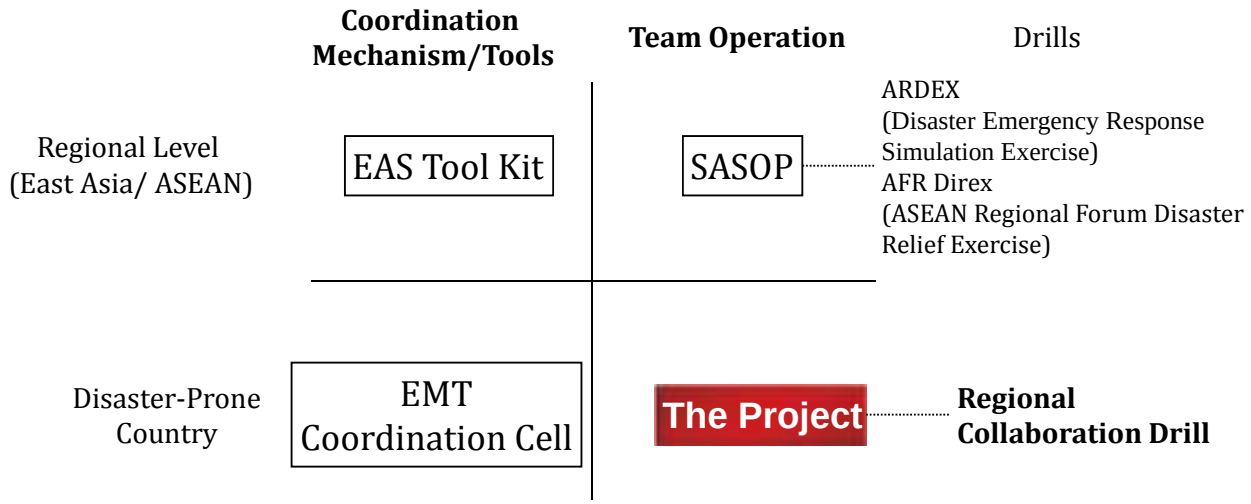
Project Policy

Project Outputs	Policies
1. A Coordination Platform	1. Practical experiences (Regional Collaboration Drill) and continuous improvement by PDCA 2. Careful consideration on strengthen and weakness of each country in drill design 3. Careful consideration on discussions among stakeholders and international/regional context
2. A Framework of Regional Collaboration	
3. Regional Collaboration Tools	
4. Networks among Key Persons in Disaster Health Management	4. Encouraging relevant discussions and strengthening the network through academic conference
5. Capacity Development Activities	5. Capacity development for the next step

Project Policy 1: PDCA Cycle

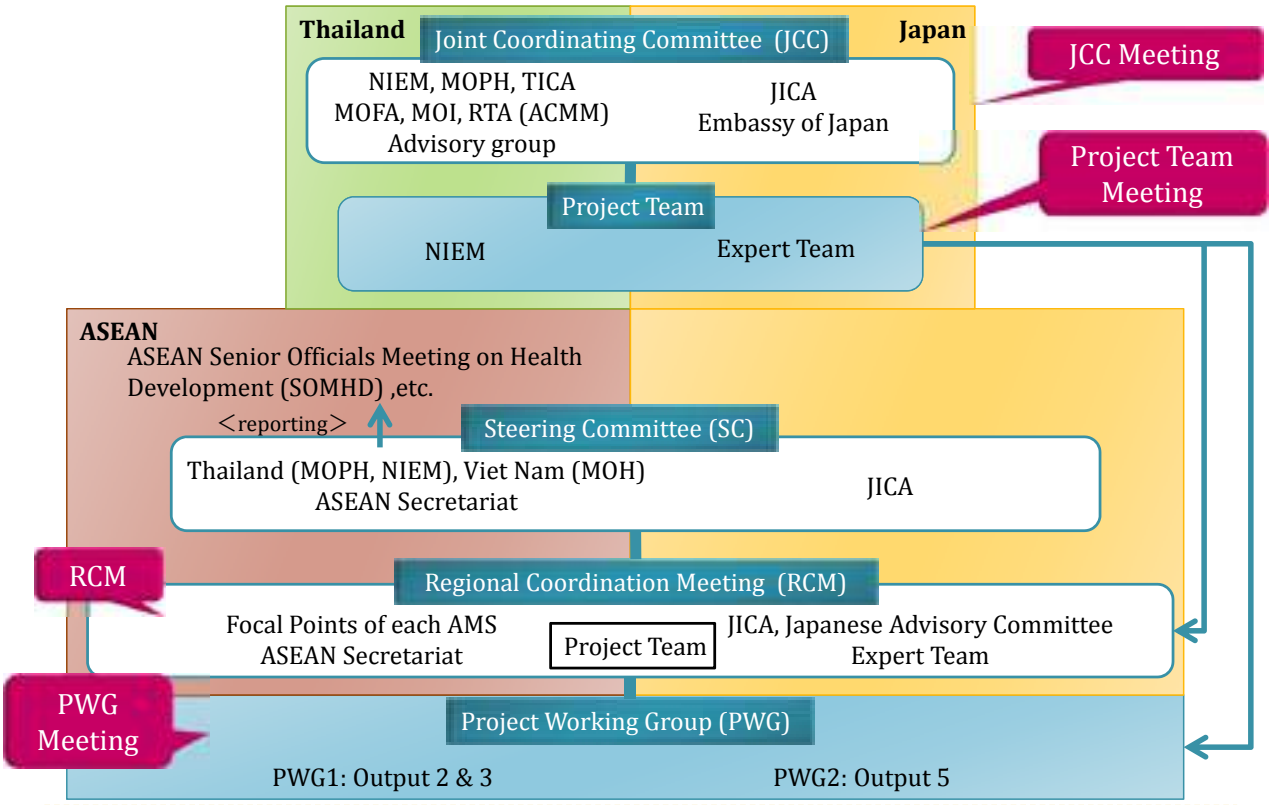
Project Policy 2 and 3: Consideration on regional context

Figure 2-4



Implementing Structure

Chapter 4 and Table 3-1



Project Team

Project Director: Director General, NIEM

Project Manager: Deputy Director General, NIEM	Team Leader, JICA Expert Team
Project Team Members	
• A Coordination Platform • A Framework of Regional Collaboration • Regional Coordination Tools • Networks among Key Persons • Capacity Development Activities	• Disaster Health Management • Capacity Development Planning (1) • Regional Collaboration Tools (1) • Regional Collaboration Tools (2) • Capacity Development Planning (2) • Regional Collaboration Drills • Project Coordinator

Major Activities and Responsibilities of Project Team Members

Section 4.2

Project Outputs	Major Activities		Main Responsibility		
			Japan		Thai
1. A Coordination Platform	Regional Coordination Meeting		Ms. Nagai, Mr. Senda		Dr. Phumin Ms. Sansana
2. A Framework of Regional Collaboration	Regional Collaboration Drill	PWG1	Dr. Nakajima, Ms. Tani, Mr. Senda		Dr. Phumin Dr. Salawoot Dr. Prasit
3. Regional Coordination Tools	Drafts of SOP and Needs Assessment Framework, Database		Ms. Yamada, Ms. Kashiba, Ms. Wakabayashi		Dr. Prasit Ms. Kittima
4. Networks among Key Persons	Academic conferences		Dr. Nakajima		Dr. Wiwat Ms. Pornthida
5. Capacity Development Activities	Trainings for AMS	PWG2	Ms. Sato	Mr. Senda	Dr. Narain Ms. Nawanan
	Study tour in Japan			Dr. Nakajima, Ms. Wakabayashi	
	Training in Japan for Thai C/P				
Overview			**Nagai**		**Dr. Phumin**

Principle of Communication Flow

Regional Coordination Meeting (RCM)

Table 3-2

- Participants
  - Two representatives from each AMS
    - Responsible personnel or senior officer for mobilization, dispatch and management of the emergency medical teams
    - Responsible personnel for policy or a major education institution for human resource development on disaster health management
    - It is preferable that at least one of the participants be able to communicate in English.
  - ASEAN Secretariat and AHA Centre
  - JICA, Japanese Advisory Committee
  - Project Team
- Agenda
  - Progress and accomplishments of the project activities
  - Summary/ Preparation of the Joint Regional Drill
  - Draft tools of regional collaboration
  - Challenges and recommendations for strengthening the regional collaboration

Project Working Group 1

Table 3-9

- Participants
  - Two representatives from each AMS
    - Responsible personnel or senior officer for mobilization, dispatch and management of the emergency medical teams
    - It is preferable that at least one of the participants be able to communicate in English.
  - JICA, Japanese Advisory Committee
- Major agenda
  - Drafting and reviewing the regional collaboration tools
  - Designing, planning and conducting the Joint Regional Drill
- Deliverables
  - SOP on coordination in disaster heath management (draft)
  - Minimum requirements for health professionals in the emergency medical team (draft)
  - Database of the medical team of the ASEAN countries
  - Health needs assessment framework at the time of the disaster (draft)

Project Working Group 2

Table 3-13 and Figure 3-4

- Participants
  - Two representatives from each AMS
    - Responsible personnel for policy or a major education institution for human resource development in disaster health management
    - It is preferable that at least one of the participants be able to communicate in English.
  - JICA, Japanese Advisory Committee
- Major Agenda
  - Planning, conducting and reviewing of the training for AMS
  - Recommendations and suggestions for the study tour in Japan
- Deliverables
  - Training plan, curriculum/module/program for each training topic, and training materials
  - Training report
- Proposed training topics and possible resources
  - Table 3-14 and 3-15

Participants from AMS (Proposal)

Personnel / Activity		RCM	PWG 1	PWG 2	Drill
Mr./Ms. A	Person in charge of policy (manager)	1	1		1
Mr./Ms. B	- ditto- (senior/official)		1		(1)
Mr./Ms. C	Person in charge of human resource development (manager)	1		1	
Mr./Ms. D	- ditto- (senior/official)			1	
Drill Team	Medical personnel				4

Actual Itinerary for each personnel (proposed)

Day	Activity	Personnel				
		Mr./Ms. A	Mr./Ms. B	Mr./Ms. C	Mr./Ms. D	Drill Team
1	(travel)	travel				
2	Regional Collaboration Drill	participation				
3						
4						
5	PWG 1 and 2	1	1	2	2	
6	RCM					
7	(travel)					

Deliverables of the Project

Reports	Timeline	Contents
Inception Report (IC/R)	July 2016	• Overview, methodology, and implementation structure of the Project • Work flow and plan of activities • Project Design Matrix (PDM) and Plan of Operation (PO)
Progress Report (P/R) 1, 2, and 3	1 month before RCM	• Progress and achievements • Challenges and issues • Lessons learned and recommendations • Plan of next operation • All versions of PDM and PO • Work flow • Records of activities • Minutes of meetings • Deliverables
Draft of Final Report (DF/R)	May 2019	• Same contents of P/R • Recommendations towards the overall goal and next steps
Final Report (F/R)	July 2019	
Monitoring Sheet	Bi-annually	• (JICA format)

Annual Work Plan

JICA ARCH

Annual Target: June 2016 – September 2017 (1)

