

## HKJCDPRI E-NEWSLETTER (ISSUE 5)

### HIGHLIGHTS

# Workshop on WHO Emergency Medical Team Development and Future

**HKJCDPRI and the Humanitarian and Conflict Response Institute (HCRI) of the University of Manchester co-organised a Workshop on WHO Emergency Medical Team (EMT) Development and Future on 23th February 2016 at the Hong Kong Academy of Medicine Jockey Club Building.**

The workshop was conducted by Prof Anthony REDMOND, Deputy Director of HCRI and Director of UK International Emergency Trauma and Medical Register (UKIETR)(UKIEMR) and Dr Amy HUGHES, Clinical Academic Lecturer in Emergency Response at the HCRI. 22 participants representing 6 organisations attended the workshop. Participating organisations included CCOUC at the Chinese University of Hong Kong, Emergency Medicine Unit at the University of Hong Kong, Hong Kong College of Emergency Medicine, Hospital Authority, Hong Kong Red Cross and the Hong Kong Polytechnic University

The aim of this workshop is to introduce the latest updates on WHO Global EMT development and to prepare HKJCDPRI with support of interested partners/advisors to strengthen the existing capacity of the EMTs in Hong Kong and China, and to develop alignment with WHO Global EMT standards.

Prof REDMOND began the workshop by introducing the evolvement of emergency medical teams since Armenian earthquake in 1988. Through the lessons learnt from previous disasters, he highlighted that insufficient international standards, lack of coordination, quality assurance and accountability remain the major issues of global emergency response. He continued to brief the participants with the recent rapid development of WHO EMT Initiative. Through building global coordination and partnerships; setting minimum standards and identifying best practice; implementing capacity building and training; providing quality assurance and classification; and delivering response coordination and in-field quality assurance, it is believed that emergency medical response would be

more effective and better coordinated.

In the second session, Dr HUGHES explained the UK-Med training framework. In order to equip UK-Med volunteers to provide high quality health services in low-resource and emergency context, UK-Med offer a series of courses which cover operational, technical and clinical training. To further enhance UK-Med personnel's competency, UK-Med is currently expanding their training scope through collaboration with various partners including Handicap International, Public Health England and Save the Children. They are in progress of developing trainings for rehabilitation, public health and logistics.



The last session of the workshop was on “WHO Global EMT classification, verification and mentorship programmes”. Prof REDMOND provided an overview of the most updated EMT classification system, mentorship and verification pathway. He stressed that importance of quality assurance. Through setting up global EMT registry, verification and validation system, the Initiative aimed to improve the standard of global health emergency workforce.

# WHO Emergency Medical Teams Initiative Delegation Visit China National Health and Family Planning Commission

On 5 to 8 April 2016, the Hong Kong Disaster Preparedness and Response Institute (HKJCDPRI) participated as members of the WHO Emergency Medical Teams Initiative delegation to visit Beijing and Shanghai of China to discuss the joining of Chinese emergency teams to the WHO Global Emergency Medical Team (EMT) Classification List. The delegation consisted of Dr Ian NORTON, lead of WHO Global EMT Secretariat, Prof Tony REDMOND, Global EMT mentor representative, Dr Donald LI, President of Hong Kong Academy of Medicine, as well as HKJCDPRI representatives.

During the visit, the WHO delegation met with the National Health and Family Planning Commission (NHFPC) to discuss Chinese EMTs' contribution to the WHO Global EMT system development. The delegation also assessed the public health response team of the Chinese Centre for Disease Control and Prevention and the emergency medical rescue team of the Shanghai NHFPC Centre of the Shanghai East Hospital. The WHO representatives evaluated the teams' equipment, medicine, operational workflow as well as quality of staff. While the WHO officials were impressed by the teams' performance and experience, ideas on further enhancements on the logistic aspects were discussed and exchanged among the NHFPC, the Chinese teams and the WHO delegation.

