

The 3rd UN World Conference on Disaster Risk Reduction Public Forum
Activities of Japanese Nursing Academies related to recovery from the Great East
Japan Earthquake and Tsunami, and restoration of daily living
第3回国連防災世界会議パブリックフォーラム「東日本大震災からの復興と生活再建のた
めの看護系学会の活動」 March 14, 2015, 17:30-19:30, Sendai, Japan

Japan Society of Disaster Nursing

The report of the first assessment party of Japan society of disaster nursing at the Great East Japan Earthquake

日本災害看護学会

東日本大震災における日本災害看護学会先遣隊の活動

Akiko Sakai, RN, MSN

酒井明子 RN, MSN



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The strategy of the first assessment party
日本災害看護学会先遣隊システム

The object 先遣隊の目的

Upon the disaster occurred, the party clarify necessary nursing supports from data collection and data examination on health problems and nursing needs at damaged areas. While examining the data, the party shares necessary information for constructing support system, advise and pass issues on to appropriate institutions as continuing the nursing care.

大規模な災害が発生した場合、災害看護の専門家として現地に入り、健康問題、看護ニーズ等の情報収集と査定を行い、必要な看護支援を明確にする。査定を行う際には看護ケアを実践しつつ、支援体制作りに必要な情報提供、助言や関連諸機関への橋渡しを行う。

The period of activity 先遣隊の活動期間

Usually 0-3 days after disasters occurred
原則として発災直後～3日以内に現地に入り目的を遂行する

Member of the party 先遣隊員

Currently 10 members 現在10名

スライド1・2

There is a system called the first assessment party in Japan Society of Disaster Nursing. The object of the party is clarifying necessary nursing supports from data collection and data examination on health problems and nursing needs at damaged areas. While examining the data, the party shares necessary information for constructing support system, advising and passing issues on to appropriate institutions as continuing the nursing care.

The period of the party's activity is usually three days from the day a disaster occurred. Currently, 10 members are registered as a delegate of the party. Before starting their mission, a director, vice-director, chairmen of Japan Disaster Nursing Society launch a headquarter organization to support the party's activities effectively.

日本災害看護学会 Japan Society of Disaster Nursing には先遣隊 first assessment party というシステムがある。

先遣隊の目的は、大規模な災害が発生した場合、災害看護の専門家として現地に入り、健康問題、看護ニーズ等の情報収集と査定を行い、必要な看護支援を明確にする。査定を行う際には看護ケアを実践しつつ、支援体制作りに必要な情報提供、助言や関連諸機関への橋渡しを行うことである。

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先遣隊の活動期間は、原則として発災直後～3日以内に現地に入り目的を遂行する。
現在 10 名の先遣隊が登録されている。
活動時には、日本災害看護学会の理事長、副理事長、ネットワーク活動委員会委員長を中心に本部の調整機能を同時に立ち上げる。ただ単に送り出すばかりではなく、やはりバックアップ体制がないとスムーズな活動はできないからである。

The occurrence of the Great East Japan Earthquake
東日本大震災発生

各地の主な震度
(平成23年3月11日)
震度7
震度6強
震度6弱
震度5強
震度5弱
震度4

- **Enormous** / 巨大
- **wide areas** / 広域
- **Compound** / 複合
- **Destructive** / 壊滅
- **Lack of supports** / 欠援

Seismic intensity of each area
Asahi newspaper:
12th March, 2011
各地の震度(朝日新聞)
平成23年3月12日

Death (死者)	15,889
Missing (行方不明者)	2,594

(January 10th, 2015)

スライド3

The Great East Japan Earthquake occurred on March 11th, 2011. “Enormous”, “wide area”, “compound”, “destructive” and “lack of supports” can be the words to symbolize this earthquake. When the disaster occurred, it was a very hard situation to get to the damaged area due to the enormous damages and traffic cut off. Yet, the first assessment party conducted their mission at Kanto and Tohoku area from March 12th, the next day of the disaster occurred.

