



Medical Relief Measures Implementation Plan at Expo 2025 Osaka, Kansai, Japan

November 2024

Japan Association for the 2025 World Exposition

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1. Objective

The objective of this plan is to establish a medical relief system within the venue of the Expo 2025 Osaka, Kansai, Japan (hereinafter referred to as the “Expo”) required to ensure the safety and security of visitors.

2. Basic policy for the medical relief system within the venue

The medical relief system within the venue will provide appropriate first aid measures, etc. according to the level of urgency to prevent or alleviate worsening symptoms. For heat stroke, a system will be established to prevent it from becoming severe by taking appropriate measures at the mild injury stage.

If necessary, an appropriate ambulance transportation system will be established in cooperation with the Osaka City Fire Department and other authorities. When there are many people who have suffered injury or contracted a disease, a system will be in place to alleviate damage by responding quickly and effectively.

(1) Expected appearance of patients

- Based on past exposition results, the expected number of patients is approximately 0.1% of visitors (150 persons per day, with 97% being mildly injured). Proper measures will be taken for busy days, etc., including reinforcement of staffing capacity.

(2) Establishment of medical relief facilities

- The number of facilities will be the same as in past expositions (eight facilities), with enough space to accommodate a large number of patients.

(3) Addressing heat stroke cases

- Since it is effective to take appropriate measures against heat stroke before it becomes severe, a system will be established to address heat stroke cases at eight medical relief facilities within the venue. Among them, three clinics will have a doctor assigned to provide intravenous infusions and other procedures to patients with dehydration and other symptoms.

(4) Facilitating off-site transportation of patients

- With the support of the Osaka City Fire Department, ambulances will be stationed within the venue. The number of vehicles and locations will be determined as appropriate depending on the time of year and the degree of strain on the emergency medical system in Osaka City.
- A transportation system using helicopters of related organizations, with a focus on HEMS, will be established.
- A transportation system by ship will be established in preparation for emergencies.

(5) Responses if there are many people who have suffered injury or contracted a disease

- In preparation for the occurrence of unforeseen accidents, incidents, or natural disasters that result in a large number of people who have suffered injury or contracted a disease, response guidelines will be established to ensure appropriate cooperation with the Expo security unit, the fire department, Osaka Prefectural and City governments, and other related organizations.

(6) Scope of medical care provided within the venue

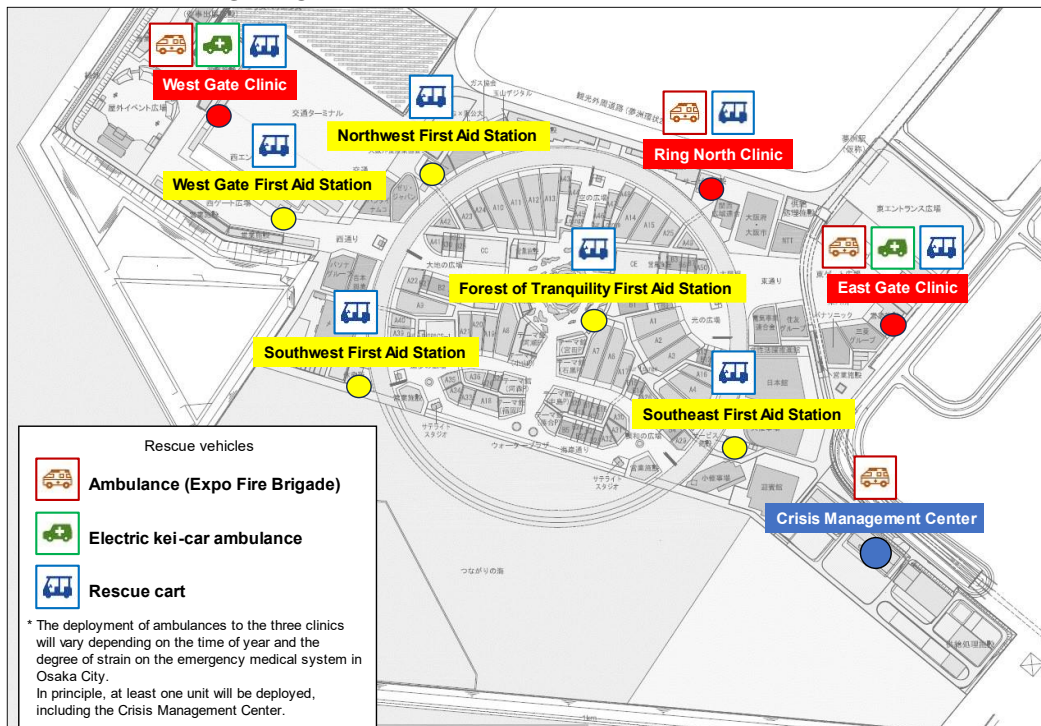
- First aid and other measures will be provided to prevent or alleviate worsening symptoms of persons who have suffered injury or contracted a disease.
- Appropriate cardiopulmonary resuscitation, including defibrillation, will be performed in the event of cardiopulmonary arrest.

3. Overview of medical relief facilities and system

3-1. Overview of medical relief facilities

I. Location

- Three clinics and five first aid stations will be established within the venue.
- The clinics will be located near the West Gate and the East Gate, which are near the access roads to the outside of the venue, as well as in the center of the venue.
- A base for overseeing medical relief activities will be established within the Crisis Management Center, which consolidates information on the guard service and other matters within the venue
- The West Gate Clinic will function as a base in the event of a disaster.



II. Operating hours

Medical relief facility	Operating hours
West Gate Clinic	9:00–22:00
Ring North Clinic	9:00–16:30
East Gate Clinic	9:00–16:30
First aid stations (5 locations)	9:00–22:00

* On days when a large number of visitors are expected and the venue is likely to open early, these facilities will also open earlier or take other necessary measures in a timely manner.

III. Transportation within the venue

	Means of transportation	Number of units	Location
(1)	Electric kei-car ambulance	2	West Gate Clinic and East Gate Clinic
(2)	Rescue cart	8	Each medical relief facility
(3)	Electric stretcher	8	
(4)	Wheelchair	16	



