

complications. Symptoms of PTSD include fainting, loss of appetite, breathing difficulties, giddiness, and sleep disturbances. Most children in this region suffer from one or more symptoms. Child soldiers were the most severely affected.

Conclusions: Children were exposed to conflict, war, and disaster situations. The impact of these events on children and community structure must result in changes. There must be relief, rehabilitation, and reconstruction projects to address the problem of collective trauma, particularly using integrated multi-level approaches to save the children in northern and eastern Sri Lanka.

Keywords: children; disasters; psychological; Sri Lanka; tsunami; war

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Poster Presentations—Pediatrics

(G52) Family Presence during Pediatric Reanimation: An Additional Stress Factor?

Emmanuel Robrbacher

SDIS/SSSM 67-GHSV, Dettwiller, France

In a review of the international literature about family presence as stress factors on nurses and doctors, Nurses were more favorable of family presence than were doctors and an additional staff member is needed to support the family during reanimation. This staff member needs specific schooling to deal with family members. Advantages and disadvantages of family presence during pediatric cardiopulmonary resuscitation will be presented. In France, family presence protocol did not exist. The only French study was about family presence during adult CPR and the feelings of emergency medical service personnel in 2007.

Keywords: cardiopulmonary resuscitation; emergency medicine; emergency medical services; family presence; pediatrics; reanimation; stress

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(G53) Post-Traumatic Stress Symptomology in Pediatric Accidental Injuries—An Asian Perspective

Gene Ong;¹ Jasmine Pang;² Li Jen Tan;²

Cheong Sing Tian;² Kee Chong Ng¹

1. KK Women's and Children's Hospital, Singapore, Singapore

2. Changi General Hospital, Singapore, Singapore

Studies in America and Europe have consistently found that a significant proportion (around 5–15%) of children and their families develop post-traumatic stress disorder following accidental injuries. Despite important socio-cultural differences, there are no published studies in Asian countries examining the prevalence of distressing emotional symptoms in children hospitalized for accidental trauma injuries or the emotional impact on their parents. We describe a case series of three Singaporean children who were hospitalized in a pediatric tertiary hospital for accidental trauma who developed post-traumatic stress symptomology on follow-up three months post-injury. This paper also describes a multi-disciplinary approach in the care and management of these children and their families. Prospective observational research on the prevalence of traumatic stress reaction fol-

lowing accidental trauma and local validation of the STEPP tool (modified) for risk assessment for the development of post-traumatic stress disorder are currently being performed.

Keywords: accident; Asia; pediatrics; post-traumatic stress disorder

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(G54) Urban Health Programs in Kathmandu: An Effective Child Labor-Related Interventions Program

Rabindra Tiwari

Kathmandu Metropolitan City Office, Kathmandu, Nepal

In Nepal, children are employed in the manufacturing of carpets, working in bakeries, brick kilns and stone quarries, and involved in the construction of roads. Although there are substantial challenges in preventing child labor, Kathmandu also had implemented successful local community child development programs that aim to address the growing child labor problems in various urban areas. Slum areas are the primary targets of these programs because of the higher rate of poor migrants that live in these areas. There are community child education and support centers established by Kathmandu Municipality to deliver essential, informal education, counseling against physical abuse and torture, recreational outlets, such as playgrounds, and formal schooling facilities. There are five centers in different wards of Kathmandu. These centers provide deprived children with equal access to education through an effective management system. There are total of 500 students who benefit from such facilities. The centers also educate the parents by organizing child labor related awareness programs. These programs are conducted twice a month, and approximately 100 community members participate. This poster is considered one of the most effective urban child labor programs. This paper will review large, innovative, and effective child labor related programs in Kathmandu. Where available, the poster also will describe the impact of these programs.

Keywords: child labor; education; intervention; Nepal; urban health programs

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(G55) Out-of-Hospital Pediatric Cardiopulmonary Arrest in a Rural Community

Antonio Iglesias-Vazquez;¹ Maria Victoria Barreiro-Diaz;¹

Antonio Rodriguez-Nuñez;² Luis Sanchez Santos;²

Luisa Chayan-Zas;¹ Maria Cegarra-Garcia;¹

Rafael Garcia-Betanzos;¹ Leonor Estevez-Alvarez;¹

Carmen Sierra-Queimadelos;¹ Jose M. Méndez-Casares¹

1. Public Emergency System of Galicia, Santiago de Compostela. A Coruña, Spain

2. Complejo Hospitalario Universitario de Santiago de Compostela, Santiago de Compostela, Spain

Introduction: Cardiorespiratory arrest (CRA) is a rare event in childhood and its characteristics are not well-known internationally. Our objective was to determine the characteristics of pediatric CRA and the immediate results of CPR in Galicia.

Methods: Data were recorded prospectively following the Utstein's style guidelines. All children (0–16) who suffered

an out-of-hospital CRA in Galicia and were assisted by the emergency system staff, from June 2002 to February 2005 were included.

