

ods of humanitarian service that are sensitive to the traditions and beliefs of the communities in which they serve? After disasters, people with specific technical expertise are required. Is there a place to utilize the technical know-how of spiritual practitioners to respond to the many needs that present themselves to vulnerable populations post-disaster? Is there a place for spiritual preparation for and response to disaster? If so, how can it be done in a way that makes the best use of often misused time, energy, and resources as well as care for those most affected, and without the associated hesitation of spiritual groups? If not, what should spiritual organizations be doing in response to disasters? These critical areas of humanitarian relief will be discussed.

Faith-based non-governmental organizations have an important role in creating resilient communities and providing care in disaster settings. This is an important topic that requires further debate and discussion.

**Keywords:** disaster; faith-based organization; humanitarian; non-governmental organization; psychosocial; spirituality

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#### (I94) "Emotional Triage" Debriefing

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Who is affected after an emergency? Health professionals working during an emergency situation are exposed to pain, feelings of powerlessness, suffering, and despair. A series of highly stressful situations can reverberate in their personal well-being, later interventions, and social and familial environment. Everyone is affected by tragedy.

This study will examine what happens to those affected by crisis. Resilience, post-traumatic stress, daily stress, chronic stress, and organizational stress will be evaluated. The pursuit and evaluation of applied interventions and the permanence of symptoms, especially post-traumatic stress disorder, will be examined.

An example of a debriefing workshops after a fire in a Disco Cromagnon that left 199 dead and 3,000 victims. The aim of the workshop was to generate a space of containment and psychological support for all of the affected people so that they could express their emotions and evaluate themselves in their knowledge of traumatic facts. They learned the expected symptoms and the normal reactions to abnormal situations. During the training, movies, games, participant techniques, and theoretical material were used. In groups, personal presentations were made across skills.

The emotional triage of those affected by emergencies and disasters is unavoidable. It is necessary to perform emotional triage with the responding health professionals *in situ*. Quick ventilation diminishes the risks to the health professionals.

**Keywords:** debriefing; emotion; psychosocial; psychosocial triage; triage

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#### (I95) SOS Genius

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By analyzing games, fantasies, and dreams, the different symbolic forms from which a child represents his internal world are observed.

In order to work with children, contain their anxiety, and interpret their thoughts, it is necessary to know and play an important number of games and cartoon stories.

Children often fear repeating experiences. They express their conflicts regarding emergency and catastrophic situations with playful activity that could not be expressed by words. Some children will not be able to use this skill because of a deep inhibition that is a result of the trauma suffered.

To be able to read the game is to interpret the soul and the emotions of the child.

After 28 years as a therapist of children who have been damaged by trauma and as Supervisor of the School of Psychologists, I have created an interactive game called "SOS Genius", proven to free children's anguish and anxieties and to generate appropriate behaviors. Games like this have proven to be effective for children during unfortunate circumstances.

**Keywords:** children; education; game; mental health; psychosocial; training

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#### (I96) Prevalence of Burnout among Emergency Department Staff of the University of The Philippines Philippine General Hospital

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**Introduction:** The emergency department is the frontline of care in any hospital. Quality of work is affected by the skills and knowledge of the medical staff and the stress in their daily grind. The emergency department cannot perform its primary function if its personnel continue to feel the burden of their jobs.

**Methods:** This is a descriptive study of the emergency department staff at the University of the Philippines-Philippine General Hospital. A self-administered questionnaire with socio-demographic and occupational variables using the 22-item Maslach Burnout Inventory (MBI) Scale assessing emotional exhaustion, depersonalization, and professional accomplishment was used.

Results were analyzed according to the major subscales of the MBI Scale. The percentage having severe, moderate, and low burnout levels were determined and analyzed based on demographic data (e.g., gender, age, marital status, years of experience, and qualification).

