

(P1-99) Comparative Descriptive Analysis of Post-Disaster Psychological Interventions*E.Y.L. Cheung,¹ E.Y.Y. Chan,² S.H. Lee³*

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Introduction: Disaster could greatly affect physical, psychological and social health of people affected. However, current crisis intervention protocols after natural or man-made disasters often overlook the psychosocial impact of crisis on victims. In its executive board meeting in 2005, WHO has called for action in implementing programs that can repair the psychological damage of war, conflict and natural disasters. Currently there are three main post-disaster psychological interventions available in the field: Critical Incidence Stress Management developed by Mitchell and Everly in 1980's; Psychological First Aid developed by the National Child Traumatic Stress Network and National Center for PTSD after millennium; and Mental Health First Aid developed by the Kitchener and Jorm after millennium.

Methods: A comparative descriptive analysis among the three different interventions was performed. Specific objectives, target populations, content, training duration, empirical evidence, instructor training and various adaptations were compared. Public health implications for implementation in disaster settings are discussed.

Results: The study is among the first that provided a detail comparison among the different protocols available in the field. More importantly it discussed the empirical evidence that support the use of the specific protocols at different scenarios. Implication the results of the study could be used as a guidance for choosing psychological interventions immediately post-disasters by emergency responders, public health practitioners and academic researchers.

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(P1-100) Monitoring the Mental Well-Being of B-Fast Caregivers during Disaster Relief after the 2010 Haiti – Earthquake*M. Van Der Auwera,¹ M. Debacker,² D. Danschutter,³ G. Gijis,⁴ I. Hubloue²*

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Introduction: During disaster relief, personnel's safety is very important. Mental well-being is a part of this safety issue. There is however a lack of objective mental well being monitoring tools, usable on scene, during disaster relief. This study covers the use of validated tools towards detection of psychological distress and monitoring of mental well being of disaster relief workers, during the Belgian First Aid and Support Team deployment after the Haiti earthquake in 2010.

Methodology: The study was conducted using a demographic questionnaire combined with validated measuring instruments:

Belbin Team Role, Compassion Fatigue and Satisfaction Self-Test for Helpers, DMAT PsySTART, K6 + Self Report. A baseline measurement was performed before departure on mission, and measurements were repeated at day 1 and day 7 of the mission, at the end of mission, and 7 days, 30 days and 90 days post mission.

Conclusions: The study proved the ability to monitor mental well being and detect psychological distress, by self administered validated tools, during a real disaster relief mission. For practical reasons however some tools should be adapted to the specific use in the field. This study opens a whole new research area within the mental well-being and monitoring field.

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(P1-101) Salvage of Traumatized Extremities Restores Morale in Working Class of Society*V. Raju*

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Introduction: To improve quality of life among subjects with crush injuries of extremities as an outcome of traumata of various aetiology by salvage procedures. To prevent or minimize psycho-social derangement or implications by minimizing partial or total loss of traumatized body parts and restore useful function.

Material: 20 year study/observation in trauma of limbs, hands, feet, fingers, toes with partial to near total vascular compromise sustained in road traffic, industrial, domestic, suicidal, homicidal, war wounds, fire work blasts, etc. accidents.

Method: Pre-operative/follow-up counselling of every patient, attendants and employer are of utmost importance. Primary debridement, stabilization, skin cover and serial paraffin-gauge dressings are followed with straps/splints, passive/active range of movement exercises and delayed suture removal. Antibiotic cover with sequential cultures are mandatory.

Facts/Figures: Sepsis is a challenge. Males, youth, hands, Grade II wounds and RTAs dominate incidence. Contamination, delayed presentation, poor compliance and follow-up, poor nutritional status, anaemia, etc., dread salvage. Initial poor tissue perfusion is no indication for early decision to amputate/terminalize.

Results: Compromised vascular crushes in which primary closure was achieved, salvage of limb and appendages was surprisingly possible. Cosmesis in working class is never the priority, but restoration of function and more so the chance of livelihood are. Dexterity and confidence come with practice. Richer the patient, difficult to convince. Psycho-social depression is more with early amputations than in revisions and much less in salvaged groups, commoner in men and unmarried illiterate women. Women adapt better to salvaged parts.

Conclusion: Even a nail lost with its bed is lost for ever, leaving a painful defunct stump. No riches can truly compensate. If soft tissue cover on bony elements and neuro-vascular bundles is achievable, an entire limb may survive and regain near normal function. When crush wounds remain aseptic a decision to amputate can wait.

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