Results: Thirty-one cases were analyzed. Time to CRA-CPR was <10 minutes in 32.2% and >20 minutes in 29.0%. A total of 22.6% of children received bystander CPR. The first recorded rhythm was asystole in 67.7%. Bag-mask ventilation was used in 80.6%, and 87% of patients were intubated. A peripheral venous access was achieved in 67.7% and intraosseous access was used in 16.1% of patients. Statistical analysis indicates a low and non-significant relationship between intubation and bystander CPR with survival. After initial CPR, restoration of spontaneous circulation was achieved in 38.7%. In 32.2%, CPR was unsuccessful. Of 21 patients who arrived at a hospital, 11 were dead before admission (35.5%), and 10 (32.2%) were admitted. Four died in the hospital (12.9%), and six survived to hospital (19.4%).

Conclusions: Pediatric CRA characteristics and CPR results in Galicia are comparable to references from other communities. Programs to increase bystander CPR, to improve basic CPR skills of laypersons, and update life support knowledge of healthcare staff.

Keywords: cardiorespiratory arrest, cardiopulmonary resuscitation, out-of-hospital; pediatrics

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(G56) Pilot Study for a Pediatric Trauma Registry in Greece

Agoritsa Baka,¹ Nektarios Lainakis,² Giannis Alexandrou,² Eleftheria Efstathiou,³ Nikolaos Flaris,⁴ Evagelia Gougoudi,⁵ Dimitris Papamihail,⁶ Gerassimos Zervos⁷

1. National Health Operations Centre, Athens, Greece
2. Tzaneion General Hospital, Department of Pediatric Surgery, Pireus, Greece
3. "Agia Sophia" General Pediatric Hospital of Athens, Athens, Greece
4. General University Hospital of Patras, Patras, Greece
5. General Hospital of Thessaloniki "G. Gennimatas", Thessaloniki, Greece
6. National School of Public Health, Athens, Greece
7. General Hospital "Hygeia", Athens, Greece

Trauma registries are useful for monitoring the issues regarding serious injuries and for shaping and evaluating relevant health policies and clinical management guidelines. This feasibility study was conducted in three general and pediatric hospitals in Greece (Athens, Thessaloniki, and Patras) between October 2007 and August 2008. The inclusion criteria were: age <18 years, admission <24 hours and diagnosis of trauma, burn, or near drowning. The data were collected by pediatric surgery residents according to a standard questionnaire translated and modified from the US National Pediatric Trauma Registry. A total of 809 cases were reported; 66.6% were boys. Nearly 51% were from falls, followed by 20.6% traffic-related crashes. The

most frequent was injury to the head (27%). Multiple injuries from trauma comprised 5.3% of admitted patients. Trauma admissions represented 7–10% of surgical emergency department visits and remained stable throughout the collection period. Less than 50% of serious accidents resulting in admission occur in "safe" areas (home 42.5%, school 10.4%); while for 66.7% of children injured in a car accident, no safety measures (car seat or safety belt) was used. A total of 69% of cases were transported by private vehicle, while in 74% of cases, no medical action was taken at the scene.

Limitations include the different starting dates for data collection in the three hospitals, while a particular weakness refers to the poor data regarding the deaths of children.

Central registration and triaging of incoming pediatric trauma patients, as well as a re-organization of the EDs is vital. A study focusing on pediatric deaths due to injury should be performed. Continuing training of the EMS personnel on the management of pediatric trauma patients is required. Re-evaluation of the prevention materials to target boys and all education levels should be performed, as well as intensive health promotion for child safety in vehicles.

Keywords: Greece; pediatrics; trauma; trauma registry

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(G57) Developing Methodologies to Assess Resource Needs and Ability to Provide Interventions and Care for Children in Disasters, Terrorism, and Public Health Emergencies

David S. Markenson; Michael Reilly

New York Medical College, Valhalla, New York USA

Introduction: In emergency preparedness, there is the need to prospectively develop an approach to which interventions can be provided with available resources and the maximal amount of clinical effectiveness that can be attained by staff. **Methods:** A panel of pediatric emergency preparedness experts employed a previously validated evidence-based consensus process with a modified Delphi process for topic selection and approval. Interventions were chosen such that resources and staff efficiency would not exceed previously published data for non-disaster emergency care, but allowed for standard emergency preparedness planning alterations in standards of care such as the assumption that usual numbers of staff would care for a disaster surge of four times the usual number of patients.

Results: Using standard emergency preparedness assumptions of limited resources and staff efficiency, the panel agreed on both methodologies for resource allocation and feasible interventions. A number of standard interventions would not be feasible and included detailed recording of vital signs, administration of vasoactive agents, prolonged resuscitation, and central venous access.

Conclusions: By employing this approach to resource utilization, combined with the unique aspects of pediatric care, we can improve planning and responses. This can be accomplished by understanding the needs of the population, learning how to focus on pediatric needs and the expectations of the community with regard to care of children, adopting what has been learned in prior events, and