

**Medical Risk Classification for Mass Gatherings***Hazel Harley; Andrew Robertson*

Western Australian Department of Health, East Perth, Western Australia Australia

**Introduction:** Western Australia (WA) is unique in its size and geographical isolation. This makes it critical that adequate plans are in place to cater for any pre-planned public event, particularly those with very high numbers of anticipated attendees, such as the Big Day Out Concerts and the Red Bull Air Race. The key component of this planning is establishing how well any casualties could be managed in the event of an incident. WA Health resources for the critically unwell are severely limited outside metropolitan Perth and, even within metropolitan Perth, should health resources be overwhelmed, medical assistance from interstate is likely to take 24–36 hours to arrive.

**Methods:** WA Health conducted a review of the factors that contribute to adverse outcomes at public events, including type of event, numbers involved, age groups involved, location, weather, availability of health resources and likelihood of high-risk behaviour, such as crowd-surfing, drug use, and alcohol abuse.

**Results:** The review of risk factors from different events in WA identified the majority of casualties were related to dehydration and heat illness, lacerations and contusions from the environment, illicit drug and alcohol use, and trampling or crushing from crowd pressure at barriers.

**Conclusions:** The likelihood of these risk factors varies widely between events and WA Health has developed a risk matrix for event organisers that details the risk and outlines the action that should be taken to ensure appropriate health coverage. This risk matrix ensures that, dependent on the event, the organisers' health preparations are neither under nor overdone. The presentation will outline how this matrix has been successfully applied at a number of recent high risk events in WA.

**Keywords:** classification; mass gathering; risk matrix; risk factor; Western Australia

*Prehosp Disast Med* 2009;24(2):s39

**Poster Presentations—Mass Gatherings****(P78) SAGEC 67: A Free Incident Management Software Program***Hysham Hadeji; Jean Claude Bartier*

SAMU 67/Hopitaux Universitaire de Strasbourg, Strasbourg, France

Due to the lack of software that can be used to cope with a mass-casualty incident (MCI), a program was developed to manage the availability of beds in the European hospitals that were part of the program. Developed in 2004, SAGEC 67 gradually has succeeded in extending its scope of competence. Ideally suited to coping with disaster situations, SAGEC 67 is a free software program that can help manage and monitor all aspects of a disaster. Numerous functions have been grafted onto it, thus enabling it to meet the requirements of all emergency teams and all those involved in coping with a disaster. Based on an international political meeting (European Development Day),

one of its functional aspects will be illustrated. At the meeting, it was demonstrated that the program is well suited to the management of any form of crisis. The development of SAGEC 67 was aided by a literature review.

**Keywords:** computer; disaster management; incident management; mass-casualty incident; software

*Prehosp Disast Med* 2009;24(2):s39

**(P79) Reducing Public Anxiety following a Mass-Casualty Incident***Bruria B. Adini;<sup>1</sup> Kobi Peleg;<sup>2</sup> Robert Cohen;<sup>3</sup> Daniel Laor<sup>4</sup>*

1. Ministry of Health, Bitan Aharon, Israel

2. Gertner Institute, Tel Hashomer, Israel

3. Hebrew University, Jerusalem, Israel

4. Ministry of Health, Tel Aviv, Israel

Mass-casualty incidents (MCIs) cause great anxiety of the public regarding their loved ones. To prevent overwhelming hospitals with worried relatives, it is necessary to provide immediate, reliable information regarding the location of the casualties.

Since 2003, ADAM—a national information system for MCIs—has been operational in Israel. ADAM interfaces on-line with the patient registration systems of all general hospitals, and enables the immediate transfer of designated data to the system. All hospitals' information centers are connected to ADAM by a network that accesses data regarding the location of all patients. Unidentified casualties are described in ADAM according to defined signs such as hair color and other elements that assist in their identification. Their digital picture also is integrated into the system. ADAM records the exact time the information was entered or updated, including transfer of patients from one hospital to another.

ADAM enabled hospitals and municipalities to provide immediate availability and accessibility of information during MCIs, thus mitigating the concerns of loved ones. The location of the patient was reported to any inquiring individual who requested the information from an operating information center. The media published the telephone numbers of the information centers within a few minutes of the MCI occurrence. Utilizing such an interface system is recommended for all emergencies

**Keywords:** ADAM; information; mass-casualty incident;

psychosocial; public anxiety

*Prehosp Disast Med* 2009;24(2):s39

**(P80) Planning Healthcare Resources at Sporting Events in Sweden***Amir Khorram-Manesh; Andreas Berner; Annika Hedelin; Per Örtengwall; Gib Åhlen*

Prehospital and Disaster Medicine Center, Gothenburg, Sweden

**Introduction:** Like at other mass gatherings, mass-casualty incidents could occur at sporting events. Although sporting events are becoming more frequent in Sweden, there are no guidelines for planning for healthcare resources at such events. We evaluated the use of the recently implemented Swedish National Guidelines for Safety at Music Events for sporting events.

**Methods:** In Phase 1, literature and publications from different countries were studied in order to outline existing guidelines. In Phase 2, the guidelines used for music events in Sweden were used by EMS planning officers during a number of events. The officers also were given a number of simulation cases to validate the correctness of their estimations.

