person and the Head of Health Promotion is the spokesperson. East Java Provincial Health Office, Ministry of Health, and Disaster Task Force of Faculty of Medicine UGM assisted in the management of health cluster post operations. Then, assisting was concerned with the most fundamental thing in facilitating health clusters such as establishing an organizational structure based on the incident command system approach as well as mapping the capacity of existing health resources on the field to visualize the geographical situation of health service capacity and emergency medical teams distribution.
Conclusion: Although located in prone and high-risk or periodically eruption areas, the staff still have a low capacity in disaster health management. Thus, capacity building in the predisaster phase is highly required in the management of health clusters and emergency medical team coordination by the mandate of the Ministry of Health Regulation.

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Reviewing the Implementation of the Emergency Medical Team Minimum Data Set

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Introduction: The Emergency Medical Team (EMT) Strategic Advisory Group of the WHO has endorsed the EMT Minimum Data Set (MDS) Daily Reporting Form in 2017 and the revised EMT Minimum Standards of the WHO suggests EMTs report it regularly in case national reporting forms are not available.
Method: This study searched and listed previous use cases of the MDS by reviewing published papers including gray literature and interviews with national authorities, organizations, and experts.
Results: In 2019, the MDS had been activated for the first time in Mozambique during international scale response at the tropical cyclone Idai; also in Japan it was used at the typhoon Faxai/Hagibis response; further in the Independent State of Samoa during the measles outbreak. In 2020, the MDS was used during a COVID-19 mega-cluster incident on the Diamond Princess Cruise Ship in Japan, the tropical cyclone Harold in Vanuatu and the Kumamoto Heavy Rain in Japan. In 2021, the one was used during the Izuyama landslide response in Japan; and the typhoon Rai response in the Philippines. In 2022, it was used during the cyclone Batsirai response in Madagascar; and in Moldova, Poland, and Ukraine to respond to the armed conflict situation in Ukraine.

Many countries are preparing to use the form; in 2022 the Association of SouthEast Asian Nations (ASEAN) has officially endorsed the form as a regional standard form for EMT daily reporting. Military partners also were testing the form, in 2019 forces from eight nations at the 39th Cobra Gold 20 in Thailand used the form for training purposes.
Conclusion: The MDS was used in at least 14 emergencies in nine countries. Mozambique and Japan have published academic literature using the MDS. The use of MDS would strengthen Health Emergency and Disaster Risk Management (H-EDRM) in a data-based manner.

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Diamond Princess Cruise Ship. COVID-19 Medical Operation by the National EMT, Japan DMAT.

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Introduction: The Diamond Princess cruise ship (DP) arrived in Yokohama, Japan, on February 3, 2019, with a confirmation of the Polymerase Chain Reaction test (PCR) positive for the Coronavirus disease 2019 (COVID-19) in a passenger who disembarked at Hong Kong. Japan National Emergency Medical Team (N-EMT), and Japan Disaster Medical Assistance Team (DMAT), were dispatched and measures to prevent the spread of viruses were taken for 3,711 (2,666 passengers and 1,045 crew members) on board.
Method: Japan DMAT was dispatched and managed the medical operation for DP passengers and crew members. The records of communication logs for the DMAT were evaluated. In this study, evaluation of DMAT medical operations in the DP was conducted to find any positive effects
Results: 472 (157 doctors, 123 nurses, 161 medical logisticians, 31 pharmacists) members responded. Among them, 283 (97 doctors, 66 nurses, 91 medical logisticians, 29 pharmacists) worked inside the DP, and 189 (60 doctors, 57 nurses, 70 medical logisticians, two pharmacists) operated outside mainly for patient transport. DMAT conducted a strategic operation and developed categorization for medical care and patient transport. Eventually, DMAT constructed flow to provide rapid medical care and prescription distributions for passengers and crew members.
Conclusion: DMAT has been required to respond to unforeseen disasters in the framework since the Fukushima Nuclear Plant accident in 2011. All the past several types of disaster response were contributed to managing medical operations at the DP. These operations are thought to reduce preventable deaths from COVID-19.

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