

DMAT First Response Activities

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Operation 1

DMAT: Disaster Medical Assistance Team

(English Translation by Red Cross Nuclear Disaster Resource Center)

~~~ Day by day, I want to continually devote myself in being able to determine, and prepare for these situations. ~~~

On the day of the earthquake, we departed as the DMAT first response, and performed the relief activities in Fukushima, then in Miyagi. When the nuclear accident occurred, we had to immediately evacuate Fukushima, but were not even able to see the faces of the evacuees. Not only with each hospital and chapter, we should communicate among relief teams to understand the situation.

On the day of the earthquake, we conducted the DMAT first response activity. The following is the report of that activity:

14:46 The earthquake occurred.

16:32 We left our hospital. The DMAT e-mail informed us that Fukushima Medical University Hospital was assigned as the DMAT meeting point. We headed to the hospital. (I felt relieved that we were able to depart for the affected area within two hours after the earthquake occurrence.)

22:40 We arrived at Fukushima Medical University Hospital. Under the instructions from the supervising DMAT, Niigata City General Hospital, who arrived earlier, we assisted the DMAT headquarters by making phone calls to hospitals in Fukushima Prefecture, gathering information, and entering data to the Emergency Medical Information System.

00:35 Minamisoma City Hospital asked for a transfer of patients. Three teams, including our hospital, transported the patients.

In training, I experienced patient transportation using mock patients, but this was the first time I transported *real patients*. Furthermore, it was in the middle of the night, the route between the hospitals was unfamiliar, and the street lights were off; we relied solely on our cars' headlights. Everyone was very tense while driving on that road.

In the morning, we drove around the City of Fukushima to search for convenience stores to purchase food, but found no food. We did not eat much for breakfast. As for the morning, there was little demand for DMAT. Therefore, we contacted the Niigata Chapter, and our hospital for "needs" or tasks. As a result, it was determined to switch to a Red Cross relief team, then head down to the town hall of Shinchi in Fukushima Prefecture. On the way to the town hall, we stopped at convenience stores, but there was still no food. After arriving at the town hall, we set up a first aid center, and started mobile clinic activities in the town.

16:20 We discussed plans of action after receiving information from the Shinchi town hall that there might have been an explosion at Unit 1 of Fukushima Daiichi Nuclear Power Plant. We decided to withdraw after we return from the evacuation centers in the neighborhoods, then leave Shinchi for the city hall of Shiroishi in Miyagi. My heart anguished as we closed the first aid center. I could not look at the faces of the affected people.

At the city hall of Shiroishi, we were kindly given "cup noodles", or instant noodles in a cup. Even while we were on break, there were frequent aftershocks; it was very unsettling.

Next morning, we helped set up dERU for the Aichi Chapter, and also a first aid center.

Afterwards, we made a short visit to the Miyagi Chapter, then returned to our hospital at 23:00.

Consideration:

I find that switching from DMAT to relief teams, depending on the condition of the situation, is a good procedure. We do not find this procedure in DMAT of other organizations; it is unique only to the Japanese Red Cross Society. Although we could not conduct enough relief activities in Shinchi, it was necessary to switch the teams to continue the relief activities. I think that it is important to keep this unique procedure. To prepare for relief activities, by considering the possibility of switching from DMAT to relief teams, accordingly to changes in the situations.

It is also important to communicate with your Japanese Red Cross chapter and your hospital. It would be a good idea to make a rule that all relief teams sent to an affected area should periodically send reports to their Japanese Red Cross chapter and hospital. It is not only important for sending/receiving information, but it also supports the team members, who are working in the affected area, through contact, or feeling connected with people outside of the area. Such communication will be particularly needed when they are sent as the first response team. (The e-mails from our hospital staff really encouraged us, and lifted our spirits. Thank you very much.)

No food had been stocked, which proved to be a problem. If a disaster affects only a local area, we can buy food on the way because life in neighboring cities or towns is unaffected by the disaster. However, if a disaster hits beyond the local area, it is impossible to procure foods on the way. Moreover, wearing relief gear adds difficulty to the teams conducting the activities. Team members, who are sent for relief activities, should be sent with thermos pots, portable stoves, etc. These items reassure the team members, "There is food, so don't worry". This will put the team members at great ease as they conduct their relief activities.

No matter the size or type of disaster, day by day, I want to continually devote myself in being able to determine, and prepare for these situations.