

low burnout at the professional level, which indicates that males were more satisfied with their professional achievements. The majority of the respondents 21–40 years of age had low and moderate burnout in the three subscales. Those in the 41–60 year and ≥ 61 year age groups experienced low burnout on all subscales. The unmarried showed moderate burnout in emotional exhaustion, but the majority of married respondents had low burnout in loss of empathy and professional fulfillment. Working in the emergency department for six months or six months–one year showed that the majority experienced moderate burnout, but revealed low burnout in professional fulfillment.

Conclusions: The emergency medicine residents reported to have severe burnout in emotional exhaustion, but scored moderate burnout in loss of empathy and professional fulfillment. The EMS personnel had the lowest burnout level of all three subscales

Keywords: burnout; emergency department; hospital; Philippines; psychosocial

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(I97) Analyzing Solitary Death

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Introduction: Most disasters caused by natural hazards occur unexpectedly and result in the loss of life and damages to the community, both of which may impact and transform one's individual and social environments. This study seeks to describe and analyze the solitary deaths (unattended deaths) of victims of the Great Hanshin-Awaji earthquake.

Methods: Secondary data analysis was used to analyze the characteristics of solitary death. Data were collected from obituary columns of a major local newspaper from 17 January 1995 to 16 January 1998 which focused on aspects of the disaster related to solitary death. The content included age, sex, family status, living status, job status, health situation, and the disaster victim.

Results: There were 94 obituaries related to solitary death found in the local newspaper. Males and females accounted for 72 and 22 of the cases, respectively. The significant age groups included the 60s (33 cases) and 50s (15 cases). In 40 out of 65, cases the individual spent less than one year living in a new shelter. Ninety-three out of 94 were living alone; 80 out of 81 had health problems; and 89 out of 90 were jobless.

Conclusions: Characteristics of victims experiencing solitary death included: living in a shelter ≥ 1 year, being male, being 60–70 years of age, unemployment, and health issues. Victims were socially vulnerable due to this myriad of problems. Disaster nursing intervention for these victims is strongly needed.

Keywords: Hanshin-Awaji Earthquake; Japan; psychosocial; solitary death; victim; vulnerability

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(I98) Standing Committee on Crisis, Disaster, and Trauma Psychology: Goals within the European and Worldwide Network

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In 2001, the European Federation of Psychologists' Associations (EFPA) Executive Council nominated a Task Force to address crises, trauma, and disaster psychology. This Task Force became a Standing Committee in 2005. The Standing Committee was asked to produce a report for the EFPA Executive Council to be presented to the European Council concerning matters that European authorities should have considered in the prevention and management of crisis and disaster situations. The report provided the following information: (1) a basic statement on the importance of professional and scientific disaster and crisis psychology in Europe; (2) a short outline of conclusions from scientific research and professional practice relevant to this field; and (3) concrete proposals concerning the European and national legislation, organization, and training in this field.

During the last two years, the work of the Standing Committee can be divided into three areas: (1) developing the organization and status of disaster, crisis, and trauma psychology in Member Associations of the EFPA; (2) collaboration projects with European Council; and (3) following the development of the field in different European countries and in different national and international disasters and catastrophes.

Currently, the Standing Committee has 25 members across Europe and is growing. The Standing Committee has cooperated with the American Psychology Association and its newest project is Psychological Aid for Victims of Terrorism.

Keywords: disaster; crises; emergency medical services; Europe; European Federation of Psychologists' Association; standing committee

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(I99) Psychosocial Support for People Affected by Mass-Casualty Incidents: Train Accident of EuroCity 108

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On 08 August 2008, the international express train EC 108 crashed into a bridge while traveling 90km/hour. A total of 420 passengers were on this train; of them, eight died and 70 were injured.

Many rescuers intervened on-scene. Hundreds of people were affected psychologically, and many foreigners were traumatized by this event. Psychosocial support was organized in cooperation with the Police of the Czech Republic, Fire Rescue Forces, first responders, and non-governmental organizations.

The aim of the follow-up research of the intervening rescuers was to determine their needs and endurance, and propose areas for improvement. The sample contained 120 people.