Currently there are over 35 similar emergency teams in mainland China which can be deployed nationally or internationally in times of emergencies. The joining of teams to the WHO Global EMT Classification List system can enhance the deployment of teams globally in a more streamlined and predictable way.



*Mobile laboratory of the Chinese Public Health Emergency Team*



*Inside the "mobile meeting room" of the Chinese Public Health Emergency Team*



*Dr Ian NORTON, lead of WHO Global Emergency Medical Team (EMT) Secretariat and Prof Tony REDMOND, Global EMT mentor representative, evaluated the tent hospital of the emergency medical rescue team of the Shanghai East Hospital.*

The benefits of the WHO Global EMT Initiative include:

- 1) Governments and people affected by emergencies and outbreaks can be assured of a predictable and timely response by well trained and self-sufficient medical teams.
- 2) Medical Teams that reach the minimum standard and are quality assured in a peer review process will be more likely to be requested to respond by affected member states and have a streamlined arrival process.
- 3) Donors, including the general public, can be assured that the teams they support have reached an international minimum standard and work within a globally coordinated response system.
- 4) The development of an EMT Community of Practice and the creation of a knowledge hub will allow EMTs to share SOPs and best practice. Operational research and development by WHO partners will improve EMT performance.
- 5) National & Regional EMTs, will be capacitated to prepare & respond to domestic, sub-regional & regional events. This will ensure an even more timely and appropriate response to health emergencies in the future.

For more information, please visit: <https://extranet.who.int/emt/page/home>

## Will Zika Virus Follow the Path of Dengue?

On February 1, 2016, the World Health Organisation declared Zika virus infection a Public Health Emergency of Public Health Concern. Four days later, Zika virus infection was made a notifiable infectious disease in Hong Kong.

Zika virus was first identified in Uganda in 1947 in rhesus monkeys. It was subsequently identified in humans in 1952. Zika virus disease outbreaks were reported for the first time from the Pacific in 2007 and 2013 (Yap and French Polynesia, respectively), and in 2015 from the Americas (Brazil and Colombia) and Africa (Cape Verde). In addition, more than 13 countries in the Americas have reported sporadic Zika virus infections.

Zika virus is mainly transmitted to humans through the bite of an infected *Aedes* mosquito. *Aedes aegypti*, which is currently not found in Hong Kong, is considered the most important vector for Zika transmission to humans. Other *Aedes* mosquito species such as *Aedes albopictus* widely present locally are also considered as potential vectors. Zika virus can also be transmitted through blood, but this is an infrequent mechanism. Sexual transmission of Zika virus may have occurred, and there were reports in a limited number of cases that the virus has been shown to be present in semen.

Most Zika virus infection is asymptomatic. The most common symptoms of Zika virus infection are fever and skin rash, usually accompanied by conjunctivitis, muscle or joint pain and general malaise. These symptoms are usually mild and last for a few days.

Neurological and autoimmune complications are infrequent, but have been described in the outbreaks in French Polynesia and, more recently, in Brazil. Recently Brazil health authorities have observed an

increase in babies born with microcephaly in northeast Brazil. More investigation is underway to study the relationship between microcephaly in babies and the Zika virus infection.

The diagnosis is confirmed by the presence of Zika virus RNA in the blood or other body fluids, such as urine or saliva. There is no specific medication or vaccine for Zika virus infection and the mainstay of treatment is symptomatic relief and prevent dehydration.

Preventive measures include using insect repellent; wearing clothes (preferably light-coloured) that cover as much of the body as possible; using physical barriers such as screens, closed doors and windows; and sleeping under mosquito nets. It is also important to empty, clean or cover containers that can hold water such as buckets, flowerpots or tyres, so that places where mosquitoes can breed are removed.



**Dr. Thomas TSANG**  
Vice President  
Hong Kong College of Community Medicine

Since international travel may bring the virus into Hong Kong, travelers returning from affected areas are advised to apply mosquito repellent for two weeks after arrival in Hong Kong to avoid being bitten by local mosquitos and spreading the virus locally. Returning travelers who feel unwell should seek medical advice promptly and provide travel details to doctor. Pregnant women should consider deferring travel to Zika-affected areas. The Hospital Authority is screening blood donors who visited areas affected by virus and banning them from donating blood for at least 28 days.

