

## 仙台防災枠組に対する災害看護のコミットメント

Capacity Building and Scientific Research for Sendai Framework  
Commitment from Nursing

(1) Establishment of a position as experts of disaster nursing, or build a collaboration system as an advisor in an accord. At federal and local government level, nurses who are well informed on people's health and lifestyles collaborate with related occupations and local disaster prevention organizations, and routinely attend meetings. Continuously evaluate how health aspects are incorporated into processes such as surveys, frameworks, plans, and evaluation, and propose necessary plans.

(2) At each government level, a platform is required to invite those involved with health risk management, and routinely discuss the conditions and challenges with new emergencies (health emergency) including disasters and infectious diseases. At these discussions, nurses who are familiar with local issues propose cooperation among stakeholders from the viewpoint of lifestyle and health.

(3) Cooperate with other fields, and to present evidence of investing in human-centered health activities, nursing science researchers use human science methods to examine possible problems and realistic responses based on case studies and local risk assessments. Promote investment by especially visualizing the importance of prevention and process.

(4) Enhance nurturing disaster nursing specialists, training highly skilled people within graduate programs, etc, who can gain a comprehensive view of multidisciplinary issues during disasters with limited information and resources, while cooperating with various occupations and exerting leaderships. As nurses start to play an important role in companies, government institutions, and international organizations, collaborative and cross-sectional training with various disaster-related departments is promoted. Not only practice and educational research specialized for disasters, but within various nursing specialities, contents related to disasters are spread and evolved.

(5) Identify those whom to care during disasters from the viewpoint of health risk management, and develop disaster risk management index. To this end, create disaster nursing risk database with ICN, Japanese Nursing Association, and Association of Nursing Academics. Develop tools for collaborative research and database in academic fields. By sharing data, disaster support can be provided with priorities given to those who need support based on social resources that are available during disasters.

(6) Promote studies and disseminate information regarding big data, SNS, location information, Twitter, and translation functions that are rapidly progressing in recent years and can be used in health and life. By routinely using these information, regional alert and continuous monitoring system can be developed. To this end, we must nurture nurses with international academic education who are able to collaborate with technologists and private communication companies.

(7) Based on academic aspects, confirm that there is a consistent policy in each government levels for not only acute phase care immediately after a disaster, but also for mid- to long-term health risks, along with necessary systems and regulations. Propose enhancement of skills to realize such policies. Not only skills to respond to disasters, but also propose disaster reduction policies by enhancing health and lifestyle of people during ordinary times.

医療介入が必要な要配慮者の把握システム	97.5 (90)
災害時の多職種間連携	100 (85)
災害時における看護職の連携	100 (77.5)
発災時の多組織間における要配慮者支援体制の整備	97.5 (85)
災害時の感染症発生のリスク予測と対策	95 (77.5)
被災地域内の相互支援、相互協力体制の構築	92.5 (72.5)
避難所における対象別(個別・集団・支援者)の健康管理	97.5 (77.5)
福祉避難所における健康管理	97.5 (80)
発災を見据えた一般病棟における災害対策管理	95 (72.5)
福祉避難所指定施設における災害対策マニュアルの作成状況	95 (70)
医療施設における多数傷病者受入に求められる看護管理	92.5 (75)
看護基礎教育における災害看護の教育の現状と課題	100 (60)
看護職者の災害看護に関する知識、技術、認識の向上	97.5 (85)
高齢者の避難意識と避難行動に関する実態	97.5 (77.5)
在宅での難病患者に関する減災	95 (72.5)
医療依存度の高い要配慮者の避難所での健康管理	97.5 (87.5)
医療的ケアが必要な子どもへの災害時の支援	95 (82.5)
高齢者の自主避難所先(車中泊など)での健康障害と支援	95 (85)
災害中長期における高齢者の健康支援	95 (80)
被災直後の心身のケアがその後の経過にもたらす影響	95 (67.5)
被災による中長期的なメンタルヘルスへの影響	95 (60)
被災者の健康に焦点を当てた長期的なライフレビュー	92.5 (55)
被災地で行われた調査、介入の評価	90 (45)