(1) Electric kei-car ambulance



(2) Rescue cart



(3) Electric stretcher



(4) Wheelchair

IV. Scope of medical care provided at medical relief facilities

(1) Scope of medical care provided

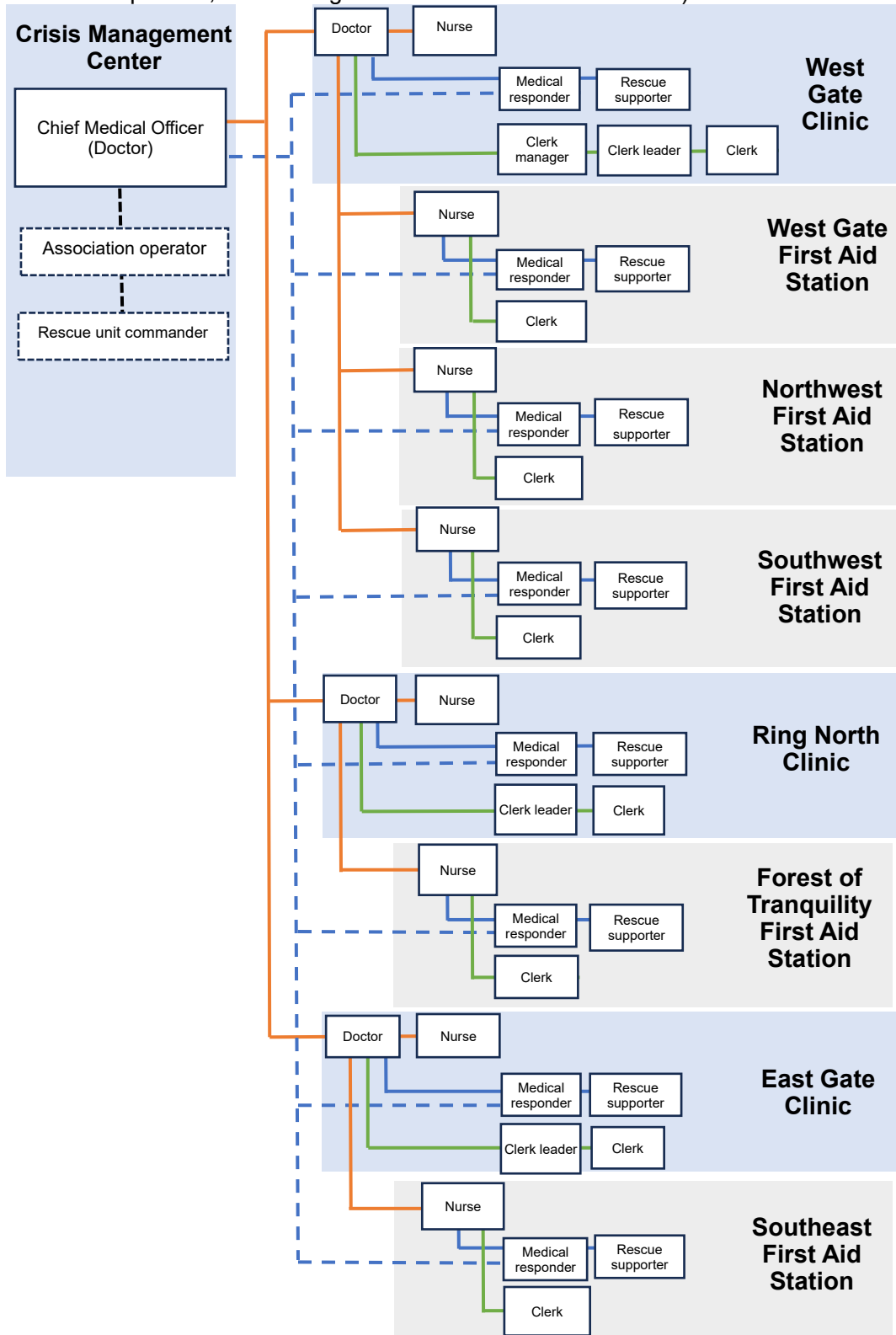
- Medical and nursing services provided at medical relief facilities will be first aid measures, etc., to prevent or alleviate worsening symptoms of persons who have suffered injury or contracted a disease (patients).*
- * “A person who has suffered an injury or contracted a disease” refers to someone feeling unwell, while “a patient” refers to a person examined by a doctor, both within the venue.
- The clinics provide emergency medical treatment, tests to determine the level of urgency, and resuscitation procedures in the event of an emergency.
- If necessary, guidance will be given to medical institutions outside the venue. If it is judged to be an emergency as a result of a doctor’s examination, etc., an ambulance will be requested from the fire department.
- Since doctors are not assigned to first aid stations, nurses perform triage and simple trauma care.
- If a person who has suffered an injury or contracted a disease is suspected of having an infectious disease, a qualitative antigen test for SARS-CoV-2/influenza virus will be performed as necessary from the perspective of infection control.

(2) Equipment, etc. to be prepared

- Resuscitators and trauma care equipment required in an emergency
- Testing equipment required to determine the level of urgency: 12-lead ECGs, ultrasound diagnostic devices, qualitative antigen test kits for SARS-CoV-2/influenza virus, etc.
- Equipment used by rescue units for transportation: Rescue vehicles (electric kei-car ambulance, rescue cart), stretchers, wheelchairs

3-2. Medical relief system

I. Organization chart (See “8-1 Cooperation with Association Management Headquarters, etc.” for organizations within the Association)



II. Medical staff (Basic working hours: Early shift 8:30–16:30, late shift 14:30–22:30)

Early shift Late shift	Chief Medical Officer (Doctor)	Doctor	Nurse	Rescue unit			Medical administration		
				Rescue unit commander	Medical responder	Rescue supporter	Clerk manager	Clerk leader	Clerk
Crisis Management Center	1 / 1			1 / 1					
West Gate Clinic		2 / 2	4 / 4		1 / 1	1 / 1	1 / 1	1 / 1	3 / 3
East Gate Clinic (Early shift only)		1 / -	2 / -		1 / -	1 / -		1 (*) / -	2 / -
Ring North Clinic (Early shift only)		1 / -	2 / -		1 / -	1 / -		1 (*) / -	2 / -
West Gate First Aid Station			1 / 1		1 / 1	1 / 1			1 / 1
Northwest First Aid Station			1 / 1		1 / 1	1 / 1			2 / 2
Southwest First Aid Station			1 / 1		1 / 1	1 / 1			2 / 2
Forest of Tranquility First Aid Station			1 / 1		1 / 1	1 / 1		1 (*) / 2	2 / 2
Southeast First Aid Station			1 / 1		1 / 1	1 / 1		- / 1 (*)	2 / 2
Total	1 / 1	4 / 2	13 / 9	1 / 1	8 / 6	8 / 6	1 / 1	3 / 3	16 / 12

- The above table shows the basic system, and the number and assignment of staff will be adjusted as necessary.

* Since the Ring North Clinic and the East Gate Clinic will close at 16:30, the clerk leaders working at those clinics (late shift) will move to their respective first aid stations under their jurisdiction (Forest of Tranquility First Aid Station and Southeast First Aid Station) to work.

Doctors, nurses, etc.

- Chief Medical Officer: One person will be assigned to the Crisis Management Center.
- Doctor: Two doctors will be assigned to the West Gate Clinic, which will serve as a base in the event of a disaster, and one doctor each to the East Gate Clinic and the Ring North Clinic.
- Nurse: Two nurses per doctor will be assigned to the clinics in principle. One or more nurses will be assigned to each first aid station.
- Rescue unit commander: One person will be assigned to the Crisis Management Center.
- Rescue unit: Each unit will consist of at least two members, including at least one medical responder, along with rescue supporters or other staff. One unit will be assigned to each clinic and first aid station, with a total of 6–8 units.

Medical administration

- Clerk manager: One person will be permanently assigned to the West Gate Clinic to supervise the medical administrative staff.
- Clerk leader: One person will be permanently assigned to each clinic as the leader of the medical administrative staff.

Since the Ring North Clinic and the East Gate Clinic will close at 16:30, the clerk leaders working at those clinics will move to their respective first aid stations under their jurisdiction to work.

- Clerk: As medical administrative staff, three clerks will be permanently assigned to the West Gate Clinic and two clerks will be permanently assigned to other clinics and first aid stations (excluding the West Gate First Aid Station). One clerk will be permanently assigned to the West Gate First Aid Station since it is located in the same gate facility as the West Gate Clinic, making coordination easy.

III. Main duties of the medical staff

Name	Place of work	Main roles
Chief Medical Officer (Doctor)	Crisis Management Center	<ul style="list-style-type: none"> • Supervision and management of medical relief activities within the venue • Liaison and coordination with the responsible officers of related organizations (guard service, fire department, etc.) • Direction and supervision in disaster and emergency response • Selection of off-site medical institutions for hospital transfer • Other management duties related to the operation of medical relief facilities
Doctor	Clinic	<ul style="list-style-type: none"> • Medical treatment within the venue (including relief activities outside of the clinics) • Creation of medical records • Medicine prescription and management • Coordination for transfer to off-site medical institutions • Disaster and emergency response • Other medical relief activities
Nurse	Clinic/first aid station	<ul style="list-style-type: none"> • Assistance in medical treatment and nursing care of persons who have suffered injury or contracted a disease within the venue (including relief activities outside of the clinics) • Creation of nursing records, etc. • Medicine management • Hygiene management such as cleaning medical apparatus, etc. • Management of medical apparatus, medical supplies, etc. • Disaster and emergency response • Other medical relief activities
Medical responder (Rescue unit)	Clinic/first aid station	<ul style="list-style-type: none"> • Medical relief activities within the venue (including assistance in addressing patients at medical relief facilities and during on-site response by ambulance teams) • Creation and management of relief activity records • Management of first aid equipment • Patrol work • Transportation of medical supplies, etc. • Disaster and emergency response • Other medical relief activities

