

ditional “proved” paradigms and force endorsement of paradigms that seem unreasonable to common human logic, at least at first glance.

Fundamental reform is urgent, involving appropriate approach, mechanisms, legislation, tools, and leadership measures to managing LSSDs.

This presentation will attempt to fuse reality into myth; calibrating paradigms for risk management by knowledge from past LSSDs.

Keywords: hospitals; large-scale sudden disasters; myths; prehospital care; reform

Prehosp Disaster Med

National and International Experiences of the Associazione Regionale Emergenza Sanitaria E Sociale-Regional Association Medical and Social Emergency: An Italian Specialized Association in Disaster Medicine

Marco Esposito, MD
ARES Italy

Introduction: During emergencies, there are evident deficits between the health needs of the affected population and the local health system capacity. The causes of disasters are various and often are not predictable, and medical structures usually cannot completely provide for the needs of the population.

Knowing that disaster medicine has different protocols and materials from ordinary medicine structures, and that improvisation during the acute phases is not good practice, an emergency operating health group, the non-profit ARES Association, was created.

Methods: The ARES is comprised of approximately 600 members, and configured as a supplementary health resource that is activated by the National Civil Defence Operations Centre, in accordance with the Regional Centre of Marche, in situations in which the healthcare needs of a disaster-affected population overburden the capabilities of that area, at the national and international levels.

The main objectives of ARES are the training and organization of medical staff and structures. Knowledge and expertise come from several missions during major events, including:

1. Earthquake in Molise, 2002;
2. Tsunami in Thailand, December 2004—the ARES was the first Italian medical team to intervene;
3. 7.6 magnitude Earthquake, Pakistan, October 2005;
4. Earthquake in Indonesia, May 2006.
5. Earthquake in Abruzzo, Italy, April 2009—The field hospital was ready 22 hours after the first earthquake.

Keywords: international; Italy; national

Prehosp Disaster Med

Pediatric Mass-Casualty Events

Family Presence during Pediatric Reanimation: Additional Stress Factor for Emergency Nurse?

Emmanuel Rohrbacher

WADEM Nursing Program Committee Officer, France

Having the family present during cardiopulmonary resuscitation is a new concept in France. An inventory was made of the

French practice in this special circumstance. This new care concept was not used in the French Emergency Scene. International literature about this topic, including the increased stress factors for caregivers will be presented. The role of nurses is key to this issue, as they can provide psychosocial support. This special topic is important to the field of nursing, as it gives the family a last chance to say “Goodbye”.

Keywords: emergency; family; nurse; pediatrics; reanimation; resuscitation; stress

Prehosp Disaster Med

School-Based Program for Traumatized Children following Violent Experiences

Nila Kapor Stanulovic

University of Novi Pazar, Serbia

The role of school in times of violence and terrorism is of utmost importance. In 1999, bombing of Yugoslavia by North Atlantic Treaty Organization (NATO) forces lasted 78 days and caused the massive traumatization of civilians. The exposure differed in types of stressful events, intensity, and frequency. As parents and other adults were under heavy stress, and they were unable to provide stress relief assistance to their children. Therefore, it was felt that schools should take an active part in the process of recovery.

Immediately following the cease-fire, a psychosocial support program was implemented in a number of elementary schools. The program was conceived specifically for the purposes of this project. It consisted of a number of group therapy sessions to be administered in a class. The aim of the program was to facilitate the expression of traumatic experiences, be a means to share feelings, and strengthen coping skills.

Training was offered to school psychologists and school pedagogues, and they were expected to further train teachers in the schools in which they were employed. The evaluation of the program was highly favorable. In addition to the pupils, who showed considerable relief from their post-traumatic symptoms and anxieties, the staff members administering the program also benefited.

The same program could be used, with minor modifications, as a preventative program for building resilience and coping skills among elementary school-age children. Those modifications will be discussed.

Keywords: children; school; stress; traumatization; violence

Prehosp Disaster Med

Mass-Casualty Events and their Toll on the Pediatric Population

Yehezkel Waisman,¹ Sharon Goldman,² Oded Poznanski,¹ Meirav Mor,¹ Kobi Peleg^{2,3}

1. Unit of Emergency Medicine, Schneider Children's Medical Center of Israel, Petah-Tikva, Israel
2. Center for Trauma and Emergency Medicine Research, The Gertner Institute for Epidemiology and Health Services Research, Ramat Gan., Israel
3. Department of Disaster Medicine, School of Public Health, Tel Aviv University, Israel

Introduction: Mass-casualty events (MCEs) are universal, affecting the young and the old, females and males. These unexpected events come in various forms, from train and