Meanwhile, The Department of Health has stepped up port health measures against the virus, and the Food & Environmental Hygiene Department will launch the first phase of an anti-mosquito campaign in February 2016.

### Useful links

**Areas with ongoing Zika virus transmission**  
[http://www.chp.gov.hk/en/view\\_content/43209.html](http://www.chp.gov.hk/en/view_content/43209.html)

**Areas with ongoing Zika virus transmission**  
[http://www.chp.gov.hk/en/view\\_content/43209.html](http://www.chp.gov.hk/en/view_content/43209.html)

### References

- Zika Virus Infection, Centre for Health Protection**  
<http://www.chp.gov.hk/en/content/9/24/43088.html> Updated February 12, 2016
- Zika Virus, World Health Organization**  
<http://www.who.int/mediacentre/factsheets/zika/en/> Updated February 10, 2016

## Vibram Hong Kong 100 Ultra Trail Race Closed Early in Front of the Severe Weather Threat

Hundreds of “frost-chasing” citizens were stranded on the top of Tai Mo Shan, the territory’s highest peak on 24 January 2016 while the Race finished early due to the extreme weather conditions. Most of them was suffering from hypothermia. The severe weather made rescue efforts difficult as the main roads were frozen. Rescue services share their views and experiences of responding to this incident.

### Rescue Operation of Civil Aid Service (CAS)

Alan Y K LAI

*CAS Mountain Search and Rescue Company*

Mountain rescue is always a difficult challenge. Apart from safely rescuing the casualties, we must also make sure that all members involved in the rescue could return safely. Before the operation, we needed to consider carefully about the best way to overcome the plight of the sites. Having said that, the secret to our success in the rescue operation at Tai Mo Shan on 24 January 2016, rather than being experience, was full enthusiasm.

I was standing by at the headquarters at 2 pm when I received the order to mobilise to the site to support my teammates. When I arrived at the Rotary Park in Tai Mo Shan, I saw my teammates utilising a rollaway bed to sledge an injured person down the hill. To avoid accidents during the evacuation process, they had to slow down by using ropes and body friction. Just by seeing the scene, we knew the situation was really harsh. While trying to save time and perform rescues in the shortest time possible, the rescuers had to be extra cautious in order to prevent injuries due to the slippery ground.

Frozen roads at Tai Mo Shan made the rescue extra difficult, as the road surface was extremely slippery and people walking on it could easily fall. In the absence of proper shoes or equipment for walking on the ice, we wrapped our shoes with hiking socks in order to increase the frictional force. Unfortunately, as the surface of the socks would soon be frozen and become stiff, we had to frequently change the socks by turning them inside out. Meanwhile, we used pruning shears as ice axes to break the ice in order to inch forward. We set some handrail ropes along the steep roads while looking for grass slopes in order to keep away from the frozen road surface. We found it safer to walk on the grass slopes as the uneven frozen surface could break easily when stepped on, thereby making it less slippery. While walking, we had to bend our knees and could only move one step after securing ourselves on the frozen road. In case we accidentally slipped, we had to slowly sit down as soon as possible and use our backpack to support one side of our body. Last but not the least, balancing our body with a hiking stick or pruning shears on the ice was a must in order to decelerate or brake.

In a stone house on the hilltop, we found a hypothermic casualty. Wrapped in space blankets and sleeping bags, he was lying on the ground and waiting for rescue. After preliminary inspection and providing him with hot water and warm packs, we started to evacuate. Since it was getting dark and the weather was really bad on the hilltop, the helicopter could not reach us. Hence, we had to use the wool blankets to make a temporary gliding stretcher in order to move the casualty away from the scene. After covering with three layers of wool blankets, we lined the entire stretcher with a space blanket to make it water-proof.



