weren't used extensively. The bad weather and a strict control of alcoholic beverages in the dedicated sites contributed to this low exposure to serious problems.
Keywords: emergency medical services; EURO 08; mass gathering; medical services; prehospital; spectators
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Medical Activities and Preparedness in Professional Baseball Stadiums in Japan: A Survey

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Introduction: Professional baseball games with 15 to 50 thousand spectators, played over eight hundred times annually, is one of the typical mass gathering settings in Japan. But there have not been any systematic medical surveys reported and no medical regulations existed. We surveyed the daily medical activities and the preparedness for multi-casualty incident in these settings.
Methods: Questionnaires were sent to the management offices of 13 franchise professional baseball stadiums in Japan in the summer/fall of 2008. The surveyed period was the 2007 professional baseball season from spring to fall.
Results: The medical activities for daily professional baseball games included: a physician and one or two nurses are hired for each game; each stadium had a mean value of personnel of 1.5 ±1.4 (SD) on-site clinics; 4.3 ±2.8 beds; 6.1 ±3.5 automated external defibrillators; and 1.4 ±2.0 stretcher loadable elevators; patient presentation rate and transport-to-hospital rate were 0.282 ±0.12 and 0.022 ±0.031 per 1,000 spectators, respectively.

The preparedness for multi-casualty incidents included: triage posts were planned in seven, and not in five, with no reply from one stadium; administrative guidance was made by city offices in two, by local health departments in two, and by no organization in seven, with no reply from two stadiums, no multi-casualty incidents were reported in the surveyed period.
Conclusions: Daily medical care was managed and provided without serious problems, depending on each stadium s experience. But the recognition of a baseball stadium as a medical hazard for a multi-casualty incident did not seem to be widely shared by stadium managements and local governments. Mass-gathering settings should be considered as a medical hazard.
Keywords: baseball; Japan; mass gatherings; medical care; stadium
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National Guidelines for Safety at Music Events in Sweden

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Introduction: The Azienda Sanitaria Locale (ASL) 10, in agreement with the TOROCs Medical Service, coordinated the basic and emergency medical assistance at the alpine venue of Sestrires. This represented the integration between the Torino 2006 Olympic Medical Service and the Public Health System of the Piedmont Region.
Methods: We conducted a retrospective review of medical care provided to athletes, officials, workforce, and members of the "Olympic family" at one of the three polyclinics inside the Olympic Villages. This polyclinic was located in Sestriers during the XX Olympic Winter Games and IX Paralympic Winter Games Turino 2006.
Results: Descriptive statistics were used to characterize data from the Olympic medical care database.
Conclusion: This review evaluated the level of preparedness and the level of services available during the XX Olympic Winter Games and IX Paralympic Winter Games in Torino, Italy in 2006.
Keywords: contingency planning; mass gatherings; musical events; preparedness; Sweden
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Establishing a System of Paramedical Training for those with Bachelors Degrees and Mid-Level Workers in South Africa in Preparation for the 2010 World Cup

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Introduction: South Africa critically needs advanced life support personnel to staff the emergency medical services in preparation for the Word Cup soccer tournament in 2010. This need will occur simultaneously with an introduction of a two-tier approach by the government.
Methods: This is a retrospective study on the introduction of a two-tier, advanced life support training program, standardized for both the civilian and military health services. The present short-course training approach for paramedics was reviewed and correlated it with the two-tier approach. A four-year bachelor degree for emergency care practitioner and a two-year mid-level worker certificate for an emergency care technician were introduced.

This paper mainly focuses on the design and unique introduction of the emergency care technician program. The program is designed on the body-system approach, and presented according to the constructivism training approach, utilizing standardized, international literature.

Unique elective components to address the needs of the military health service and the civilian emergency services are included.

Planning for 2010 requires a unique training system using short-term contract service with the Military Health Service. This was designed so that recruits are trained as emergency care technicians in the military, and then employed by the civilian government departments.
Results: An effective, flexible, and cost-effective program that can be utilized in various developing countries to establish and upgrade the standards of emergency care was established through military-civilian cooperation.
Conclusions: The mid-level-worker approach provides skilled practitioners to address 80% of the emergency care needs of the population through a constructivism-based training program.
Keywords: 2010 World Cup; education; emergency medical care; military-civilian cooperation; paramedic; soccer; training; World Cup
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