

other features of the events such as attendance, 'boundedness', mobility, weather, and distance from parking into the database to describe the important features of each event/site.

Results: Statistical analysis included descriptive and univariate and multivariate analysis including regression modeling and the findings were compared and contrasted with existing regression models for patient presentation rates and transport to hospital rates in Australia. The relative influence of key environmental variables is described.

Conclusions: The project provides a quasi-experimental approach to describe the relative influence of different event characteristics on patient presentation number and type where some characteristics are constant across events—such as weather and crowd demographic.

Keywords: Australia; influential factor; mass gathering; patient presentation rate; World Youth Day

Prehosp Disast Med 2009;24(2):s36–s37

Ambulatory Medical Services in Hajj

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The need for the provision of emergency medical services to pilgrims during Hajj season prompted the Saudi Ministry of Health to institute an Ambulatory Field Medical Services Committee (AFMSC). The functions of this Committee are to forecast healthcare risks in accordance with interchanging national and international themes, to set detailed plans to overcome the anticipated risks and to institute surveillance systems for close monitoring of the risk factors. Since its constitution by resolution number 862/1/29 dated 04 May 1422, this Committee has contributed significantly to the prehospital medical care offered to pilgrims. This paper aims to present the scope of work of this committee in Hajj, regarding procedures, equipment, and manpower. Comparative statistical data showing the total number of cases treated at the site or transferred to higher medical center in addition to analysis of patients according to their sex, age group and nationality, their disease codes during Hajj years 1422–1427 will be discussed. Conclusions regarding the efficacy and practicability of this Committee will be presented.

Keywords: emergency medical services; Hajj; mass gathering; pilgrim; Saudi Arabia

Prehosp Disast Med 2009;24(2):s37

Emergency System for Spectators at the F1 Grand Prix in Japan, 2007 and 2008

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Introduction: A medical team provided the emergency system for the spectators at the F1 Grand Prix in Japan 2007 and 2008. A medical system for the F1 Grand Prix at the Fuji Speedway in Japan in 2007 was prepared and implemented.

Methods: A preparation-working group was established for the spectators at the F1 Grand Prix. Data were gathered of the number of people in the audience and the weather at Fuji speedway (F1). The working group analyzed the data and constructed the emergency system.

Results: Four first aid stations and one command center were established at the Fuji speedway. The system gathered the patient information and the command center directed them to first aid stations. Patients were transferred to a first aid station. If the doctor diagnosed that the patient is seriously ill or injured, the commander send the ambulance to the first aid station and patient is transferred to the hospital. The commander also could send the doctor-staffed ambulance to the site of the serious case. If there are mass casualties, the disaster dispatch team is sent to the site. During the 2007 event, 500 patients were accepted. The reason so many patients were seen was the cold, rainy weather and bad, muddy ground conditions. In 2008, there were improvements made, and the patient load decreased by about 100. It was helped by good weather.

Conclusions: The emergency system for spectators of the F1 Grand Prix in Japan 2007 and 2008 was planned and implemented. Many lessons were learned and the performance was improved. The working group for the F1 Grand Prix audience in Japan continues to improve, preparing for the next Grand Prix in Japan.

Keywords: emergency system; F1 Grand Prix; first aid; Japan; mass gathering; working group

Prehosp Disast Med 2007;22(2):s37

EURO 08: Lessons Learned from a Nearby State of a Host City

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Introduction: Switzerland and Austria had jointly organized the recent European soccer championship (EURO 08) in June 2008. Switzerland designated four host cities for matches with dedicated organizations. However, the nearby states weren't involved in this planning but were susceptible to collateral damage from this mass gathering.

Methods: This is a prospective study of the health services of a state (670,000 inhabitants) located near the EURO 08 host city (3 matches) with 80,000 persons expected to attend, hosting of two teams (France, Holland) and related events (giant screens, supporter parades).

Results: A staff with prehospital and hospital representatives was asked to forecast an appropriate health response for everyday care in the realm of the expected increased demand during the 19 match evenings. More than 140,000 spectators attended with five giant screens. A total of 209 patients received medical care on site, six of whom were conveyed to nearby hospitals. An additional 50 patients who were linked to this event were seen in state hospitals, of these, four were hospitalized >24 hours. No major or fatal incident was encountered and everyday care wasn't compromised. A total of 1,131 health professionals were engaged as supplementary personal during this three-week period in order to deal with a mass-casualty incident.

Conclusions: The EURO 08 facilitated gathering of many health actors that provided constructive and efficacious medical care. However, the emergency services established