

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;¹ Kobi Peleg;² Robert Cohen;³ Daniel Laor⁴*

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.