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Tuesday, 11 September 2001 (9/11) presented the greatest emergency management challenge ever faced by a school district in the United States. The New York City Board of Education (BOE) had to evacuate 8 schools and all 9,000 students within a quarter mile of the World Trade Center (WTC) and, additionally, ensure that all of the >1 million school children throughout New York City were safe, cared for, counseled, and safely returned home.

This presentation describes the BOE’s response to the terrorist event of 9/11 and assesses the BOE’s actions in maintaining the health and safety of New York City school children in the wake of the attack. It highlights the lessons learned, both successes and shortcomings, from the BOE’s disaster plan and its actual response. The presentation specifically discusses how the BOE handled the safety, medical, and mental health needs as well as the evacuation procedure of the students, and the needs of special needs children, food and water issues, returning children to safety, and finally, issues of funding safety and recovery. It is important to note that while each section is presented separately, in reality, there is a concentric nature to each of the elements discussed.

This study was a purposeful sample of decision-makers and crisis management professionals at the BOE. Semi-structured interviews were conducted by trained interviewers. Member checks were conducted to establish the accuracy of the information recorded, and participants were able to modify their comments where necessary. Secondary research was conducted through the analysis of BOE documents, memos, directives, and news articles, in addition to federal, state, and municipal agency reports.

The magnitude and scope of the 9/11 events far surpassed any contingency defined in each school’s safety plan. Understanding how the BOE responded to the challenges of 9/11 represents an important contribution to the knowledge of disaster planning in general and is a new chapter in the FMH, emergency medical aid was provided and patients were evacuated to the nearest hospitals. In the CFH, emergency medical aid was provided and patients were evacuated to the nearest hospitals. In the CFH, there were specialized kinds of medical aid provided, including complex, scheduled surgical operations and tele-medicine consultation.

Conclusion: The National Service of Disaster Medicine has provided the structural medical formation of a pediatric profile that depends on the features of medical-tactical conditions, which is necessary in order to realize the most effective model for providing qualified and specialized medical aid to children in various extreme situations.

Keywords: aid; children; field; hospitals; medical aid; Russia; staff; tactics

Helping Children in Disasters through Alleviating Their Parent’s Anxiety: Psychosocial Group Interventions Post-Disaster

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In the aftermath of the terrorist attacks on 11 September 2001, concerns in the local community with the World Trade Center site included relocation, air quality, and a sense of no longer feeling safe. Despite evidence of anxiety and depression, there were delays and barriers in seeking mental health interventions. Approximately 9,000 students who attended seven local schools were moved from one temporary school location to another, some for seven months before the local school was deemed ready to reoccupy. Many of these children were eyewitnesses to the hor-
Within six months, anxiety was notably reduced and mem-
bered reported a sense of having mastered skills to help their
ons. Following a disaster, psychotherapy delivered in
onditional settings may help overcome barriers and
is resistance. It is essential to keep in mind that engaging par-
ts in coping behaviors and understanding of issues
cting their children's well-being will positively impact
ons. Providers should be flexible and prepared to
meet emerging needs.
Keywords: 11 September 2001; children; coping strategies; disaster;
New York; parents; psychotherapy
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Free Papers Theme 10: Resuscitation

Evaluation of the Effects of a National Disaster Life
Support (NDLS) Preparedness Curriculum on 800
Participants in Dallas and Fort Worth, Texas
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Introduction: The National Disaster Life Support
(NDLS) curriculum was developed by the American
Medical Association with input from key academic and
governmental institutions. The NDLS program empha-
sizes multidisciplinary, all-hazards training (e.g., for
healthcare providers, emergency workers, first responders,
and municipal workers), with a focus on the general
improvement of public health preparedness and response
infrastructures, operating at individual and system levels.
Three stand-alone courses provide didactic and practical
"hands-on" experiences using simulation and role-play. An
evaluation component was designed according to Bloom's
taxonomy of adult learning to assess the effects of this cur-
riculum on knowledge base (via written exam), psychomo-
tor skills base (via simulations and role-play), and level of
engagement (increases in confidence, interest, and willing-
ness to volunteer, e.g., in the National Disaster Medical
Corps).

Methods: In a quasi, experimental, pre- and post-test, lon-
gitudinal, cohort design, 800 participants in the trainings
were evaluated immediately before and after the training,
and six months after the completion of the training.

Results: Knowledge base, as measured by scores on written
examinations increased from 30 ±5% before the course to
68 ±20% at its conclusion. More than 80% of participants
achieved satisfactory performance on psychomotor tasks
such as ability to select and don appropriate protective gear
properly. Self-ratings of confidence in knowledge base as
"high or very high" increased from 5 ±4% before the course
to 45 ±10% at its conclusion.

Conclusions: More detailed analyses, including the ongo-
ing effects of receiving continued education via quarterly
"booster" training sessions, and web-based programs must
be assessed to permit evaluation.
Keywords: assessment; education; evaluation; National Disaster Life
Support (NDLS); preparedness; training

Prehospital First-Aid in Shanghai
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Shanghai is one of the biggest cities in the world, with a
population of 13 million. The average density of the popu-
lation is > 1,000 persons per square kilometer. Deaths and
the injuries from disasters in Shanghai from 1949 to 2003
are shown in Table 1.

The First-Aid Central Station of Shanghai (SFACS)
has 173 ambulances and 517 specialists. The equipment of
the new resuscitation ambulances, so-called "Movable
ICUs", contains a cardiopulmonary monitor, ventilator,
emergency drugs, and other resuscitative equipment. In the
ambulance, there also is excellent communication equip-
ment, which can connect with any part of the communica-
tion network in the city of Shanghai. In 1998, a total of
110,889 persons requiring first-aid were transported by the
SFACS. The number injured in traffic crashes and other
disasters during this time was 26,681, of which 318 died
before hospitalization. All severe trauma patients should
be transported to an identified hospital in Shanghai.

<table>
<thead>
<tr>
<th>Disaster</th>
<th>Occurrence</th>
<th>Death</th>
<th>Wounded</th>
<th>Wounded</th>
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<td>Fire</td>
<td>31,101</td>
<td>517</td>
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<td>9</td>
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<td>Rainstorms</td>
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<td>Air crashes</td>
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<td>42</td>
<td>71</td>
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</tbody>
</table>

Table 1—Disaster-related morbidity and mortality in
Shanghai from 1949 to 2003

Keywords: First-Aid Central Station of Shanghai (SFACS); pre-
hospital; resuscitation; Shanghai