Name	Place of work	Main roles
Rescue supporter (Rescue unit)	Clinic/first aid station	<ul style="list-style-type: none"> • Assistance in the activities of medical responders (including assistance in addressing patients at medical relief facilities and during on-site response by ambulance teams) • Transportation of persons who have suffered injury or contracted a disease between medical relief facilities • Management of rescue vehicles • Patrol work • Transportation of medical supplies, etc. • Disaster and emergency response • Other medical relief activities
Clerk manager	West Gate Clinic	<ul style="list-style-type: none"> • Liaison service with the Expo Association • Supervision of each clerk leader's duties • Liaison and coordination with the responsible officers of the guard service, fire department, etc. • Liaison and coordination with the Association staff • Disaster and emergency response • Other duties related to the operation of medical relief facilities
Clerk leader	Clinic	<ul style="list-style-type: none"> • Attendance management of medical staff at each facility • Supervision of the services of clerks • Compilation of daily reports for each managed facility • Fire inspections, item inspections, and unlocking and locking within the facility • Disaster and emergency response • Other duties related to the operation of medical relief facilities under jurisdiction
Clerk	Clinic/first aid station	<ul style="list-style-type: none"> • Guidance for visitors and other reception duties • Duties related to medical procedures for patients • Entry of information of patients (persons who have suffered injury or contracted a disease) • Creation of daily report • Search for off-site medical institutions • Management of waste generated by medical relief facilities (including infectious waste) • Management of linens within the facility • Management of equipment within the facility • Assistance with the management of medical apparatus, medical supplies, etc. • Assistance to healthcare providers (including assisting patients [persons who have suffered injury or contracted a disease] and changing linens) • Disaster and emergency response • Other duties related to the operation of medical relief facilities
Volunteers, etc.	Clinic/first aid station	<ul style="list-style-type: none"> • Assistance to nurses, clerks, and rescue units (May not provide medical treatment even if qualified)

IV. Medical relief facility layout
(Omitted)

V. Rescue unit

(1) Objective of operation

The objective of the operation is to provide an initial response to persons who have suffered injury or contracted a disease within the venue, through early detection of the cases, medical relief activities using rescue vehicles, etc., and prompt transportation to medical relief facilities.

(2) Number of units assigned

One unit will be assigned to each clinic and first aid station (eight units for the early shift and six units for the late shift).

Since cooperation with the Crisis Management Center is essential for the implementation of their service, a rescue unit commander will be assigned within the Crisis Management Center.

(3) Staffing

Each unit will consist of two members, including at least one medical responder, along with rescue supporters or other staff.

Volunteers or other staff may be added to the above organization to increase the number of unit members.

Medical responder: Nurse or EMT

Rescue supporter: Staff who have taken a first aid course

* When responding to a person who has suffered an injury or contracted a disease with a high level of urgency or severity, a doctor may also ride the vehicle to the scene under the direction of the Chief Medical Officer.

(4) Means of transportation

① Electric kei-car ambulance × 2

* Stationed at the West Gate Clinic and the East Gate Clinic

② Rescue cart × 8

③ Electric stretcher × 8

④ Wheelchair × 16

(5) Portable equipment to carry

Unit members will carry items, including an automated external defibrillator (AED), pocket mask, and first aid bag for trauma.

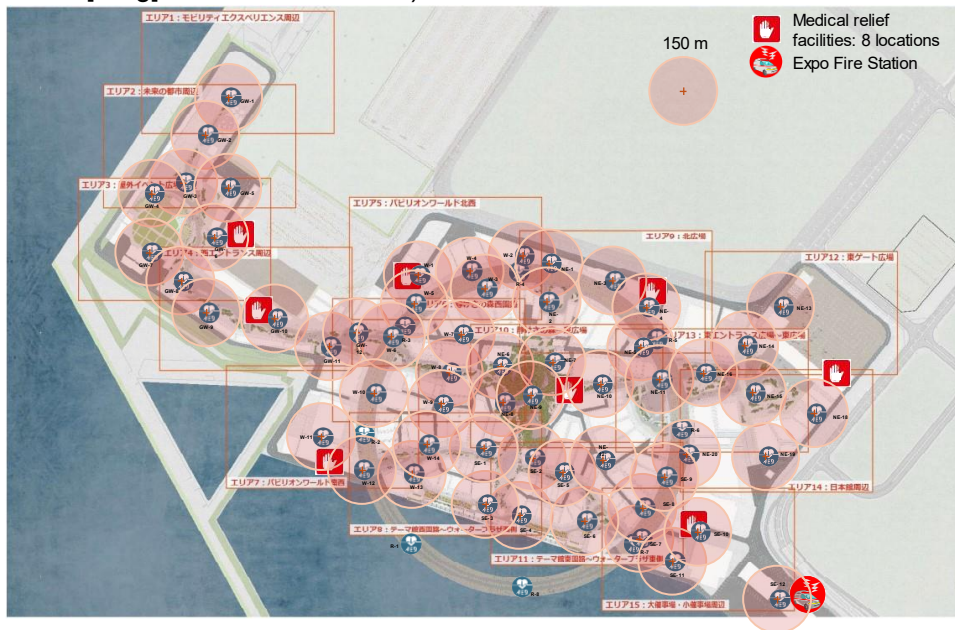
(6) Other remarks

Rescue units will be waiting at the clinics and first aid stations, but will be moved to other locations when a concentration of visitors is expected due to an event, etc.

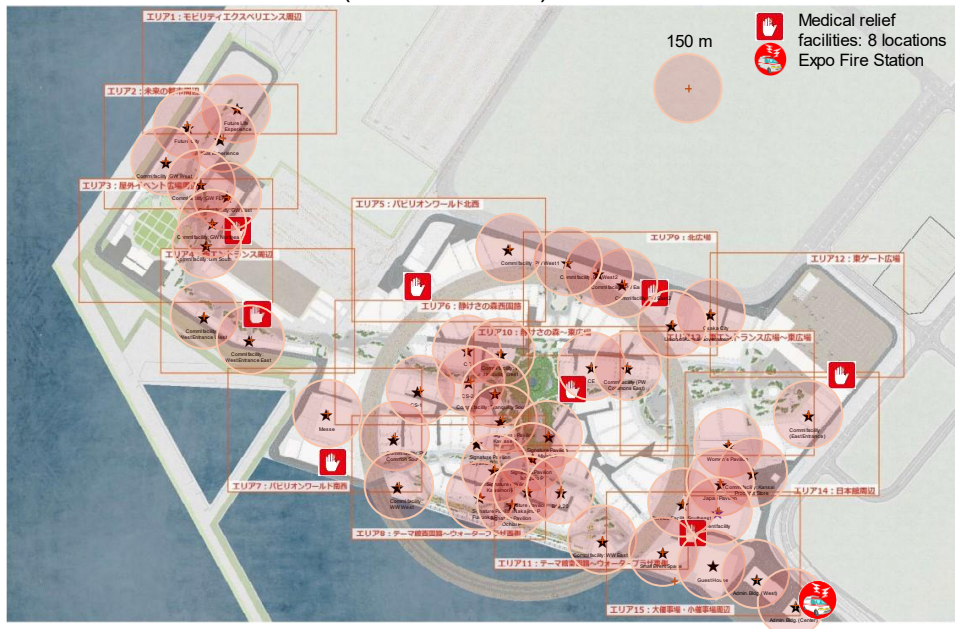
VI. Installation of AEDs within the venue

AEDs will be installed in the open air within the venue. Each AED will cover an area 150 meters in diameter and be ready for use within three minutes of cardiac arrest. In addition, they will also be installed indoors, mainly at event facilities where many people gather.

- (1) Location of AEDs in the open air (76 units in total, including 8 units on the Grand Roof [Ring] and 10 mobile units)

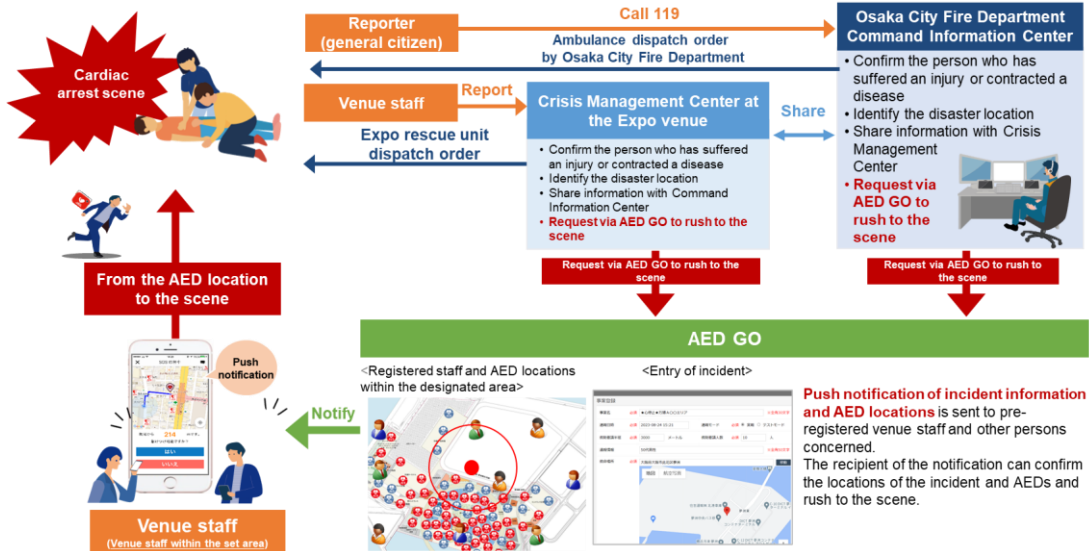


- (2) Location of AEDs indoors (74 units in total) * As of October 2024



- (3) AED GO: A smartphone-based AED transport system
 The AED GO system will be used to provide prompt first aid in the event of cardiopulmonary arrest by notifying nearby venue staff, etc. of the location of the AEDs in addition to requesting them to rush to the scene.

