

Although most children appear to be very resilient, research indicates that children can develop psychiatric disorders after disasters and terror events.⁷ In order to reach those affected by terrorism and who are likely to suffer long-term effects of a disaster, it is essential to enter various settings including schools.⁸ As part of their post-11 September 2001 mental health program, the Children's Health Fund and Columbia University's Mailman School of Public Health's National Center of Disaster Preparedness–The Resiliency Program designed a 12-session curriculum for fourth-grade school children. The curriculum covers affective communication, coping, problem-solving, self-esteem, and interpersonal skills. Several programs have been implemented in the United States with the goals of increasing resilience, coping skills, emotional intelligence, and violence reduction. Each program has had a different focus and strategy, but the findings suggest that school-based programs make a difference in skill acquisition and result in the improvement in many essential areas.^{9–11}

This presentation will review the elements of the Emotional Preparedness and Resilience curriculum, its basis in the trauma and resilience literature, and will present a replicable model as the threat of terrorism continues.

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Keywords: 11 September 2001; children; coping strategies; disaster; emotional; preparedness; programs; resilience

Prehosp Disast Med 2005;20(2):s21-s22

Institutions: Victims of Disasters?

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Introduction: Workers in relief organizations identify themselves with the problems experienced by the victims and there are several problems that may emerge within the organizations. Thus, organizations without proper training also can become victims of disasters.

Methods: The methods included direct observation of human behaviors in relief operation and training activities, interviews, and test administration to relief workers.

These methods were implemented and tested within the context of the author's participation in teams of prevention and response of disasters and catastrophes in Argentina during the last 25 years, such as the support provided by the American Medical Informatics Association (AMIA) to the victims of the terrorists attacks, floods, etc.

Discussion: The complex situations caused by disasters must be addressed. Therefore, it is necessary to assume that the provision of psychological support is unavoidable. There are several symptoms that may emerge within the relief organizations. A lack of foresight, discrimination, and miscommunication between the relief workers and victims prevent workers from solving many problems. Each catastrophe is a challenge to the capacity of an organization to provide an efficient response to the unexpected.

Everyone is vulnerable, which is why it is necessary to standardize support procedures at both the individual and institutional levels and to determine the priorities in the area of health: (1) reduce vulnerability; (2) foster resilience; and (3) avoid the development of burn-out.

Conclusions: Standardizing crisis management and availability of human resources will help to manage emotions caused by a traumatic event, and diminish the impact in communities, organizations, victims, communicators, and those working in relief activities.

Different measures are suggested as ways that could improve the organizational capacity to respond to disasters and catastrophes and avoid becoming victims: (1) foster resilience according to each particular culture; (2) consider effective strategies for states of emergency; (3) draft a psychosocial risk map; (4) preserve the continuity of training activities; (5) assure the continuity of actions (iatrogenia); and (6) develop strategies to prevent interpersonal conflicts.

Keywords: culture; disasters; psychosocial support; relief; response

Prehosp Disast Med 2005;20(2):s22

Effect of Autogenic Training on Cardiac Autonomic Nervous Activity in High Risk Ambulance Personnel for Post-traumatic Stress Disorder

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Objective: The effect of autogenic training (AT) on cardiac autonomic nervous activity in high risk ambulance personnel for post-traumatic stress disorder (PTSD) with use of the Impact of Event Scale Revised (IES-R) questionnaire and indexes of heart rate variability (HRV) was examined.

Methods: A total of 22 male ambulance personnel, who were divided into a PTSD high-risk (HR) group (n = 10) and control group (n = 12) were studied. The personnel underwent AT twice or three times a week for two months.

Results: The HR group showed a significantly higher cardiac sympathetic nervous activity and a significantly lower cardiac parasympathetic nervous activity than did the control group at baseline. The AT significantly decreased cardiac sympathetic nervous activity, and significantly increased cardiac parasympathetic nervous activity in both groups. These changes were accompanied by a significant decrease in the total scores of the IES-R.

Conclusion: The use of AT is effective for ameliorating the disturbance of cardiac autonomic nervous activity and psychological issues secondary to PTSD.

