

protocol prior to the exercise. A best-practice guideline on various hospital processes was provided by the Ministry. Exercise controllers and peer observers from other hospitals were assigned to evaluate the various system processes and utilized a graded scoring system. The casualty load was timed to simulate surge capacity. The scenario was a bomb blast at a mass transportation system station.

Results: A total of 180 casualty simulators were managed from the emergency department to their final inpatient disposition. The hospital's operational readiness and capabilities were validated and assessed. A four-tiered State of Readiness Score (fully ready, high state, acceptable state, barely ready) was given at the end of the exercise.

Conclusions: Mass-casualty simulation exercises provide realism for rehearsing hospital disaster plans. The presence of anesthesia and surgical teams in the emergency department, and the direct command of operating theater space and intensive care beds helps in the timely disposition of critically injured casualties.

Keywords: drill; lessons learned; management; mass-casualty incident; simulation; surge capacity

Prehosp Disaster Med

Emergency Medicine at Mass Gatherings

Lessons Learned from the 2008 Democratic National Convention

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Background: The 2008 Democratic National Convention (DNC) was held in Denver, Colorado, from 25 August through 28 August 2008. The influx of people created unique challenges for the Denver Health Paramedic Division (DHPD) and Denver Health's Emergency Department that resulted in planning, training, and other preparations for more than a year and a half prior to the event.

Methods: Preparations for the DNC resulted in a number of changes to protocols, disaster plans, and management approaches. The additions and changes made in preparation for the DNC and how they impacted implementation and management in this urban system will be summarized.

Results: The lessons learned from the management of the DNC will be reviewed along with recommendations for others called upon to manage similar events. Multiple areas for improvement in preparation and management were identified. Some of these were successful, while others did not yield the expected results. The operational period of the DNC provided the opportunity to test a number of changes to the system, both in terms of planning and preparedness. For example, strategically placed strike teams eliminated the need for >250 ambulance responses and allowed for the allocation of those resources to other areas.

Conclusions: Relationships and cooperation played key roles in the planning and execution of this event. Partnerships with local, state, and federal agencies were extremely beneficial. An integrated health and medical planning approach is crucial to effective implementation. Balancing realistic planning assumptions with worst-case

scenarios is necessary to derive real resource needs and develop a scalable plan. Extensive preparations resulted in successful management; legacy of the DNC is the improved level of preparedness in Denver.

Keywords: cooperation; Democratic National Convention; lessons learned; mass gathering; preparedness

Prehosp Disaster Med

Resilience

Resilience of Israeli Rescue Workers—ZAKA Body Handlers

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Introduction: Rescue workers routinely are exposed to horrific sights and direct physical contact with bodies. Studies in various contexts, including war, accidents, and disasters indicate that exposure to bodies may cause psychological disturbances. However, these studies also have shown a wide range of psychological distress that may stem from various circumstantial or personal sources. This study examines the implications of the level of exposure to stress, professional experience, and repressive coping style on post-traumatic stress disorder (PTSD) and psychiatric symptomatology of Israeli volunteer body handlers following suicide terrorist attacks.

Methods: The sample comprised 87 male ZAKA volunteers with an age range of 28–72 years; most of them married (96.5%) and gainfully employed (82.5%). They were asked to complete anonymous, self-report questionnaires that included socio-demographic background, professional and personal exposure, perception of threat, PTSD Inventory, psychological distress, and a coping scale.

Results: Despite massive exposure to extremely aversive stimuli, only 2% of the sample reported PTSD symptom clusters. This rate is substantially lower than the 13–20% incidence of PTSD referenced in most studies of rescue workers as well as lower than the estimated rate of approximately 8% in the general population. Furthermore, the ZAKA workers' mean levels of psychiatric symptoms also were significantly lower than Israeli norms. In terms of coping, most frequently used the styles were religious and repression.

Conclusions: These findings contradict the expectation that ZAKA volunteers would manifest high levels of PTSD and general psychiatric symptomatology, demonstrating high level of resilience. Based on this evidence, therapeutic interventions should not be provided on a universal basis but be based on need. Further study should examine personality characteristics of resilient emergency workers like Zaka's volunteers. Repressive coping style may be considered as a stress-buffering resource.

Keywords: body handlers; dead bodies; Israel; rescue workers; resilience

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