[Image of use]



3-3. Training for related workers

The following training will be provided to related workers involved in the operation of the Expo. The training will be provided mainly prior to the Expo.

I. Medical staff

- Basic training (February to March)
 Each trainee will watch a training video on the basic items, facilities, equipment, etc. necessary for the work.
- On-site training (March)
 The trainees will check the facilities and equipment at the medical relief facilities and actually operate equipment such as radios.
- General training (March)
 The trainees will check a series of steps in addressing a person who has suffered an injury or contracted a disease using scenarios that simulate the occurrence of mild to severe injuries.
- Training for addressing many people who have suffered injury or contracted a disease (February, March)
 The trainees will check the system for addressing many people who have suffered injury or contracted a disease due to a disaster or other event.

II. Related workers (excluding medical staff)

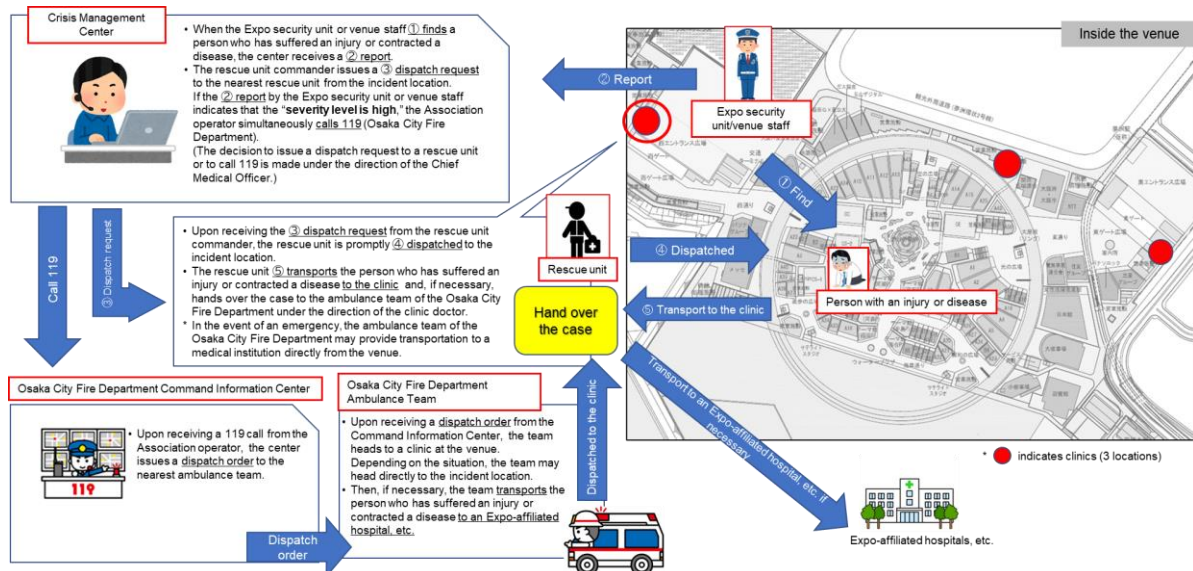
- Training will be provided in a timely manner so that related workers can provide appropriate first aid (including the use of an AED) when they find a person who has suffered an injury or contracted a disease within the venue.

4. Responses if there is a person who has suffered an injury or contracted a disease

4-1. System for reporting and providing relief in the event a person who has suffered an injury or contracted a disease is found

Any person who has suffered an injury or contracted a disease found by the security unit or venue staff will, in principle, be transported to a clinic by the rescue unit. If a doctor at the clinic determines it necessary after examination, the Association operator will call the Osaka City Fire Department for an ambulance, and the patient will be transported by the ambulance team to an Expo-affiliated hospital* or other institutions outside the venue. The figure below shows a case in which the Expo security unit finds a person who has suffered an injury or contracted a disease. Refer to “4-2. Criteria for requesting an ambulance” for the severity level.

* Expo-affiliated hospital: Emergency medical institution in Osaka City designated by the Osaka Prefectural Government as an institution that actively accepts patients transported by ambulance



4-2. Criteria for requesting an ambulance

Upon receiving the call and determining that the “severity level is high” based on the following criteria for requesting an ambulance, the Association operator will call the Osaka City Fire Department for an ambulance under the direction of the Chief Medical Officer.

It is determined that the “severity level is high” if any of the following symptoms are present.

Consciousness: Unresponsive, half conscious <unable to say name, unaware of where this place is>

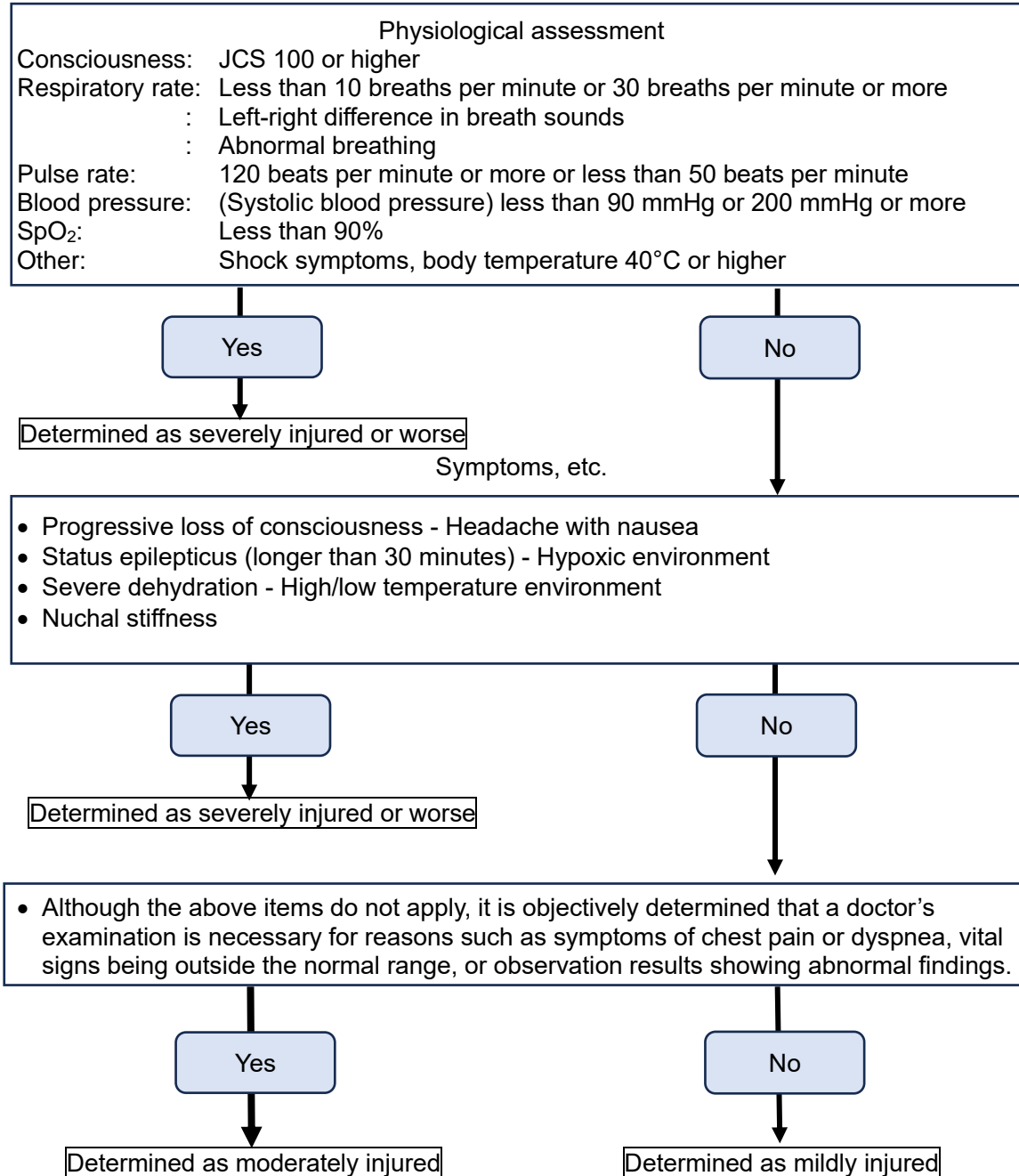
Breathing: Not breathing, appears breathless

