

Study/Objective: To quantify the frequency and intention with which “stampede” is used to describe types of Mass Gathering (MG) disasters.

Background: Hazard vulnerability analysis would identify “human stampedes” as high probability events at MGs. Over 200 “stampedes” have occurred in the past 30 years. At the 2015 Hajj, at least 2,000 pilgrims died in one of the deadliest MG disasters in recent history. News and literature referenced the event as the “Hajj Stampede”, implying abruptly increased speed and mass panic. At the crux of many of these events, however, is a dense, immobile crowd – hardly the uncontrolled mindless mass implied.

Methods: The authors performed a systematic search of peer reviewed literature indexed in PubMed, EMBASE, and Web of Science. Abstracts were limited to human studies in English and keyword ‘stampede’. Grey literature using ‘stampede’ in the title or abstract in reference to MG disasters were also reviewed.

Results: Search strategy using the term “stampede” yielded 649 articles. After excluding those using the term 1) apropos computing, 2) as an acronym, or 3) colloquially, fifty-six remained which used the term in reference to mass gathering disasters. Within these articles, fourteen incidents were described in detail. “Stampede” was used in the same context as “crowd disaster”, “turbulence”, “quake”, “mass panic”, “crush”, and “trampling”.

Conclusion: It is important to distinguish between stampede and non-stampede events. Few articles describing stampedes actually involve speed anywhere in the description. The generic “stampede”, through suggesting a fast moving, irrational and culpable crowd, focuses on herding the masses rather than improving venue safety. We must stem the notion that these disasters are a whim of the crowd and work towards evidence-based engineered solutions.

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Canadian Hospital Disaster Preparedness

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Study/Objective: The objective of this study is to assess the level of disaster preparedness at Canadian hospitals.

Background: The most recent (2011) study of Canadian disaster preparedness provided valuable but rather limited insight due to the poor response rate (11%). Many new regional natural and man-made disasters have occurred since then, which mandates a reassessment of Canadian hospital disaster preparedness.

Methods: Design: 12-item paper survey, convenience sample. Target population: attendants of three Canadian conferences (ED chiefs/physicians, trauma surgeons/directors, EMS medical directors, ED nurse managers, Trauma/EMS fellows, and/

or emergency management personnel). Period: Trauma Association of Canada Conference May 2016; Canadian Conference on Emergency Planning and Preparedness for Healthcare Facilities May 2016; Canadian Association of Emergency Physicians Conference June 2016.

Results: The overall response rate was 86.1% [Ontario (54.4%), Quebec (30.9%), rest of Canada (14.7%)]. Level-1 trauma centers comprised 45.6% of responders’ hospitals. As for responder roles, 38.5% were ED physicians, 11.5% emergency managers, and 9.0% trauma directors. External disaster response plans were present in 97.5% and internal disaster response plans were present in 89.7% of responders’ hospitals. Within the three years preceding the survey, tabletop drills were held at 70.6% and live drills at 57.3% of responders’ hospitals. Centralized mass notification systems were present in 63.2% of responders’ hospitals. In the three years preceding the survey, 44.1% of responders reported an activation for an external disaster.

Conclusion: The overwhelming majority of responders report the presence of disaster response plans at their hospitals. The drill frequency appears higher than previously reported but should be increased further to comply with most recognized international recommendations for disaster preparedness. Study limitations include recall and sampling biases since the collected data was mostly limited to academic settings with uneven representation of certain provinces and rural areas. A standardized assessment of Canadian hospital emergency preparedness is warranted in light of these results.

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Emerging Disasters and Non Traditional Health Threats,

A Terminology Scoping Review

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Study/Objective: To examine and map the range of new and emerging disaster risks, based on evolving disaster: definitions, terms, and classifications in contemporary practice.

Background: Disaster risk reporting is primarily produced to identify who may be at risk (vulnerable populations) to specific events (cause). There is a paucity of discussion and literature attempting to establish what the emerging causes are of disasters, and consequently recognition of their potential impact. Possible reasons for this may include perceptions of these causes being non traditional threats, and therefore not readily identifiable as disasters. Nevertheless, many of these events currently meet established criteria defining ‘disasters’.

Methods: A scoping review utilizing the framework articulated by the Joanna Briggs Institute was undertaken to examine the extent, range and nature of new definitions of disaster in the existing literature.

Results: There is great diversity within disaster peer reviewed literature and further breadth in the “grey literature”,