*We placed the casualty on the stretcher and added two more blankets on the top in order to keep him warm.*



*The casualty, after being strapped tightly by plastic rope, looked exactly like a human cocoon.*

However, that was the best way to keep him warm under such a harsh and extremely cold environment. It was already after 6pm when finally evacuated the casualty from the scene. Although there was no rain and the sky also started to clear up, the road was still completely frozen. Hence, we had no choice but to slowly slide our way down the hill. Apart from gripping on the ropes around the "cocoon" and balancing our body, we had to at the same time use the ropes as protection. It finally took us three whole hours to slide down the hill, which would only take us 15 minutes at most by walking on a fine day. Fortunately, we met our colleagues from the Fire Services Department, who helped us with their "Ice Claws" while walking on the frozen road. With their assistance, we were able to safely complete our mission.

That day, many hikers were wrapped in space blankets when they evacuated from the scene. In fact, the best way to keep the body warm under a windy situation is by wrapping the space blanket on the undergarment and covering the body with a wind-breaker. By doing so, we can achieve the waterproof and windproof effects while preventing heat loss. Most importantly, it can keep us warm by effectively reflecting the body temperature underneath the space blanket.

In this operation, the Civil Aid Service (CAS) Mountain Search and Rescue Company had flexibly used limited resources on hand and successfully completed the rescue operation with the most basic equipment. In a harsh weather condition with a low temperature of -5.9 C, their enthusiastic heart in rescuing the casualties was not even diminished a bit.

# From a Normal First Aid Duty to a Mass Casualty Incident

AU Chi Cheung, Albert

*Assistant Superintendent, Emergency Response Team, Kowloon Command Wong Tai Sin Division of St. John Ambulance Brigade*

The Hong Kong 100 trail racing event was held on 23 & 24 January this year and met the coldest weather for the last 59 years in Hong Kong. To deal with this situation, extra blankets and hot pads were prepared; duty officers and members were advised to put extra warm wear under their uniform.

The racing started on a windy Saturday morning at 10°C which is considered an ideal weather for trail running. The event started at Pak Tam Chung all the way to Rotary Park at Tai Mo Shan which covers nearly 100 km and runners were expected to complete the trail within 30 hours.

Some tents of the first aid posts and check points, e.g. Hoi Ha & Wong Shek Pier, were found damaged by strong winds when we arrived. We needed to restore it to resume service.

At 14:00 on Saturday, at the finish point, a first aid post was set-up in advance by the Wong Tai Sin Division and the main body of manpower cover-up was from Wong Shek Pier & Hoi Ha check points. We estimated that we would be faced with exhausted runners with minor injuries at the finish point.

The event was running as expected and no major injuries occurred until midnight on Saturday. The weather became very unstable: there were strong winds and rain with small ice flakes. The temperature dropped to 0°C or below. Runners were covered with ice flakes when reaching the finish point and some of them suffered from hypothermia. Hot water was boiled continuously by our members for the patients. Our post was crowded with exhausted or hypothermia runners and ice-watchers. Most of them recovered with treatment but some of them were still suffering. We decided to send them to hospital as the scene was too cold to keep the hypothermia patients. The sound of sirens came after 30 minutes; but the ambulances could not reach Rotary Park as they were blocked by the vehicles of ice-watchers. During this period, some finished runners were suffering hypothermia due to waiting in strong wind without cover.

As around 05:00, Steve and Janet, the event organisers, gathered our post and reviewed the situation of the event as some runners reported that there was black-ice on the road surface of upper part of Tai Mo Shan Road. A decision to Cut-Off the event was announced at 05:18 and I had phone-contact with the first aid duty in-charge at Shing Mun and Lead Mine Pass to make sure that the check points over there started to stop the runners to continue going up to Tai Mo Shan. At around 06:45, Janet informed me that there were around 20-30 runners trapped by black ice at the peak of Tai Mo Shan and suffering hypothermia due to the wind chill effect and asked us to help them. After reviewing our uniform and equipment of our members, I decided to call for help from Fire Service Department instead.

