staff members underwent first aid training, especially the CPR training and the use of AED. The public are trained for self rescue skills via different approaches and provided with first-aid kits. A medical rescue team is recruited; the team consists of Critical Care physicians, surgeons, anesthetists and nurses. The team is able to deal with different situations under all conditions. The team is a standing army, after the EXPO, the team will be responsible for providing medical services in the regional disaster rescue. Drills are performed periodically to practice the rescue skills, enhance the communication and cooperation among different government departments.

Results: By joint efforts, a safe, wonderful and unforgettable EXPO was presented to the world. During the 184 days, medical personnel provided medical services to the 73 million visitors.

Conclusions: The medical preparedness for World EXPO should be practical, realistic, and systematic and forewarning. The public should have the easy access to the information and resources. Develop the contingency plans according to the real situation, ensure its timely updating and deliver training to every one involved. Drills should be performed periodically to practice the rescue skills, enhance the communication and cooperation among different government departments.

(A225) Lessons Learned at the Commonwealth Games: A Mass-Gathering Sporting Event in New Delhi, India

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Mass gatherings can be religious, political, socio-cultural, or sporting events, and vary in the form of processions, car races, conferences, fairs, etc. New Delhi hosted the 2010 Commonwealth Games, a mass gathering spread over a duration of 10 days with different venues and a high density of participants, spectators, security personnel, volunteers, and high-profile guests. Various organizations were involved in the planning and implementation of the games which called for a collaborative and coordinated effort to make the event a success. Security coverage was required for 23 sporting, 32 training, and seven non-sporting venues. Security arrangements were of utmost importance and required training, mobilization, and deployment of army, police, and other emergency workers, as well as establishing Standard Operating Procedures for responses to chemical, biological, radioactive, and nuclear events and availing specialized equipment. Areas of public health interventions in mass gathering include mass-casualty preparedness, disease surveillance and outbreak response, safety of water, food, and venues, health promotion, public health preparedness and response, pest and vector control, coordination and communication, healthcare facility capacity, and medical supplies. Methods adopted for the study included interviews with the stakeholders of the Commonwealth Games and use of secondary data to cite examples and support arguments. Existing knowledge must be documented and made available for use in planning for future mass gatherings. The size, duration, and interest of such events demands special attention toward preparedness and mitigation strategies to prevent or minimize the risk of ill health and maximizing the safety of people involved.

(A226) Establishing a Framework for Synchronizing Critical Decision Making with Information Analysis during a Health/Medical Emergency

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Background: The Yale New Haven Center for Emergency Preparedness and Disaster Response (YNH-CEPDR) has worked in the United States with state and local health and medical organizations to evaluate critical decision making activities and to develop decision making tools and protocols to enhance decision making in a time sensitive environment. YNH-CEPDR has also worked with international organizations and US federal agencies to support situational awareness activities in simulated and real world events.

Objectives: During this session YNH-CEPDR will share the best practices from recent events such as the H1N1 response and the Haiti Earthquake. Participants will be engaged in discussions regarding overall framework for successful information collection, analysis and dissemination to support decision making based on these experiences. This session will also incorporate concepts provided by the US National Incident Management System (NIMS) and the Incident Command System (ICS), specifically through the development of Situational Reports (SitReps), Incident Action Plans (IAP) and Job Action Sheets as methods to implement the framework and concepts discussed. Participants will be led through a series of scenario-based discussions to allow application of critical decision making factors to their organization. At the conclusion of the session, participants will be able to identify next steps for enhancing the synchronization of critical decision making and information analysis within their organizations.

(A227) Tension between Emergency Management Policy Decisions and Aged Care Facilities in Australia: A Case Study

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This paper considers the impact that a number of Australian emergency management policy and operational decisions are having on residential aged care facilities located in the community. For example, all residential aged care facilities applying for new federal government funded aged care places are required to demonstrate a plan for environmental disaster threats such as bushfires and floods. Another example is the adoption of new fire danger rating scale, with the inclusion of an extreme level called "catastrophic"-code red. This inclusion requires all services and community members, living in bushfire-prone areas to decide whether or not to evacuate the day before or morning of a Bureau of Meteorology fire danger index indicating a code