620 USD). This system has been so helpful for the hospitals, they now supply medical personnel for no cost.

Conclusion: This system of triage and separate medical supervision of "simply" intoxicated patients has been successful in the management of a large number these kind of patients.

(P2-38) Operational Response to a Gastroenteritis Outbreak in the Emergency Department

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Mass gatherings can be disruptive to the daily operations of any emergency department (ED). These events usually are spontaneous and sudden. Therefore, operational processes must be effective and concise when dealing with a sudden surge. This study examines the Tan Tock Seng Hospital (TTSH) ED response process to a gastroenteritis (GE) outbreak. Prompt identification and establishment of a casualty holding and treatment area ensured smooth operational capacity, which allowed these patients to be segregated from the mainstream ED crowd and more specific care to be rendered. Entrance and exit points of the designated area were established with controlled access to prevent cross-contamination with the mainstream patient load. Patients with GE who presented with acute symptoms required immediate assessment and intervention, placing stress on existing personnel. Hence, adequate personnel was an important factor that could not be disregarded. Staff burnout was a plausible issue that was recognized from the start and attempts were made to prevent burnout by creating an encouraging work environment and allowing frequent relieving of duties. Communicating the event to relevant departments ensured that the ED was adequately supported during the GE outbreak, both administratively and logistically. This was a reflection of the established communication channels. Leadership also had an essential and crucial role to play as the nursing and medical leaders had to be decisive, delegate roles and give concise instructions during the chaotic situation. The availability and access to ample logistical supplies saves on precious time, which allowed more focus on patients. In summary, procedures and protocols, together with staff preparedness, enhances an ED operational capability of effectively responding to mass gatherings.

(P2-39) Public Health Safety for Traditional Mass Gatherings in India: A 10-Year Analysis

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Introduction: In the past decade, India has witnessed many lapses in crowd safety during mass gatherings. The high casualty rate in stampedes during traditional mass gatherings has prompted the study of these events. Wide variations exist in casualty rates for similar events, and key issues in healthcare services in these special situations were addressed in the Indian context.

Methods: From 2001–2010, Mass gathering data were collected from news items reported in the archives of newspapers, "The Times of India", "The Hindu" and "The Indian Express". The keywords used were: "stampede", "mass gathering", "mass-gathering events", "mass-gathering incidents", "crowd", and "crowd management". The study included triggers for the incident and the number of casualties (dead and injured) in each incident.

Results: In 27 separate mass gatherings in India, there were 936 dead and 540 injured casualties. The unique characteristics of mass gatherings in India included a predominance of old and vulnerable people in traditional mass gatherings, in contrast to the young and middle-aged groups who gather for music and sporting events elsewhere. Further, alcohol/substance abuse, brawls, and violent behavior were absent at traditional Indian mass gatherings. Non-traditional mass gatherings accounted for a lesser number of incidents in India, and were located in movie theatres and railway stations.

Conclusions: In a populous country like India, traditional mass gatherings predominate, and ensuring the health, safety, and security of the public at such events will require an understanding of crowd behavior, critical crowd densities, and crowd capacities in the Indian context. However, planning for mass gatherings can be developed using the existing body of knowledge of mass-casualty preparedness, food safety, and health promotion.

(P2-40) Patient Allocation to Hospitals During Mass-Casualty Incidents

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Due to the limited resources of specialized hospital departments, the allocation of patients to different hospitals according to severity is an extraordinarily complex and time-critical problem. The emergency capacity was determined for all medical centers ($n = 135$) in the State of Hessen, Germany, for patients of various triage categories (red, yellow, green) during normal working hours, and during weekends and nights and included logistic specifications of a potential helicopter landing. These data were entered into a state register. Using the data from the "acute-care-register", a Ticket System was developed that allows operations management to assign patients according to the severity of their condition, urgency, and specialization requirements (e.g., neurosurgery, ophthalmology, pediatrics) to a hospital without exceeding the admission and/or treatment capacity of the hospital/facility. During a non-critical period, the order of allocations depending on the distance from the clinic is planned in advance so that no further modifications are necessary during the acute intervention phase of an emergency response. Additional notification of hospital capacities for severe casualties provided during the emergency response can be easily and immediately supplemented. Due to the relatively low frequency of such emergency responses, a cost-effective concept that is easily adaptable to the respective fields of application was decided upon. The system is a sticker