東日本大震災は、2011年3月11日に発生した。巨大、広域、複合、壊滅、そして欠援といわれた災害である。津波で壊滅的な影響を受け、交通が寸断され、被災地に入ることが困難だった。しかし、日本災害看護学会の先遣隊は、災害発生後翌日の12日から関東・東北方面で活動した。

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Date and place of the activity	
先遣隊活動	
▪ 1 st party, Chiba, Ibaraki 千葉・茨城第一次隊	March 12 – 13
▪ 1 st party, Fukushima, Miyagi 福島・宮城第一次隊	March 12 – 17
▪ 2 nd party, Miyagi, Iwate 宮城・岩手第二次隊	April 22 – May 9
▪ 3 rd party, Miyagi, Iwate 宮城・岩手第三次隊	April 22 – May 9

スライド4

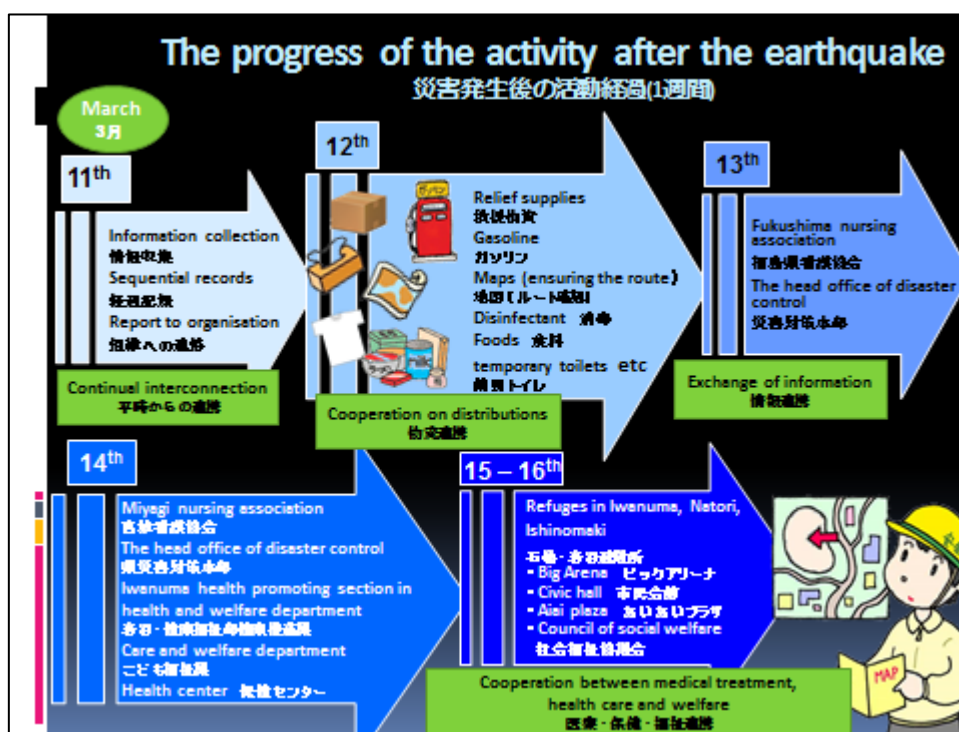
At the Great East Japan Earthquake, two members of the party were sent to Chiba and Ibaraki prefectures on March 12th and 13th. Although the period of the mission is usually shorter than a week, four delegates of two parties were sent to Fukushima, Miyagi and Iwate prefectures for 12 days, from March 12th through 23rd. Furthermore, the second and third assessment parties were also sent from April 22nd through May 9th, due to the high necessity of the assessment during two months after the disaster occurred.

As for the mission, Japan Society of Disaster Nursing shared the activity reports of the parties everyday on the website to report the latest information about the damaged areas. The reports from the parties were shared through teleconferences among Japan Association of Nursing Academies, Japan Association of Nursing Programs in Universities, WHO Collaborating Center for Nursing in Disasters and Health Emergency Management and Japan Society of Disaster Nursing, and they discussed to concern next actions.

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東日本大震災における先遣隊の活動は関東の千葉、茨木に第一次隊2名が12日、13日の2日間活動した。先遣隊の活動は5日から1週間以内と考えていたが、災害が甚大であるため福島、宮城、岩手に関しては第1次隊として2隊4名を12日から23日まで先遣隊として派遣した。その後も発災後の1カ月半から2カ月はまだ必要性が高かったため4月22日から5月9日にも2次隊、3次隊を派遣した。

これらの活動に関しては、現場に入って状況を情報発信することが先遣隊の役割であるため、全国への情報発信として、学会のホームページで日々の活動を毎日情報発信した。先遣隊からの情報は日本看護系学会協議会 Japan Association of Nursing Academies と日本看護系大学協議会 Japan Association of Nursing Programs in Universities、WHOの災害看護協力センターWHO Collaborating Center for Nursing in Disasters and Health Emergency Management、それと日本災害看護学会 Japan Society of Disaster Nursing の4者によるテレビ会議で情報提供され今後の活動の検討に役立った。



スライド5

Next, I am going to describe about the activity of the first assessment of the party during a week after the disaster occurred.

