

Objectives: The study was carried out in order to help understand the meaning of nurses' experiences of trauma healing to prevent anxiety among the victims of the Mount Merapi eruption.

Method: This was a qualitative research study with a phenomenological approach. In-depth interviews were used to explore participants' experiences conducting trauma healing therapy to the Mount Merapi eruption victims.

Result: The result showed the implementation of trauma healing therapy includes: (1) assessment of emotional responses; (2) physical examination; and (3) psychological assistance. The therapy being implemented includes: (1) five-finger hypnosis therapy; (2) stopped thinking therapy; and (3) progressive relaxation. The impacts of trauma healing included: (1) spirit returning; (2) increased of relaxation; (3) calmness; (4) normal vital signs; and (5) the ability to interact with other refugees. Problems experienced included the large number of refugees, the noisy environment, and a lack of concentration from the nurse when providing therapy.

Conclusion: To solve the problem, nurses are expected to recognize the response required for the victim and apply interventions based on the assessment, data analysis, planning, implementation, and evaluation. Victims of the Mount Merapi eruption are expected to attempt to apply the self-trauma healing.

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(P2-53) Investigation of Comprehension of Disaster/Emergency Nursing in Nurse Practitioners in Ningbo Area, China

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Background: Knowledge of disaster/emergency nursing is essential to nurse practitioners (NP) due to the increasing frequency of disasters. The objective of this study was to identify the knowledge and the response relating D/EN and to investigate whether the reactions vary among NPs in different level hospitals in Ningbo Area, China.

Methods: Pre- and post-test questionnaires were used. A total of 297 NPs in five hospitals (two tertiary hospitals, two secondary hospitals, one primary hospital) were involved in this study. Five lectures were implemented based on disaster/emergency nursing from 8 December 2009 to 14 April 2010.

Results: The mean age of the sample was 31.54 years. Average working experience was 9.57 years. Only 12 participants from the emergency department attended the lecture, yet the lecture was advertised one week in advance. The mean score was 8.88 (pre-test), 12.97 (post-test). Most of the low scores (< 7) on the pre-test were from primary hospitals (43%), while only 0.6% of staff from tertiary hospitals scored that low. A total of 45% of NPs failed to distinguish the contribution of different zones of triage. Nearly 24% of participants considered that the frequency of ALS training should no more than once a month. All participants comprehended the contribution of a triage system after attending lecture, 35% of NPs received perfect scores on the post-test.

Conclusions: Comprehension of disaster/emergency nursing in NPs in Ningbo is deficient. Primary hospital NPs had a lower score than high-level hospitals. Education and training programs

associated with disaster/emergency nursing are necessary for NPs.

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(P2-54) Legislation Shaped by an Emergency: Methanol Poisoning Experience at Kenyatta National Hospital, Kenya

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Introduction: Methanol poisoning is an uncommon medical emergency linked with consumption of traditional brews made with methanol and formalin and associated with high-mortality rates.

Objectives: Healthcare workers will review the latest worldwide trends of methanol poisoning cases, explain the factors perpetuating methanol poisoning in Kenya, describe the pathophysiological concepts associated with methanol intoxication, and discuss the latest measures to combat methanol poisoning in Kenya and their worldwide applicability.

Background: Methanol intoxication is an acute illness resulting from consumption of toxic quantities of methanol. The largest tragedy occurred in September 2006 in Nicaragua. A total of 800 fell ill, 46 were killed. In the US, the last incidence was in 1951. Cases were reported in Africa, Tunisia, Tanzania, Uganda, but Kenya, it runs the most rampant. The majority of victims (79%) are young males, (22–30 years of age). Most are single, childless, and have a low-educational status. Motivating factors for intoxication include stress, idleness, peer-pressure, availability of alcohol, and curiosity.

Pathophysiology: Toxicity results from liver enzymatic metabolism of methanol to formaldehyde and formic acid causing severe metabolic acidosis. Common features include inebriation, abdominal pains, bilateral blindness, and complications, including severe renal failure and death. The goals of management include comprehensive assessment, laboratory works, and radiography. Ethanol, fomepizole, and folate are the all-important antidotes.

Recommended Measures: Kenyatta National Hospital, the main recipient of these emergencies established emergency measures other than public awareness campaigns. Nationally, policies embrace an inter-sectoral Approach - Medical Services and Public Health Ministries will avail resources and build health worker capacity in research and continuous education. Recently, local brews were legalized through the Alcoholic Drinks Control Act 2010 for quality control. Ministries of Education and Youth Affairs will coordinate and initiate youth development and support programs to create employment.

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(P2-55) The Role of Nursing in International Disasters: Lessons Learned

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A disaster may result from a serious or sudden catastrophic event that has the potential for massive loss of infrastructure and