A Mass Casualties Incident was started. We were requested by Ambulance Incident Officer of Fire Service Department to remain the operation of our first aid post, receive the victims who were saved by the firemen and provide primary treatment.

The racing event scheduled to finish at 14:00 but we remained operation to 17:00 until released by the Ambulance Incident Officer of Fire Service Department.

## *What we have learned:*

1. Under this extreme situation, some electronic equipment, e.g. Infra-Red thermometer and some mobile phones, could not work properly. We solved this problem by putting it in the pocket of trousers to remain in a warmer environment until it could be used again.
2. The most effective way to deal with hypothermia is changing wet clothes. Remove the wet clothes as soon as possible and cover the patients with dry clothes to stop the continuous loss of body heat.



## An Memorable Encounter at Tai Mo Shan

*Ambulance Service Institute (ASI), Hong Kong Branch*

Walking up the mountain along the frost-covered steep roads of Tai Mo Shan was really an experience. We were extremely cautious as we made our way up by carefully making the smallest steps. Everyone realised that we could easily fall on the wet and slippery surface and create a catastrophic domino effect. In an emergency situation where there were dozens of casualties waiting for our rescue up at the peak, injuring ourselves, our teammates or anyone walking downhill and giving extra burdens to our already stressed teammates were the last things anyone would want to see. The challenge increased as we approached closer to the radar station at the peak. Since it was difficult to even stand straight on our feet, we could only walk slowly by carefully stepping on the grass or frozen mud on the roadside.

In fact, the higher we got, the more difficult and dangerous the situation was. Meanwhile, the cold and biting wind seemed to have entered our body through the thick coats. Our face, ears, and hands, which were exposed in air, all got numbed in just a couple of minutes. While the tingling sensation retarded our actions, we dared not slow down too much, as everyone was hoping to generate some body heat through persistently moving our body. When we finally got up to the peak, the freezing sleet and rain hit right on our face. All we could see were the ice-covered tree branches, leaves, and grass, which were knocking against each other and creating jingling sounds as the gale was fiercely blowing through them.



*Group photo of participating ASI Members*

## “To Know Disaster Preparedness and Response by Knowing Your Counterpart”



*Crewman Officer introduced ASI daily operation*

To enrich members' knowledge about disaster preparedness and response, members of the Ambulance Service Institute (Hong Kong Branch) paid a half-day visit to the Headquarter of Government Flying Service (GFS) at their Chek Lap Kok Base on 5 December 2015.

The service and operation of GFS as well as various types of aircraft were introduced to Ambulance Service Institute (ASI), Hong Kong Branch members by the Crewman Officer. In the presentation, members had very close encounter to real operation through stunning video coverage. The pre-operation preparation, planning and briefing were shared. During the visit, the roles and functions of flying doctor and nurse were also shared.

The majority of ASI members come from the ambulance stream of the Hong Kong Fire Services (FSD). Most of the ambulance officers had been familiar with winching operation with the GFS. In a major incident, FSD paramedic personnel will be dispatched into the scene or winched by GFS helicopter. The personnel of FSD and GFS closely cooperate in major incidents or exercises. At times when no flying doctors and nurses are available, GFS will assign a FSD paramedic on board for assistance. Operations include, but not limited to, search and rescue for the lost or the injured over the mountainous terrain in the territories, rescue for the injured or sick from rocking vessels during storm in South China Sea, Inter-departmental Vegetation Fire-cum-mountain Rescue Exercise, Annual Aircraft Crash Exercise, etc. These operations require seamless cooperation between FSD paramedics and GFS personnel, for which closer understanding to GFS, its operation, equipment and accoutrements are important.

During the event, ASI members had broadened their horizons and understood the rescue operation involving GFS, especially in the aspect of disaster preparedness. Members appreciated the arrangement and contribution made by the GFS of the visit.

