synagogues, and national annihilation), preparedness entails a full range of emergency response and self-defense knowledge. This is not limited to the Jewish population.

Fire departments, emergency medical services, and ambulance services are staffed by trained professionals. But what can an individual do at the scene of an emergency until the trained professionals arrive? It may mean keeping her/himself from injury or from contributing to the accidental injury to someone else.

Each individual should bear responsibility for his/her own safety and protection without exacerbating the emergency situation for her/himself or for any others involved. Once an individual is educated for emergency response, that person is better able to cope during an emergency and can organize and direct others into small groups to address immediate emergency needs until help arrives. Knowing what to do, and therefore, be able to take charge during an emergency, often can help alleviate panic and injury that occurs during national disasters and emergencies. It also can save lives.

Keywords: firefighting; emergency response; individual preparedness; preparedness; threat of attack
Prehosp Disaster Med

Emergency Medical Services for the Beijing Olympic Games

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Objective: The objective of this study was to investigate the preparedness of emergency medical services (EMS) for the Beijing Olympics Games, and analysis the impact on the Olympic Games for the Beijing EMS system.
Methods: The preparedness of EMS for the Beijing Olympic Games was summarized.
Results: There were 213,000 calls and 28,000 ambulance responses during the Olympic Games in the Beijing 120 EMS system.
Conclusions: The Beijing 1-2-0 EMS system met the demands of both the Beijing Olympic Games and the citizens. The Beijing Olympic Games promoted the development of the Beijing EMS system.

Keywords: ambulance response; Beijing Olympic Games; China; emergency medical services; preparedness
Prehosp Disaster Med

Formulating a Socio-Ecological Model of Life Recovery Post-Disaster

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Introduction: In the aftermath of a disaster, measuring recovery is essential for planners and policymakers interested in restoring economic and social activity. The built environment offers numerous measures that capture such a rebound: houses rebuilt, roads repaired, critical infrastructure restored. Often unmeasured is how well an affected population recovers, particularly those residents displaced from their homes and whose individual recovery may not be associated with their community's recovery. A socio-ecological recovery model suggests that long-term individual recovery is associated with relief of stressors, mitigation of vulnerability, enhancement of individual buffering capacities, and support of adaptive capacities.
Methods: Data were drawn from the Gulf Coast Child & Family Health Study, a cohort study of 1,079 randomly sampled households in Louisiana and Mississippi displaced or otherwise impacted greatly by Hurricane Katrina in 2005. Data were collected annually at three rounds on health needs and service utilization, social support, and socio-demographics. The outcome of mental health disability was measured using the mental component summary score (MCS) derived from the Medical Outcome Study.
Results: Using a hierarchical random effects growth model to test the slope differences over time, the mental health of stably housed individuals was significantly better than those unstably housed at baseline, and improved at a much greater rate.
Conclusions: The early findings are highly suggestive of the potential explanatory value of a socio-ecological model. Economic stability appeared to have a cumulative effect on mental health recovery, with the economically stable improving at a faster rate than economically unstable, although their starting points were similar. Rates of change among those with children was not significantly different that those without, although individuals caring for children had significantly greater mental health distress.

Keywords: model; recovery; socio-ecological model
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Emergency Routine: Professionals' Experience in a "Shared Traumatic Reality"

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Introduction: The vital need for helping professionals during communal disasters is widely recognized in the literature. In these situations, professionals who live in the stricken community find themselves in a "shared traumatic reality", in which they are exposed to the catastrophe as professionals and as members of the community. Studies of the effects of this double exposure consistently have shown that they experience high conflict between their family and professional obligations. However, these studies focus on one-time catastrophic events. Thus, they leave open the question of what happens to professionals who must cope with communal disasters in which the threat of injury and death continues over an extended period of time. This study addresses this question by examining the impact on helping professionals of exposure to Qassam missiles from Gaza during Israel's Operation Cast Lead (January 2009).
Methods: Twenty-five helping professionals were interviewed. Located through purposive sampling, they included both those who were exposed to the Qassams only in their work (singly exposed) and those who lived in communities that were hit by Qassams—thus, doubly exposed at work and at home. The interviews were analyzed using thematic analysis techniques.
Results: The doubly exposed interviewees reported much greater stress and much greater role conflict than did those

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who were singly exposed. They used the oxymoronic term "emergency routine" to convey their sense that during the entire period, both at work and at home, their daily lives were filled with unremitting fear, tension, and hyper-vigilance that placed them in a constant "state of alert". They also reported that the demand that they function as professionals whatever their fears and whatever their parental obligations created enormous stress over the entire period.

