

In order to evaluate the efficacy of this BLS training, a survey was conducted to evaluate, not the resuscitation skills, but the changes in attitude relative to the importance of BLS after completion of the training among the college students.

Methods: All the students at the Hokkaido College of High Technology participated in this survey. Several thousand students received questionnaires in the classroom and, following the instructions provided, they completed the survey.

Questions mainly queried: 1) the quality of the training; 2) the experience associated with witnessing a patient with cardiopulmonary arrest and what the rescuers did at the scene; and 3) if they thought it was necessary to try to improve their skills.

Participating students were categorized into three major groups according to their course of study: 1) medical; 2) non-medical; or 3) medically related.

Results and Discussion: All the data were analyzed in relation to age, gender, actual on-scene BLS experience, and the group to which they belong. The results will be discussed in detail.

Key Words: BLS; education of BLS; evaluation of BLS

Session 6A: Children and Disasters

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Emergency Psychotherapeutic Assistance to Children in the Areas of Armed Conflicts in the Former USSR

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The Compassion Center is a Moscow-based, non-governmental, charitable organization with the goal to render medical, social, and psychological help to victims of organized violence. Its "Children of War and the XXI Century" Program seeks to provide emergency psychological assistance to child victims of armed conflicts.

During the period from 1993 to 1997, a Compassion team, that included three psychologists, worked in Nagorno-Karabakh (1993–1994), Georgia, Abkhazia (1994–1995), Chechnya, Ingushetia, North Ossetia, Dagestan (1995–1997). During this period, 1,197 children and teenagers at the age from 5 to 16 years and 230 adults were examined. A total of 1,724 clients received psychotherapeutic assistance.

For evaluation, we used a set of non-verbal, projective tests, and short questionnaires to identify war-related stress disorders. For psychotherapy, we used short and mid-term psychological interventions.

Among our clients, both children and adults, the main stressogenic themes were as follows: loss of relatives; loss of home; anticipation of new losses and continuing or renewing of war; cruelty towards the clients himself/herself; scenes of cruelty; murders, deaths, war-

ravaged buildings etc.; and helplessness, hopelessness, impossibility to develop plans for future.

During acute period of trauma, practically all children manifested some of the war-related stress disorders, such as sleeping disorders, night mares, phobias, flash backs, anxiety, apathy, depressive symptoms, irritation, somatic symptoms. Without treatment during postponed period, they also developed such serious psychosomatic and psychological disorders as ticks, enuresis, stammering, vegeto-vascular dystonia, behavioral deviations, high level of hostility and aggressiveness, decrease of cognitive abilities, and maladaptation.

Our experience shows that during the acute period of trauma as the war continues or immediately after it stops, short- and mid-term interventions can be applied to large numbers of clients in a short period of time to decrease the amount of psychological damage the children suffer from. During the postponed period, it is necessary to apply a complex system of psycho-social rehabilitation, that requires much more human and material resources.

Key Words: armed conflicts; children; emergency psychotherapeutic assistance; post-traumatic stress disorder; war-related stress disorders

Database of Disabled Children Injured in Disasters

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The disorganization of the structure and functions of health services and social security systems during existing major disasters now are complicated further with migrations of the affected population. This has resulted in a breakdown of the strict succession of the medical services and of the recording of medical data.

The Russian Database for Disabled Children receives information about children who have been injured in disasters and who are destined for Centers for Disaster Medicine. At present, the database is programmed for use at the health services and social security agencies. An electronic analogue of the medical card of the patient includes: 1) personal particulars for a child; 2) information about his/her parents, near relations, or tutors; 3) a life anamnesis (medical history); 4) diagnoses; 5) information about the stages of treatment; 6) disability; and 7) the need for rehabilitation.

The database is used for: a) decision support about the size and a period of rehabilitation for the disabled children who received injuries at different disasters; b) improvement in the registration process; and c) the rational organization of the stages of the medical and a social measures being used. The database also includes: 1) an estimation of function and pathologic changes (in accordance with International Classification of Impairment, Disabilities, and Handicaps) that give the rights for disabled; 2) an analysis of the numbers and structure of the disabled children, including receipt of efficient dates; 3) control of rehabilitation for different stages of care; 4) an estimation of a level of restriction; 5)