Keywords: ambulance personnel; autogenic training (AT); post-traumatic stress disorder (PTSD)

Prehosp Disast Med 2005;20(2):s22

Recommendations of the United Kingdom (UK) National Institute for Clinical Excellence's Guidelines on Post-Traumatic Stress Disorder

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The United Kingdom's (UK's) National Institute of

Clinical Excellence recently has published its guidelines on the recognition and treatment of post-traumatic stress disorder (PTSD) in the UK National Health Service. The guideline development group undertook a systematic review of the literature on PTSD and its treatment in order to frame its recommendations. Two psychological therapies were found to have significant treatment effects in treating adult patients and are recommended. There are fewer empirical studies of treatment of children and adolescents with PTSD, but similar recommendations can be made, albeit less strongly. The three presenters were members of the guideline development group and will discuss the methodology of the review, as well as the salient findings in respect to screening, early interventions, special populations, implications for disaster management, implications for primary care, and drug treatments.

Keywords: guidelines; post-traumatic stress disorder; recognition; therapy; treatment; United Kingdom

Prehosp Disast Med 2005;20(2):s22-s23

Achievements from the Establishment of an Emergency Department in the General Department of Health Care at Tehran Province Social Security Organization

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Introduction: Due to the importance of emergency wards as the frontline healthcare entry point for severely ill patients, and considering that about 80% of complaints were related to hospital emergency wards, the General Manager of Health Care of Tehran province decided to establish a new emergency department. The General Department of Health Care at Tehran province's social security organization is in charge of 25% of healthcare services provided by this organization by operating 10 hospitals.

Methods: This descriptive, cross-sectional research project took place in these 10 hospitals from June 2003–December 2004 with the cooperation of emergency department heads of the hospitals and a number of specialists.

Results: The following processes were initiated:

1. A headquarters for the development of improvements of the emergency wards was formed;
2. A data bank was established for the emergency wards and the manual system was changed to an electronic bank of data;
3. Proposals were made to the central headquarters of the social security organization regarding the improvements in the management of the emergency wards, and an increase in the salaries of the doctors and ward personnel;
4. A 7-month training course was conducted to educate emergency medicine instructors;
5. Equipment was standardized;
6. Enforcement of the project for dealing with disasters in these hospitals was begun; and
7. An emergency medicine refresher course was commenced for all the doctors and nurses working in the affiliated hospitals.

Discussion: The quality of services in emergency wards can be improved, along with an increase in the level of satisfaction of patients and emergency personnel, by utilizing scientific methods, personnel participation in making decisions, efficient support, and strong management.

Keywords: database; emergency department management; emergency management education; equipment; hospital; training

Prehosp Disast Med 2005;20(2):s23

Free Papers Theme 7: Prehospital Care—A Medical Speciality?

Community-based Emergency Health as a New Medical Sub-specialty

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The community has been referred to in the past as the "ultimate coronary care unit". Emergency medicine in some regions of the world, is defined as including out-of-hospital emergency services, while in other regions, it is defined as a hospital-based discipline. Other established medical specialties have community-based sub-specialties, such as community child health and community psychiatry.

Other established medical specialties primarily are based in the community, such as general practice and public health.

Some have argued that the evolution of emergency medical services (EMS) as an out-of-hospital practice is an extension of hospital practice in the community, but primarily focused on emergencies. Evidence suggests that there has been little measure of the effectiveness of out-of-hospital interventions in emergencies, and that most research to this date, has been "component focused" and not "system focused".

The language of out-of-hospital emergency care also is controversial; is it a medical, public safety, or a public health facility? Recently, there has been a merger of these constructs to a new, ill-defined paradigm, and also, recognition of how emergencies are prevented and managed in the community has an impact on hospital-based care and resource management. This has led to international collaborations, such as the "Cairns Group" that are attempting to explore and understand this community-hospital relationship in the emergency setting.

Healthcare trends have moved from hospital-based care to community-based care. Parallel to these broader changes, there also has been an emphasis on prevention, surveillance, health education, clinical effectiveness, clinical governance, ethics, research methodology, culture, behavior and occupational health, all of which are related to community-based care. As a subset, community-based emergency health also has been evolving with greater clinical and system sophistication and multi-disciplinary approaches to system design, clinical care, medical retrievals, mass gatherings, major events, public health crises, emergency preparedness, and disaster medicine.

This paper will argue that there now is a sufficient critical mass in both system and clinical issues of community-