Conclusions: Special efforts must be made to alleviate the intense cross-pressures that doubly exposed professionals experience in ongoing communal trauma.

Keywords: communal disasters; Israel; shared traumatic reality; stress; trauma
Prehosp Disaster Med

The Israeli Defense Forces Post-Traumatic Stress Disorder Prevention Program for Combat Medical Teams

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Prevention of post-traumatic stress disorder (PTSD) includes *primary prevention* (before the traumatic event), *secondary prevention* (right after the event), and *tertiary prevention* (prompt effective treatment to symptomatic subjects). The recent understanding that combat medical teams are at a special risk of PTSD led to the development of the Israeli Defense Forces Medical Corps PTSD Prevention Program.

The program includes elements of primary prevention, such as: pre-induction screening; a comprehensive professional training course, including the study of combat PTSD and its treatment; and drill practicing of stressful traumatic events. It includes elements of secondary prevention, such as: immediate post-event team debriefing sessions led by the unit's commander—the medical officer. Lastly, the program includes tertiary prevention such as: immediate treatment by mental health officers when symptomatic team members are identified during the secondary prevention stage.

The heightened emphasis on PTSD prevention already has resulted in two observable facts: (1) a lower rate of PTSD among IDF combat medics; and (2) a faster detection time of PTSD symptoms among them. These findings emphasize the importance of PTSD prevention programs for first responders as a part of comprehensive responders' safety and health programs, thus preparing them for future disasters and traumatic events.

Keywords: combat medical teams; Israeli Defense Forces; post-traumatic stress disorder; prevention
Prehosp Disaster Med

Resiliency Development through Training, Instruction, and Supervision: First Responders Project in Israeli Emergency Organizations

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Background: A great need has been emerging to provide psychosocial support to emergency organizations' (EO) first responders, who repeatedly are exposed to adversities in their work, has been emerging. As a result, the "Helping the Helpers" models have been developed, raising additional questions regarding resiliency promotion and the implementation of stress management techniques in organizational systems, without the constant involvement of professionals, unless needed.

Methods: The following describes an ongoing training process in an Israeli EO based on a knowledge and skills transmission cascade model. Thus, a multiple-stage project was developed, including: (1) an initial five-day training course of instructors and "Resiliency Trustees" (RT) from FR organizations; (2) consequent training given by the qualified trainers in their organizations; and (3) continued by implementation of the RTs in the field that continues training and supervision. The process was accompanied by recurrent satisfaction assessments and RT's psychological domains, role, and self-efficacy aspects evaluation.

Results: Sixty-four responders from four EOs were trained together and began implementing their role during recent stressful and emergency events. During the project, high satisfaction levels were reported by the trained instructors and by emergency workers that underwent consequent training in their organizations. In addition, increases in perceived self-efficacy were found among RTs undergoing advanced training courses.

Conclusions: This three-year training process is suggested to be a significant factor in resiliency and coping skills promotion in emergency organizations that lack inner-organizational mechanisms of psychosocial support. Empowering those organizations by qualification of people working within the organization strengthens the responders' sense of competence, and creates a sense that the organization genuinely cares for its workers as human beings. In addition, it provides the organizations' leaders an effective service of identification, support and recovery consulting for the affected personnel.

Keywords: emergency organizations; first responders; psychosocial support; resiliency; training
Prehosp Disaster Med

Institutional Preparation and Intervention Stages of Health Administration in Cases of Major Radiation Incidents

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Major incidents are chaotic situations that may impact a large number people and could interrupt routine activities by creating a sense of fear in society. Depending on the severity of an incident, its impact may be observed on institutional, regional, national, or even international scales. Major incident management consists of stages such as preparation, intervention, recovery, and hazard reduction. In this cycle, the preparation stage represents the most significant variable affecting subsequent variables. In cases of major radiation incidents, health administration also is one

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