- initiating immediate response during an incident to minimize the assailant's access to potential victims
- damage and post-incident recovery and support plans

During the attack, based on the best available evidence, adopting the model of "Run, Hide, Fight" or "Secure, Preserve, Tell" are recommended. Care provision to the injured during this event should be remembered by the acronym THREAT.

- T- Threat Suppression
- H- Hemorrhage Control
- RE - Rapid Extrication to safety
- A - Assessment by medical providers
- T- Transport to definitive care

Once the attack has ended, there must be an assessment of the department/hospital's ability to continue routine operations. Various stakeholders of the health care facility should work together to develop an armed assailant incident response plan that best suits their needs and capacity. This will be of immense benefit for keeping healthcare facilities safe.

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Attacks on Aid Workers in an Active War Zone: A Comparison Between Gaza and Ukraine

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Summary: The war in Ukraine and Gaza highlighted challenges to the way aid is delivered, and responders can do their work. These challenges include targeting of aid workers; threats and arrest of aid workers; deliberate obstruction to providing care; and the threatened safety and security of aid workers and death. Aid workers need to change their response and recognize that this includes how aid is delivered to countries in an active war zone. This poster will provide a comparison between the wars in Ukraine since February 2022 and Gaza since October 2023, to aid workers. This will include comparing trends in aid workers killed, attacked, abducted, and injured, as well as challenges in evacuations. Additionally, lessons were learned as it pertained to new trends in conflict zones and the impact on aid workers. The need for additional safety and security measures leads to civilians not having access to care, which increases their morbidity and adds to the mortality rates. Significant findings evaluate the trends and changes aid workers need to implement when responding to other active war zones to ensure the safety of responders.

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Fukushima Prefecture Regional Disaster Medical Activities as a Victim of the Great East Japan Earthquake

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Summary: When the Earthquake struck, Masu Memorial Hospital was forced to suspend routine medical service. After the earthquake, there were serious problems with high radiation levels in the residential areas of the Nakadori region of Fukushima Prefecture, where the hospital is located. As a result, children's outdoor activities were restricted for two years. Witnessing the reality of the children's situation and feeling helpless, the hospital decided to study disaster medicine and fight for the children's generation.

In August 2013, the team participated in the Fukushima DMAT training. It was also convinced that there is disaster medical care that can be provided only by those who were in charge of community medical care. After the DMAT training, recognizing the importance of regional disaster response, the hospital is currently researching past disasters in the Adachi region of Fukushima Prefecture, where the hospital is located, and has established a department in charge of this area to examine how to respond to disasters daily. As a result, it was able to conduct external activities for various disasters that occurred outside of Fukushima Prefecture. In particular, in 2019, the team assisted hospitals submerged by the Abukuma River flooding. In recognition of these achievements, a Disaster Emergency Medical Department was organized within our hospital in 2018, and in 2021, the hospital was designated as a Disaster Base Hospital of Fukushima prefecture.

In times of disaster, one must have the courage to calmly and directly face unpredictable events and make appropriate decisions. As medical professionals in Fukushima Prefecture, the goal is to continue efforts to build a disaster medical organization with colleagues that can be passed on to the next generation.

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The Six-Year Mental Health Time Course of Disaster Workers in the Flooding of Joso City, Japan

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Introduction: On September 10th, 2015, the Kanto-Tohoku heavy rain caused the banks of the Kinu River in Joso City to collapse over approximately 200m, flooding one-third of the city. As a result, 4,258 people were evacuated. Local government officers, while being evacuees, have been supporting the affected citizens for years. To evaluate their mental health deterioration, five follow-up surveys and staff follow-ups from 2015 to 2020 were conducted.
Methods: The Department of Disaster and Community Psychiatry, University of Tsukuba, conducted a survey on mental health and mental disorders after the disaster among Joso City employees from 2015 to 2020. The questionnaires used were the Kessler Distress Scale (K6), Peritraumatic Distress Index (PDI), Impact of Event Scale-Revised (IESR), Center for Epidemiologic Studies Depression Scale (CESD), and Resilience Scale-14 (RS14). The study was approved by the Ethics Committee of the University of Tsukuba Hospital.
Results: 559 City Hall workers joined the survey, scores in stress-related scales showed a decreasing trend by years with an average of 6.2 (1st yr), 4.2 (2nd yr), 4.2 (3rd yr),

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