Project Purpose		
Regional coordination on disaster health management is strengthened in ASEAN.		
Project Outputs	**Objectively Verifiable Indicators**	**Annual Target**
1. A Coordination Platform	1-1 Number of regional coordination meeting during the Project (Target: at least once a year) 1-2 Clarification of focal point of each AMS 1-3 Agreement of set-up of regional coordination platform on disaster health management in ASEAN	1-1 Twice (Sep. 2016 and Jul 2017) 1-2 Focal point of each AMS is appointed 1-3 Concept of the regional platform is discussed in the Regional Coordination Meeting (RCM)
2. A Framework of Regional Collaboration	2-1 Regional collaboration drill is conducted. (once/year) 2-2 Recommendations/lesson learned for regional collaboration drills are concluded . 2-3 Mechanism of regional collaboration of disaster medical team in disaster affected area is clarified.	2-1 Start-up (Jan. 2017) Once (Jul 2017) 2-2 Recommendations and lessons learned are drawn from the regional collaboration drill. 2-3 (not yet)

Annual Target: June 2016 – September 2017 (2)

Project Outputs	Objectively Verifiable Indicators	Annual Target
3. Regional Coordination Tools	3-1 Standard operation procedure (SOP) 3-2 Minimum requirement for disaster health management workers 3-3 Framework of health needs assessment in emergencies 3-4 Preparation of database of medical teams in ASEAN	3-1 Version 0 3-2 Version 0 3-3 Version 1 3-4 Version 1
4. Networks among Key Persons	4-1 Number of presentation(s) made at academic conference(s) (Target: at least 1 paper/year)	4-1 Three (APCDM, WADEM, JADM)
5. Capacity Development Activities	5-1 Number of trainings (Target: ** courses) 5-2 Number of participants to attend to the training courses (Target: ** pax) 5-3 Lessons from training courses was utilized in each AMS	5-1 One training program (May 2017) 5-2 38 participants 5-3 (not yet)

Annual Work Plan: July 2016 - September 2017

Project Outputs	Activities	Timeline
1. A Coordination Platform	• RCM	29 and 30, Sep. 2016
2. A Framework of Regional Collaboration	• Start-up Drill • Regional Collaboration Drill	3rd week of Jan. 2017 July 2017
3. Regional Coordination Tools	• PWG1 meeting • Drafting of SOP and minimum requirement (ver. 0) • Drafting of the framework of health needs assessment in emergencies • Development of database (ver. 1)	Jan. and Jul. 2017 Jul. 2017 Sep. 2017 Jul. 2017
4. Networks among Key Persons	• APCDM • JADM • WADEM	07 Nov. 2016 Feb. 2017 Apr. 2017
5. Capacity Development Activities	• PWG2 meeting • Training for AMS	Jan. 2017 May 2017
Project Management	• Meeting with ASEC and AHA Centre • JCC	Aug. 2016, *Apr. and Aug. 2017 (tentative)* Aug. 2016 and Jul. 2017

Thank you!!

Project for Strengthening
the ASEAN Regional Capacity
on Disaster Health Management

(ASEAN ARCH Project)

Joint Coordination Committee Meeting
04 August 2016

5.3 Major Activities to Initiate the Project

Overview of the Project

- **Period**

  :from June 2016 to August 2019

- **Project purpose**

  :Regional coordination on disaster health management is strengthened in ASEAN.

Overview of the Project

- **Executing Agency**
  - National Institute of Emergency Medicine (NIEM), Thailand
- **Major Concerned Agencies**
  - Ministries of Health in ASEAN Member States
  - ASEAN Secretariat
    (Health Division and Disaster Management and Humanitarian Assistance Division)
  - ASEAN Coordinating Centre for Humanitarian Assistance on Disaster Management (AHA Centre)

Overview of the Project

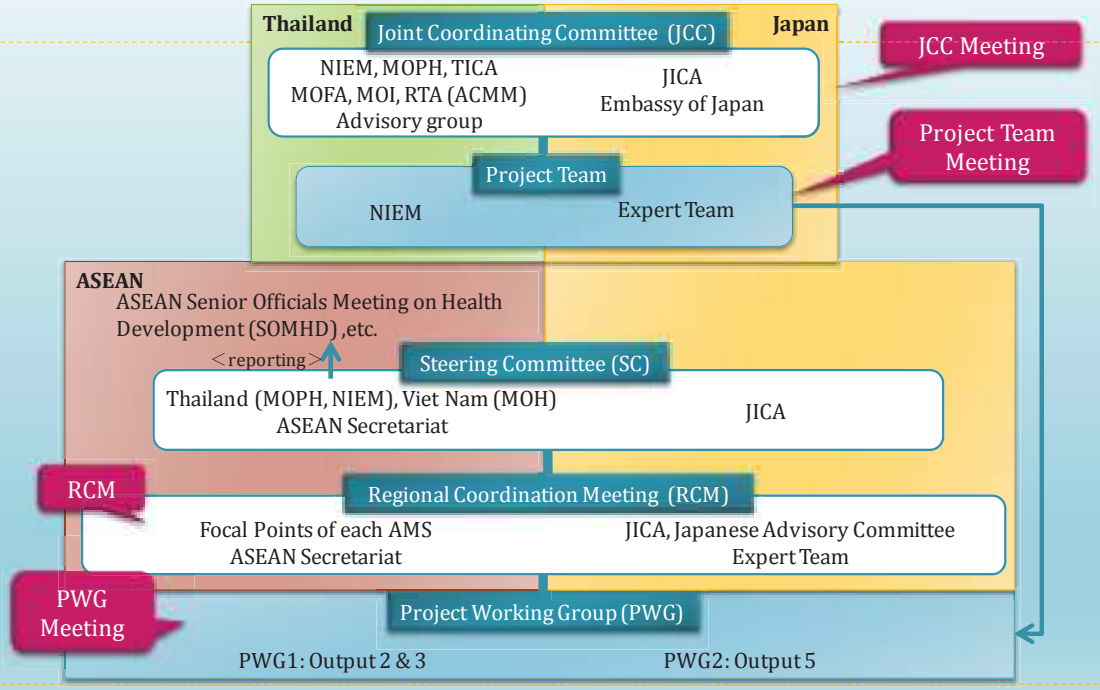
- **Outputs**
  - Output 1: Coordination platform on disaster health management is set up.
  - Output 2: Framework of regional collaboration practices is developed.
  - Output 3: Tools for effective regional collaboration on disaster health management are developed.
  - Output 4: Academic network on disaster health management in AMS is enhanced.
  - Output 5: Capacity development activities for each AMS are implemented.

Output 3

- **Regional Collaboration Tools**
  - The following tools to be drafted under the Project
    - SOP for regional collaboration in disaster health management
    - Minimum requirements of EMT members
    - Framework of health needs assessment in the initial stage of disaster response
  - Database of EMTs and members

Implementing Structure

Chapter 4 and Table 3-1



Joint coordinating committee

Chairperson and Members

(1) Chairperson

Secretary General, National Institute for Emergency Medicine (NIEM)

(2)Members

The Thai side

(a) Ministry of Public Health (MOPH) Thailand

(b) National Institute for Emergency Medicine (NIEM)

(c) Thailand International Cooperation Agency (TICA)

The Japanese side

(a) JICA Thailand Office

(b) JICA Expert Team

(c) Embassy of Japan in Thailand (Observer)

The chair person and the Chief Representative of JICA Thailand Office may invite necessary representative(s) of relevant organization(s) other than described above.

Joint coordinating committee

Function

The Joint Coordinating Committee (JCC) will be established in order to facilitate inter-organizational coordination. JCC will be held at least once a year and whenever deems it necessary in order to fulfill the following

(1) Approving an annual work plan,
(2) Reviewing overall progress,
(3) Conducting evaluation of the Project, and
(4) Exchange opinions on major issues that arise during the implementation of the Project

Steering committee

- **Members**
- (a) Representative of Leading Countries on Disaster Health Management
- (b) National Institute for Emergency Medicine (NIEM), Thailand
- (c) ASEAN Secretariat
- (d) JICA

Steering committee

Function

The Project Steering Committee (PSC) will be established in order to facilitate coordination among AMS and ASEAN secretariat. PSC will be held at least once a year and whenever deems it necessary in order to fulfill the following functions:

(1) Exchange opinions on major issues related ASEAN regional collaboration on Disaster Health Management that arise during the implementation of the Project, and
(2) Report the progress and output to ASEAN SOMHD

Project Team

Japan side

1. Leader
2. Specialist in Medical System
3. Specialist in Disaster
4. Medicine/Emergency Medicine
5. Specialist in Planning/organizing regional collaboration drill
6. Specialist in Planning/organizing trainings
7. Project coordinator
8. Others, if necessary

Thai side

1. Project director
2. Project manager
3. Officers in charge (counterparts)
4. Secretary at the project office
5. Others , if necessary

Regional Coordination Meeting (RCM)

Table 3-2

- Participants
  - Two representatives from each AMS
    - Responsible personnel or senior officer for mobilization, dispatch and management of the emergency medical teams
    - Responsible personnel for policy or a major education institution for human resource development on disaster health management
    - It is preferable that at least one of the participants be able to communicate in English.
  - ASEAN Secretariat and AHA Centre
  - JICA, Japanese Advisory Committee
  - Project Team

Regional Coordination Meeting (RCM)

Table 3-2

- Agenda
  - Progress and accomplishments of the project activities
  - Summary/ Preparation of the Joint Regional Drill
  - Draft tools of regional collaboration
  - Challenges and recommendations for strengthening the regional collaboration

Regional Coordination Meeting (RCM)

- Thai representative(To be members of RCM)
  1.
  2.

Project Working Group 1 Table 3-9

- **Participants**
  - Two representatives from each AMS
    - Responsible personnel or senior officer for mobilization, dispatch and management of the emergency medical teams
    - It is preferable that at least one of the participants be able to communicate in English.
  - JICA, Japanese Advisory Committee
- **Major agenda**
  - Drafting and reviewing the regional collaboration tools
  - Designing, planning and conducting the Joint Regional Drill
- **Deliverables**
  - SOP on coordination in disaster heath management (draft)
  - Minimum requirements for health professionals in the emergency medical team (draft)
  - Database of the medical team of the ASEAN countries
  - Health needs assessment framework at the time of the disaster (draft)

PWG1 (the regional collaboration tools & the Joint Regional Drill)

- Thai representative(To be members of PWG1)
  1.
  2.
- Thai expert team(To prepare PWG1 meeting)
  1.
  2.
  3.
  -
  -
  -

Project Working Group 2

Table 3-13 and Figure 3-4

- **Participants**
  - Two representatives from each AMS
    - Responsible personnel for policy or a major education institution for human resource development in disaster health management
    - It is preferable that at least one of the participants be able to communicate in English.
  - JICA, Japanese Advisory Committee
- **Major Agenda**
  - Planning, conducting and reviewing of the training for AMS
  - Recommendations and suggestions for the study tour in Japan
- **Deliverables**
  - Training plan, curriculum/module/program for each training topic, and training materials
  - Training report
- **Proposed training topics and possible resources**
  - Table 3-14 and 3-15

PWG2 (the training for AMS)

- Thai representative(To be members of PWG2)
  1.
  2.
- Thai expert team(To prepare PWG2 meeting)
  1.
  2.
  3.
  -
  -
  -

Schedule of the Major Activities (Tentative)