Keywords: affected people; Czech Republic; disaster victim identification; fire rescue forces; first responder; mass-casualty incident; police; psychosocial; psychosocial support; research; train crash

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(I100) Toward Integrated Emergency Health Services: Alternative Strategies for the Future

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Introduction: Complex emergencies (conflicts or disasters caused by natural events) do not recognize borders. The connection between conflict and trauma regarding psychosocial development and well being has long been established as emergencies expose and exacerbate existing individual and societal problems.

Methods: An extensive literature search, including non-governmental organizations' "grey" literature, was performed. Articles were analyzed for key contributions, available programs, and mental health measurement indicators.

Results: Analysis revealed that the emergency mental health services are not integrated into emergency relief response and/or are insufficient. Provision of early mental health interventions reduces the burden on a country's health facilities and/or relief responses. In order to achieve integrated physical and mental health services (a key World Health Organization goal) alternative strategies are proposed.

Conclusions: Establishing a referral network among relief organizations stimulates collaboration and sharing of best practices. The recent publication of the Inter-Agency Standing Committee (IASC) Guidelines offers concrete strategies for ensuring that emergency care is effective, inclusive, and culturally appropriate. Training relief workers in the use of psychological first aid and mental health needs assessments provides opportunities to raise awareness about these guidelines. The training sessions reinforces cooperation established by the referral network. With greater appreciation of the necessity to integrate emergency mental health services, relief workers become advocates for change within their own organizations, and together, within the political arena. With concrete guidelines to assist them in articulating specific funding priorities to politicians and measurement indicators to ensure accountability, advocating for changes will be more meaningful and persuasive.

Keywords: emergency medical services; humanitarian; mental health; psychosocial; referral network; relief worker; training

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(I101) Working in Disasters, Under Stress: Expectations and Motivation Sources of Relief Workers in Turkey

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Introduction: In recent years, the number of the relief efforts has increased, especially after the Marmara and Duzce Earthquakes that occurred in Turkey in 1999. The plight of the relief workers during and after disasters has been a main point of focus in Ministry of Health (MoH) and one of the major fields in disaster management.

Methods: A questionnaire was developed pertaining to demographic information; range of relief workers' numbers, professions, training experience, and working experience in a disaster; stress factors and symptoms; self-help strategies during the disaster work; and the motivation sources of being a relief worker. This questionnaire was distributed to 551 medical rescue workers that participated in the 3rd National Medical Rescue Training and Practicing Programme held in Bursa, Turkey in 2007.

Results: All the data were analyzed using SPSS Pocket Programme 11.5. The results showed that the ability to train and work under stress are the basic factors of being an adequate relief worker. The major stress factors are taking extreme risks and being an eyewitness to the death or injury of a relief worker.

Conclusions: A supportive approach for relief workers should be a main component of disaster management. Identifying the expectations of relief workers is extremely important for effectively working in disaster area.

Keywords: disaster management; emergency health; medical rescue; motivation; relief workers; stress factors

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(I102) Deprivation Prevalence in an Emergency Service and Elaboration of a New "Identifying Test"

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Introduction: Deprivation has harmful consequences on health care (renunciation to medical care, diseases complications). Emergency services are the first healthcare resources used by socially disadvantaged people. The deprivation prevalence in an emergency service was assessed using the Evaluation of Precarity and Inequalities in Health Examination Centers (EPICES) test score. An attempt was made to construct a simpler "identifying test" derived from the EPICES index.

Methods: Questionnaires were distributed in Beaujon Hospital. Deprivation prevalence was assessed using the EPICES test score (validated individual index of 11 weighted items related to material and social deprivation) as a gold standard and was checked against socio-economic demographics and medical data. The 11 items were statistically analyzed in order to highlight the most important deprivation markers. A simpler "identifying test" was derived.

Results: Out of 208 patients, 62.5% were deprived. Deprivation increases with age (80.6% of the 80-102 years old). "Not having complementary medical insurance", "experiencing monthly financial difficulties", and "not having