

Methods: In Phase 1, literature and publications from different countries were studied in order to outline existing guidelines. In Phase 2, the guidelines used for music events in Sweden were used by EMS planning officers during a number of events. The officers also were given a number of simulation cases to validate the correctness of their estimations.

Results: The guidelines used at music events also could be used easily and safely for planning for available healthcare resources at sporting events. The estimated resources matched those anticipated by experienced planning officers (100%).

Conclusions: There were no common guidelines for planning for healthcare resources at sporting events. The recently implemented national Swedish guidelines for planning healthcare resources at music events can be used at sporting events in Sweden.

Keywords: guidelines; healthcare planning; mass gathering; sporting events; Sweden

Prehosp Disast Med 2009;24(2):s40

(P81) Role of a Mobile Intensive Care Unit in the Emergency Medical System of the 2008 G8 Summit in Japan

Takayuki Irahara,¹ Hisayoshi Kondo,² Seizan Tanabe,² Akira Fuse,² Shigeki Kushimoto,² Hiroyuki Yokota²

1. Japan Surgical Society, Japanese Association for Acute Medicine, Tokyo, Japan
2. Department of Emergency and Critical Care Medicine, Nippon Medical School, Tokyo, Japan

Introduction: The G8 Hokkaido Toyako Summit 2008 was held in Japan from 07–09 July at The Windsor Hotel TOYA. The Ministry of Health, Labour and Welfare (MHLW) of Japan established an emergency medical system for this special mass gathering.

Methods: The MHLW set up the medical headquarters near the hotel, and distributed many medical assistance teams (including doctors, nurses, and logisticians) and equipment to medical relief posts in the area. Four teams, including surgeons from Nippon Medical School, rotated for standby duty at a Mobile Intensive Care Unit (MICU) located next to the hotel. This special vehicle is supplied with medical equipment for disaster rescue, and is owned by the Japanese Red Cross Kumamoto Hospital. The task was to perform emergency operations in case of severe injury to VIPs. Surgical equipment was supplied from surrounding hospitals.

Results: Fortunately, no serious events occurred except for the case of emergent transportation by helicopter for a patient with an acute abdomen. But, the importance of deploying the MICU in this kind of event was realized.

Conclusions: In an emergency medical system for mass-gatherings, appropriate distribution of medical resources using local facilities, and construction of patient transportation system, etc., is important. A MICU seems to be effective in such situation because of having advanced medical equipment and mobility.

Keywords: Japan; mass gathering; medical equipment; Mobile Intensive Care Unit; patients

Prehosp Disast Med 2009;24(2):s40

(P82) Public Health Services “Getting a Seat at the Emergency Planning Table”

Jan Fizzel, Paul K. Armstrong, Kerry Chant

New South Wales Department of Health, North Sydney, New South Wales Australia

Introduction: Sydney, Australia hosts many mass gatherings. Some receive special government attention—due either to the status of invitees (e.g., world leaders attending the APEC Leaders’ Week 2007 (APEC 2007)) or the scale and length of the event (e.g., World Youth Day 2008 (WYD’08), with 400,000 attendees). New South Wales (NSW) public health services were involved in planning for, and responding to, public health concerns during these gatherings. To assist other public health planners, ways in which this involvement has enhanced the profile of public health services in emergency planning and response and improved public health emergency readiness were examined. **Methods:** The experience gained from the involvement of the NSW public health services in preparing for and responding to APEC 2007 and WYD’08 will be described. **Results:** During APEC 2007, public health officials worked with event organizers and emergency organizations on whole-of-government planning groups, especially for the health effects of chemical, radiological, or bioterrorism incidents. The event enabled NSW Health to test new information management systems and on-site surveillance of participant presentations to event-specific medical clinics.

During planning for WYD’08, public health services assisted with safe food choices, guidelines for mass accommodation and sanitation, and promotion of a safe, healthy event. Public health systems built for APEC 2007 were refined and expanded, increasing response capacity for other emergencies or mass gatherings.

Conclusions: Public health involvement in planning for mass gatherings facilitates the development of systems for use in other emergencies. Participation in multi-agency planning for APEC 2007 and WYD’08 provided openings for relationships and vocalizing public health concerns. Increasing the profile of public health participation has helped “gain a seat” at the emergency-planning table.

Keywords: capacity building; communicable diseases; emergency preparedness; mass gatherings; preparedness; public health

Prehosp Disast Med 2009;24(2):s40

(P83) Lessons Learned during a Mass Gathering of 10,000 Indigenous People

Sandra I. Castelblanco Betancourt,¹ Ayan Sen²

1. District Health Secretariat, Risk Management Office, Bogotá, Bogotá, Colombia
2. Department of Emergency Medicine, Henry Ford Hospital, Detroit, Michigan USA

Background: Migration, whether permanent or temporary, always has been a traditional response or survival strategy of people confronting the prospect, impact, or aftermath of disasters. After a long march through different regions of southwest Colombia, 10,000 representatives of Colombia’s indigenous peoples arrived in Bogotá protesting governmental failure to honor past agreements regarding the distribution of land for their communities and the lack of respect of human rights. The gathering was declared a