

intensity of terrorist activity in their region, as well as test the efficacy of MDA's secondary prevention of post-traumatic stress disorder (PTSD).

Methods: A total of 620 young ambulance volunteers (mean age: 17 years) from all of the regions of the country, who have volunteered actively for one year, were evaluated. The level of PTS was calculated according to the intensity of the terrorist attacks in the volunteers' region. Three levels of terrorist attacks were evaluated, according to the number of casualties who were treated by MDA teams.

Results: The levels of PTSD symptoms among the volunteers were low; however, significant differences were found between regions. The correlation between PTS and the intensity of terrorist attacks in the region was negative: in areas with increased numbers of terrorist attacks, the level of PTS reported by the volunteers decreased.

Discussion: Volunteers from regions prone to terrorist attacks were relatively more prepared to cope with the mental burden of these events, while volunteers from quiet regions may have been less prepared mentally. The results highlight the efficacy of the practice of secondary prevention of PTS efforts of MDA following terrorist attacks among the young volunteers. Although volunteers who witness terrorist attacks report more PTS, on the whole, PTS levels are low in regions where secondary prevention is performed often.

Keywords: adolescents; post-traumatic symptoms (PTS); secondary prevention; terrorism; volunteers

Prehosp Disaster Med

Medical Civil Protection in Germany

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After 11 September 2001, it became obvious that Germany suffered from deficits in medical care in an event that produced massive numbers of casualties. A new approach between the Federal Government, the Länder, and municipalities should allow these institutions to be better able to cope with disasters. The Federal Government should be more active in cases of mass casualties in the context of conventional injuries as well as injuries caused by nuclear, biological, and chemical substances. The task spectrum considers that coping with major threats and damages might have a considerable impact on the nation. This range of measures involves self-defense and first aid, treatment before transport to hospital, transport, and hospital treatment.

The new concept corresponds to today's requirements for effective complementary disaster protection and comprises core elements for specific dangers and support components to reinforce the core elements. At the same time, the quantitative structures concerning volunteers are strengthened and preserved.

The core elements consist of:

1. Standardized equipment for CBRN threat situations;
2. Qualified CBRN detection and measure assessments;
3. Decontamination of persons;
4. Analytical task force to reinforce local operations command with expert scientists and special assessment techniques in complex CBRN situations; and

5. A medical task force to reinforce coping measures in case of mass-casualty situations.

The Medical Task Force (MTF) consists of five modules and 21 vehicles. A total of 110 experts work for the MTF. The main tasks are the decontamination of injured people, the creation and management of a casualty treatment location, and the transport of patients. All these tasks are managed using a command module that is supported by a logistics module. The MTF should be established in Germany by 2016.

Keywords: chemical, biological, radiological, nuclear; Germany; mass-casualty incidents; medical care; medical civil protection

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Chemical Response Advisory Team: Improving the Preparedness and Management of Mass-Casualty Toxicological Incidents

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A mass-casualty toxicological incident (MCTI) is a challenging event due to the variety of potential clinical scenarios. The first responders and emergency medical personnel are faced with a complicated task without having the specific medical expertise. There is a need for a professional authority to advise and direct the medical providers and the event managers. To fill this gap, a special advisory team of clinical toxicologists called the Chemical Response Advisory Team (CRAT) was established under the supervision of the chemical section of the Chemical, Biological, Radiological, and Nuclear (CBRN) Branch of the Israel Defense Forces Medical Corps. Its members are available through various communication options 24/7. They are assigned to provide continuous, clinical toxicological risk assessments, including recommendations for decision-makers and medical personnel. The CRAT is activated whenever there are signs of an upcoming MCTI, an evolving or fully spread MCTI, and after any MCTI for identification of lessons. Detailed standards of an operation were determined for any aspect of the CRAT activity. The specific tasks of the CRAT include: (1) confirming the suspected poisons; (2) instructing the up-to-date management protocol; (3) suggesting the proper messages to the public; (4) advising about proper protection; (5) decontamination; and (6) recommending population evacuation. The CRAT is viewed as an important element in the preparedness and management of MCTIs, and its operation may improve the outcome of such events.

Keywords: chemical, biological, radiological, and nuclear; Chemical Response Advisory Team; Israel; mass-casualty toxicological event; response

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