

Mortality at Music Festivals

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Introduction: Fatalities at music festivals are seldom reported in the academic literature, making it difficult to understand the full scope of the issue. This gap in our knowledge makes it challenging to develop strategies that might reduce the mortality burden. It is hypothesized that the number of fatalities is rising. Building on earlier research, two further years of data on mortality at music festivals was analyzed.

Methods: Synthesis of grey/academic literature.

Results: The grey literature for 2016–2017 documented a total of 201 deaths, including both traumatic (105; 52%) and non-traumatic (96; 48%) causes. Deaths resulted from acts of terror (n = 60), trampling (n = 13), motor-vehicle-related (n = 10), thermal injury (n = 6), shootings (n = 5), falls (n = 4), structural collapses (n = 3), miscellaneous trauma (n = 2), and assaults (n = 2). Non-traumatic deaths included overdoses/poisonings (n = 41), miscellaneous causes (n = 36), unknown/not reported (n = 18), and natural causes (n = 1). The majority of non-trauma-related deaths were related to overdose (44%). No academic literature documented fatalities that occurred while attending a music festival during 2016 or 2017.

Discussion: Reports of fatalities at music festivals are increasingly common. However, the data for this manuscript were drawn primarily from media reports, a data source that is problematic. Currently no rigorous reporting system for fatalities exists. In the context of safety planning for mass gatherings, a standardized method of reporting fatalities would inform future planning and safety measures for festival attendees. The hypothesis that mortality rate reporting increased was substantiated. However, the proliferation of music festivals, the increase in attendance at these events, and the overall increase in internet usage may have influenced this outcome.

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Needs of Family Survivors of Floods in Molepolole, Botswana

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Introduction: Floods are common worldwide and are the leading cause of fatalities. They are destructive to property, crops, and livestock, and leave survivors homeless or displaced to evacuation camps.

Aim: To explore the needs of family survivors of floods in Molepolole, determine assistance received and needed, and identify coping strategies used to deal with the impact and effects of floods.

Methods: Jordan (2015) model of disaster survivors' hierarchy of needs guided the study. Purposive sampling selected six families, and seven participants from these families enrolled in the study. A pilot-tested semi-structured interview guide collected data. Data were analyzed using the content style.

Results: The study findings confirmed that survivors of floods had immediate and long-term needs, and these were classified into basic, safety, recovery, stress reaction, grief and loss, and growth. Not all survivors were grateful for the assistance they received following floods. Survivors used varied coping strategies to deal with their stressors. The study was conducted in Molepolole, hence, the findings may not be applicable in other settings. Individuals were interviewed on behalf of the entire family.

Discussion: There is a need for a multidisciplinary team which will keep the community at the forefront in tackling flood mitigation and developing policies specific to floods. Policies will include indigenous flood mitigation practices and will strengthen awareness of communities to improve knowledge, skills, and attitude. More research is needed on the needs of each survivor.

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Needs of Patients in the Triage Category “Expectant” in Prehospital Disaster Settings: A Survey Among German Medical Incident Commanders and Palliative Care Physicians

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Introduction: The treatment of patients in the triage category “expectant” is not in the focus of the prehospital disaster medicine. The aim is to save as many lives as possible in situations with very limited resources. It is necessary to allocate the life-saving interventions to those who have the chance to survive, but there is a human right of best assistance even for those who are expected to die.

Aim: In Germany, it is possible to use the triage category “expectant” in overwhelming disasters, so there should be preparedness for those patients, who receive this categorization. A survey was conducted to find out what the needs are of those patients.

Methods: An online-survey was submitted to German medical incident commanders and palliative care physician in function of expert groups via their national associations.

Results: 219 physicians participated. The majority confirmed a necessity to treat those patients and to be prepared. Currently, in most of the areas, there is no preparation. The main needs are the treatment of pain, dyspnoea, fear, and loneliness. Following the “Dying person’s bill of rights” (1), the most relevant rights are:

- To be treated as living human being until I die
- To be free from pain
- To express the feelings and emotions
- To die in peace and dignity

Discussion: Palliative care should be part of disaster medicine planning. It is not too difficult to prepare a special group of helper for the care of dying patients. Medical incident commanders and palliative care physicians agree in the majority about the