On March 11th, just after the disaster occurred, I started collecting the information

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about the disaster and soon I contacted Japan Association of Nursing Programs as I assumed that we need to conduct a mission of the assessment party. After the permission was obtained from the Society, we loaded a large amount of relief supplies and gasoline in a car and confirmed a route to the damaged area.

We left for the mission on March 13th and joined the members of Fukushima Nursing Association on March 13th. At the Association, they were confirming the safe and the situations of all of the hospitals in Fukushima. However, most of the people there did not have clear information about radiation exposure, it made situation worse and made people get perplexed. Therefore, we realized the significance of having legitimate knowledge on radiation before handing the radiation-related issues.

We joined Miyagi Nursing Association and also assessed each disaster countermeasures office on March 14th and the refuges on 15th and 16th. The lack of network connection and gasoline made it harder to conduct the mission.

The needs of supports were excessively high due to population aging and destruction and lack of hospitals.

The refuges had a lot of issues to concern. Victims were sharing one blanket with 4 other people in the refuges which snows blew in, and also it had serious issues on hypothermia and infection diseases. Additionally, the medical staffs and volunteers were working for 24 hours without a rest and a sleep due to the lack of volunteers, which led the high stress level of supporters. While the first week from the disaster occurred, our party realized the significance of building a strategy to integrate experts' knowledge.

次に、日本災害看護学会の先遣隊の活動として、特に災害発生後 1 週間の活動内容について、説明する。

11日に災害が発生し、それから継時的に情報収集をし、これはすぐ活動しなければと思い日本災害看護学会に連絡した。活動が決定してからは物資、あるいはガソリンがかなり不足するだろうと思ったのでガソリンを積み、物資を購入し、ルート確認をした。12日にスタートし、13日に福島県看護協会 Fukushima Nursing Association に入った。看護協会では、福島県の全病院の安否の確認、状況を把握するという状況だったが、被爆に関する情報が錯綜していた。放射線に関する正しい知識を持って、関わっていくことの重要性を感じた。14日は宮城県看護協会 Miyagi Nursing Association、そして各所の災害対策本部 disaster countermeasures officeなどを回り、15日、16日は避難所で活動した。携帯は使用できずガソリンもなくて情報収集は困難だった。

高齢化がかなり進んでいる状況と、もともと医療過疎の地域で、病院や介護施設などもか
 なり倒壊しており、支援の必要性は高かった。

避難所環境は劣悪で雪が舞い込む中5人が1枚の毛布にくるまっており、低体温や感染症
 の問題は深刻であり、そこで支援する方も人手不足で24時間不眠不休で働いておりスト
 レスが高い状態だった。災害発生後の一週間、どのようにして専門家の知識を統合してい
 かという必要性を強く感じた。

Chronic diseases 慢性疾患	Infection diseases 感染症
<ul style="list-style-type: none"> Confirming of medical history (high blood pressure, diabetes, respiratory diseases) chronic diseases 63% 既往症の把握 (高血圧・糖尿病・呼吸器疾患) 慢性期疾患63% The rest of medication (confirming emergency medicine) 緊急薬類 (緊急性のある薬類) Deterioration prevention of chronic diseases 慢性疾患の悪化予防 Arranging the move of victims with dialysis to facilities outside of the disaster area 透析患者は、県外施設など手配 Victims in need of oxygen 酸素が必要な患者 Improving the circumstance of refuges, providing mask, confirming and adjusting meals 避難所の環境調整、マスクの着用、食事内容の把握と調整 Distressing, hypothermia and pneumonia due to hypothermia ストレスの軽減、低体温や低体温による肺炎予防 	<ul style="list-style-type: none"> Deteriorating situation of living circumstances due to lack of utilities such as water, electricity and gas 水・電気・ガスなどのライフラインの停止による生活環境の悪化 Stress from hypothermia and high risk of infection diseases 低体温症ストレスも高く感染のリスクは高い。 Possibility of spread of Influenza due to Low temperature and humidity, and dry 低温・低湿度、乾燥によりインフルエンザのまん延の可能性 Prevention from emergency and spread of infection diseases 感染症発症予防、感染拡大予防、感染症のまん延予防

スライド6

One of the serious problems were chronic and infection diseases. Although there were many victims suffering from high blood pressures, diabetes and respiratory diseases, it was extremely demanding situation to handle all the victims' needs, in terms of medical treatments such as prescription of medicines in emergency and dialysis. Additionally, prevention from emergence and spread of infection diseases were necessary in deteriorating situation of living circumstances due to lack of utilities such as gas and electricity.