**Results:** Eighty-seven qualified emergency personnel were surveyed. Of them, 41 were nurses, 13 were emergency medicine residents, 11 worked for Medical Social Service (MSS), 11 were emergency medical services (EMS) personnel/paramedics, and 11 were emergency department records personnel. Only 64 respondents were able to return the questionnaires (73.5%). Most of the male respondents had low burnout in emotional exhaustion and loss of empathy. They also scored

low burnout at the professional level, which indicates that males were more satisfied with their professional achievements. The majority of the respondents 21–40 years of age had low and moderate burnout in the three subscales. Those in the 41–60 year and  $\geq 61$  year age groups experienced low burnout on all subscales. The unmarried showed moderate burnout in emotional exhaustion, but the majority of married respondents had low burnout in loss of empathy and professional fulfillment. Working in the emergency department for six months or six months–one year showed that the majority experienced moderate burnout, but revealed low burnout in professional fulfillment.

**Conclusions:** The emergency medicine residents reported to have severe burnout in emotional exhaustion, but scored moderate burnout in loss of empathy and professional fulfillment. The EMS personnel had the lowest burnout level of all three subscales

**Keywords:** burnout; emergency department; hospital; Philippines; psychosocial

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### (I97) Analyzing Solitary Death

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**Introduction:** Most disasters caused by natural hazards occur unexpectedly and result in the loss of life and damages to the community, both of which may impact and transform one's individual and social environments. This study seeks to describe and analyze the solitary deaths (unattended deaths) of victims of the Great Hanshin-Awaji earthquake.

**Methods:** Secondary data analysis was used to analyze the characteristics of solitary death. Data were collected from obituary columns of a major local newspaper from 17 January 1995 to 16 January 1998 which focused on aspects of the disaster related to solitary death. The content included age, sex, family status, living status, job status, health situation, and the disaster victim.

**Results:** There were 94 obituaries related to solitary death found in the local newspaper. Males and females accounted for 72 and 22 of the cases, respectively. The significant age groups included the 60s (33 cases) and 50s (15 cases). In 40 out of 65, cases the individual spent less than one year living in a new shelter. Ninety-three out of 94 were living alone; 80 out of 81 had health problems; and 89 out of 90 were jobless.

**Conclusions:** Characteristics of victims experiencing solitary death included: living in a shelter  $\geq 1$  year, being male, being 60–70 years of age, unemployment, and health issues. Victims were socially vulnerable due to this myriad of problems. Disaster nursing intervention for these victims is strongly needed.

**Keywords:** Hanshin-Awaji Earthquake; Japan; psychosocial; solitary death; victim; vulnerability

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### (I98) Standing Committee on Crisis, Disaster, and Trauma Psychology: Goals within the European and Worldwide Network

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In 2001, the European Federation of Psychologists' Associations (EFPA) Executive Council nominated a Task Force to address crises, trauma, and disaster psychology. This Task Force became a Standing Committee in 2005. The Standing Committee was asked to produce a report for the EFPA Executive Council to be presented to the European Council concerning matters that European authorities should have considered in the prevention and management of crisis and disaster situations. The report provided the following information: (1) a basic statement on the importance of professional and scientific disaster and crisis psychology in Europe; (2) a short outline of conclusions from scientific research and professional practice relevant to this field; and (3) concrete proposals concerning the European and national legislation, organization, and training in this field.

During the last two years, the work of the Standing Committee can be divided into three areas: (1) developing the organization and status of disaster, crisis, and trauma psychology in Member Associations of the EFPA; (2) collaboration projects with European Council; and (3) following the development of the field in different European countries and in different national and international disasters and catastrophes.

Currently, the Standing Committee has 25 members across Europe and is growing. The Standing Committee has cooperated with the American Psychology Association and its newest project is Psychological Aid for Victims of Terrorism.

**Keywords:** disaster; crises; emergency medical services; Europe; European Federation of Psychologists' Association; standing committee

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### (I99) Psychosocial Support for People Affected by Mass-Casualty Incidents: Train Accident of EuroCity 108

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On 08 August 2008, the international express train EC 108 crashed into a bridge while traveling 90km/hour. A total of 420 passengers were on this train; of them, eight died and 70 were injured.

Many rescuers intervened on-scene. Hundreds of people were affected psychologically, and many foreigners were traumatized by this event. Psychosocial support was organized in cooperation with the Police of the Czech Republic, Fire Rescue Forces, first responders, and non-governmental organizations.