– coordinating the work of specialists of the local, regional and federal level;
– interacting with non-governmental organizations;
– setting up a 24-hour "hotline" service ("HL") on the basis of a medical institution;
– deploying facilities for providing care to victims, their relatives, and to "secondary victims".
Principles of medical-psychological care:
– urgent care must be provided jointly with psychiatrists/psychotherapists at the places, where the victims are located;
– individuals with the most severe stress reactions must be identified and observed by psychiatrists/psychotherapists;
– appropriate and prompt intervention should be made to relieve acute stress disorders;
– therapeutic interventions should not be a hindrance to victims' participation in the urgent evacuation and interrogation expedients as well as completing social tasks.
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EV0495

Anxiety disorder on acting people in emergencies

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Introduction Disasters and emergencies generate a psychological impact on both survivors and response teams. Traumatic events and his memory would be a risk factor for anxiety disorders.
Objectives Describe the most common post emergency anxiety signs in a sample of Spanish people who responded directly to emergencies.
Methods Study carried out by survey filled through Google Forms application; in this survey, we retrospectively value anxiety using the screening scale for generalized anxiety disorder of Carroll and Davidson.
Results The survey was answered by 20 people, of whom 60% were women 68.20% age range between 18–6 years and with university studies in the 70% of the interviewees. Four nurses, 2 doctors, 4 emergency assistants workers, 2 civil protection workers, 1 ambulance worker, 1 military, 3 policemen, 1 fire-fighter and 2 others. Sixty percent of cases did not received specific aid. The anxiety scale items that are most affected are musculoskeletal stress and sleep, with lower prevalence of psychological anxiety (Fig. 1). Women showed higher prevalence of psychological anxiety, muscle tension, and sleep disturbance.
Conclusions The data reveals that the staff responding to emergencies recalled experienced musculoskeletal problems or sleeping disturbance better than psychological anxiety which was relegated to the background. Post-emergency treatment should be provided to all participants in emergencies including specific interventions for musculoskeletal stress and insomnia.

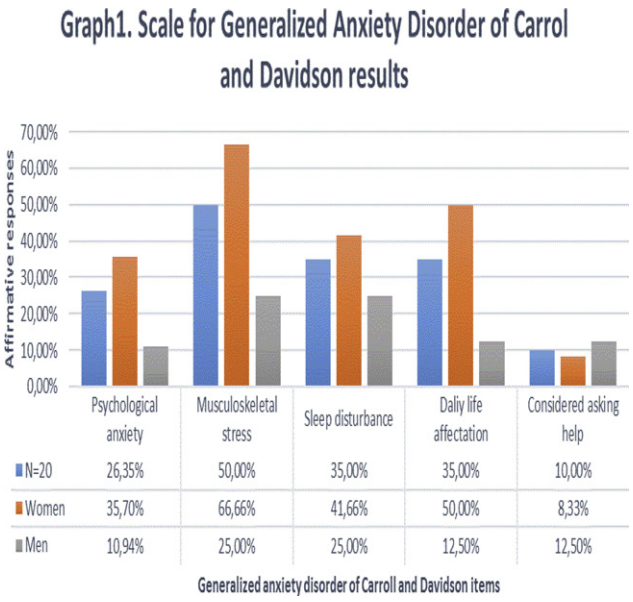

Fig. 1 Scale for generalized anxiety disorder of Carrol and Davidson results.

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Change with the times exploring psychiatric inpatients' attitudes towards physical restraint

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Introduction When other options fail, physical restraint is used in inpatient psychiatric units as a means to control violent behavior of agitated inpatients and to prevent them from harm. The professional and social discourse regarding the use of restrictive measures and the absence of the inpatients' attitudes towards these measures is notable. Our research therefore tries to fill this gap by interviewing inpatients about these issues.
Objectives and aims To assess the subjective experience and attitudes of inpatients who have undergone physical restraint.
Methods Forty inpatients diagnosed with psychiatric disorders were interviewed by way of a structured questionnaire. Descriptive statistics were conducted via use of SPSS statistical software.
Results Inpatients reported that physical restraint evoked an experience of loneliness (77.5%) and loss of autonomy (82.5%). Staff visits during times of physical restraint were reported as beneficial according to 73.6% of the inpatients interviewed. Two thirds of the inpatients viewed the use of physical restraints as justified when an inpatient was dangerous. Two thirds of the inpatients regarded physical restraint as the most aversive experience of their hospitalization.
Conclusions Our pilot study explored the subjective experience and attitudes of psychiatric inpatients towards the use of physical restraint. Inpatients viewed physical restraint as a practice that was sometimes justified but at the same time evoked negative subjective feelings. We conclude that listening to inpatients' perspectives can help caregivers to evaluate these measures.