

using a random sampling technique. The response rate was 80.8% (143 out of 177).

Results: The following factors predicted the preparedness level: (1) joint activity of local emergency managers with governmental and non-governmental stakeholders; (2) socio-economic situation in a local community; (3) collective efficacy; and (4) the city's previous war exposure. However, risk perception, population size, ethnic composition of a local community, and financial resources were not significant in the framework of the comprehensive model.

Conclusions: Identification of factors that contribute to the preparedness level has important practical implications. The validation of the measurement instruments is important theoretically. Enhancement of significant contributing factors may enable an increase in the level of local preparedness.

Keywords: emergencies; Israel; local authorities; preparedness; responders

Prehosp Disaster Med

Community Stress Treatment Centers: A Novel Concept of Civilian "Front Line" Treatment for Anxiety and Acute Stress Reaction of Civilians under Continuous Rocket Attacks during the Second Lebanon War

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This study describes the treatment of anxiety and acute stress reaction (ASR) civilian casualties under rocket bombardments during Lebanon War II during the summer of 2006, in community stress treatment centers (CSTCs) (then called resilience centers) erected ad hoc, by a joint effort of the Mental Health Branch of the Israel Defense Forces (IDF) Home Front Command Medical Department, and the Mental Health Services of the Ministry of Health (MOH) and the Emergency Wing of the MOH.

A total of 536 casualties were admitted to these centers. Only 18 were evacuated to the local medical centers. The majority were released to their homes after some 40 to 200 minutes of immediate treatment according to a protocol.

The symptoms of the casualties included anxiety (90%), fear (7%), and sleep disturbance (1%). Ninety-two percent were diagnosed as suffering from ASR. The treatment included counseling (80%), ventilation (9%), relaxation (3%), non-verbal intervention (3%), supply of basic needs (1%), medication (1%), and evacuation to hospitals (3%).

Conclusions: The ASR and anxiety are the most common injuries seen during a missile bombardment of civil population. The CSTCs are able to provide immediate treatment to most of those casualties and in most of the cases to

prevent the need for evacuation to the hospitals. Thus, they enable saving of evacuation resources during air bombardment and reduce the load on hospital emergency rooms.

Disaster preparedness should include the establishments of such centers as one of the components of the mental health system response to terrorist and air-attack scenarios.

Keywords: acute stress reaction; anxiety; community stress treatment centers; mental health; rocket bombardments

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Treatment of Walking Patients during Chemical Warfare: Presenting the Examination and Treatment Center

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A review of a missile strike with chemical weapons (an organic phosphorus) predicts many casualties, most of whom will be ambulatory. A large number of victims suffering from anxiety also is expected. These injuries usually do not require hospitalization for medical treatment, and can be provided with care outside of hospital supervision. However, these patients add to those who are treated unnecessarily with atropine and to those with exacerbation of an existing disease for various reasons. The arrival of ambulatory casualties to hospitals could affect the ability of hospitals to treat casualties with medium to severe injuries.

A unique solution was developed to manage these casualties, including: (1) decontamination (to remove possible remnants of chemical warfare material); (2) systemic treatment with antidotes until reaching a state of atropinization; and (3) supervision for several hours. Treatment of anxiety victims involves reassurance and assistance in order for them to cope with the tragic events they experienced. Therapy is based on conversations and physical activity provided by psychologists and social workers, rather than medication. Any patient who deteriorates despite optimal treatment requires a referral for further treatment in a hospital.

To address this challenge the Examination and Treatment Center (MABAT) was established. The MABAT has several aspects that are unique, the first being the combination of military and civilian medical personnel. The military has an advantage in speed, logistics, and resilience; therefore, the management of the MABAT is the responsibility of the Home Front Command. The medical civilian Health Maintenance Organizations provide most of the professional work force. The MABATs are established in country clubs because these facilities can provide the many necessary showers needed for decontamination.

Last year, the Home Front Command in cooperation with the Ministry of Health performed several drills combining MABATs with hospital training. The MABAT is a unique solution because it is an example of cooperation between military and civilian medical systems that creates an unusual synergy to an unusual situation.

Keywords: ambulatory; chemical warfare; civilian medical; cooperation; decontamination; military

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