	2016	2017	2018	2019
Regional Coordination Meeting (RCM)	Sep.	Jul.	Mar. and Oct.	Mar. and Aug*
Regional Collaboration Drill	-	Jan.** and Jul.	Mar. and Oct.	-
PWG1 Meeting	-	Jan., Jul. and Sep.	Mar., Jun. and Oct	-
PWG2 Meeting	-	Jan., and Jul.	Mar.	-
Training for AMS	-	Sep. and Nov.	May and Jul.	-
Study Tour in Japan	-	Oct.	-	-
Training in Japan (Thai C/P)	-	Feb.	Feb.	-
Academic Conference	Nov.	Feb. and Apr.	Feb. and Sep.	-
Monitoring Survey	-	-	Oct.	-

*Final Seminar **Start-up Drill

Project Design Matrix (PDM): PROJECT FOR STRENGTHENING THE ASEAN REGIONAL CAPACITY ON DISASTER HEALTH MANAGEMENT

Version 1
as of 14 Oct, 2015

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumption
Overall Goal ASEAN and Japan collaboration mechanism on disaster health management is developed.	1. Roadmap of ASEAN regional collaboration mechanism on disaster health management is finalized and proposed to SOMHD. 2. Hub organization in-charge of coordination of ASEAN and Japan collaboration mechanism is identified, and its role is clarified. 3. Necessary staff and budget of hub organization of ASEAN and Japan collaboration mechanism are proposed. 4. Activities based on ASEAN and Japan collaboration mechanism works if large scale disaster occurs.	1 Monitoring/review survey report 2 Agreement documents in ASEAN SOMHD 3 Summary of related meetings/ conferences (SOMHD or Summit etc)	
Project Purpose Regional coordination on disaster health management is strengthened in ASEAN.	1 Coordination meetings on disaster health management in ASEAN are held at regular basis. 2 Activities needed for regional collaboration are clarified and approved in the coordination meeting. 3 Recommendations for developing regional collaboration mechanism in disaster health management is proposed to SOMHD. 4 Regional collaboration tools are developed and approved in the coordination meeting.	1 Agreement and/or summary of coordination meeting	1 Policy of ASEAN on disaster health management is not changed. 2 Commitment from AMS is assured. 3 Serious political problem will not happen among ASEAN.
Output			
Output 1 Coordination platform on disaster health management is set up.	1-1 Number of regional coordination meeting during the Project (Target: at least once a year) 1-2 Clarification of focal point of each AMS 1-3 Agreement of set-up of regional coordination platform on disaster health management in ASEAN	1-1 and 1-3 Records of coordination meetings 1-2 List of focal points ~~person~~	1 Commitment of AMS for is assured.
Output 2 Framework of regional collaboration practices is developed.	2-1 Regional collaboration drill is conducted. (basically, once a year) 2-2 Recommendations/lessons learned for the regional collaboration drills are concluded . 2-3 Mechanism of regional collaboration ~~of~~ among ~~disaster~~ emergency medical teams in disaster affected area is clarified.	2-1 Records of the regional collboration drills ~~Project Working Group report~~ 2-2 Monitoring/review survey report 2-3 Draft regional agreement of the regional collaboration on disaster health management	
Output 3 Tools for effective regional collaboration on disaster health management are developed.	3-1 Standard ~~operation~~ Operating Procedure (SOP) (draft) 3-2 Minimum requirements for disaster health management ~~workers~~ personnel (draft) 3-3 Framework of health needs assessment in emergencies (draft) 3-4 Preparation of database of emergency medical teams in ASEAN	3-1, 3-2, 3-3, and 3-4 Regional collaboration tools such as SOP, minimum requirement, framework of health needs assessment, database ~~3-2~~ Records of coordination meetings ~~3-3~~ Monitoring/review survey report	
Output 4 Academic network on disaster health management in AMS is enhanced.	4-1 Number of presentation(s) made at academic conference(s) (Target: at least 1 paper/year)	4-1 Academic conference/journal such as JADM, APCDM, and WADEM ~~4-2~~ Monitoring report	
Output 5 Capacity development activities for each AMS are implemented.	5-1 Number of trainings (Target: ~~**~~ 4 courses) 5-2 Number of participants to attend to the training courses (Target: ~~**~~ 150 pax) 5-3 Lessons learned from the training courses was utilized in each AMS	5-1 and 5-3 Training report(s) 5-2 Monitoring/review survey report	

Activities	Inputs		
1-1 Regional coordination meetings ~~and workshops~~ are organized every year to share the progress and discuss the direction of the Project. 2-1 Develop and prepare the program of the regional collaboration drill with project working group 2-2 Conduct ~~Joint~~ the regional collaboration drill every year in AMS 2-3 Compile recommendations on regional collaboration on disaster health management based on the discussion and knowledge sharing through project activities 2-4 On site practice is conducted when disaster occurs in ASEAN (if possible). 3-1 Formulate project working groups for regional collaboration tools at the beginning of the project 3-2 Develop a draft regional SOP and minimum requirements for disaster health management with the project working group 3-3 Prepare databases of emergency medical ~~assistance~~ teams of AMS 3-4 Draft framework of health needs assessment in emergencies with the project working group 4-1 Present outcomes of the Project activities at academic conferences such as JADM, APCDM and WADEM 5-1 Prepare training plan, curriculum and materials on disaster health management and emergency medical system based on needs survey with the project working group 5-2 Conduct trainings on disaster health management and emergency medical service ~~system~~ for AMS 5-3 Conduct monitoring survey and evaluation on capacity development on disaster health management in each AMS 5-4 Conduct ~~visiting program~~ a study tour in Japan for AMS 5-5 Conduct training program in Japan for the Thai counterpart personnel	Japanese side 【Experts】 (1)Expert Consultant team (a) Dispatch of Experts 1.Leader 2.Specialist in medical system 3.Specialist in disaster health management/emergency medicine 4.Specialist in planning/organizing regional collaboration drill 5.Specialist in planning/organizing trainings 6.Project coordinator 7.Others, if necessay (b) Provision of necessary equipment (if necessary) (2)Japanese Advisory Committee 1.Provide advice and technical support to JICA on the project management. 2.Join the ~~WG~~ project working groups 3.Participate ~~to~~ in the regional collaboration drills 4.Conduct advisory survey 【Local cost】 1.Expense mutually agreed upon as necessary	Thailand side 【Counterpart Personnel】 1.Project Director 2.Project Manager 3.Officer(s) in charge 4.Secretary at the project office 【Facilities and Equipment】 1.Project office space for JICA experts 2.Facilities and equipment necessary for trainings/regional drills 3.Equipment mutually agreed upon as necessary 【Available data and information related to project】 【Local cost】 1.Expense mutually agreed upon as necessary	

Plan of Operation

Project Title : PROJECT FOR STRENGTHENING THE ASEAN REGIONAL CAPACITY ON DISASTER HEALTH MANAGEMENT

Overall Goal	ASEAN and Japan collaboration mechanism on disaster health management is developed.
Project Purpose	Regional coordination on disaster health management is strengthened in ASEAN.
Duration of the Project	3 years

Ver. 1

(04 August 2016)

Schedule		2016							2017											2018											2019								
		6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9
Outputs	**Activities**																																								
1. Coordination platform on disaster health management is set up.	1-1 Regional coordination meetings ~~and workshops~~ are organized every year to share the progress and discuss the direction of the Project.				■										■								■												■						
2. Framework of regional collaboration practices is developed.	2-1 Develop and prepare the program of the regional collaboration drill with project working group			▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬										
	2-2 Conduct ~~Joint~~ the regional collaboration drill every year in AMS								■S.U						■								■							■										
	2-3 Compile recommendations on regional collaboration on disaster health management based on the discussion and knowledge sharing through project activities								▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	
	2-4 On site practice is conducted when disaster occurs in ASEAN (if possible).								▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	
3. Tools for effective regional collaboration on disaster health management are developed.	3-1 Formulate project working groups for regional collaboration tools at the beginning of the project				▬																																		
	3-2 Develop a draft regional SOP and minimum requirements for disaster health management with the project working group					▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬								
	3-3 Prepare databases of emergency medical ~~assistance~~ teams of AMS								▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬							
	3-4 Draft framework of health needs assessment in emergencies with the project working group									▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▪	▪	▪	▪	▪	▪	▪	▪	▪								
4. Academic network on disaster health management in AMS is enhanced.	4-1 Present outcomes of the Project activities at academic conferences such as JADM, APCDM and WADEM					■ APCDM				■ JADM		■WADEM										■JADM								■APCDM									
5. Capacity Development Activities for each AMS are implemented.	5-1 Prepare training plan, curriculum and materials on disaster health management and emergency medical system based on needs survey with the project working group			▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬																		
	5-2 Conduct trainings on disaster health management and emergency medical service ~~system~~ for AMS										▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬								
	5-3 Conduct monitoring survey and evaluation on capacity development on disaster health management in each AMS																		▬	▬																				
	5-4 Conduct ~~visiting program~~ a study tour in Japan for AMS														■																								
	5-5 Conduct training program in Japan for the Thai counterpart personnel									■												■																	

Project Monitoring Sheet I

Project Title: Project for Strengthening the ASEAN Regional Capacity on Disaster Health Management

Implementing Agency: National Institute for Emergency Medicine (NIEM)

Period of Project: from June 2016 to August 2019

Version 1

Dated 04 August 2016

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumption	Achievement	Remarks
Overall Goal ASEAN and Japan collaboration mechanism on disaster health management is developed.	1. Roadmap of ASEAN regional collaboration mechanism on disaster health management is finalized and proposed to SOMHD. 2. Hub organization in-charge of coordination of ASEAN and Japan collaboration mechanism is identified, and its role is clarified. 3. Necessary staff and budget of hub organization of ASEAN and Japan collaboration mechanism are proposed. 4. Activities based on ASEAN and Japan collaboration mechanism work if large scale disaster occurs.	1 Monitoring/review survey report 2 Agreement documents in ASEAN SOMHD 3 Summary of related meetings/ conferences (SOMHD or Summit etc)			
Project Purpose Regional coordination on disaster health management is strengthened in ASEAN.	1 Coordination meetings on disaster health management in ASEAN are held at regular basis. 2 Activities needed for the regional collaboration are clarified and approved in the coordination meeting. 3 Recommendations for developing regional collaboration mechanism in disaster health management is proposed to SOMHD. 4 Regional collaboration tools are developed and approved in the coordination meeting.	1 Agreement and/or summary of coordination meeting	1 Policy of ASEAN on disaster health management is not changed. 2 Commitment from AMS is assured. 3 Serious political problem will not happen among ASEAN.		
Outputs Output 1: Coordination platform on disaster health management is set up.	1-1 Number of regional coordination meeting during the Project (Target: at least once a year) 1-2 Clarification of focal point of each AMS 1-3 Agreement of set-up of regional coordination platform on disaster health management in ASEAN	1-1 and 1-3 Records of coordination meetings 1-2 List of focal points	1 Commitment of AMS for is assured.		
Output 2: Framework of regional collaboration practices is developed.	2-1 Regional collaboration drill is conducted. (basically, once a year) 2-2 Recommendations/lesson learned for regional collaboration drills are concluded . 2-3 Mechanism of regional collaboration among emergency medical teams in disaster affected area is clarified.	2-1 Records of the regional collaboration drills 2-2 Monitoring/review survey report 2-3 Draft regional agreement of the regional collaboration on disaster health management			
Output 3: Tools for effective regional collaboration on disaster health management are developed.	3-1 Standard Operating Procedure (SOP) (draft) 3-2 Minimum requirement for disaster health management personnel (draft) 3-3 Framework of health needs assessment in emergencies (draft) 3-4 Preparation of database of emergency medical teams in ASEAN	3-1, 3-2, 3-3, and 3-4 Regional collaboration tools such as SOP, minimum requirement, framework of health needs assessment. database Records of coordination meetings Monitoring/review survey report			
Output 4: Academic network on disaster health management in AMS is enhanced.	4-1 Number of presentation(s) made at academic conference(s) (Target: at least 1 paper/year)	4-1 Academic conference/journal such as JADM, APCDM, and WADEM Monitoring report			
Output 5: Capacity Development Activities for each AMS are implemented.	5-1 Number of trainings (Target: 4 courses) 5-2 Number of participants to attend to the training courses (Target: 150 pax) 5-3 Lessons learned from the training courses was utilized in each AMS	5-1 and 5-3 Training report(s) 5-2 Monitoring/review survey report			

