against potential public health risks. The high profile, political, and media interest often associated with these events provides an excellent driver for this work.

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Influence of the Program on Patient Presentations at Outdoor Music Festivals

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Study/Objective: This presentation will focus on the influence of the program on audience behavior and patient presentations through comparing two separate events: an outdoor contemporary music festival and a multi-cultural world music festival. Both are outdoor events held over multiple days and are staged within a week of each other in public parks in Adelaide, South Australia.
Background: The performer or performance is central to an event, yet the influence of the performance, or more generally the program, is an area yet to be explored in relation to the impact of health and safety at mass-gathering events. The program is defined as the planned activities, experiences, or performances scheduled to take place over the duration of the event, comprising the effects of the music, performers, and their actions.
Methods: Ethnography was the chosen approach, as it allowed for data collection in various forms including observation, photography, environmental data, and patient presentation rates. Content analysis was used to interpret the data. The data were organized into classification types and the empirical data were then further analyzed to identify the nature of the interactions and consequences of the program against patient presentations.
Results: While there were no standardized patterns identified, relating to changes in audience behavior or patient presentations based on temperature, humidity, or audience density, there was a clear relationship between the program and the amount and type of patient presentations at each event.
Conclusion: The program is the primary influencer having a direct influence on, and relationship with, audience behavior and the consequent number of patient presentations. By understanding the program's influence on audience behavior at outdoor music festivals, event designers and managers are able to modify programs in response to the real-time observable audience behaviors.

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A Proposed Minimum Data Set for Mass Gathering Health - Updates and Moving Forward

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Study/Objective: Collaborative, ongoing development of an integrated, systematic, evidence-supported data set for Mass Gathering Health (MGH).
Background: There is currently no standardized approach to data collection at mass gatherings, making comparisons across/between events challenging. From 2013 an international team of researchers collaborated to develop a Minimum Data Set (MDS) for Mass Gathering Health (MGH). They undertook a Delphi process for those with a strong background/interest in MGH, preceding and during the 2015 World Congress on Disaster and Emergency Medicine (WCDEM). At that time, consensus was reached about the need for a standardized dataset to support researchers and clinicians, to build the knowledge base underpinning MGH science. This presentation will provide an update about the next steps in developing the MDS.
Methods: Drawing on literature, previous Event/Patient Registry development, expert input and the results of the team's work, the authors developed a MDS framework with the aim to create an online MGH data repository. The framework was populated with an initial list of data elements. Experts and those interested in MGH were invited to participate in an online survey, to rank these data elements in terms of importance.
Results: A framework for a MGH-MDS together with a list of potential data items will be presented. Embedded in the data set will be the essential event phases (pre, during and post). Initial field names, field description, format and source(s) for data will also be shown. In addition, further steps towards developing an online data repository will be outlined. WCDEM 2017 participants will also be provided with a further opportunity to refine the framework and data elements during a congress workshop.
Conclusion: The development of a MGH-MDS can grow the science underpinning this emerging field. Input from the international community is essential to ensure that the proposed MDS is systematic, comprehensive, and rigorous while remaining fluid and relevant for various users and contexts.

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A New Concept of Disaster Preparedness for Mass Gathering in Ethiopia: Experience from In-depth Conference of Addis Ababa, Ethiopia

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Study/Objective: To describe a new concept of preparedness in mass gatherings for resource-limited settings.

Background: A Mass Gathering (MG) World Health Organization (WHO) definition is an occasion, either organized or spontaneous, where the "number of people attending is sufficient to strain the planning and response resources of the community, city, or nation hosting the event" (WHO, 2008). It can be planned or spontaneous, which can bring their own unique challenges to public health and other risks. Addis Ababa in Ethiopia has held the 13th INDEPTH ISC/AGM International Conference, which has brought together 350 participants from HDSS in the world from 22 countries, 38 HDSS leaders, INDEPTH board members, INDEPTH scientific committee, editors of the Lancet, editors of Global Public health, chair-person of the African Public Health Association, and 14 university presidents or vice-presidents which do not have HDSS. Six university presidents and/or vice presidents where the six HDSS in Ethiopia located, Representatives of Embassies, Save the Children, WHO, and key researchers from Stanford University have also been among the participants; hundreds of local scientific communities were all in attendance.
Methods: A total of three Emergency Medicine and Critical Care residents based in Addis Ababa University and one consultant where involved. A duty room fully equipped of emergency drugs and other equipments were ready. Prehospital transportation plans were undertaken and hospital ambulances directory created.
Results: The conference was finalized with no major incidents. The mass gathering preparedness team was available throughout the conference dates.
Conclusion: Mass-gathering preparedness is a new concept for Ethiopian emergency care and should continue from this blueprint. Such preparedness should be continued for future mass-gathering events.
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Team response	Average likert score
This was a new start of mass gathering preparedness.	4.8
Preparations were adequate.	4.5
Future recommendations.	4.8

Table 1. Mass Gathering Preparedness Team Response: Likert Scale.

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Event Medical Life Support (EMLS): Event Medicine for Multidisciplinary Teams

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Study/Objective: To create a consolidated, standardized, comprehensive, core-concepts curriculum to support multi-disciplinary health care professionals at Major Planned Events (MPEs).

Background: MPEs occur in all communities. Increasingly, attention is directed toward making MPEs safer and minimizing impact on host community health infrastructure. Event Medicine context:

Multi-disciplinary health-care providers new to MPEs have a wide variety and depth of clinical and operational expertise but may have very little knowledge of the event context of practice (eg, event risk profiles, prehospital resources, unique procedures and policies, stakeholder issues, customer service, etc).
Events are heterogeneous and have unique characteristics (eg, size of event, duration, location, terrain, climate, high-risk activities, etc).

Planning for event health services involves a complex skill-set for those in leadership roles. No formal training program is available for those offering health-care services in the setting of MPEs.
Methods: Referencing the substantial growth in the literature that underpins mass gathering health, and seeking expert stakeholder input, Core, Elective and Planning level courses are proposed.
Results: The "Event Medical Life Support" (EMLS) courses will provide concise, accessible, applicable learning opportunities for clinicians and planners. Requisite knowledge domains will include risk assessment, human resource planning, inventory management, infrastructure, logistics, transportation, communication, insurance and liability, records management, medical direction and financial considerations. The EMLS curriculum will be offered online and via flexible face-to-face adaptations for pre-conference or pre-event workshops. Participants will have access to a series of core and specialty (elective) e-modules. A full-day, face to face workshop will focus on applying knowledge and experience to interactive case and tabletop scenarios. Accreditation through appropriate continuing professional development programs will be pursued.
Conclusion: The creation of an EMLS curriculum will build capacity and standardize our approaches based on the best available evidence in the mass gathering community.
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Human Stampedes: What do we know today?

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Study/Objective: This study summarizes available literature on stampedes, their prevention, preparedness, and response.
Background: Human stampedes are among the major causes of mortality in mass gatherings, but have received scarce scientific attention. The literature has increased over the last years but, to our knowledge, there is no updated review of results from new publications.
Methods: A scoping review was conducted with an initial search using PubMed, Google Scholar, Web of Science, the WHO Library Database, and Relief Web. Peer-reviewed and grey literature referring to human stampedes was selected