Circulation: Cold sweat, heavy bleeding, pale

Symptoms: Danger signs <severe headache, sudden chest/abdominal/back pain>

4-3. Criteria for determining the level of urgency and severity

The triage criteria used to determine the level of urgency and severity by nurses, rescue units, etc. at the clinics and first aid stations within the venue will be as follows:

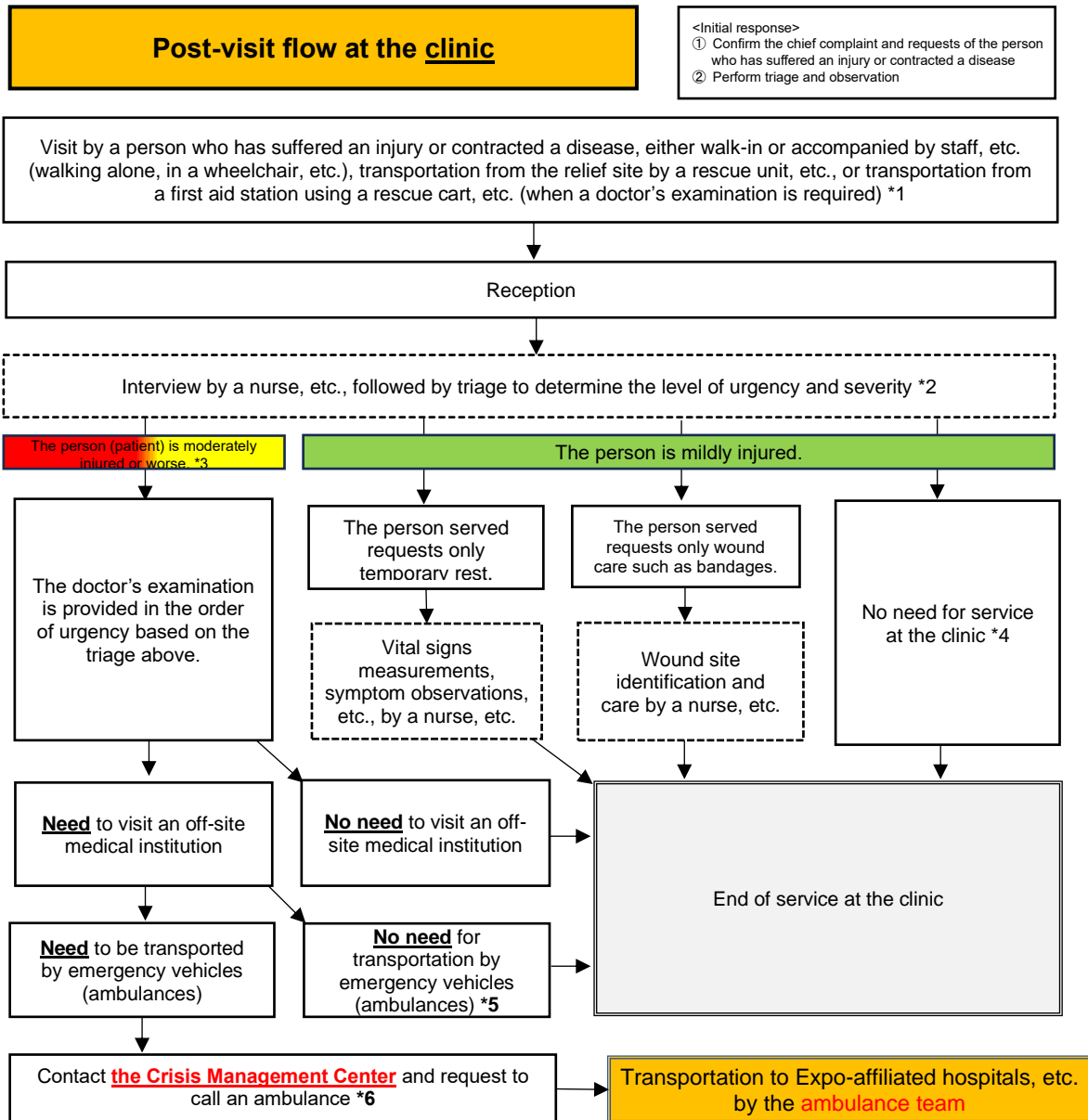


Cited and modified from the "Report of the Committee for Developing Criteria for Determining Severity and Urgency in Emergency Transport 2004" by the Foundation for Ambulance Service Development

4-4. Post-visit flow at the clinic

At the clinic, if the case is judged to be moderately injured or worse by interview and triage by a nurse, etc., a doctor will provide medical examination (mainly emergency treatment). First aid stations provide wound care that does not require a doctor's instructions and oversee those who are taking temporary rest. (No medical treatment shall be performed.)

In principle, a visitor to a medical relief facility should be categorized as a "person who has suffered an injury or contracted a disease" and listed in the relief activity record. If a doctor examines the visitor, he/she should be categorized as a "patient" and listed in the medical record.



*1 Re-triage should be performed even if triaged already at the first aid station, as the condition may have changed.

*2 Includes quick interviews and symptom observations that do not involve triage. Examination will be performed immediately by a doctor in case of an emergency.

*3 Includes some mildly injured persons (patients) who require a doctor's examination.

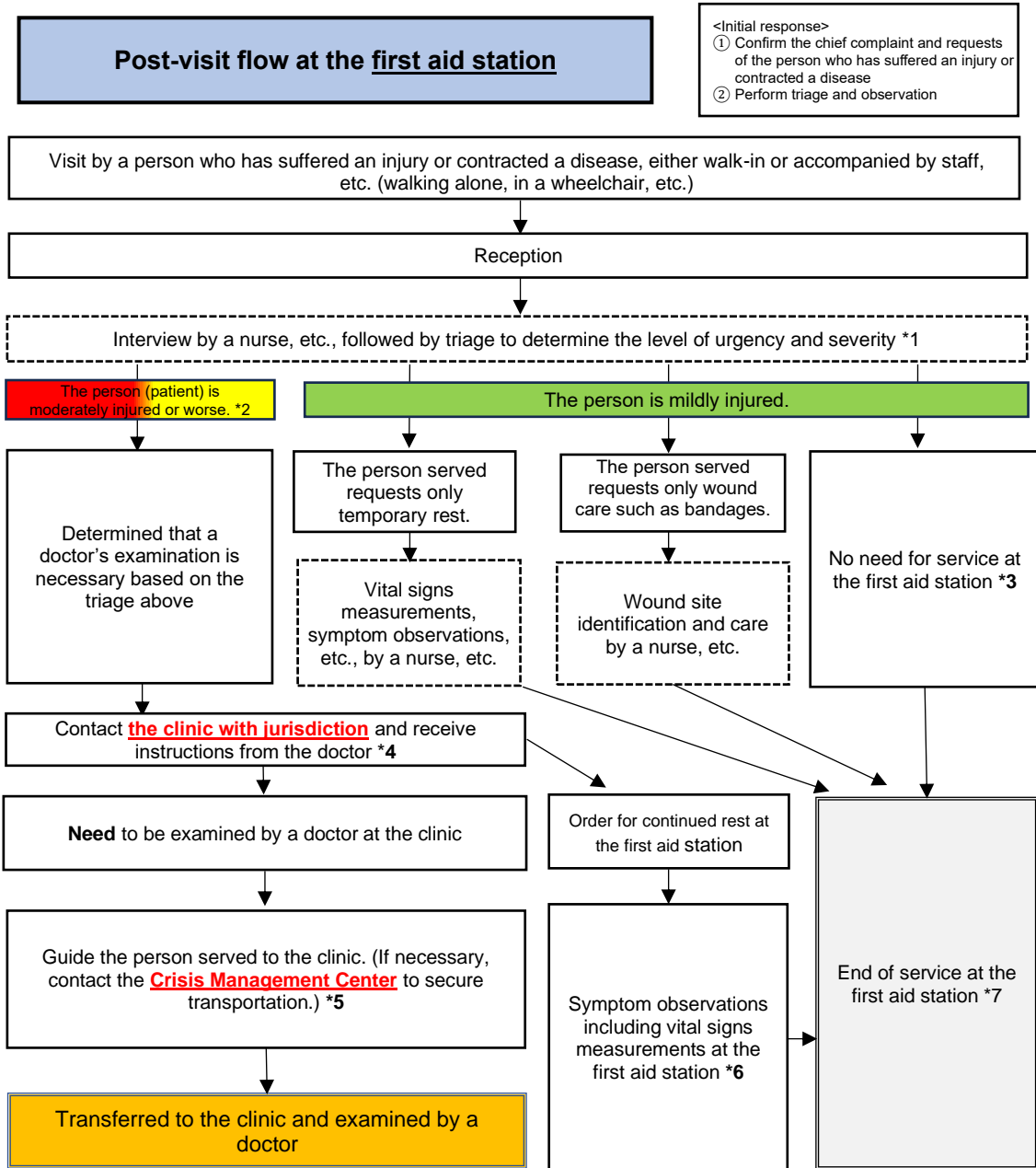
*4 When treatment, etc. is unnecessary, including when requested by the person served.