Activities	Inputs		Important Assumption
	The Japanese Side	The Thai Side	
1-1 Regional coordination meetings are organized every year to share the progress and discuss the direction of the Project. 2-1 Develop and prepare the program of the regional collaboration drill with project working group 2-2 Conduct the regional collaboration drill every year in AMS 2-3 Compile recommendations on regional collaboration on disaster health management based on the discussion and knowledge sharing through project activities 2-4 On site practice is conducted when disaster occurs in ASEAN (if possible). 3-1 Formulate project working groups for regional collaboration tools at the beginning of the project 3-2 Develop a draft regional SOP and minimum requirements for disaster health management with the project working group 3-3 Prepare databases of emergency medical teams of AMS 3-4 Draft framework of health needs assessment in emergencies with the project working group 4-1 Present outcomes of the Project activities at academic conferences such as JADM, APCDM and WADEM 5-1 Prepare training plan, curriculum and materials on disaster health management and emergency medical system based on needs survey with the project working group 5-2 Conduct trainings on disaster health management and emergency medical service for AMS 5-3 Conduct monitoring survey and evaluation on capacity development on disaster health management in each AMS 5-4 Conduct a study tour in Japan for AMS 5-5 Conduct training program in Japan for the Thai counterpart personnel	【Experts】 (1)Expert Consultant team (a) Dispatch of Experts 1.Leader 2.Specialist in Medical System 3.Specialist in disaster health management/Emergency Medicine 4.Specialist in Planning/organizing regional collaboration drill 5.Specialist in planning/organizing trainings 6.Project coordinator 7.Others, if necessay (b) Provision of necessary equipment (if necessary) (2)Japanese Advisory committee 1.Provide advice and technical support to JICA on the project management. 2.Join the project working groups. 3.Participate in the regional collaboration drills 4.Conduct advisory survey 【Local cost】 1.Expense mutually agreed upon as necessary	【Counterpart Personnel】 1.Project Director 2.Project Manager 3.Officer(s) in charge 4.Secretary at the project office 【Facilities and Equipment】 1.Project office space for JICA experts 2.Facilities and equipment necessary for trainings/regional drills 3.Equipment mutually agreed upon as necessary 【Available data and information related to project】 【Local cost】 1.Expense mutually agreed upon as necessary	Pre-Conditions <Issues and countermesures>

Project Monitoring Sheet II

Version 1

Dated 4 August 2016

Project Title: Project for Strengthening the ASEAN Regional Capacity on Disaster Health Management

Inputs	Plan / Actual	2016 Ⅱ	2016 Ⅲ	2016 Ⅳ	2017 Ⅰ	2017 Ⅱ	2017 Ⅲ	2017 Ⅳ	2018 Ⅰ	2018 Ⅱ	2018 Ⅲ	2018 Ⅳ	2019 Ⅰ	2019 Ⅱ	2019 Ⅲ	2019 Ⅳ	Remarks	Monitoring: Issue	Monitoring: Solution
Expert																			
Team Leader	Plan																		
	Actual																		
Disaster Health Management	Plan																		
	Actual																		
Capacity Development Planning (1)	Plan																		
	Actual																		
Regional Collaboration Tools (1)	Plan																		
	Actual																		
Regional Collaboration Tools (2)	Plan																		
	Actual																		
Capacity Development Planning (2)	Plan																		
	Actual																		
Regional Collaboration Drills	Plan																		
	Actual																		
Project Coordinator	Plan																		
	Actual																		

Activities / Sub-Activities	Plan / Actual	2016 Ⅱ	2016 Ⅲ	2016 Ⅳ	2017 Ⅰ	2017 Ⅱ	2017 Ⅲ	2017 Ⅳ	2018 Ⅰ	2018 Ⅱ	2018 Ⅲ	2018 Ⅳ	2019 Ⅰ	2019 Ⅱ	2019 Ⅲ	2019 Ⅳ	Responsible Organization: Japan	Responsible Organization: NIEM	Achievements	Issue & Countermeasures
Output 1: Coordination platform on disaster health management is set up																				
1-1 Regional coordination meetings are organized every year to share the progress and discuss the direction of the Project.	Plan																			
	Actual																			
Output 2: Framework of regional collaboration practices is developed																				
2-1 Develop and prepare the program of the regional collaboration drill with project working group	Plan																			
	Actual																			
2-2 Conduct the regional collaboration drill every year in AMS	Plan																			
	Actual																			
2-3 Compile recommendations on regional collaboration on disaster health management based on the discussion and knowledge sharing through project activities	Plan																			
	Actual																			
2-4 On site practice is conducted when disaster occurs in ASEAN (if possible).	Plan																			
	Actual																			
Output 3: Tools for effective regional collaboration on disaster health management are developed																				
3-1 Formulate project working groups for regional collaboration tools at the beginning of the project	Plan																			
	Actual																			
3-2 Develop a draft regional SOP and minimum requirements for disaster health management with the project working group	Plan																			
	Actual																			
3-3 Prepare databases of emergency medical teams of AMS	Plan																			
	Actual																			
3-4 Draft framework of health needs assessment in emergencies with the project working group	Plan																			
	Actual																			
Output 4: Academic network on disaster health management in AMS is enhanced																				
4-1 Present outcomes of the Project activities at academic conferences such as JADM, APCDM and WADEM	Plan																			
	Actual																			
Output 5: Capacity Development Activities for each AMS are implemented																				
5-1 Prepare training plan, curriculum and materials on disaster health management and emergency medical system based on needs survey with the project working group	Plan																			
	Actual																			
5-2 Conduct trainings on disaster health management and emergency medical service for AMS	Plan																			
	Actual																			
5-3 Conduct monitoring survey and evaluation on capacity development on disaster health management in each AMS	Plan																			
	Actual																			
5-4 Conduct a study tour in Japan for AMS	Plan																			
	Actual																			
5-5 Conduct training program in Japan for the Thai counterpart personnel	Plan																			
	Actual																			

Monitoring Plan	Plan / Actual	2016 Ⅱ	2016 Ⅲ	2016 Ⅳ	2017 Ⅰ	2017 Ⅱ	2017 Ⅲ	2017 Ⅳ	2018 Ⅰ	2018 Ⅱ	2018 Ⅲ	2018 Ⅳ	2019 Ⅰ	2019 Ⅱ	2019 Ⅲ	2019 Ⅳ	Remarks	Issue	Solution
Monitoring																			
Joint Coordinating Committee	Plan																		
	Actual																		
Submission of Monitoring Sheet	Plan																		
	Actual																		
Reports/Documents																			
Inception Report	Plan																		
	Actual																		
Progress Report	Plan																		
	Actual																		
Final Report	Plan																		
	Actual																		
Public Relations																			
	Plan																		
	Actual																		

Attachment 8

Training Programs

1. The First Thai Counterpart Training Program

ARCH Project
Training Program in Japan for Thai C/Ps
February 22 to March 7, 2017

As of Feb 21st, 2017

Date		AM			PM		
		Programme	**Lecturer/Facilitator**	**Venue**	**Programme**	**Lecturer/Facilitator**	**Venue**
Feb.22	Wed	Arrival in Japan (15:05 at Narita, NH806)					
23	Thu	**9:30 - 10:00** Program Orientation	Ms. Junko Sato Ms. Mami Wakabayashi Capacity Dev. Planning ARCH Project	JICA Tokyo Seminar Rm 305	**14:00 - 14:30** Courtesy call to JICA	Ms. Junko Nakaji, Urban and Regional Development Group Infrastructure and Peacebuilding Department, JICA	JICA HQ Conference Rm 108
		10:00-12:00 Registration and Briefing	Briefing Staff Japan International Cooperation Agency (JICA)	JICA Tokyo Seminar Rm 306	**14:30-16:30** Lecture: "History of disaster health management in Japan"	Dr. Tatsuro Kai, Senior Advisor, Emergency & Disaster Management, Osaka Saiseikai Senri Hospital	
24	Fri	**9:30-10:30** Lecture: "Overview of Disaster Medical Assistance Team (DMAT) and it role"	Dr. Yuichi Koido, Director of DMAT Secretariat, Ministry of Health, Labour and Welfare (MHLW) Japan, National Hospital Organization Disaster Medical Center	National Disaster Medical Center, Tachikawa/ Tokyo	Travel to Niigata by Shinkansen, Japanese bullet train (15:16 - 17:05)		
		10:30-11:00 Lecture: Minimum Data Set (MDS)	Dr. Tatsuhiko Kubo Lecturer Department of Public Health, School of Medicine, University of Occupational and Environmental Health, Japan				
		11:10-12:00 Observation: National Disaster Medical Center	Dr. Koido				
25	Sat	**8:30 - 12:30** Observation: Disaster medicine training at Kaetsu Hospital	Dr. Kazuo Mizutani, Kobe Century Memorial Hospital, Dr. Eiichi Sato, Center for Disaster Medicine and Education, Niigata University Faculty of Medicine	Kaetsu Hospital	**14:00 - 14:30** Lecture: "Overview of Center for Disaster Medicine and Education, Niigata University Faculty of Medicine"	Dr. Masashi Takahashi, Vice Director, Center for Disaster Medicine and Education, Niigata University Faculty of Medicine	Center for Disaster Medicine and Education, Niigata University Faculty of Medicine Conference

Date		AM			PM		
		Programme	**Lecturer/Facilitator**	**Venue**	**Programme**	**Lecturer/Facilitator**	**Venue**
		12:40 - 13:30 Move from Kaetsu Hospital to Center for Disaster Medicine and Education, Niigata University **13:30 - 14:30** Lunch (@Conference Room, 12F)			**14:30 - 15:30** Discussion: "Significance of establishing the center and its background"	(Facilitator) Dr. Nakajima, ARCH Project	Room, 12F
26	Sun	**8:00 - 12:55** Observation: Training for Mass Casualty Life Support (MCLS)	Dr. Eiichi Sato, Center for Disaster Medicine and Education, Niigata University Faculty of Medicine	Center for Disaster Medicine and Education	**12:55 - 17:00** Observation (cont'd) **:** Training for Mass Casualty Life Support (MCLS)	Dr. Eiichi Sato, Center for Disaster Medicine and Education, Niigata University Faculty of Medicine	Center for Disaster Medicine and Education
27	Mon	**10:00 - 11:00** Visit: Yahiko Shrine		Yahiko Shrine	**12:45 - 13:30** Visit: Learning Center for preventing floods in Sanjo-city		Learning Center for preventing floods in Sanjo-city
		11:30 - 12:30 Lunch at Restaurant, "Spice Lab" in Sanjo-city (http://spicelabo.net/)		Restaurant "Spice Lab"	**14:00 - 15:30** Lecture: “Lessons learned from relief/rescue activities of 7.13 flood in Sanjo-city and Preparation for Disaster)	Dr. Kusano, Former President of Medial Association of Sanjo-city Dr. Toshiyuki Maruyama, Sanjo Hospital	Sanjo Hospital
					15:30 - 17:30 Move to Niigata-city: To stop at "Niigata Furusato Village" for a break on the way back to Niigata-city *(http://furusatomura.pref.niigata.jp/eng/)*		Niigata Furusato Village