## The Campaign Alliance of Hong Kong Jockey Club Disaster Preparedness and Response Institute with NGOs

One of the most popular travel destinations of Hong Kong people, Kyushu of Japan, and Ecuador in South America that is farther away from us, had just undergone through disastrous earthquakes, which reminded us once again the power of natural hazards. While the mainstream media in Hong Kong kept asking whether the tours could be departed as scheduled, there were already discussions around the globe that whether the two earthquakes were interrelated, or signalling a forthcoming global earthquake

Whether it is large or moderate in magnitude, close to us or far away, disaster is always related to every one of us. To prepare and respond to disasters like fire, earthquake or even tsunami, it is indeed simpler than you could ever imagine. The "Community Campaign on Disaster Resilience" encourages and supports local social organisations to design and promote community projects that help raise public awareness and knowledge on disaster preparedness and response measures, so as to build a safer community

### List of partner organizations of the Community Campaign on Disaster Resilience 2016



#### Silence

Project Name: Workshop and Industry Seminar on Emergency Response (Fire) for the Deaf  
Target Audience: Persons with hearing impairment and emergency service providers (including firemen, police officers and security staff)



#### Amity Mutual-Support Society

Project Name: "Be with you" Defend Together Against Disasters  
Target Audience: Ex-mentally ill persons and the public



#### Tai O Sustainable Development Education Workshop

Project Name: Tai O Anti -Flood Awareness-Raising Programme  
Target Audience: Tao O and Hong Kong residents



#### CarbonCare InnoLab

Project Name: Assessment of Response Capacity Against Disasters Resulted from the Climate Change in Hong Kong  
Target Audience: Representatives of Tai O residents, NGOs, and community helpers

### HKJCDPRI Overseas Training Fellowship

The second call for application on HKJCDPRI Overseas Clinical (Emergency Medicine) Training Fellowship for Healthcare professionals will open soon in April 2016.

Unlike certain scholarships where the types of study or attachment overseas is set, both HKJCDPRI fellowships allow the applicants to propose their design on their intended training, and provide flexibility regarding the location, modality and the duration of the fellowship (see award requirements in the link at the end). The decision to award the fellowship will be based on the aspiration of the candidate and their proposed training plan, most importantly on how the fellowship can promote disaster preparedness in Hong Kong.

For the latest information regarding the application procedures, please visit [hkjcdpri.org.hk](http://hkjcdpri.org.hk).

#### Meet Ms. Tiffany Yeung, HKJCDPRI's 1<sup>st</sup> Awardee of Overseas Training Fellowship Programme

Ms Tiffany Yeung, the first candidate awarded the HKJCDPRI non-clinical public health overseas training fellowship, has started her public health training at the Public Health England (PHE) in January 2016. PHE is an executive agency of the Department of Health in the United Kingdom and is also a supporting member for the UNISDR Science and Technology Conference on the implementation of the Sendai Framework for Disaster Risk Reduction 2015-2030. The conference is to bring together the most comprehensive of stakeholders in at all levels and areas around the world to discuss the implementation of the Sendai Framework.

“This is the first time I’ve been involved in something of such scale and height in the global arena... As the scientists involved in the conference, ranging from the speakers to the organising committee are all from different parts of the world, it has been a challenge getting information and details across to all target participants. However the zeal eluded from all that are involved, while striving for the same goal, is priceless.” said Tiffany.

Tiffany is writing a personal youth advocacy blog on her experience during the internship, and relating to ideas on how to improve disaster preparedness in Hong Kong. You can find her latest entry at: <http://publichealthhk.blogspot.co.uk/>. She is committed to organising disaster awareness education campaign in schools in Hong Kong upon the completion of her fellowship, utilising the knowledge and skills she has gained in UK and Switzerland. With her background in public health, she will also be looking into how to better increase overall urban disaster risk literacy to prevent health losses in Hong Kong.