*5 Guidance to medical institutions should be provided if necessary.

*6 An ambulance has already been called if the "severity level is high" at the time of reporting.

In principle, the ambulance should be called by the Crisis Management Center and not directly by the clinics.

4-5. Post-visit flow at the first aid station



- *1 Includes quick interviews and symptom observations that do not involve triage.
- *2 Includes some mildly injured persons (patients) who require a doctor's examination.
- *3 When treatment, etc. is unnecessary, including when requested by the person served.
- *4 Clinic with jurisdiction: Southeast First Aid Station → East Gate Clinic; Forest of Tranquility First Aid Station → Ring North Clinic; other first aid stations → West Gate Clinic. When ambulance transportation is required by a doctor's order, the ambulance should be called by the Crisis Management Center and not directly by first aid stations.
- *5 Transported to the clinic using a rescue cart, etc.
- *6 Continued observation should be made, and if symptoms improve, a report should be made to the doctor to conclude the service at the first aid station.
- *7 Guidance to medical institutions should be provided if necessary.

4-6. Transportation to off-site medical institutions

I. Means of transportation

The means of transportation to off-site medical institutions (Expo-affiliated hospitals, etc.) will be as follows:

① Ambulance

If, as a result of a doctor's examination, it is determined that the person served "needs to visit an off-site medical institution" and "needs to be transported by emergency vehicles (ambulances)" according to the post-visit flow at the clinic, an ambulance will be called.

② Helicopter

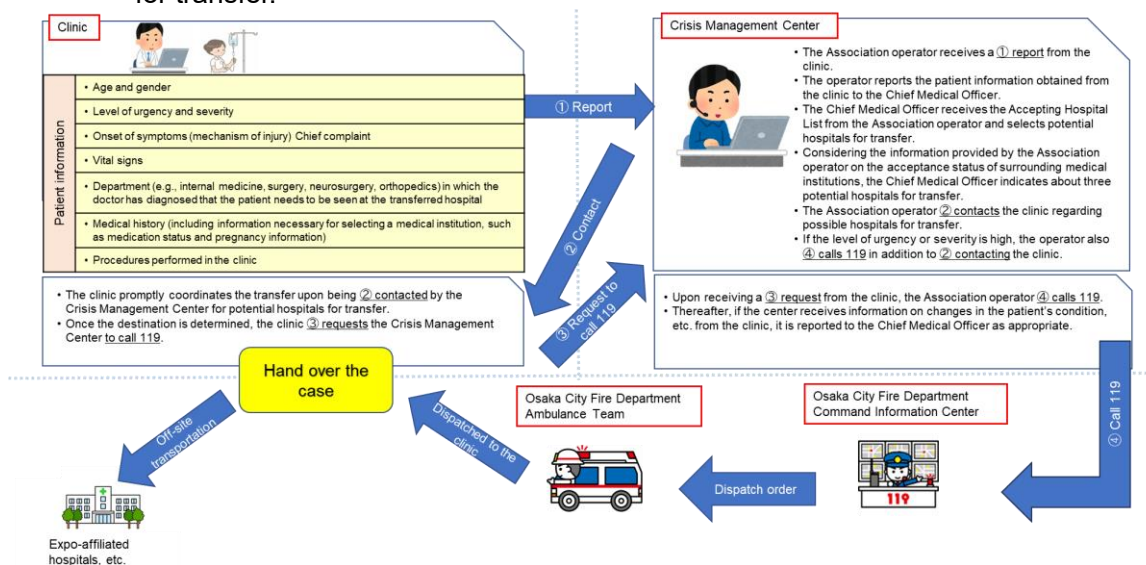
In principle, requests for HEMS are made by the Osaka City Fire Department in accordance with the Osaka Prefectural HEMS Operation Guidelines.

③ Ships

In case of emergency, transportation by ship will be provided in coordination with related organizations.

II. Coordination for hospital transfer

If it is judged that an ambulance is required, the clinic will report the following patient information to the Crisis Management Center. Based on the patient information, the Crisis Management Center will use the Osaka Emergency Information Research Intelligent Operation Network System (ORION), etc., to confirm the availability of Expo-affiliated hospitals, etc., and coordinate hospitals for transfer.



4-7. Flow of care for a person who has suffered an injury or contracted a disease and is suspected of having an infectious disease

Isolation spaces will be set up at medical relief facilities to accommodate persons who have suffered injury or contracted a disease and are suspected of having an infectious disease. The medical staff will ensure that standard precautions are taken and will respond as follows:

Flow of care for a person who has suffered an injury or contracted a disease and is suspected of having an infectious disease

<Initial response>
 ① Perform triage and observation
 ② Implement isolation if necessary

Clinic/first aid station

Visit by a person who has suffered an injury or contracted a disease, either walk-in or accompanied by staff, etc. (walking alone, in a wheelchair, etc.)

*Have visitors wear masks

The person served is moved to the isolation space in the waiting room if symptoms such as fever are confirmed by his/her report, etc. at the reception.

Interview and triage by a nurse, etc. *1

Identify applicable symptoms

- Fever of 37.5°C or higher
 - Cough, runny nose
 - Chills
 - Muscle pain
 - Headache
 - Sore throat
 - Skin rash with fever
- When any of the above symptoms are confirmed and infection is suspected**

Report it to a doctor and receive instructions. If continued isolation is necessary, the person served will be moved to an isolation space (first aid room) within the clinic. *2

Examined by a doctor based on the triage results *3

When a patient suspected of having an infectious disease*4 is examined, fill out the Osaka City Public Health Center's "First Report Form" and contact the Crisis Management Center.

*1 Report it to a doctor immediately and receive instructions if the case is judged to be urgent or severe during triage.
 *2 If a person who has suffered an injury or contracted a disease being cared for at the first aid station requires a doctor's examination at a clinic, the person will be guided to the clinic in accordance with the post-visit flow at the first aid station. At this time, have the person served wear a mask.
 *3 After the person served is moved to the isolation space within the clinic, perform a qualitative antigen test for SARS-CoV-2/influenza virus as directed by the doctor. After the examination, follow the post-visit flow at the clinic.
 *4 Diseases with a high risk of mass outbreak within the venue if they occur (e.g., measles)

4-8. Support for people who require special consideration
The following communication tools will be prepared in case a person requiring special consideration comes to the medical relief facility.

I. Multilingual support

Remote medical interpretation service (three-way call via tablets) by medical interpreters with expertise will be provided for situations requiring specialized medical terminology due to the nature of the medical relief facilities. Five languages will be supported: Korean, English, Chinese, Spanish, and Portuguese.

In addition, translation devices (capable of voice and text translation in 74 languages) will be available so that medical staff can accommodate multilingual conversations in situations such as first aid and caregiving.