Date		AM			PM		
		Programme	**Lecturer/Facilitator**	**Venue**	**Programme**	**Lecturer/Facilitator**	**Venue**
					18:30 - 20:30 Dinner with Members of Niigata University Faculty of Medicine at Restaurant "Hakobune" (in Niigata Station Building) *(http://www.hakobuneceory.com/shop/shop13/)*		Restaurant "Hakobune"
28	Tue	**10:00 - 11:00** Wrap-up meeting for training in Niigata	Dr. Eiichi Sato, Center for Disaster Medicine and Education, Niigata University Faculty of Medicine	Center for Disaster Medicine and Education	**PM:** free time		
		11:00 - 12:00 Preparation for Action Plan (Group Work)	Mr. Takashi Senda Capacity Dev. Planning ARCH Project				
March 1	Wed	Travel to Tokyo by Shinkansen, Japanese bullet train (10:15 - 12:28)			**PM:** free time		
2	Thu	**9:30-12:00** Exercise: "Capacity building of the community using gaming strategy: HUG(r)"	Dr. Shinichi Egawa, Professor, Division of International Cooperation for Disaster Medicine, International Research Institute of Disaster Science, Tohoku University	JICA Tokyo Seminar Rm 402	**13:30 - 15:00** Lecture: “Overview of Japan Disaster Relief (JDR)"	Mr.Shota Suzuki, Emergency Relief Division 1 and 2, Secretariat of Japan Disaster Relief Team, JICA	JICA Tokyo Seminar Rm 402
3	Fri	**10:00 - 12:00** Lecture: “Experiences and Lessons Learned from the Great East Japan Earthquake”	Dr.Satoshi Yamanouchi, Director of Emergency Center, Osaki Citizen Hospital	JICA Tokyo Seminar Rm 306	**13:30 - 15:00** Lecture: ”How to deal with Disaster Mental Health Issues - Basics and Lessens from the Great East Japan Earthquake -”	Dr. Hiroaki Tomita, Professor, Department of Disaster Psychiatry, International Research Institute od Disaster Science, Tohoku University	JICA Tokyo Seminar Rm 306
					15:00 - 16:30 Lecture: "What is Support-Receiving Plan?”	Dr. Hiroyuki Sasaki, Assistant Professor, Division of International Cooperation for Disaster Medicine, International Research Institute of Disaster Science, Tohoku University	

Date		AM			PM		
		Programme	**Lecturer/Facilitator**	**Venue**	**Programme**	**Lecturer/Facilitator**	**Venue**
					16:30 - 16:45 Briefing on Presentation of Action Plan	Ms.Junko Sato, Capacity Dev.Planning ARCH Project	
4	Sat	Holiday					
5	Sun	Holiday					
6	Mon	**9:30 - 10:30** Presentation of Action Plan	Participants JICA staff ARCH Project Members	**JICA Tokyo** Seminar Rm 302	**PM:** free time		
		10:30 - 11:30 Evaluation Meeting					
		11:30 - 12:00 Closing Ceremony					
		12:00 - 14:00 Luncheon party		Restaurant JICA Tokyo			
7	Tue	Departure for BKK (from Haneda at 11:00, NH847)					

Attachment 9

Materials for the Start-up Drill

15 January 2017

Station 1
EMTCC

Purpose

- Players understand the needs for EMTCC.
- Players understand that the reporting using common formats is effective and necessary for successful EMTCC's coordination.
- Players understand the relations among Stations in terms of information management.
  The data sources are as follows:
  Station 1: Daily Reports
  Station 2: Field assessment results
  Station 3 and 4: Medical records and Daily Reports.

Overview

Players will experience EMTCC functions focusing on "Data Collection and Processing", "Data Analysis and Evaluation" and "Decision-Making for future interventions".

Scenario

- Players will work as a member of EMTCC in charge of Information Management. The time setting is one (1) week after the establishment of EMTCC.
- At present, 6 EMTs are operating in the affected area.
- An Excel file which contains the data of Daily Reports for the last 6 days from 4 EMTs, the last 5 days from 1 EMT are prepared. The hard copies of Daily Report from 1 EMT will be presented.
- Players will analyze the data.
- Players will make a decision on further interventions.

Data in Daily Reports

■ Team Elephant
- EMT Type 2
- The number of outpatients has leveled off.
- The number of outpatients on the day is 100.
- Snakebite cases have been reported sporadically.
- There is a certain number of pregnant women.
- There is a certain number of normal deliveries.

■ Team Tiger
- The number of outpatients has been increasing
- The number of outpatients on the day is 200.
- The number of diarrhea cases has been increasing.
- There has been increased suspected cases of cholera.
- The number of ARI cases has been on the rise.
- There are incomplete or missing data which need to be confirmed with EMT but there is no contact information written in the report.
- There is a certain number of pregnant women.

- There is a certain number of normal deliveries.
- Limited access to safe water.

■ Team Shrimp

- The number of outpatients has been increasing.
- The number of outpatients on the day is 300.
- The number of diarrhea cases has been increasing.
- The number of ARI cases has been on the rise.
- Snakebite cases have been reported sporadically.
- Sexual Gender Based Violence cases have been reported sporadically.
- There is a certain number of pregnant women.
- There is a certain number of normal deliveries.
- Limited access to safe water.

■ Team Squirrel (not using the MDS format)

- The number of outpatients has been decreasing.
- The number of outpatients on the day is 30.
- The number of ARI cases has been on the rise.
- Snakebite cases have been reported sporadically.
- There is a certain number of pregnant women.
- There is a certain number of normal deliveries.

■ Team Turtle

- The number of diarrhea cases has been increasing.
- The number of outpatients has been increasing.
- The number of outpatients on the day is 150.
- A measles outbreak began.
- The number of ARI cases has been increasing.
- There is a certain number of pregnant women.
- There is a certain number of normal deliveries.
- Limited access to safe water.

■ Team Bat

- Not submitting Daily Reports

Debriefing

- Overview of EMTCC functions.
- EMTCC Training.
- Importance of Daily Report.

06 December 2016

Station 2
Field Assessment

Objective

To understand that EMT Type 1 mobile is expected not only to provide health care services but also to collect and report information on disaster situation of the area for future assistance.

Overview

Players will experience a community-level assessment.

Scenario

- Players are requested by EOC to be deployed to a remote affected area where EOC does not have any information of the situation.
- Players will conduct direct observation using the photos of damaged houses and others in the field. Players will count the affected population by category from flags which show the number of evacuees, injured, deaths, children and pregnant women. The flags are in different colors and are planted on the ground.
- Players will conduct an interview with the village chief and other villagers in order to collect information which cannot be obtained through direct observation.
- Players will collate information obtained by direct observation and key informant interview and report it to EOC.

Village Profile (information for village chief)

- Total population: **620**
- Population aged 0 to14: **125** (20% of total)
- Population aged 15 to 64: **440** (71% of total)
- Population aged 65 and over: **55** (9% of total)
- Population aged 0 to 11 months: **37** (6% of total)
- Population aged 0 to 4: **74** (12% of total)
- Number of pregnant women: **11**
- Number of infant deaths (aged 0 to 11 months) per week: **1**
- Number of under-5 deaths per week: **2** (including aged 0 to 11 months)
- Number of deaths (aged 5 and over) per week: **0**
- Reported cases of diarrhea per week: **35**
- Reported cases of fever per week: **25**
- There are 3 evacuation centers. 50 to 100 people remain in each center.
- The extent of damage caused by flood water was minor in the village. The ground level had been submerged for 3 days. While the water has receded from the village, the roads surrounding the village remain flooded and the villagers are not able to go outside of the village.
- Toilets are no longer in service in every household. Toilets in use are dirty and unhygienic. There is a shortage of hygienic toilets.
- The water supply system is functioning but the water from the tap is little cloudy.

- The villagers have been consuming the stored food but the food stock is depleted. They have not received any food assistance yet.
- Normally, midwives visit the village once in two weeks. There has been no visit since the flood occurred.
- EMT Type 1 mobile is the first team that provides external assistance.
- The main cause of death is Typhoid fever.

Necessary Materials and Equipment

- 50 Sticks (about 20 cm in length)
- Colored papers (more than 6 colors. 10-15 papers per color).
- Pictures of dirty and unhygienic toilets.
- Pictures of an overcrowded evacuation shelter.
- Pictures of a stockpile warehouse.
- Pictures of flooded houses.
- Pictures of flooded roads.
- A baby mannequin and an actor who holds it.
- Actors: a child, the elderly, and a community health worker.
- A village map included hazard information (location of land mines area, snakes reported).

Debriefing

- To confirm the function of EMT Type 1
- To collect Players' opinions on tools for information sharing with EOC.
- To confirm how Players try to respond to safety and security issues.

Note

- As the background of scenario, the team has arrived in the village by boat as the roads remain flooded.

Action Card

Child

He/She is interested in EMT but he/she is just watching EMT from a distance.
He/She wears normal clothes.
The child is supposed to be 5-year-old.

Action Card

Community Health Worker (CHW)

- Players will visit the village while the village chief and community health worker (CHW) are discussing the future response.
- If CHW is asked about the health conditions of villagers, CHW will provide information listed below. As for other questions, CHW will reply ad lib. As the village chief and CHW share some same information, either of them will answer.

- Population aged 0 to 11 months: **37** (6% of total)
- Population aged 0 to 4: **74** (12% of total)
- Number of pregnant women: **11**
- Number of infant deaths (aged 0 to 11 months) per week: **1**
- Number of under-5 deaths per week: **2** (including aged 0 to 11 months)
- Number of deaths (aged 5 and over) per week: **0**
- Reported cases of diarrhea per week: **35**
- Reported cases of fever per week: **25**
- Normally, midwives visit the village once in two weeks. There has been no visit since the flood occurred.
- EMT Type 1 mobile is the first team that provides external assistance.
- The death cases had high fever and rose spots (main causes of death seems to be typhoid fever but the test has not done and typhoid fever has not been confirmed).
- Toilets are no longer in service in every household. Toilets in use are dirty and unhygienic. There is a shortage of hygienic toilets.
- The water supply system is functioning but the water from the tap is little cloudy.
- The villagers have been consuming the stored food but the food stock is depleted. They have not received any food assistance yet.
- The evacuation shelter is overcrowded and there is a concern about communicable disease outbreak.

