

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.

Prehosp Disaster Med 2011;26(Suppl. 1):s152–s153
doi:10.1017/S1049023X11004961

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

X.W. Wang, J. Xu, Y.J. Shen

Department of Nurse Administration, Ningbo, China

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.

Prehosp Disaster Med 2011;26(Suppl. 1):s153
doi:10.1017/S1049023X11004973

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

A.W. Akida,¹ M. Isinta,² F.O. Ndiawo,¹ D. Agedo,² J. Tsinanga²

1. Accident and Emergency, Nairobi, Kenya
2. Nairobi, Kenya

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.

Prehosp Disaster Med 2011;26(Suppl. 1):s153
doi:10.1017/S1049023X11004985

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

S.M. Burke,¹ S. Briggs²

1. Nursing, Boston, United States of America
2. Surgery, Boston, United States of America

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

significant mortality and morbidity. Disasters may be caused by natural or man-made events. With either type, the forces of the event overwhelm the first responders and health organizations in the stricken community and outside assistance is required. Developing countries have the highest burden with limited available resources. Today's complex disasters have increased the need for mobile medical/surgical response teams to provide disaster care. The United States (US) Government created the International Medical Surgical Response Teams (IMSuRT), which, on short notice, deploy a multidisciplinary team of doctors, nurses, and other health professionals to disasters around the world. IMSuRT has a rapidly deployable, fully equipped field hospital. Historically, Massachusetts General Hospital (MGH) in Boston, Massachusetts, US, has played a significant role in responding to humanitarian efforts both within the US and internationally. The MGH nurses play key roles in several response teams, including IMSuRT. Disaster nursing has many unique challenges. Nurses practice daily under controlled situations and become expert in one specialty; however, in the disaster setting this is not possible. Disaster nursing requires a fundamental change in the care of patients. During disasters, nurses work in areas that are not their primary specialty. Disaster nurses must be prepared in the essentials of disaster response—this requires planning, preparation, and training with multiple simulation drills focusing on patient scenarios, equipment utilization, teamwork, triage, decontamination, and scene safety. We must be creative, adaptable, and flexible to the needs of the disaster. Most importantly, cultural sensitivity, and communication are important factors in the delivery of disaster care.

Prehosp Disaster Med 2011;26(Suppl. 1):s153–s154
doi:10.1017/S1049023X11004997

(P2-56) Nurses' Knowledge, Skills and Perception Towards Disaster Response and Emergency Preparedness F.C. Wee

Nursing Service, Singapore, Singapore

Background: Disaster response and emergency preparedness has taken a bigger role in our daily operations since the advent of events of September 11 2001. It is essential that nurses be prepared and trained to respond to disaster incidents. Nonetheless, we are largely unaware of how our nurses feel about their readiness to respond to these disaster incidents. This study aims to understand our nurses' knowledge, skills and perception towards disaster response and emergency preparedness.

Method: A self administered structured questionnaire survey was conducted for the nurses in our hospital. Using a 5 point Likert scale, the questionnaire covered knowledge, skills and perception of institutional and individual preparedness towards a disaster incident. The data was analyzed using SPSS 17.

Results: A convenient sample of 1143 nurses (response rate 95.5%) was studied over a 2-month period from 1st August to 30th September 2010. 55.7% of the surveyed nurses have not attended any training in disaster response. Despite that, more than 50% of them scored correctly in term of their knowledge in different types of disaster incidents. 75.3% of them have not been trained to don the HAZMET suite within the last 2 years. 72.9% do not know where to get the HAZMET suit in the event of a chemical incident. While 80.2% felt that the institution is

able to respond to any disaster incident, only 41.3% felt that they were ready. In addition, 83.6% were willing to participate in future disaster incident response training. 77.1% agreed that being able to respond to a disaster incident should be part of their professional competency.

Conclusions: There is a need for the hospital to incorporate disaster preparedness into nursing education curriculum as a clinical core skill to ensure that nurses are ready to respond to disaster incidents.

Prehosp Disaster Med 2011;26(Suppl. 1):s154
doi:10.1017/S1049023X11005000

(P2-57) When a Glue Sniffer Turns Weak

J. Poh

Department of Emergency Medicine, Singapore, Singapore

Introduction and Discussion: Inhalant abuse has become less common in Singapore. Awareness of glue sniffing and its complications has decreased among local physicians. Prolonged toluene exposure can result in renal tubular acidosis, with electrolyte and acid-base derangements, and should be considered in the differential diagnosis of any young patient with unexplained hypokalaemic periodic paralysis and normal anion gap metabolic acidosis. We present a typical case to illustrate the abnormalities and to heighten awareness among emergency physicians who may not have laboratory results on hand when evaluating causes of limb weakness.

Prehosp Disaster Med 2011;26(Suppl. 1):s154
doi:10.1017/S1049023X11005012

(P2-58) A Multicasualty Event of Multiple Burn Victims Caused by Spout of Heated Hydrochloric Acid in a Chemical Plant

N. Fuke,¹ M. Sato,² H. Shiga,¹ M. Yamashita,¹ T. Yokoi,¹ Y. Kobayashi,¹ A. Kobayashi,¹ R. Ikita¹

1. Emergency and Intensive Care Center, Ichihara, Chiba, Japan
2. Goi Branch, Ichihara, Chiba, Japan

Background: A sudden break-down of a heat-exchanger in vinyl chloride plant resulted in that 141 °C, 23% concentration of hydrochloric acid spouted out over the workers around it. Eight workers suffered and Ichihara City Fire Department was deployed in response to the call 3 minutes after the onset of the incident, 17 vehicles including 5 fire engines, 6 ambulances, and two helicopters. Finally three severely (> 80% of TBSA) burned, two moderately (20–80%) burned, and three slightly (< 20%) burned victims were identified and triaged. One severely burned was transferred at first to the closest tertiary care hospital (TUCMC) which existed within 2.5 km distance by an ambulance and other two and one moderately burned were transferred by helicopters to the neighboring tertiary care hospitals. Another moderately burned one was sent to TUCMC by an ambulance about 30 minutes later than the first one. Three slightly burned victims were sent to a local hospital and treated as an outpatient. This casualty mission was ended by 120 minutes after the call. Two among the three severely burned patients lost their lives but another severe one and two moderately burned were survived. **Conclusions:** With these considerations, the management of this multiple burn casualty was successful, partly because of small