

ods of humanitarian service that are sensitive to the traditions and beliefs of the communities in which they serve? After disasters, people with specific technical expertise are required. Is there a place to utilize the technical know-how of spiritual practitioners to respond to the many needs that present themselves to vulnerable populations post-disaster? Is there a place for spiritual preparation for and response to disaster? If so, how can it be done in a way that makes the best use of often misused time, energy, and resources as well as care for those most affected, and without the associated hesitation of spiritual groups? If not, what should spiritual organizations be doing in response to disasters? These critical areas of humanitarian relief will be discussed.

Faith-based non-governmental organizations have an important role in creating resilient communities and providing care in disaster settings. This is an important topic that requires further debate and discussion.

Keywords: disaster; faith-based organization; humanitarian; non-governmental organization; psychosocial; spirituality

Prehosp Disast Med 2009;24(2):s135-s136

(I94) "Emotional Triage" Debriefing

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Who is affected after an emergency? Health professionals working during an emergency situation are exposed to pain, feelings of powerlessness, suffering, and despair. A series of highly stressful situations can reverberate in their personal well-being, later interventions, and social and familial environment. Everyone is affected by tragedy.

This study will examine what happens to those affected by crisis. Resilience, post-traumatic stress, daily stress, chronic stress, and organizational stress will be evaluated. The pursuit and evaluation of applied interventions and the permanence of symptoms, especially post-traumatic stress disorder, will be examined.

An example of a debriefing workshops after a fire in a Disco Cromagnon that left 199 dead and 3,000 victims. The aim of the workshop was to generate a space of containment and psychological support for all of the affected people so that they could express their emotions and evaluate themselves in their knowledge of traumatic facts. They learned the expected symptoms and the normal reactions to abnormal situations. During the training, movies, games, participant techniques, and theoretical material were used. In groups, personal presentations were made across skills.

The emotional triage of those affected by emergencies and disasters is unavoidable. It is necessary to perform emotional triage with the responding health professionals *in situ*. Quick ventilation diminishes the risks to the health professionals.

Keywords: debriefing; emotion; psychosocial; psychosocial triage; triage

Prehosp Disast Med 2009;24(2):s136

(I95) SOS Genius

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By analyzing games, fantasies, and dreams, the different symbolic forms from which a child represents his internal world are observed.

In order to work with children, contain their anxiety, and interpret their thoughts, it is necessary to know and play an important number of games and cartoon stories.

Children often fear repeating experiences. They express their conflicts regarding emergency and catastrophic situations with playful activity that could not be expressed by words. Some children will not be able to use this skill because of a deep inhibition that is a result of the trauma suffered.

To be able to read the game is to interpret the soul and the emotions of the child.

After 28 years as a therapist of children who have been damaged by trauma and as Supervisor of the School of Psychologists, I have created an interactive game called "SOS Genius", proven to free children's anguish and anxieties and to generate appropriate behaviors. Games like this have proven to be effective for children during unfortunate circumstances.

Keywords: children; education; game; mental health; psychosocial; training

Prehosp Disast Med 2009;24(2):s136

(I96) Prevalence of Burnout among Emergency Department Staff of the University of The Philippines Philippine General Hospital

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Introduction: The emergency department is the frontline of care in any hospital. Quality of work is affected by the skills and knowledge of the medical staff and the stress in their daily grind. The emergency department cannot perform its primary function if its personnel continue to feel the burden of their jobs.

Methods: This is a descriptive study of the emergency department staff at the University of the Philippines-Philippine General Hospital. A self-administered questionnaire with socio-demographic and occupational variables using the 22-item Maslach Burnout Inventory (MBI) Scale assessing emotional exhaustion, depersonalization, and professional accomplishment was used.

Results were analyzed according to the major subscales of the MBI Scale. The percentage having severe, moderate, and low burnout levels were determined and analyzed based on demographic data (e.g., gender, age, marital status, years of experience, and qualification).

Results: Eighty-seven qualified emergency personnel were surveyed. Of them, 41 were nurses, 13 were emergency medicine residents, 11 worked for Medical Social Service (MSS), 11 were emergency medical services (EMS) personnel/paramedics, and 11 were emergency department records personnel. Only 64 respondents were able to return the questionnaires (73.5%). Most of the male respondents had low burnout in emotional exhaustion and loss of empathy. They also scored