

key-informant interviews was conducted. Descriptive statistics were used to evaluate data.

Results: A Unified Command structure was utilized for pre-/post-event response. Patient surveillance data was collected daily. During the festival 217 participants (42% female, 58% male, Average age 36) sought medical care. Acute illness ($n = 166$), injury ($n = 39$), other ($n = 15$), routine follow up ($n = 9$), chronic conditions ($n = 6$), mental health ($n = 1$), OB/GYN ($n = 1$) were complaints addressed. Predominant acute illnesses included headache ($n = 49$, 23%), respiratory illness ($n = 30$, 14%), musculoskeletal pain ($n = 26$, 12%), and gastroenteritis ($n = 17$, 8%). One fatality occurred among delegates. No public health outbreaks were reported. Visits per healthcare venue demonstrated a decentralization of patient surge from the hospital setting (37.4% venue aid stations, 28.1% delegation medical staff, 24% DOH clinic, 10.6% hospital).

Conclusion: A unified health command structure was effective in responding to this mass gathering event. Surveillance data was rapidly gathered and utilized to direct healthcare resources. Efforts to decentralize healthcare from the hospital were successful. Public health emergencies were avoided.

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(P2-44) Use of Non-Traditional Technological Methodologies to Advance the Epidemiology & Management of Human Stampedes in Developing Countries: Case Series on Chinese School Stampedes

K.M. Ngai,¹ W.Y. Lee²

1. Emergency Medicine, New York, United States of America
2. Healthcare Management & Policy, MA, United States of America

Objective: Human-stampede events are emerging epidemics with large unplanned or impromptu mass gatherings. They are increasing in frequency worldwide, yet little is known of the epidemiology and other characteristics that would allow for communities to prepare, prevent and properly manage medical outcomes. We report a non-traditional methodology to identify a stampede's epidemiological characteristics using news reports, social networking, and systematic search of the internet. This hitherto unused technological dimension is a useful adjunct to obtain crucial data on mortality and morbidity, improve immediate understanding of the pathophysiology of the event, and provides opportunities to develop public education to remove potential bottlenecks and improve crowd control of these preventable tragedies.

Method: A LexisNexis search was followed by sequential searches of multiple internet-based English-language news agencies and the few research reports available in the scientific literature. Date, country, geographical region, time of occurrence, type of event, location, mechanism, number of participants, number injured, and number of deaths were recorded. Descriptive analysis was performed for deaths, injuries and location for this abstract.

Results: Following an extensive search of media accounts and research reports, a total of 263 human stampede events were identified worldwide between 1980 and 2011 resulting in 8,268 deaths and over 16,707 injuries. Major Religious assemblages,

particularly in India and the Middle East, accounted for the highest number of fatalities. Precipitants of stampedes follow a geographical pattern; In Africa, sporting and political events and in Europe, entertainment venues sparked stampedes. This case series reports 7 incidents in China. All cases occurred in the recess hour of schools, when students formed a bottleneck at narrow staircases, resulting in 27 deaths and 168 injured.

Conclusion: Understanding the triggers in mass gatherings for a human stampede have been greatly aided by advances in social networking, internet and video mobile phones. Particularly in difficult environments which were previously difficult to document. The patterns identified in this study can appreciably add to community level preparedness, prevention and improved clinical understanding and management at prehospital and hospital levels.

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(P2-45) Impact of Educational Intervention on Knowledge Regarding Disaster Management Among Nurses Working in Nepal

G.N. Mandal

Medical Surgical Nursing, 25555, Nepal

Objectives: The purpose of this study was to find the change in knowledge regarding disaster management among nurses after educational intervention.

Methods: One group pretest and post test design was adopted for the study. The study was carried out in B.P. Koirala Institute of Health Sciences, Nepal. Forty Nurses were selected from emergency, orthopedics, medicine, and surgical ward by using non-probability convenience sampling technique. A self-administered semi-structured questionnaire was used to collect the data. Data was collected before and after the educational intervention. The collected data were analyzed using descriptive statistics (frequency, percentage, mean, standard deviation) and inferential statistics (Chi-square and Z test) were used to identify the difference in knowledge between pre-test and post-test, at 0.05 level of significance.

Results: Study findings revealed that in the pre-test, grand mean of the means of the nurses' knowledge on different aspects of disaster management as a whole was 2.39 with the standard deviation of 0.87. Similarly the grand mean of means of knowledge on different aspects of disaster management was 3.2 with the standard deviation of 0.47 in the post-test. The difference between pre-test and post-test in respondents' knowledge in different aspects of disaster management as a whole was calculated by using "Z" test ($p < 0.05$) The result showed that the educational intervention was effective in bringing changes in knowledge in all aspects of disaster management.

Conclusions: Study findings revealed that there was significant increase in knowledge in the post-test after the educational intervention. Therefore, it can be concluded that education plays an important role in increasing awareness. It is recommended that awareness programs on disaster management should be carried out periodically as in-service education.

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