(A277) Assessing the Psychosocial Elements of Crowds at Mass Gatherings

A. Hutton, P. Arbon

Flinders University Research Centre for Disaster Resilience and Health, Adelaide, Australia

The physicality of mass gatherings has been well described in the literature. The factors effecting the rate of illness and injury at mass gatherings have been well described and include the type and duration of the event, the type and age of crowd, and the availability of drugs and alcohol. In 2004 Arbon proposed a conceptual model that describes the relationship between the environmental, psychosocial and the biomedical domains of mass gatherings. However to date the science of mass gatherings has focussed on the environmental and biomedical domains. There is minimal evidence to support or describe the psychosocial domain. Current tools available to assess the psychosocial domain are scarce even though it is considered an integral part of a mass gathering event. Berlonghi (1995) and Zietz (2009) proposed two measurements, crowd type and crowd mood respectively. This paper reports on a pilot project undertaken to evaluate how effective these tools are to understand the psychosocial domain of a mass gathering event.

Prehosp Disaster Med 2011;26(Suppl. 1):s77
doi:10.1017/S1049023X11002615

(A278) Providing Medical Coverage for an Unfamiliar Sport Event: Tent-Pegging and the 2nd Asian Beach Games

H.N. Al-Qusimy

Accident & Emergency, Ruwi, Oman

Background: The addition of Tent-pegging to the 2nd Asian Beach games as one of its 14 Competition events was a welcomed step, especially to the equestrian community of the games' host country, Oman. An equestrian sport of ancient military origin with a long history in Asia, Tent-pegging It a fast-paced sport in which a lance or sword is used to pick pegs off the ground while riding a horse at full gallop. The sport is gaining popularity especially in a number of countries around the world, including Oman.

Discussion and Observations: The hazards inherent in equestrian sports and specifically in Tent –pegging, furthermore, the mass gathering created by the equine presence, the participants, as well as the spectators, required a well planned medical coverage to safely conduct the games. Taking into account that Tent-pegging events normally receive limited medical support, the presentation will discuss the concepts and methods that are commonly followed by the host country on planning and implementing the medical care to sport events of Olympic standards, along with an illustration on how exclusively these concepts were applied to the Tent -pegging events during the 2nd Asian Beach Games. In addition, the presentation will elaborate on the challenges that were dealt with by the medical care providers, and the outcome following a 1st major sporting event of such a scale to be conducted by the host country, Oman. As more countries bid to host major sport events for their first time, suggestion for improving the methodology of providing medical coverage to a sport event will be discussed in the presentation.

Prehosp Disaster Med 2011;26(Suppl. 1):s77
doi:10.1017/S1049023X11002627

(A279) Evidence-Based Decision-Making in Triage

A. Mirhaghi,[1] M. Sajjadi,[2] A. Golafshani[3]

1. School of Nursing, Mashhad, Iran
2. School of Nursing, Gonabad, Iran
3. Hashemi-Nezhad Hospital, Mashhad, Iran

Background and Aims: Decision-making is the major component in triaging emergency department patients. Influencing factors on decision-making have been identified but it`s not clear how much of the decision is based upon scientific criteria. The objective of this study was to determine frequency of using reliable and valid guidelines by nurses in emergency departments.

Methods: It was a descriptive survey study. The questionnaire was composed of demographic data, evidence-based triage questions (15) and triage decision-making questions (10). The questionnaire reliability was 0.87 using the test-retest method. Content validity was considered based upon Canadian Triage and Acuity Scale.

Results: 70 nurses from 10 emergency departments participated. 40 % of nurses` responses to evidence-based questions was correct. The percentage of inter-rater agreement between nurses was moderate (0.56) related to decision-making questions. No valid and reliable guideline was utilized in emergency departments.

Conclusion: Nurses` decision-making was poorly based on evidence-based criteria. Low level of nurses` knowledge about triage may be derived from lack of official and specialized triage training courses. Academic triage courses establishment and development of national triage scale are recommended.

Prehosp Disaster Med 2011;26(Suppl. 1):s77
doi:10.1017/S1049023X11002639

(A280) Safety of Rural Hospitals during Flood: A Case Study on Begusarai District of Bihar, India

R. Chatterjee,[1] D. Nisha[2]

1. Urban Disaster Risk Reduction, Mumbai, India
2. Jamshetji Tata Center for Disaster Management, Mumbai, India

Introduction: India is one of the most flood prone countries in the world, flooding annually about 9 million hectares and accounting for one-fifth of global flood deaths. Approximately 56.5 % of flood-affected Indians live in Bihar. Out of 38 districts in Bihar, 22 are flood prone, including Begusarai. The life line to the community is the Primary Health Center (PHC) which is at stake during a disaster such as floods.

Methods: To study the status of primary health care in rural parts of Begusarai during recurring floods, a survey was undertaken to analyze the preparedness and response mechanism at various hospital levels. The status of rural hospitals during a flood was represented by a case study on the PHC of Bakhri block of Begusarai district. To determine the prevailing situation during floods, the chief medical officers of each level of health care centers were interviewed.

Results: The PHC of Bakhri caters to a population of about 408,896, which is four times the normal load for a PHC. In 2007, it was affected severely by flooding from the Baghmati River. The PHCs that were studied perennially face a shortage of human resource and infrastructural support. This is compounded by unsafe locations and structural hazards associated