social emergency, and the District Health Secretariat delegated an emergency response team to meet the needs of the community in terms of medical assistance during their weeklong stay in a university campus in the capital. Although the inter-disciplinary team had experience in mass-gathering situations, they were confronted with a wide variety of aboriginal health traditions and beliefs and had to find a balance in order to effectively intervene without the resistance of the indigenous community. An investigation on what lessons are to be learned by health professionals who provide assistance to indigenous communities in urban settings was attempted.

Methods: A questionnaire-based survey is being conducted among members of the team who were assigned to assist the indigenous group. Experience, training in relation to aboriginal health and mass migration issues, and ethical and legal concerns are being sought. A five-point Likert Scale was used for responses.

Results: The results will be presented at the Congress.

Conclusions: Health professionals routinely are trained to respond to civilians, but there is a need to understand the differences when it comes to assisting indigenous communities.

Keywords: Columbia; human rights; indigenous communities; lessons learned; mass gathering

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(P84) Schoolies Festival—What Do Young People Do to Stay Safe and Healthy at Crowded Events?

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Introduction: Schoolies Festivals are events that give young people the opportunity to celebrate the end of their school life. These festivals provide a "safe zone" in a designated alcohol-free area for dance and live music. Festivals such as the Adelaide Schoolies Festival (ASF) are a common phenomenon in today's society and provide the opportunity to investigate the health protective behaviors of young people who attend mass gatherings. This pilot study provides baseline data about young people's health and safety concerns and improves our preparedness at mass gatherings.

Methods: Young people attending the ASF were surveyed. Surveys gathered baseline data on demographics and rated attitudes and behaviors. Surveys were distributed by hand and collected by the researchers during the festival.

Results: A total of 300 surveys were distributed and 220 were returned (73%) in a population of 5,000 (3.3%). Behaviors important to staying safe were: not using drugs, staying hydrated, and drinking alcohol responsibly. When asked "What is risky?", participants rated violent behavior and exposure to drugs as their main concerns. The mean age of participants was 17.7 years.

Conclusions: Data on young people attending mass gatherings are limited. This pilot is developing ways of assessing opinions of young people attending mass gatherings. This presentation will identify deficits in data collection techniques used and highlight some emerging themes from the data. By improving understanding of young people's health and safety while attending mass gatherings, preparedness can be improved.

Keywords: health; mass gatherings; preparedness; safety; youth

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Oral Presentations—Emergency Medical Services

Developing Disaster Medical Assistance Teams in Australia—From Kandalhudoo to Karratha

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Western Australia (WA) was one of the first states in Australia to deploy medical team members to work in the stricken regions of the Maldives and Banda Aceh following the 2004 tsunami. Historically, Australia has relied on the Australian Defence Force to provide overseas medical assistance. However, in this instance, the volunteers deployed were civilian staff predominantly from tertiary hospital environments. While the deployment of civilian-based medical teams has been questioned (mainly because of the lack of pre-deployment arrangements), Australia's civilian medical response to the Tsunami proved to be appropriate and effective.

This early experience of civilian disaster medical assistance teams led the WA Department of Health to pilot these teams and develop a national model for their future development, which would then be implemented by other Australian States and Territories. This pilot has been completed and implemented in WA, with further lessons learned after the deployment of a WA medical team to Yogyakarta following the 2006 Java earthquake and to Karratha after Cyclone George in 2007.

This presentation will examine the current status of the implementation of the Australian Medical Assistance Team's (AUSMAT) model in Australia, recent team deployments, and the challenges faced in delivering medical care—particularly deploying medical teams and evacuating casualties in states like WA, which have major high-risk industries located in areas that are thousands of kilometers from a major population center with small, poorly-resourced hospitals.

By late 2009, Australia should have well prepared, equipped, and trained civilian, state-based teams that are capable of deploying to a mass-casualty incident either within Australia or internationally.

Keywords: Australia; civilian; disaster medical assistance team; emergency medical services; Western Australia

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Development of an Emergency Medical Services and Trauma System in Sri Lanka: An Experiential Report

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Introduction: Trauma is a leading cause of morbidity and mortality in many developing countries. In 2005, Sri Lanka experienced a total of 550,108 hospital admissions due to trauma resulting in an incidence rate of 2,797 per 100,000 persons, and a hospitalization rate of 15%. The majority of these patients were between their second and fourth decade of life, resulting in a staggering loss of productivity. In