II. Written communication, etc.

In addition to written communication, a Medical Communication Book will be prepared to serve individuals with spoken communication barriers, which will allow for easy communication by pointing. The book will be carried by medical staff. The main contents will be as follows and will be presented with illustrations so that they can be easily understood by everyone.

(Main contents)

- Symptoms
- Symptomatic area
- Progress
- Pain scale
- Medical history
- Allergies, last meal, etc.

5. Basic infection prevention measures at medical relief facilities

It is unknown whether a person who has suffered an injury or contracted a disease visiting the medical relief facility is suffering from an infectious disease. Therefore, during relief activities at medical relief facilities and within the venue, all blood, body fluids, secretions, excretions, damaged skin, mucous membranes (hereinafter referred to as “blood, body fluids, etc.”), etc., except for sweat from the person, should be considered potentially infectious, and the following standard precautions should be taken.

Category		Details
Hand hygiene	Hand washing and alcohol disinfection	Perform hand hygiene before and after contact with a person who has suffered an injury or contracted a disease, before and after wearing gloves, and after any operation that may involve exposure to blood, body fluids, etc. If there is no visible contamination on the hands, hand disinfection with a quick-drying hand sanitizer containing ethanol should be the first choice. If there is visible hand contamination (e.g., direct contact with blood, body fluids, etc.), wash hands with running water and soap.
PPE * Perform hand hygiene before wearing PPE.	Gloves	Wear clean gloves when touching a potential source of infection or the mucous membranes or damaged skin of a person who has suffered an injury or contracted a disease. Remove gloves and perform hand hygiene after use or when touching non-contaminated materials or other persons who have suffered injury or contracted a disease.
	Mask	Wear surgical masks when addressing persons who have suffered injury or contracted a disease. Wear an N95 mask depending on their symptoms.
	Goggles and face shield	Wear these items when there is a risk of body fluids, body substances, etc. splashing around and contaminating the eyes, nose, or mouth.
	Apron and arm covers	Wear these items when clothing is at risk of contamination. Immediately remove contaminated aprons and perform hand hygiene.
Environment	Apparatus	Operate contaminated apparatus in a manner that does not cause contamination of mucous membranes, clothing, or the environment.
	Linens	Handle contaminated linens in a manner that does not cause contamination of the environment, and transport and withdraw them appropriately.

6. Waste from medical relief facilities

Waste is broadly classified into general waste and medical waste. General waste should be withdrawn in accordance with the regulations of the Expo venue. Medical waste with body fluids, including blood, should be withdrawn as infectious waste*1 in special containers with a biohazard mark*2 and collected and processed by a specialized company.

*1 Waste generated at medical institutions, etc. that may contain pathogens that infect or may infect humans. (Reference: Order of Enforcement of the Act on Waste Management and Public Cleaning)

*2 A biohazard mark is a biological hazard indicator. It is color-coded in two ways so that when affixed to a waste container, it can be identified as infectious waste by persons concerned.



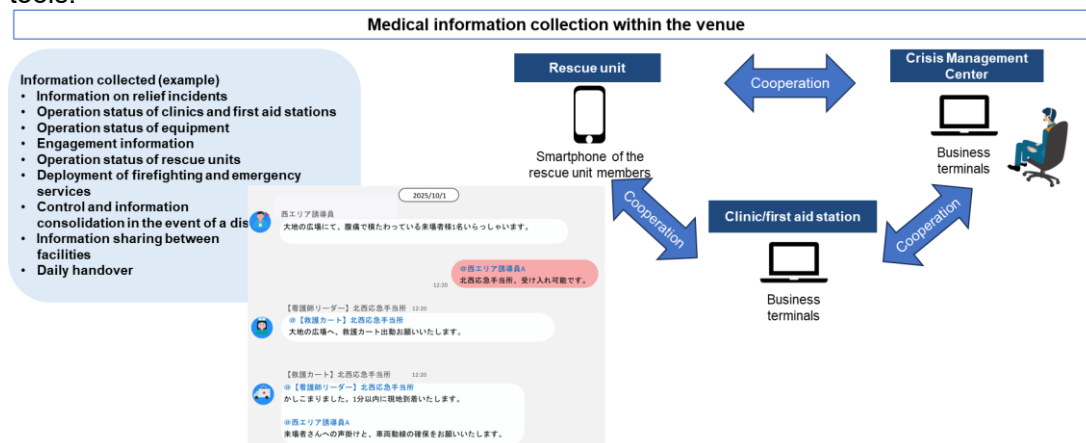
Orange: Solid objects
Gauze, etc.



Yellow: Sharp objects
Needles, glass tubes, etc.

7. Sharing medical relief information within the venue

Medical relief information within the venue will be shared smoothly among medical relief staff not only by radio and other means but also by utilizing information sharing tools.

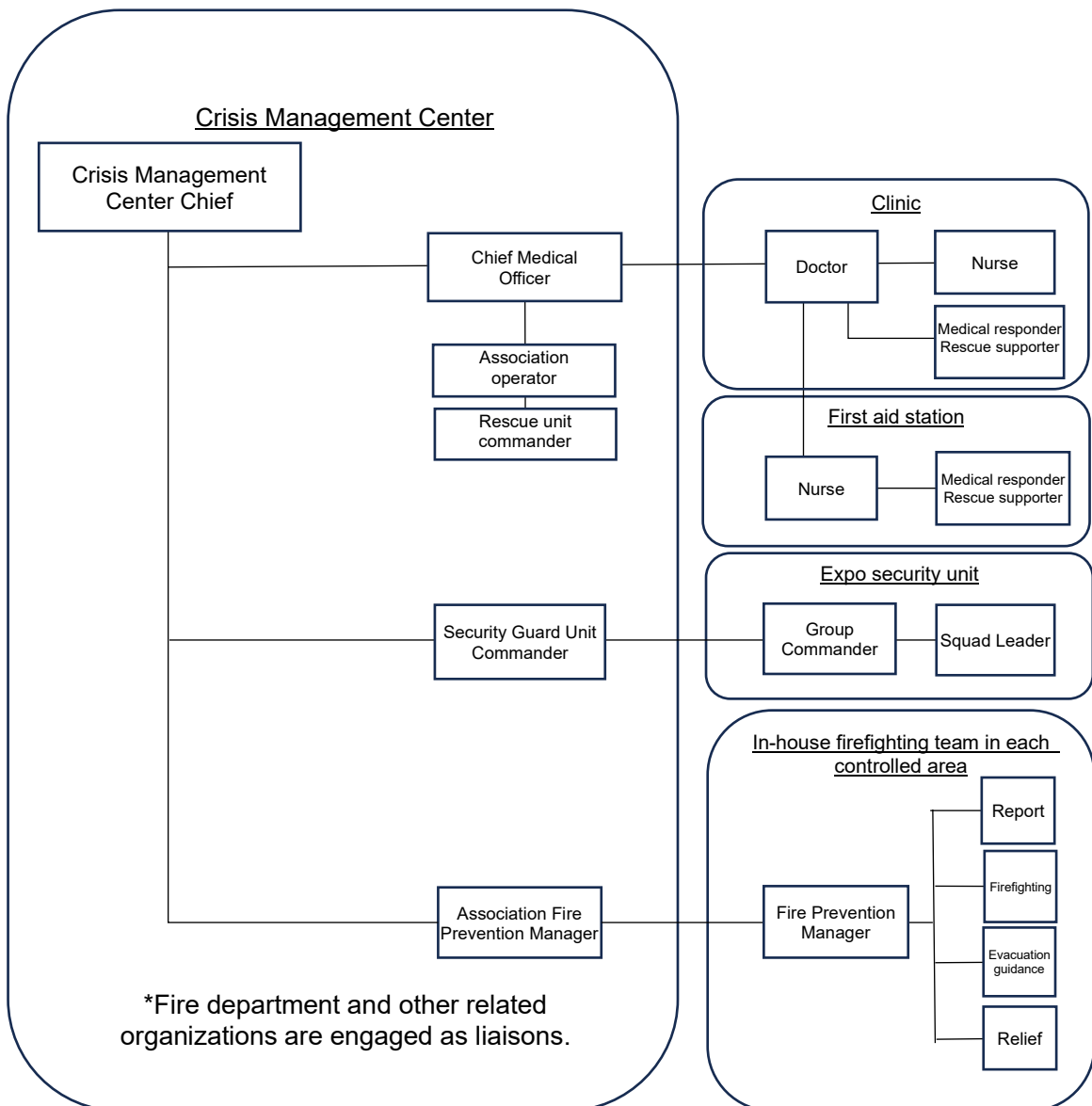


8. Cooperation within the Association and with related organizations

8-1. Cooperation with Association Management Headquarters, etc.

