organizing religious mass gatherings can predict and utilize to mitigate future events.

Prehosp. Disaster Med. 2019;34(Suppl. 1):s38–s39 doi:10.1017/S1049023X19000931

## Global Event Data Research Registry: Taking Mass Gathering Research to the Next Level

Stefan Gogaert<sup>1</sup>, Annelies Scholliers<sup>1</sup>, Dr. Holly Sherman<sup>2</sup>, Dr. Matthew Brendan Munn<sup>3</sup>, Dr. Sheila Turris<sup>2</sup>, Dr. Adam Lund<sup>2</sup>, Dr. Jamie Ranse<sup>4</sup>

- 1. Mass Gathering Solutions, Wambeek, Belgium
- 2. UBC Emergency Medicine, Vancouver, Canada
- 3. UBC Mass Gathering Medicine Interest Group, Canada
- 4. Menzies Health Institute Queensland, Griffith University, Australia

**Introduction:** Research on events and mass gatherings is hampered by a lack of standardized and central reporting of event data and metrics. While there is work currently being done on report standardization, this will require a plan for recording, storing, and safeguarding a repository of event data. A global event data registry would further the work of standardized reporting by allowing for the collection and comparison of events on a larger scale.

**Aim:** To characterize the considerations, challenges, and potential solutions to the implementation of a global event data registry.

**Methods:** A review of the academic and grey literature on the current understanding and practical considerations in the creation of data registries, with a specific focus on an application to mass gathering events.

**Results:** Findings were grouped under the following domains: (1) stakeholder identification and consultation, (2) research goals and clinical objectives, (3) technological requirements (ie hosting, format, maintenance), (4) funding (budget, affiliations, sponsorships), (5) ethics (privacy, protection, jurisdictions), (5) contribution facilitation (advertising, support), and (6) data stewardship and registry access for researchers.

**Conclusion:** This work outlines key considerations for undertaking and implementing an event data registry in the mass gathering space, and compliments ongoing work on the standardization of data collected at mass gathering events. If practical and ethical considerations are appropriately identified and managed, the creation of an event data registry has the potential to make a major impact on our understanding of events and mass gatherings.

Prehosp. Disaster Med. 2019;34(Suppl. 1):s39 doi:10.1017/S1049023X19000943

May 2019

## The Impact on Local Emergency Departments During a "Schoolies Week" Youth Mass Gathering

Prof. Julia Crilly<sup>1,2</sup>, Dr. Jamie Ranse<sup>1,2</sup>, Nerolie Bost<sup>1</sup>, Tonya Donnelly<sup>1</sup>, Jo Timms<sup>1</sup>, Kate Gilmour<sup>1</sup>, Dr. Michael Aitken<sup>1,2</sup>, Dr. Amy Johnston<sup>3,4</sup>

- 1. Department of Emergency Medicine, Gold Coast Health, Southport, Australia
- 2. School of Nursing and Midwifery, Griffith University, Southport, Australia

- 3. School of Nursing, Midwifery and Social Work, The University of Queensland, Brisbane, Australia
- 4. Department of Emergency Medicine, Princess Alexandra Hospital, Brisbane, Australia

**Introduction:** Community-based strategies designed to minimize the impact on local emergency services during mass gathering events (MGEs) require evaluation to provide evidence to inform best practice.

Aim: This study aimed to describe characteristics and outcomes for people aged 16-18 years requiring emergency care before, during, and after a planned youth MGE "Schoolies week" on the Gold Coast, Australia.

**Methods:** A retrospective observational study was undertaken. Presentations from all young adults to the emergency department (ED) or In-Event Health Service (IEHS) over a 21-day period in 2014 were included. Descriptive and inferential analyses were performed to compare across time and to describe characteristics of and outcomes for young adults requiring healthcare.

**Results:** A total of 1029 presentations were made by youth aged 16 – 18 to the ED and IEHS over the study period (ED: 139 pre, 275 during, and 195 post; IEHS: 420 during). Patient characteristics and outcomes to the ED that varied significantly between pre, during, and post Schoolies periods included patient's age (higher proportion of 17-year-olds), residing outside the Gold Coast region, and not waiting for treatment. All were higher during Schoolies week. Of the 24,375 MGE attendees, 420 (1.72% [95% CI, 1.57 – 1.89], 17.2/1,000) presented to the IEHS. The majority were toxicology related (n=169, 44.9%). Transportation to hospital rate was low (0.03% [95% CI, 0.01 – 0.06], 0.3/1,000) for the 24,375 MGE attendees.

**Discussion:** Findings from this study support previous research indicating that MGEs can impact local emergency healthcare services. The provision of the IEHS may have limited this impact. The recipients of care delivery, predominantly males with trauma- or toxicology-related problems, warrants further investigation. Research describing the structures and processes of the IEHC could further inform health care delivery in and out of hospital settings.

Prehosp. Disaster Med. 2019;34(Suppl. 1):s39 doi:10.1017/S1049023X19000955

## On the Way Out: An Analysis of Patient Transfers from Four, Large-Scale, North American Music Festivals Over Two Years

Mr. Christopher Callaghan, Dr. Sheila Turris, Mr. Haddon Rabb, Dr. Brendan Munn, Dr. Adam Lund Mass Gathering Medicine Interest Group, University of British Columbia, Canada

**Introduction:** Music festivals are globally attended events that bring together performers and fans for a defined period of time. These festivals often have onsite medical care to help reduce the impact on local healthcare systems. Historically, the literature suggests that patient transfers offsite are frequently related to complications of substance use. However, there is a gap in

s39