Action Card

Elderly Man

- The elderly man comes to see the village chief to chat with him (small talk).
- The elderly man walks slowly with a cane (he cannot walk fast).
- The elderly man is hard of hearing. When he talks with somebody, both of them have to speak in a loud voice.
- Sometimes conversation is impossible due to hearing difficulty.
- The elderly man will reply ad lib if he is asked a question by players.

Action Card

Village Chief

- Players will visit the village while the village chief and community health worker (CHW) are discussing the future response.
- If CHW is asked about the health conditions of villagers, CHW will provide information listed below. As for other questions, CHW will reply ad lib. As the village chief and CHW share some same information, either of them will answer.

- Total population: **620**
- Population aged 0 to14: **125** (20% of total)
- Population aged 15 to 64: **440** (71% of total)
- Population aged 65 and over: **55** (9% of total)
- Population aged 0 to 11 months: **37** (6% of total)
- Population aged 0 to 4: **74** (12% of total)
- Number of pregnant women: **11**
- There are 3 evacuation centers. 50 to 100 people remain in each center.
- The extent of damage caused by flood water was minor in the village. The ground level had been submerged for 3 days. While the water has receded from the village, the roads surrounding the village remain flooded and the villagers are not able to go outside of the village.
- Toilets are no longer in service in every household. Toilets in use are dirty and unhygienic. There is a shortage of hygienic toilets.
- The water supply system is functioning but the water from the tap is little cloudy.
- The villagers have been consuming the stored food but the food stock is depleted. They have not received any food assistance yet.
- Normally, midwives visit the village once in two weeks. There has been no visit since the flood occurred.
- EMT Type 1 mobile is the first team that provides external assistance.

16 December 2016

Station 3
Type 1 Fixed

Objectives

1. To provide medical services;
2. To deal with a difficult case which overwhelms the team capacities; and
3. To prepare Daily Report by compiling medical forms.

Overview

Players will

1) provide medical care to simulated patients;
2) refer one patient with severe conditions to EMT Type 2; and
3) prepare MDS Daily Report based on the medical forms.

Scenario

- The flood occurred in Thailand in March 2011. The Government of Thailand issued a formal request for international assistance to ASEAN Member States via AHA Centre as the severity of the flood overwhelmed the national response capacities.

1) Provide medical care to 4 simulated patients and complete the Thai medical forms.
   A) Diarrhea
   B) Influenza
   C) Pneumonia
   D) Trauma (puncture wound caused by stepping on a nail)

*1: Patient intake will be done at the reception (one actor will be positioned at the reception. "Part 1. Patient information" will be filled in beforehand). Action will start when a patient enters the consultation room.

*2: There will be two (2) consultation booths.

2) Transfer one patient~~s~~ with severe conditions
   - Pneumonia
   - A referral to Type 2 will be made by using Referral Form.
   - Make a request based on a contact list on the whiteboard.
   - A vehicle of the team will be used for transporting a patient.

3) Prepare a MDS Daily Report based on the medical forms filled out by the team and 20 medical forms already prepared.

Necessary Materials and Equipment

- Tent(s)
- Tables, chairs, patient beds, chairs for patients (2 sets)
- 1 player acts as medical personnel who intakes patients and directs them to the consultation and treatment area.
- 2 interpreters from Thai to English and vice versa.
- 4 simulated patients/role-playing patient actors
- Moulage for patients
- Thai Medical Form (5 blank for each session) (*Part 1 will be filled in beforehand)

- Thai Medical Form (filled ones for making Daily Report. 20 for each session)
- Referral Form (2 blank for each session)
- Daily Report Form (2 blank for each session)
- Map of affected area (to show the location of own site and Type 2)
- Contact list
- 2 Whiteboards
- Writing sheet
- Communication equipment for requesting a referral
- Clinical equipment (e.g. IV stand, IV set, stethoscope…)
- Lists of clinical equipment, examination, medical supplies and medicine
- A chart of EMT Classification (will be explained and distributed to participants on Day 1)
- 1 Wheelchair or stretcher
- Oxygen cylinder and oxygen mask

Time Schedule (draft) 80 min.

*one team will be divided into two teams per country.

<1st Team>

- Introduction: 5 min.
- Treatment simulation and patient referral: 20 min.
- Making Daily Report: 10 min.
- Review and wrap up: 5 min.

<2nd Team>

- Introduction: 5 min.
- Treatment simulation and patient referral: 20 min.
- Making Daily Report: 10 min.
- Review and wrap up: 5 min.

Debriefing

- Medical services provided by Type 1 (necessity of care manuals, lists of medicine and diagnosis equipment)
- Referral procedures
- Means of obtaining information about receiving teams/facilities/hospitals
- A format of medical record in connection with completing Daily Report.

23 December 2016

Station 4
Type 2 Field Hospital

Objectives

- To experience a part of emergency care of EMT Type 2.
- To conduct collaboration activities with another country (Japanese Team).

Overview

- Conduct emergency care as EMT Type 2 Field Hospital with the Japanese team.
- Medical Care Teams will resuscitate a cardiac arrest patient and provide initial care to a trauma patient.

Scenario

N.B. The team will be divided into two teams per country. The scenario below will be repeated twice.

- Two (2) **Medical Care Teams (Team A and Team B)**
  Each team will be composed of 1 medical doctor and 1 nurse from the Japanese team and 1 medical doctor and 1 nurse from AMS team (4 members in each team). Each team will select the person in charge of ER recording.
- An imaginary organization chart with names will be prepared.
- Team building will be conducted in each team.
- Each team will provide care to one of the four cases below. If there is enough time left, a case will be added in the scenario.
  1) Crush Syndrome
  2) Chest Injury
  3) Head Injury
  4) Femur fracture (pediatric trauma)

Debriefing

- Requirements for collaboration. Players are expected to realize the importance of common term (e.g. ACLS, ATLS, ABLS) and minimum requirements.
- Sharing of experience from the JDR's response to Nepal earthquake (e.g. difficulty in obtaining informed consent for operation).

Time Schedule (draft) 80 min. (70 min action + 10min transfer)

*one team will be divided into two teams per country.

Briefing 05 min.

<1st Team>

Team building: 05 min.

Simulation: 20 min.

Clearing and restoring: 05 min.

<2nd Team>

Team building: 05 min.

Simulation: 20 min.

Debriefing: 10 min.

Action Card

Patient: A 50-year-old Male, Chest Injury

Costume Wearing normal clothes for local motorcycle riders. Moulage: Contusion on the right front chest. Slight skin abrasion on the extremities.
Acting Level of consciousness is clear. The patient feels uneasy because of the pain in the right chest and respiratory distress. The patient can understand the explanation in Thai and answer to the questions. His speech is sometimes interrupted due to respiratory distress.
Primary Survey Consciousness: GCS 4-5-6 Airway: Open Breathing: 36/min, SpO2 90% (O2 5L/min with oxygen mask) Circulation: Radial artery palpation is normal, BP 120/90 mmHg, HR 105/min.
Secondary Survey Consciousness: ABC is the same as the primary survey. Chest: Contusion on the right front chest. Spontaneous pain of the right front chest is observed. Tenderness is also observed. Paradoxical movement accompanied by traumatic subcutaneous emphysema in the right chest. Extremities: Slight skin abrasion
Other relevant information Last meal: 2 hours before getting injured. Allergy: None Past medical history: None Medications: None

Action Card
Voice of God

Principles

- The Voice of God does not comment on the patient's conditions which are informed by physical examination. The Voice of God only comments on the things which is not expressed by acting.
- The Voice of God does not intervene the players' action even if the players choose the different action (e.g. decide to provide intensive care, decide not to refer the patient). (In the debriefing time, ask the players about the reasons for the decision.)
- The Voice of God informs the players of the following basic information.
  - Following information is given by the health cluster meeting/EMTCC meeting:
    - Emergency number, 1669, can be used.
    - I-EMT Type 3 which offers intensive care is operating in the area within 2 hours driving distance. The contact number is available.
    - Informed consent has to be obtained from the patient before performing the invasive procedure.
    - Need to coordinate with the medical coordinator (local medical doctor) who accompanies EMT Type 2.
- The Voice of God tells the data and information in red, if the players ask.

Patient Information

The injured is a 50-year-old male. He had the chest injury because of the single-motorcycle traffic accident.

Costume

Wearing normal clothes for local motorcycle riders.

Moulage: Contusion on the right front chest. Slight skin abrasion on the extremities.

Acting

Level of consciousness is clear. The patient feels uneasy because of the pain in the right chest and respiratory distress.

The patient can understand the explanation in Thai and answer to the questions. His speech is sometimes interrupted due to respiratory distress.

Primary Survey

Consciousness: GCS 4-5-6

Airway: Open

Breathing: 36/min, SpO2 90% (O2 5L/min with oxygen mask)

Circulation: Radial artery palpation is normal, BP 120/90 mmHg, HR 105/min.

Secondary Survey

Consciousness: ABC is the same as the primary survey.

Chest: Contusion on the right front chest. Spontaneous pain of the right front chest is observed. Tenderness is also observed. Paradoxical movement accompanied by traumatic subcutaneous emphysema in the right chest.

Extremities: Slight skin abrasion

Other relevant information

Last meal: 2 hours before getting injured.

Allergy: None

Past medical history: None

Station 4 Action Card
Chest Injury
Voice of God

Medications: None

Information on the health care system

Information on emergency medical services

If the player calls “1669”, an ambulance will be ready after 30 minutes. However, the EMT will be asked to select a receiving health facility. EMT staff can be on the ambulance for managing drainage and artificial ventilation.

Information on neighboring health facilities

- EMT Type 2 knows the contact number of I-EMT Type 3 which is operating in the area within 2 hours driving distance (information given by the EMTCC meeting). If EMT Type 2 negotiates with EMT Type 3, EMT Type 3 will receive the patient but the transportation has to be arranged by EMT Type 2 itself.
- If EMT Type 2 asks the responsible department of Ministry of Public Health via the medical coordinator, the MoPH will provide information on the local health facility which can provide intensive care. The health facility is situated in the area within 1 hour driving by an ambulance. If EMT Type 2 negotiates with the local health facility, the local health facility will receive the patient but the transportation has to be arranged by EMT Type 2 itself.

Action Card

Accompanying Neighbor (Male)

Situation

- The man is living in the neighborhood. He knows the patient but does not know his past medical history.
- When the neighbor was passing close to the patient's house (about 2 hours before arrival at EMT Type 2), he heard the man crying for help and approached to the house. The neighbor found the injured patient lying on his face inside the house.
- The patient was alert and moved the both hands. The patient looked fine. The patient was complaining that he was not able to move his legs. The neighbor found that his legs were trapped under the beam.
- As the neighbor did not have means to call rescue, he called 2 or 3 men in the neighborhood to remove the beam and roof together. It took more than 1 hour to remove the beam and others because they did it by hand and with wooden sticks.
- The weight of the beam and roof that were on the patient seems to be about 200 kg. The neighbor does not know the details.
- After he was rescued, the patient looked pale and dazed. As the patient said that he could not move his legs, the neighbor transported the patient by a cart.
- Family members of the patient were not at his house. The neighbor's wife is looking for them now.
- After the patient was rescued, no other medical teams consulted the patient.

Costume

Wearing daily clothes or work clothes. Wearing sandals.

