

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

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### 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 than 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