The Crisis Management Center Chief (Head of the Crisis Management Bureau) will be assigned to the Crisis Management Center as the responsible person for crisis management.

The Chief Medical Officer at the Crisis Management Center will share information with each department head on the daily incidents involving persons who have suffered injury or contracted a disease and will coordinate with them to facilitate medical relief activities. In particular, in the event of a disaster or emergency, the Chief Medical Officer will work closely with each department unit within the organizational structure for disaster response.



Expo Association: Crisis Management System Organization Chart

8-2. Cooperation with administrative organizations, etc.

(1) Emergency demand and disaster medical measures

The number of persons who have suffered injury or contracted a disease within the venue and the status of occurrence will be collected and shared with Osaka Prefectural and City governments as monitoring information related to emergency demand measures in Osaka Prefecture.

In the event of a disaster, appropriate responses will be made, such as providing emergency relief for persons who have suffered injury or contracted a disease by utilizing the medical relief facilities within the venue and other resources, in cooperation with administrative organizations such as Osaka Prefectural and City governments and other related organizations such as disaster base hospitals.

(2) Infectious disease control measures

To enable swift responses in collaboration with administrative organizations when an infectious disease breaks out within the venue, information will be collected within the venue on a daily basis, a system will be established to monitor the information, and the collected information will be shared with related organizations. For the situation outside the venue, information will be collected on trends in infectious disease outbreaks with the cooperation of related organizations.

For patients suspected of having an infectious disease, the means of transportation will be coordinated as necessary in cooperation with the Osaka City Public Health Center and other administrative organizations, as well as designated medical institutions for infectious diseases.

The information to be collected within the venue is as follows:

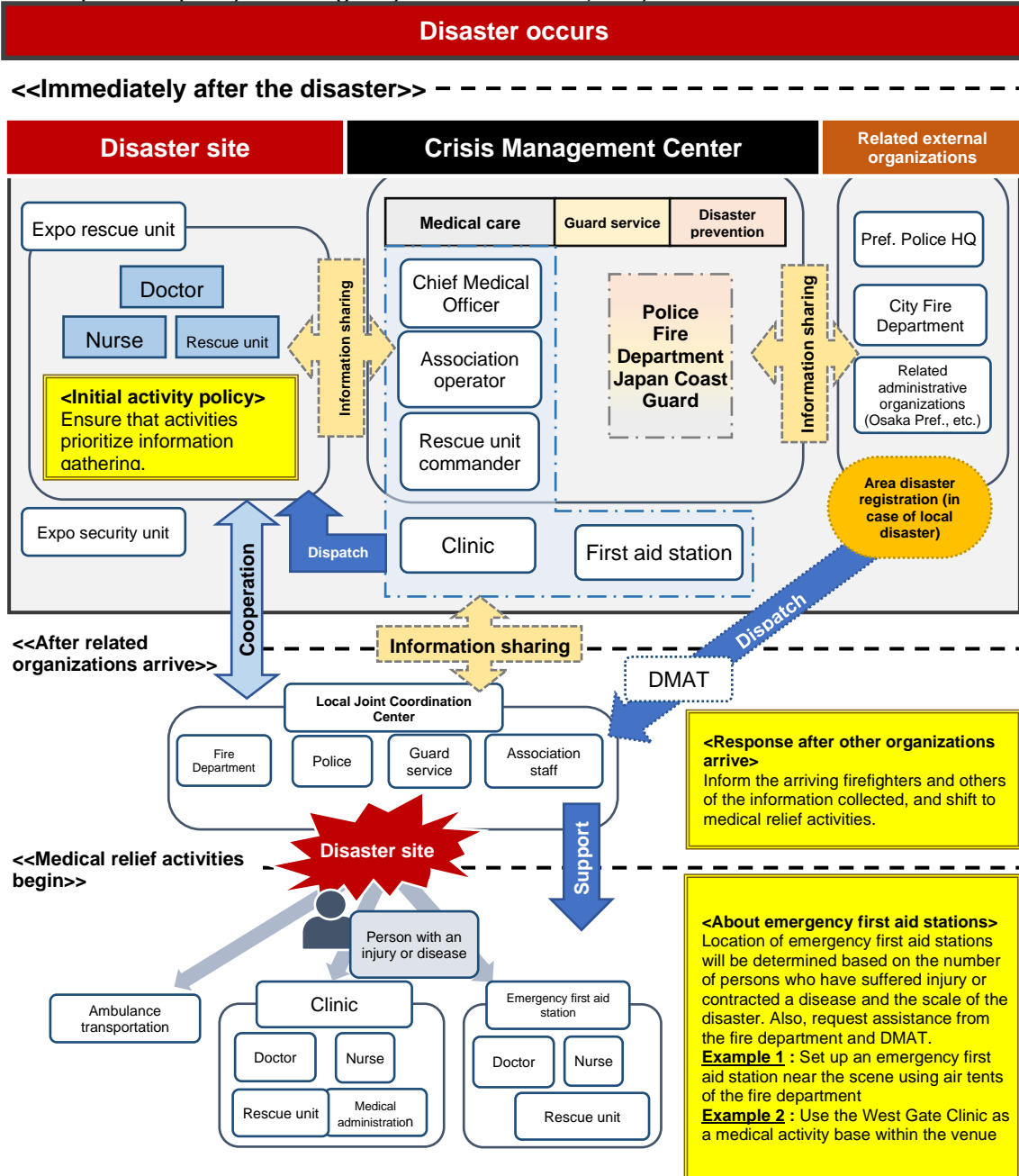
- ① Information at medical relief facilities
 - Syndromic surveillance information on infectious diseases
 - Reports of infectious diseases (test information, etc.)
- ② Information on food poisoning attributable to eating and drinking, etc. at the venue and complaints about experiencing symptoms
 - Information on cases of food poisoning and complaints about experiencing symptoms learned by the Association and the site sanitation surveillance center
- ③ Information on the health of related workers
 - Daily health management information
 - Vaccination history, etc. (collected when issuing AD certificate)
 - (i) Related workers: Measles, rubella
 - (ii) Healthcare providers: (i) above and meningococcus

9. Receiving distinguished guests

Guidelines for receiving distinguished guests will be determined separately.

10. Responses if there are many people who have suffered injury or contracted a disease

When there are many people who have suffered injury or contracted a disease, medical relief activities will be carried out under the control of the Chief Medical Officer. Upon receiving information on the occurrence (or suspected occurrence) of many people who have suffered injury or contracted a disease, the Expo rescue unit (doctors, nurses, etc.) will collect information on site and report it to the Crisis Management Center. Based on the information collected, the Chief Medical Officer determines the operation policy (establishment of the chain of command, location and operation policy of emergency first aid stations, etc.).



* Response guidelines for the occurrence of many people who have suffered injury or contracted a disease will be determined separately.

Attachment
(Omitted)

Afterword

We would like to express our sincere appreciation to Chairman Yasumitsu Mizobata, Vice Chairman Jun Oda, Operation Subcommittee Chairman Satoshi Fujimi, Subcommittee Members Masaharu Nakade, Hideo Yanagi, Kenji Mitsumori, and Yumiko Kuwazuru, and other members of the Medical Relief Council of the Japan Association for the 2025 World Exposition for their invaluable support and cooperation in the development of this implementation plan.

In addition, in examining the medical relief system, we referred to advice based on the experience of Mr. Hiroshi Noguchi, President of the Society of Expo 2005 Commemorative Disaster and Emergency Medicine, who was involved in the establishment and operation of the medical relief system at Expo 2005 Aichi, Japan, among others.

Furthermore, we would like to thank Mr. Naoto Morimura and other members of the Joint Committee for Emergency Medical Service and Disaster Medical Response Plan during the Tokyo Olympic and Paralympic Games in 2020 for their cooperation, including the provision of materials, in the study of the training system that is essential in the operation of the medical relief system.

During the Expo 2025 Osaka, Kansai, Japan, we will make extensive use of these legacies to establish a medical relief system that puts the safety of visitors first and ensures the peace of mind of all visitors.

Crisis Management Division, Crisis Management Department, Crisis Management Bureau,
Japan Association for the 2025 World Exposition