Acting

- The neighbor is accompanying the patient and worried about the patient. OR the medical staff tells the neighbor to wait in another area.
- The neighbor will answer to the questions given by the medical team.
- The neighbor can answer to the questions relevant to the situation of the injured patient described above. However, the neighbor cannot answer other questions and just responds "I don't know" because he does not know much about the patient.
- The neighbor actor has to be prepared for drawing a picture of the scene because the players might ask to do so.

Action Card

Patient (Male in his 20's) with Crush Syndrome

Situation

- Male in his 20's
- The patient has been healthy. He has never had major illnesses.
- While the patient was repairing the pillars and walls, and clearing away the debris of his house which was partially destroyed by flood water, the wall suddenly tilted and the roof fell down. His lower legs had trapped under the roof. Only his lower legs were injured.
- The injured was not able to remove the heavy roof debris by himself and cried for help. But nobody came to help him soon.
- The patient's house is about 1 km away from the JDR team's tent. There is no house surrounding his house and there are few people around. It took 3 to 4 hours until he was found by the passerby.
- The patient was rescued by the neighbors. It took more than 1 hour to rescue him.
- The patient did not move because his legs became numb. After he was rescued, the patient had constant palpitation and was feeling dazed. The patient is unable to remember some events that occurred after he was rescued (this indicates the disturbance of consciousness due to frequent arrhythmia).

Costume

- Wearing everyday clothes or work clothes. Bare foot.
- Shorts are better (the player can confirm bruise and skin color easily).

Acting

Before sudden deterioration

- The patient's name and age will be the same as the actor's. No allergy, no medications and no past disease history. Last meal was 8 hours before arrival (3 hours before the injury).
- The patient is slow to respond to the questions. He responds correctly but he sometimes asks the questions again.
- Breathing is normal. No need to act other than motor paralysis of lower legs.

At the time of sudden deterioration

[sudden deterioration] When the facilitator (Voice of God) cues, the patient actor will act to be in a coma after a convulsion for a short convulsion (this indicates cardiac arrest by ventricular fibrillation)

→after the first defibrillation, ROSC will be obtained. The patient actor will move both hands with both eyes closed. After a while, the patient actor can make a conversation.

*Notes:

- ✓ A cue for sudden deterioration should be decided by the facilitator and the patient actor in advance (e.g. the facilitator taps the shoulder of the patient actor)
- ✓ If the players provide treatment appropriately, the scenario can be finished without the sudden deterioration.

Action Card

A 16-year-old Male, Injured Patient

Referred by EMT Type 1. A 16-year-old Male. The patient was injured by falling during the reconstruction of house and is in a deep coma. BP 150/90. PR 70.
Costume Contusion of the forehead. The remains of vomit in the mouth.
Acting Breathing is rattling due to the remains of vomit in the mouth. The patient does not move at all. Breathing is normal.
Primary Survey Airway: Rattling due to the remains of vomit → Suction→ glossoptosis → manual airway management → airway is open (no speech) Breathing: RR 16/min., SpO2 96% (while breathing ambient air) → SpO2 100% with oxygen administration (O2: 6L/min.) Circulation: The skin is not cold and moist. Bleeding of forehead is stopped by pressure. The radial artery is palpable. BP 150/90 mmHg, HR 70/min, FAST is negative. Consciousness: 1V1M3 (GCS 5). Right pupil diameter: 3 mm. Left pupil diameter: 3 mm. Light reflex is weak.
Secondary Survey Consciousness and ABCD are the same as the primary survey. No injuries in other parts of the body.

Action card

Local Medical Coordinator

Principles

- The medical coordinator is a local medical doctor who has a Thai license. The medical coordinator accompanies I-EMT Type 2. The medical coordinator can speak local language and English. The medical coordinator has clinical experience in the affected area and knows well about the healthcare situation in the area.
- When medical staff of I-EMT asks questions, the medical coordinator explains the healthcare system and health services in the affected area. The medical coordinator provides interpretation when I-EMT medical staff explains the patient's condition to the patient.
- Although the medical coordinator is a licensed medical doctor, his/her primary role is a coordinator and is not supposed to provide health care services to the patients.
- The medical coordinator tells the health care information described below to the players in cooperation with Voice of God. It is desirable that the medical coordinator tells the players about the healthcare situation (not Voice of God).

Information on the health care system

Information on emergency medical services

If a player calls "1669", an ambulance will be ready after 30 minutes. However, the EMT will be asked to select a receiving health facility. EMT staff can be on the ambulance for managing drainage and artificial ventilation.

Information on neighboring health facilities

- EMT Type 2 knows the contact number of I-EMT Type 3 which is operating in the area within 2 hours driving distance (information given by the EMTCC meeting). If EMT Type 2 negotiates with EMT Type 3, EMT Type 3 will receive the patient but the transportation has to be arranged by EMT Type 2 itself.
- If EMT Type 2 asks the responsible department of Ministry of Public Health via the medical coordinator, the MoPH will provide information on the local health facility which can provide intensive care. The health facility is situated in the area within 1 hour driving by an ambulance. If EMT Type 2 negotiates with the local health facility, the local health facility will receive the patient but the transportation has to be arranged by EMT Type 2 itself.

- **Limb amputation**
  - ✓ Social and religious acceptance
    → No discrimination and prejudice. No problem.
  - ✓ Indications and techniques
    → the medial coordinator does not have knowledge. If he/she is requested, the medical coordinator will provide information on nearby health facilities and Type 3 I-EMT.
  - ✓ Disposal of amputated limb
    → the medical coordinator cannot make a decision. If he/she is requested, the medical coordinator will ask the responsible department of MoPH about the disposal of amputated

limb.

- ✓ Social and financial support after amputation
  → the medical coordinator will explain that the patient is entitled to receive support from insurance as a disabled.
- ✓ Rehabilitation and sufficient follow-up including an artificial limb.
  → in peace time, an artificial limb is provided and the patient can receive social support. However, at the time of a disaster, the medical coordinator does not know the situation. If he/she is requested, the medical coordinator will provide the information on nearby health facilities and Type 3 I-EMT.

- Blood transfusion
  - ✓ Social and religious acceptance
    → No discrimination and prejudice. No problem.
  - ✓ Preoperative examination and method
    → If he/she is requested, the medical coordinator will provide the information on nearby health facilities and Type 3 I-EMT.

- How to obtain informed consent for operation and blood transfusion
  - ✓ Attendance to an informed consent discussion
    → possible to attend. The medical coordinator will provide sufficient information to the patient and his/her family members through an interpreter.
  - ✓ Informed consent form used in Thailand
    → the medical coordinator does not have information. If he/she is requested, the medical coordinator will provide the information on nearby health facilities and Type 3 I-EMT.

■ Verification of Death and Management of Dead Bodies

1. Verification of death

In peacetime, verification of death is undertaken by a local medical doctor or registered nurse such as nurse practitioner. At the time of a disaster, as there is no regulation concerning verification of death, a local medical coordinator can perform verification of death when necessary.

2. Death certificate or similar document certifying death

When death is confirmed within an existing health facility such hospitals and clinics, a certificate of death is issued. At the time of a disaster, as there is no regulation concerning death certificates, a local medical coordinator can complete a certificate of death. There is no national standard format. Therefore, each health facility has its own format of death certificate.

3. Management of dead bodies

Family members or relatives receive the body and buries it. This process is the same for the death within and outside of a health facility. A certificate of death is not necessarily required. If neither family members nor relatives of the dead are found, the police will be responsible for dead bodies.

4. Reporting to the police or local authorities

A family member of the dead reports a death to the police and local government. A certificate of death is not necessarily required. If neither family members nor relatives of the dead are found, a community leader will be responsible for reporting a death.

Action Card

A 5-year-old Male, Child Patient

The child is carried by his mother. The child is complaining of pain because of the open fracture of the right thigh. (He can cry). The child is feeling cold and hungry. The child is afraid of unfamiliar adults. The child will cry when he is being separated from his mother. The child is afraid of medical staff and does not answer to the questions from them. The child answers to the questions from his mother.
Q 1: “Where does it hurt? Are you alright?” A 1: “My foot hurts. I’m hungry. I’m feeling cold.” Q 2: “Why did you fall into the canal?” A 2: “I was walking in the water and didn’t know where the canal was.”
The child answers just “I don’t know” to other questions. The child repeats “it hurts”, “I’m scared”, and “I’m hungry”.

Action Card
Mother

The mother and child were covered with mud all over their body.
The mother is carrying her child (the injured).
When she is asked a question, she answers by looking at her child's face.
When the child is being taken to the consultation room, the mother says that she wants to stay with him.
When she is told by someone to say to the child "Don't worry. You will be ok.", the mother tries to make her child feel at ease.

If medical staff asks questions, answer as follows. Answer "I don't know" if medical staff asks other questions than below.

Q 1: "What happened to the child?"
A 1: "When he was walking in the flooded village, he fell into the canal and washed away. I called the adult people and asked them to pull my child up. While he was washed away, he was conscious."
Q 2: Does he have allergies? Has he undergone medical treatments, been hospitalized, or had surgery?
A 2: No.
Q 3: What kind of vaccines has he received so far?
A 3: I don't remember.
Q 4: When did he eat last time?
A 4: He hasn't eaten anything since yesterday. He says he is hungry.
Q 5: How was it before coming here?
A 5: We felt cold because we were walking in the rain.
Q 6: Is there any disease outbreak in this region?
A 6: Nothing particular but one of my relatives died of tetanus after an injury.
Q 7: How is the situation in the village?
A 7: I don't know the details but I know that we cannot go to the village by car because many areas are flooded. The number of boats is not sufficient.
Q 8: Is there any doctor in the village?
A 8: There is a clinic but no doctor lives there. I don't know if a doctor is in the clinic or not.

ST 4: Chest Injury

Case: Chest injury requiring chest drainage and artificial ventilation.

■ Objectives of Scenario

- To provide standardized primary trauma care as a member of I-EMT and multinational EMT.
- To consider providing intensive care at the time of disaster with team members and a medical coordinator.
  Point: whether to provide intensive care such as artificial ventilation by taking into account the patient characteristics and the health care situation during peacetime and a period of disaster in the affected area.
- To understand the capacity and functions of each type of EMT and to consider collaboration among EMTs and/or local health facilities.
  Point: JDR Team is equipped with ventilators but cannot provide intensive care. Intensive care is applicable to Type 3.
  Need to consider whether any neighboring local health facilities can provide artificial ventilation, means of transportation and medical care during transportation.

■ Preparation for Scenario

If a patient simulator is available, examination, tracheal intubation and chest drainage will be performed by using a patient simulator.
If a patient simulator is not available, treatment procedure will be confirmed by a simulated patient and station staff (voice of god).

<u>Important points for a simulated patient:</u>

The patient is conscious but has respiratory distress and slightly confused. Oxygen administration and chest drainage just slightly reduce the respiratory distress.

<u>Important points for station staff (voice of god):</u>

Breathing will not be stabilized until tracheal intubation and positive pressure ventilation are performed. Circulation is basically stable. Consciousness and circulation are controlled by sedatives or analgesic drugs.
Be prepared for explaining the situation on neighboring local health facilities, nearby EMTs, availability of patient's transportation means and others.

■ Scenario

There is a request for referral from EMT Type 1.

