

	 <i>Flood, Thailand Feb 2025</i>	 World Health Organization
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EMT Name	Japan Disaster Relief (JDR) Medical Team		
EMT Type	Type2	Date and Time of offer	31/ 01 /2025 HH:MM

■ We agree to comply with EMT guiding principles and standards, available at
https://extranet.who.int/emt/guidelines-and-publications#dfliip-df_manual2/1/

Internal Office Use Only			
Team Status:	<input type="checkbox"/> Approved	<input type="checkbox"/> Pending	Reason:
	<input type="checkbox"/> Tasked	<input type="checkbox"/> Declined	Reason:
Check:	<input type="checkbox"/> WHO Classified	<input type="checkbox"/> Airport	<input type="checkbox"/> Field Visit <input type="checkbox"/> Other:
Allocated Site:	<div style="display: flex; justify-content: space-between;"> Location GPS Coordinates </div>		Allocation Date: dd / mm / yyyy
Other Comments:	(e.g. reason for changing type vs the self-declaration from the team)		

EMT INFORMATION	
ORGANIZATION	
Japan Disaster Relief (JDR) Medical Team, Japan International Cooperation Agency (JICA)	
ORGANIZATION TYPE: <input type="checkbox"/> NGO NATIONAL <input type="checkbox"/> NGO INT <input checked="" type="checkbox"/> GOVERNMENTAL <input type="checkbox"/> MILITARY <input type="checkbox"/> OTHER:	
COUNTRY: Japan	NUMBER OF EMTs: 1
TIME (HOURS/DAYS) OR ESTIMATED DATE OF ARRIVAL: Within 48 hours after offer	TIME (HOURS/DAYS) TO START SERVICES PROVISION: Within 48 hours after arrival
ESTIMATED LENGTH OF STAY (DAYS): Tentatively 14 days for the first batch of the team; the length can be extended upon situation and consultation.	
ORGANIZATION PRIMARY CONTACT (HQ)	

NAME: IKEDA, Ryusuke	POSITION: Deputy Director General
ADDRESS: Niban-cho, Chiyoda-ku, Tokyo 102-8012, JAPAN	
EMAIL: Ikeda.Ryusuke@jica.go.jp	PHONE: + 81- 80 – 7196- 4199
++ ; EMT TEAM LEADER	
NAME: IGARASHI Yutaka	POSITION: Clinical Coordination Leader
EMAIL: igarashiy@nms.ac.jp	EMAIL EMT: jdr.emt.training@gmail.com
LOCAL PHONE: TBD	SATELLITE PHONE: TBD

	EMT CAPABILITY	NAME EMT/ID WHO CLASSIFICATION
		Japan Disaster Relief (JDR) Medical Team

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EMT TYPE	
<p> <input type="checkbox"/> TYPE 1 Mobile <input type="checkbox"/> TYPE 1 Fixed <input checked="" type="checkbox"/> TYPE 2 <input type="checkbox"/> TYPE 3 </p> <p> <input type="checkbox"/> Specialized Cell (<i>Specify</i>): ===== </p> <p> <input type="checkbox"/> Team lead (<u>3</u>) <input type="checkbox"/> Emergency Physician (<u>12</u>) <input type="checkbox"/> Emergency Nurse (<u>29</u>) <input type="checkbox"/> Operational Support (<u>28-33</u>) <input type="checkbox"/> Rehabilitation (<u>1</u>) <input type="checkbox"/> The team brings a field facility </p>	

(state bed capacity 20, estimated number of tents/containers 6m x 6m(11), 4m x 5m(6), 6m x 5.4m(3), 6.3m x 6.3m(3), 5m x 2.8m(12), 5m x 4m(2), 3.5m x 4.6m(12), 5.2m x 3.6m(3), 2.2m x 1.4m(90)total 5,400 m² (60m×90m), m² required)

LOGISTIC SUPPORT

Any logistical limitations or support required:

☐ NO ☒ YES Specify (e.g. transport should include total volume and weight).

Oxygen cylinder

Outpatient Capacity (patients/day):	100	Other Capabilities: <input checked="" type="checkbox"/> General Anaesthesia <input type="checkbox"/> Intensive Care <input checked="" type="checkbox"/> X-Ray <input checked="" type="checkbox"/> Ultrasound <input type="checkbox"/> CT Scan <input checked="" type="checkbox"/> Laboratory <input checked="" type="checkbox"/> Blood bank <input checked="" type="checkbox"/> Pharmacy <input checked="" type="checkbox"/> Rehabilitation <input checked="" type="checkbox"/> Isolation area
Inpatient Capacity (bed capacity):	20	
Surgical Capacity (number of surgical tables)	1	
Surgical Capacity (major and minor procedures/day):	15	

CLINICAL SERVICES OFFERED

(Type 1) Triage, Resuscitation, Wound Care, Fracture Management, Pediatrics, Internal medicine, Infection Prevention Control, Laboratory, Pharmacy, Radiology

(Type 2) HCU, Surgical,

PUBLIC HEALTH CAPABILITIES

Public health interventions

Vaccination, if necessary



EMT DETAILS

(EMT NAME)

Japan Disaster Relief (JDR) Medical Team

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EMT GLOBAL CLASSIFICATION STATUS:

☐ No Account ☐ Expression of Interest Submitted ☐ Mentorship ☒ Classified ☐ ID:

PREVIOUS DEPLOYMENT EXPERIENCE (LAST FIVE ONLY)

YEAR	COUNTRY	EVENT	EMT(s) TYPE	DURATION (DAYS)
2023	Turkey	Earthquake	Type 2	27 days
2019	Mozambique	Cyclone	Type 1 fixed	23 days

EXISTING OR PREVIOUS WORKING RELATIONSHIP IN COUNTRY

ORGANIZATION	LOCATION	RELATIONSHIP

STAFFING DETAILS		EXPECTED LOCAL STAFF REQUIRED	
PHYSICIANS	7		
SURGEONS	5		
NURSES	27		
MIDWIVES	2		
PSYCHOLOGISTS			
ALLIED HEALTH PERSONNEL	11		
MANAGEMENT	3		
LOGISTICS	11-13		
ADMINISTRATION			
Other(Coordination)	6-9		
DOCUMENTS CHECKLIST		NAME (person compiling the form):	
<input checked="" type="checkbox"/> Professional Practice Licence		SUGIYAMA Hirotaka	

<input type="checkbox"/> CV or Resume (if applicable) <input checked="" type="checkbox"/> Copy of Passports <input type="checkbox"/> Visa documents (if applicable) <input checked="" type="checkbox"/> Packing List <input type="checkbox"/> Others required by the authorities	Email: Sugiyama.hirotaka2@jica.go.jp Signature: <i>SUGIYAMA Hirotaka</i>
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END OF REGISTRATION FORM