問題になるのは慢性疾患と感染症だった。慢性疾患の中で高血圧、糖尿病、呼吸器疾患の方が多く、心配だったのは薬の問題だった。緊急性の高い薬の手配や透析の方の搬送など

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の問題が山積みになっていた。感染症に関してもライフラインの停止により生活環境が悪
化していた。感染症の発症予防そして拡大予防が重要だった。





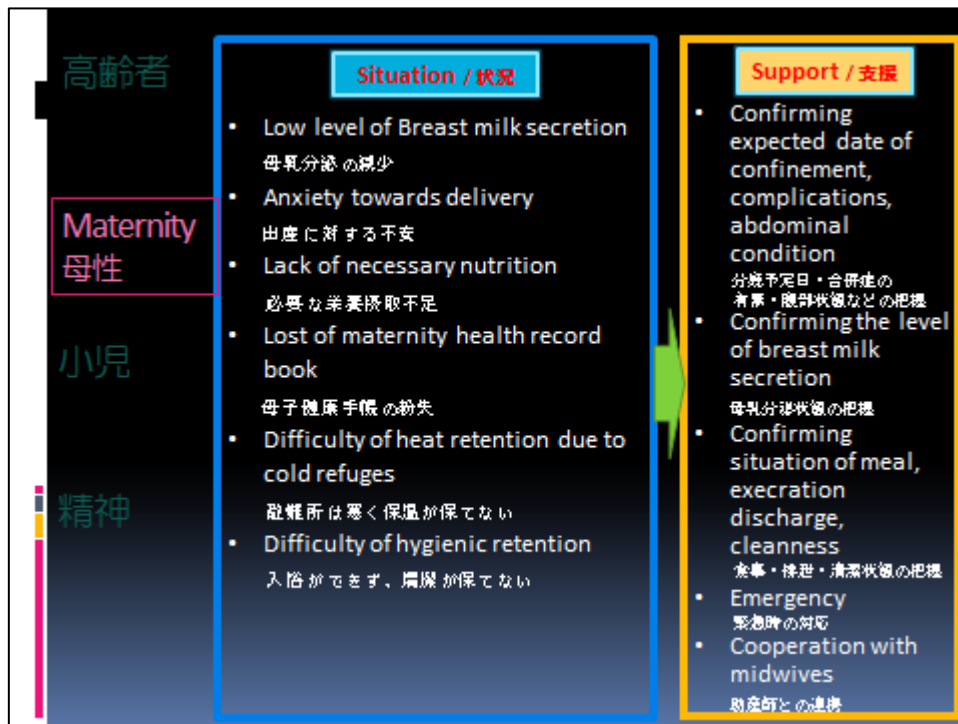
スライド7・8

Next, I am going to describe the health problems that various victims suffered during the first week of the disaster occurred.

At the area which percentages of elderly residents account for 25-28%, the numbers of victims complains for symptoms of diarrhea such as dehydration were remarkably high. And also, risk of tumble, lapse of memory and lack of energy were shown, therefore, it was essential to cooperate with welfare section.

次に、災害発生後1週間の対象者別の健康問題について説明する。

高齢者が多い地域で、高齢化率25%から28%台ある。下痢症状が目立っており脱水の問題があった。また、転倒のリスク、もの忘れ、気力の低下があり、福祉との連携が必要だった。



スライド9

In terms of Maternity, lack of breast milk, anxiety towards delivery and lack of nutrition were appeared, and we realized that it is necessary to grasp condition of pregnant and assign experts in emergency.

For mental issues, all the victims who experienced mental diseases in the past and who experienced disasters got more stressed during the first week from the disaster. And also, seeing the other victims who experienced less damage gave more stress to the victims who experienced enormous damage, and we felt the necessity of a long-term mental care through the assessment.

母性に関しては母乳不足、出産に関する不安、必要な栄養を摂取不足があった。妊婦さんの状態を把握することや緊急時の対応に関して専門的な支援が必要だと感じた。



スライド10

In terms of children, as well as food problems such as lack of milk and baby food should have been considered, we need to consider the mental support for children who encountered with fear experiences and whose parents had died, their schools, health problems, childcare workers and PTA, cooperation with Education Board and ensuring there are play areas for them.

