

Abstracts of Scientific Papers-WADEM Congress on Disaster and Emergency Medicine 2017

Event Medicine: An Evolving Academic Subspecialty in Emergency Medicine

Paul E. Pepe

Office of Health System Affairs, University of Texas Southwestern Medical Center, U.S. Metropolitan EMS (9-1-1 System) Medical Directors Coalition, Dallas/TX/United States of America

Study/Objective: Introduce the rationale for formally establishing Event Medicine (EVM) as a subspecialty in the discipline of Emergency Medicine (EM).

Background: EVM involves highly-specialized management of unique medical and logistical challenges during mass gatherings or major special events. While hundreds of attendees will become ill or injured, events also can involve many “on-the-road” support staff members who may need care for acute or chronic medical issues or injuries. Promoters are becoming increasingly focused on ensuring safe/secure productions for major sports and entertainment tours, including expert medical support. Although various medical personnel have staffed such events for years, a small but evolving cadre of expert academic emergency physicians have begun to envision EVM as a unique practice, ripe for both training and research opportunities. For example, just for tours/professional sports alone, formal training would need to specifically address atypical challenges in travel, environmental, toxicological, protective and tactical medicine as well as exceptional risks for MCIs, terrorism, public health and hazmat threats (requiring close coordination with public safety/law enforcement teams), as well as networks of EVM specialists who can facilitate follow-up of personnel at the next venue. Predictive medical needs investigations and sentinel case reports are classic research examples.

Methods: In this well-illustrated talk, the speaker will detail recent experiences with EVM apprentices (prototype fellows), at dozens of mass gathering events (including those involving >100,000 attendees). Presenting their findings, a distinct academic niche with solid areas for research and training will be identified, that will include concepts for competencies and unique skillsets that will be compliant with American Board of Medical Specialties (ABMS) and Accreditation Council for Graduate Medical Education (ACGME) ACGME Residency Review Committee requirements. Several resulting outlines for research needs, investigative opportunities and experiences for academic productivity will be delineated.

Results: Trainees identified at least a dozen knowledge competencies and skillsets not provided in high-profile training programs, and 5 research niches.

Conclusion: The evolving discipline of Event Medicine has become a unique subspecialty with special competencies, that has tremendous opportunities for an academic model.

Prehosp Disaster Med 2017;32(Suppl. 1):s130

doi:10.1017/S1049023X17003636

Evaluation of Public Health Aspects of the 100th “Walk of the World” International Four Day

March Nijmegen

Marije Van Dalen¹, Ties Eikendaal², Johan S. De Cock¹, Edward Tan³, Frans Lischer¹

1. Ghor, Public Health Service Gelderland-Zuid, Nijmegen/Netherlands
2. Department Of Emergency Medicine, Radboudumc, University Medical Center, Nijmegen/Netherlands
3. Department Of Emergency Medicine, Radboudumc, Radboud University Medical Center, Nijmegen/Netherlands

Study/Objective: Evaluation of Public Health aspects of the 100th “Walk of the World” International Four Day March Nijmegen

Background: The International Four Day March in Nijmegen has grown into the largest multi-day walking event in the world. Over 42,000 participants walk a total of 120–200 kilometers (7–12 mi.). Alongside, festivities took place, visited by more than 1.5 million people. The Director of Public Health may advise the mayor of the City of Nijmegen to impose conditions and restrictions on events in order to protect public health and safety. An important role is being held by the National Office of Public Health and Safety (GHOR) to optimize the collaboration of all the medical chain parties involved, including the Dispatch center, Ambulance Services, Red Cross, Volunteers and Hospitals. To mark the 100th edition, the extra option of (daily) distance of 55 km (3mi.) was popular. Weather conditions were unfavorable, with high temperatures and no wind. The Radboudumc, a level one Trauma center was situated nearby the start and finish line, and was prepared for the worst. The major concern was accessibility in case of disaster for patients as well as employees, due to self-presenting patients. The Emergency department of the university hospital in Nijmegen was visited by a significantly larger number of patients than the previous editions.

Methods: All steps in the medical chain were evaluated both from a medical and an organizational point of view. All data on patients, either participating or visiting the event in relation to the total patient flow presented at the level one trauma center, were evaluated on efficiency and effectiveness of care.

Results: Based on the organizational and medical issues observed, recommendations are formulated relevant to protect Public Health and Safety during this yearly event.

Conclusion: All data of each step in the medical chain should be evaluated thoroughly, as input for improved future advice on Public Health and Safety issues.

Prehosp Disaster Med 2017;32(Suppl. 1):s130

doi:10.1017/S1049023X17003648