50-year-old male, injured by falling off motorbike. Right anterior chest pain. A bruise on right chest. Oxygen has been administered but the patient's SpO2 is 90%. EMT Type 1 requested X-ray and treatment. BP 100/60, PR 100, RR 32/min., SpO2 90% The patient is receiving an oxygen 5 litter per min. with a mask.
Initial Triage: Critical (Airway): Open (Breathing): RR 32/min. Diminished breath sound in the right lung. Right traumatic subcutaneous emphysema. Paradoxical movement. → Abnormal findings Oxygen administration and right chest drainage improve slightly the difficulty in breathing. Breathing will be stabilized by positive pressure ventilation. (Circulation): Skin is not cool and moist. No evidence of active external bleeding. Vital signs are stable during infusion. Performed XR and FAST. Circulation is stable. Right chest drainage was performed and a small amount of hemothorax was observed. (Consciousness): GCS E3V4M6 (GCS 13). Difficulty in breathing and slightly confused. Right pupil diameter: 3 mm, Left pupil diameter: 3mm. Light reflex prompt. No paralysis. (Body Temperature) Normal.
XR⇒Chest : R pulmonary contusion & R hemopneumothorax, Pelvis: Normal FAST⇒No pericardial effusion. No ascites fluid. Right thoracic cavity: absence of lung sliding.

Item	Blood Pressure	Pulse Rate	SpO_2	Respiratory Rate
Arrival (with IV fluid andO2 5L/min)	120/90	105	90	36
10 L Oxygen mask with reservoir bag			91	36
After chest drainage	140/100	110	92	32
After tracheal intubation and positive pressure ventilation.	120/90	95	100	20（CMV）

■ Diagnosis Right pulmonary contusion, Right hemopneumothorax, Right flail chest
■ Expected medical care Oxygen administration, X-ray of chest and pelvis, ultrasound examination, tracheal intubation, artificial ventilation, intravenous catheterization, infusion, chest drainage Decision making on medical procedure and obtaining informed consent on medical procedure. (transportation) selection of receiving facility, means of transportation, fixation of patient for safe transfer, and medical care during transportation.
■ About Scenario Injury. Abnormal breathing. A case requiring chest drainage, tracheal intubation, and artificial ventilation. Whether to provide intensive care during a disaster (if so, to what extent). Where should we provide inpatient care? Whether to transport a patient or not.
■ Feedback Points (taking into account of the situation of the affected area in the time of disaster) basis for decision making to perform tracheal intubation and artificial ventilation. (taking into account of the situation of the affected area in the time of disaster) basis for decision making when selecting a health facility for admission after primary treatment and a means of transportation.

ST 4: Crush Syndrome

Patient: A male in his 20's

Mechanism of Injury: While the patient was clearing away the debris in his house, the roof and walls collapsed. The patient's both lower legs had been trapped under the collapsed roof and wall. The patient was rescued after 5 hours by local residents and transferred to the JDR Team's tent.

Before he was rescued, the patient was able to speak, did not complain pain but complained the numb of both lower legs.

Mild disturbance of consciousness has been observed since he was rescued.

■ Objectives and Points of Scenario

1) Effective Team Work (communication, clear guidance, division of roles, mutual respect and understanding of the team's/personal capacity, information sharing, constructive intervention)
2) Recognition and rule-out diagnosis of crush syndrome
3) Promote understanding of JDR team as EMT Type 2 by providing treatment (including application of artificial ventilation) using equipment of JDR team.

■ Examination

- XR: Chest and Pelvis→Normal, Spine (thoracic vertebra and lumbar vertebra)→Normal, Upper and lower legs (right and left)→Normal
- FAST: Negative
- Blood test: K^+ 6.5, Cre 1.8

■Scenario

		Assessment	**Expected examination and treatment**	**Vital sign**
PS	General	☐Responsive to verbal stimuli		

	Impression	☐No obvious abnormality in ABCD. The patient looks almost normal.		
	A	☐Open. Normal. ☐On the ECG monitor, frequent PVCs and a tented T wave.	☐Place the patient on an ECG monitor.	
	B	☐Normal		RR20, $SpO_2$96%
	C	☐The skin is moderately cold and wet. ☐No active bleeding.is observed. (Contusion of the lower legs, skin color was changed)	☐FAST ☐X ray ☐Intravenous catheterization, IV infusion ☐Blood examination	HR 110, BP 90/60 ➔If IV infusion is performed, HR and BP will be improved. ➔If IV infusion is not performed, no change.
	D	☐Consciousness: the patient is in a daze but answers all questions correctly. ☐The patient complains hypaesthesia and motor paralysis of the lower legs.		
	E	☐Normal		BT 36.5℃
	Cr	☐Crush syndrome can be suspected.	☐IV fluid, drug administration ☐urethral catheterization (port-wine urine)	
SS	Lower limb	☐Contusion and skin color change of the lower legs are observed. No deformation is	☐X ray⇒No fracture	

		observed.		
	Others	☐Rule-out of spinal cord injury (thoracic and lumbar) ☐Rule-out of fracture of the lower legs.	☐X ray⇒No fracture ☐Anal reflex is normal ☐Confirmation of blood examination results ☐Preparation of defibrillator	★If players do not suspect crush syndrome and do not perform IV fluid and drug administration, VF will occur. ➔after the first defibrillation, ROSC will be obtained.

■ Feedback points

· Evaluation of team dynamics

· Symptom and treatment of crush syndrome

· Understanding of equipment for diagnosis and treatment of JDR Team.

■ Necessary Equipment

· Bed (1)

· Stretcher (1) (to transfer to XP)

· Hand cart? (1) (when carrying in the patient)

· ECG monitor (1)

· ECG monitor (PVC) (1) *recording paper

· ECG monitor (VF) (1) *recording paper

· 12 lead ECG (1)

· Portable ultrasound machine (1)

· AED or Defibrillator (1)

· IV (including tubes) (500ml x 4)

· IV stand (1)

- Mock medications (Meylon, calcium formulations etc.)
- Syringe (10 ml x 4 and 20 ml x 4)
- Blood collection tube
- Pen light (1)
- Thermometer (1)
- Urinary catheter (1) (plus mock urine sample)
- Blood examination report (results are filled in)
- X-ray photo (chest, pelvis, upper leg, knee, lower leg, thoracic vertebrae, lumbar vertebrae) (one for each)
- Bag valve mask (BVM) (1)

■Moulage (Example)

ST 4: Head Injury

Case: Life-threatening dysfunction of Central Nerve System (CNS) due to severe head injury (*contusion of forehead with bleeding) (*see the moulage part)

Referral request by EMT Type1

16-year-old male.

The patient was injured by falling down during the reconstruction of house. He is in a deep coma. BP 150/90. PR 70.

■ Objectives and Points of Scenario: CSC**A**T**TT**

1) To conduct a primary survey and perform resuscitation.
2) At the minimum as an objective of Station 4, to discuss how to respond to Life-threatening dysfunction of CNS.
3) To share challenges on patient referral such as receiving team/health facilities and means of transportation.

XR→Chest and Pelvis: Normal

FAST→Negative

■ Notes:

(General Impression): Unresponsive to verbal stimuli (not answering your questions etc.). Breathing is rattling.

(Airway): Breathing is rattling. The patient seems to have glossoptosis (facilitate to perform airway management)

➔ If airway management is prolonged, induce the players to do airway management by making the patient vomit (in this case, suction is needed). Airway seems to become open by performing manual airway management.

<if players insist to perform tracheal intubation because of the airway obstruction due to vomit, let the players perform tracheal intubation. After the scenario ends, confirm life-threatening D problems requiring intubation.>

(Breathing): Normal. Respiratory rate is 16. Make sure to look, listen, feel and percuss completely.

(Circulation): Skin is not cool and moist. Bleeding of forehead is stopped by pressure. V/S are stabilized before IV fluid administration. XR and FAST are needed because of high-energy trauma.

(Disability of CNS): E1V1M3 (GCS 5): Does not open eyes. Unresponsive to painful stimuli (more than 2 locations) posturing of M3. Right pupil diameter: 3 mm, Left pupil diameter: 3 mm. Light reflex is weak.

(*if the players do not start providing treatment after conducting assessment, station staff need to instruct the players as below)

→how do you respond to this situation? ➔to consider performing tracheal intubation and patient transfer in order to avoid secondary brain injury. Head CT is required. Tracheal intubation has to be performed carefully as the patient's stomach might be full (AMPLE history has not taken). Check carefully after intubation as well. (Exposure): Normal (conduct evaluation of E and keep the patient warm rapidly).
■ Notes for a simulated patient: Breathing is rattling with glossoptosis→after opening the airway, the patient makes no sound (V1).

Item	Blood Pressure	Pulse	SpO_2	Body Temperature	Respiratory Rate
"please put on a monitor"	150/90	70	96		16
"please administer oxygen"			98		
"please take blood pressure"	150/90	〃	〃		
After tracheal intubation	〃	〃	100		
"please take his temperature"				36.4℃	

■ Points of Scenario A case of life-threatening disability of CNS. A (Airway), B (Breathing) and C (circulation) are normal. Tracheal intubation is required due to life-threatening disability of CNS.
■ Feedback Points · Assessment and treatment of life-threatening D problems in the affected area. · Basis for decision making when performing tracheal intubation. · Consideration on patient referral such as receiving team/health facility and means of transportation.

ST 4: Pediatric Trauma

Case: Problem of Circulation due to bleeding caused by femur fracture.

Request for referral from EMT Type 1.

5-year-old Male

The patient was rescued while being washed away in the flooded canal.

Right femur open fracture.

BP 70/50 PR 180

■ Objectives and Points of Scenario

1) To conduct a primary survey and perform resuscitation.
2) To discuss how to respond to life-threatening circulation problems including blood transfusion.
3) To obtain informed consent properly from family members of a patient who needs an operation.

XR→Chest and Pelvic: Normal

FAST→Negative

Notes:

(General impression): Spontaneous eye opening. The child complains of pain in the right thigh. The child is crying with the fear of unfamiliar adults.

(A) Open

(B) Normal. RR is 30. Make sure to conduct inspection, auscultation, palpation, and percussion completely.

(C) Skin is cool and moist. CRT 3 seconds. Bleeding from right femur open fracture. Bleeding can be stopped by pressing**.** XR and FAST are needed as the patient is in shock vital. BP 70/50.
Shock condition was resolved after administration of a bolus (extracelluer fluid 20ml/kg for 10 min.). After that, the patient's condition was stabilized.

(D) E4V5M6 (GCS Score 15) The patient (child) was reassured when his/her mother talks to him/her.

(E) BT 35.0 C. Try to keep the child warm.

Patient (Child): Child is reassured when his mother talks to him.

Item	Blood Pressure	Pulse	SpO_2	Body Temperature	Respiratory Rate
“please put on a monitor”	70/50	180	96		30
“please administer oxygen”			98		
“please take blood pressure”	〃	〃	〃		
After administration of a bolus	100/60	120	100		24
“please take his/her temperature”				35.0℃	

■ Points of Scenario

<Primary survey>

Problem of Circulation (hemorrhagic shock). Physical examination will be easily performed with the support from family members. Important to keep the patient warm.

<Secondary survey>

Administration of antibiotics and tetanus toxoid, and washout and debridement are required.

■ Feedback Points

Points to be considered when providing medical care to a pediatric injured patient with language barriers.

PS-D Moulage: moulage for bleeding on right thigh