**Results:** The guidelines used at music events also could be used easily and safely for planning for available healthcare resources at sporting events. The estimated resources matched those anticipated by experienced planning officers (100%).

**Conclusions:** There were no common guidelines for planning for healthcare resources at sporting events. The recently implemented national Swedish guidelines for planning healthcare resources at music events can be used at sporting events in Sweden.

**Keywords:** guidelines; healthcare planning; mass gathering; sporting events; Sweden

*Prehosp Disast Med* 2009;24(2):s40

### (P81) Role of a Mobile Intensive Care Unit in the Emergency Medical System of the 2008 G8 Summit in Japan

Takayuki Irahara,<sup>1</sup> Hisayoshi Kondo,<sup>2</sup> Seizan Tanabe,<sup>2</sup> Akira Fuse,<sup>2</sup> Shigeki Kushimoto,<sup>2</sup> Hiroyuki Yokota<sup>2</sup>

1. Japan Surgical Society, Japanese Association for Acute Medicine, Tokyo, Japan
2. Department of Emergency and Critical Care Medicine, Nippon Medical School, Tokyo, Japan

**Introduction:** The G8 Hokkaido Toyako Summit 2008 was held in Japan from 07–09 July at The Windsor Hotel TOYA. The Ministry of Health, Labour and Welfare (MHLW) of Japan established an emergency medical system for this special mass gathering.

**Methods:** The MHLW set up the medical headquarters near the hotel, and distributed many medical assistance teams (including doctors, nurses, and logisticians) and equipment to medical relief posts in the area. Four teams, including surgeons from Nippon Medical School, rotated for standby duty at a Mobile Intensive Care Unit (MICU) located next to the hotel. This special vehicle is supplied with medical equipment for disaster rescue, and is owned by the Japanese Red Cross Kumamoto Hospital. The task was to perform emergency operations in case of severe injury to VIPs. Surgical equipment was supplied from surrounding hospitals.

**Results:** Fortunately, no serious events occurred except for the case of emergent transportation by helicopter for a patient with an acute abdomen. But, the importance of deploying the MICU in this kind of event was realized.

**Conclusions:** In an emergency medical system for mass-gatherings, appropriate distribution of medical resources using local facilities, and construction of patient transportation system, etc., is important. A MICU seems to be effective in such situation because of having advanced medical equipment and mobility.

**Keywords:** Japan; mass gathering; medical equipment; Mobile Intensive Care Unit; patients

*Prehosp Disast Med* 2009;24(2):s40

### (P82) Public Health Services “Getting a Seat at the Emergency Planning Table”

Jan Fizzel, Paul K. Armstrong, Kerry Chant

New South Wales Department of Health, North Sydney, New South Wales Australia

**Introduction:** Sydney, Australia hosts many mass gatherings. Some receive special government attention—due either to the status of invitees (e.g., world leaders attending the APEC Leaders’ Week 2007 (APEC 2007)) or the scale and length of the event (e.g., World Youth Day 2008 (WYD’08), with 400,000 attendees). New South Wales (NSW) public health services were involved in planning for, and responding to, public health concerns during these gatherings. To assist other public health planners, ways in which this involvement has enhanced the profile of public health services in emergency planning and response and improved public health emergency readiness were examined. **Methods:** The experience gained from the involvement of the NSW public health services in preparing for and responding to APEC 2007 and WYD’08 will be described. **Results:** During APEC 2007, public health officials worked with event organizers and emergency organizations on whole-of-government planning groups, especially for the health effects of chemical, radiological, or bioterrorism incidents. The event enabled NSW Health to test new information management systems and on-site surveillance of participant presentations to event-specific medical clinics.

During planning for WYD’08, public health services assisted with safe food choices, guidelines for mass accommodation and sanitation, and promotion of a safe, healthy event. Public health systems built for APEC 2007 were refined and expanded, increasing response capacity for other emergencies or mass gatherings.

**Conclusions:** Public health involvement in planning for mass gatherings facilitates the development of systems for use in other emergencies. Participation in multi-agency planning for APEC 2007 and WYD’08 provided openings for relationships and vocalizing public health concerns. Increasing the profile of public health participation has helped “gain a seat” at the emergency-planning table.

**Keywords:** capacity building; communicable diseases; emergency preparedness; mass gatherings; preparedness; public health

*Prehosp Disast Med* 2009;24(2):s40

### (P83) Lessons Learned during a Mass Gathering of 10,000 Indigenous People

Sandra I. Castelblanco Betancourt,<sup>1</sup> Ayan Sen<sup>2</sup>

1. District Health Secretariat, Risk Management Office, Bogotá, Bogotá, Colombia
2. Department of Emergency Medicine, Henry Ford Hospital, Detroit, Michigan USA

**Background:** Migration, whether permanent or temporary, always has been a traditional response or survival strategy of people confronting the prospect, impact, or aftermath of disasters. After a long march through different regions of southwest Colombia, 10,000 representatives of Colombia’s indigenous peoples arrived in Bogotá protesting governmental failure to honor past agreements regarding the distribution of land for their communities and the lack of respect of human rights. The gathering was declared a