小児に関してもミルクや離乳食の不足など食の問題があった。特に強い恐怖体験をしている子供への心理的な支援、親を亡くした子供たちの問題、学校の再開問題、発熱と下痢を訴える子供たちの健康問題、保育士やPTA、教育委員会との連携、子供が遊べる空間の確保の大切さを感じた。

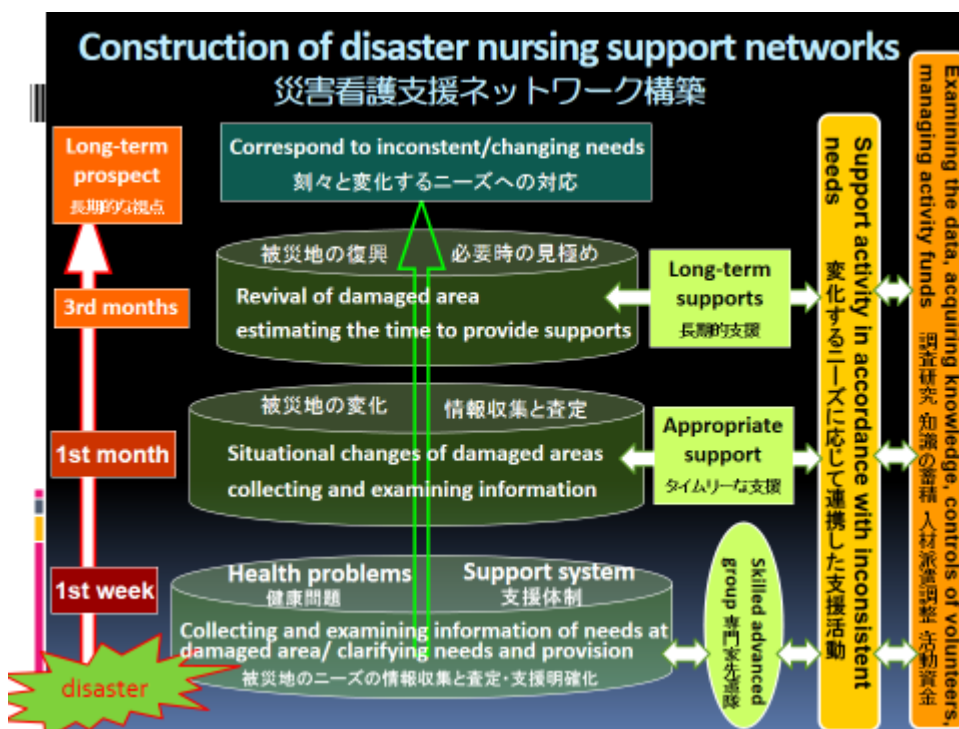


スライド11

For mental issues, all the victims who experienced mental diseases in the past and who experienced disasters got more stressed during the first week from the disaster. And also, seeing the other victims who experienced less damage gave more stress to the victims who experienced enormous damage, and we felt the necessity of a long-term mental care through the assessment.

精神に関しては、精神疾患の既往のある方、災害に遭ったすべての方が1週間目でかなりのストレスが蓄積していることを感じた。被災者個々の被災体験の体験差が心的なストレスになっており、長期的な視点での心のケアの重要性を実感した。

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スライド 1 2

Overall, our party collected a large amount of information and data during the first week, and we recognized the significance of these three procedures: assessment of situation, sharing the knowledge and experiences of Disaster Nursing and outlining the issues gained through long-term disaster support activities from nursing perspectives. このように災害発生後の一週間でかなりの情報収集が可能であり、現状をアセスメントした上で、災害看護の知を共有化し、中長期にわたる災害支援活動の課題を看護の視点から整理する必要性を実感した。

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スライド13

To enable long-term support for changing needs, it was necessary to collect and examine information of needs at damaged areas before providing supports in changing situations and needs.

Throughout all of the experiences gained from the activities, we believe that it is imperative to encourage remarkable practical activities of specialists and cooperation with people engaged in other kinds of occupations.

刻々と変化するニーズに対応し、長期的な支援を継続するためには、被災地のニーズの情報収集と支援の明確化を行い、タイムリーな支援を連携して組織的にやっていくことが必要である。そのためには、卓越した専門能力を持つ実践者の活動と各職種の協働が必要である。

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スライド14

Practical and academic education facing to the real situation leads to save human lives.
命と生活を守るためには、現場に身をおきながら実践と研究を積み重ねていける人材育成
が必要である。