### Fundamental Disaster Response Course 2016

The 5-day full day course, offered by the Disaster Medicine Subcommittee of the Hong Kong College of Emergency Medicine has commenced. It aims to cultivate interest and create leaders in disaster management. The course participants are health care professionals who will be involved in planning for actions throughout the phases of disaster.

Please visit [www.disaster.com.hk](http://www.disaster.com.hk) for further details about the course.



1<sup>st</sup> class held on 12 March 2016

**SAVE  
the  
DATE**

**Annual Conference on  
Disaster Preparedness  
and Response  
08 OCT 2016  
Hong Kong**

**Details to Follow**

# CCOUC Disaster and Health Risk Field-based Training in Rural China



The Collaborating Centre for Oxford University and CUHK for Disaster and Medical Humanitarian Response (CCOUC) has organised health and disaster preparedness needs assessment and intervention trips to two projects sites at HeiHe Village in Yingjiang County (Dehong Dai & Jingpo Autonomous Prefecture of Yunnan Province) and Nangqian County (Yushu Tibetan Autonomous Prefecture of Qinghai Province) since August 2015 to provide field-based training opportunities for health and non-health professionals.

A team of medical practitioners and postgraduate students in public health visited Nangqian County of Qinghai Province in November 2015. Health education on earthquake related disaster preparedness and resilience as well as menstrual hygiene for girls focusing on the changes in puberty, menstruation and the use of sanitary napkins were held in three boarding schools. A 2-day intensive midwife training programme was also conducted for midwives serving in rural communities.

HeiHe Village of Yingjiang County is located on the border of China near Kachin State of Myanmar. The first trip to the village in August 2015 was a site selection trip to identify this particular village as suitable for further health needs assessment. A second trip centered on health needs assessment was then organised in November 2015 to further understand the health practices and health status of the villagers. A team of field trainees conducted household visits, which helped ascertain three intervention themes for the health intervention trip in January 2016. During the latter trip, the team delivered health education on salt and hypertension, disaster preparedness, as well as waste management by means of drama and talks. Around 90 villagers participated in these activities, with very positive response.

To learn more about the field trips of CCOUC, please visit <http://ccouc.org/home-4>

Free E-learning courses offered by our collaborating partners

D01-1: Climate Change and Health  
(offered by CCOUC, CUHK)

D02-1: Radiation Emergencies  
(offered by Li Ka Shing Faculty of Medicine, HKU)

For enrolment, please visit [hkjcdpri.org.hk](http://hkjcdpri.org.hk)



## UNISDR Science and Technology Conference on the Implementation of the Sendai Framework

To promote and support the availability and application of science and technology to decision-making in Disaster Risk Reduction



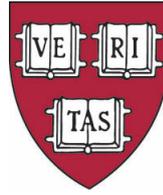
The conference, held in Geneva on 27-29 January 2016, brought together leading science and technology experts, policy makers, practitioners and researchers from around the world to discuss how the science and technology community can best support the implementation of the Sendai Framework for Disaster Risk Reduction 2015 – 2030 (Sendai Framework). Dr Donald LI, President of the HKAM and Chairman of the HKJCDPRI Governing Board, and Dr Kevin HUNG, Director of the HKJCDPRI attended the conference to meet with various international counterparts and to showcase our work.

The Sendai Framework was endorsed by the UN General Assembly on 18 March 2015 following the 2015 Third UN World Conference on Disaster Risk Reduction. It is the first major agreement of the post-2015 development agenda, with seven targets and four priorities for action. For full text of the Sendai Framework, please visit [unisdr.org](http://unisdr.org).

Our collaborating partner, CCOUC, was also well represented at the conference. Professor Emily Chan, Director of CCOUC and her team delivered 3 poster presentations on “Building community health resilience to disasters: a multistakeholder partnership approach”, “Awareness and risk perceptions of extreme temperature warning in a subtropical city in Asia: a glimpse of the young educated population”, and “What are the knowledge gaps in global civil society for disaster risk perceptions? Insights from a global online training program”. CCOUC’s representatives were also appointed rapporteur for various conference workstreams sessions.



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