which revealed IgA deposition (Fig. 1A-C). Renal involvement is more common in adult HSP and can contribute to significant morbidity [3]. This case demonstrates the importance of early recognition of HSP via biopsy, although the evidence of efficacy of early treatment with corticosteroid is still controversial.

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References


Proper performance of chest compressions in cardiopulmonary resuscitation☆,☆☆,☆☆☆

To the Editor,

Sebbane et al [1] reported that an annual refresher course is an important factor for nurses and nurses’ aides to accurately perform chest compression (CC) depth while standing next to a stretcher. Several points of interest were raised by this article. First, we found that the participants

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The impact of a mass gathering events with an on-site medical management team on municipal 911 emergency medical services

To the Editor,

Mass gathering medical care is defined by the National Association of Emergency Medical Physicians as “organized emergency health care services provided for spectators and participants in which at least 1000 persons are gathered at a specific location for a defined period of time” [1]. Health care providers at these events care for patients presenting with a variety of complaints, from mild heat illness and ankle sprain to cardiac arrest and multiple trauma. These events include many different settings and patient populations including football games, concerts, and festivals with relatively young, mixed age, and elderly groupings of persons.

One of the goals of on-site medical management is to avoid overreliance on municipal emergency medical services (EMS) (ie, EMS responding to the general community needs) to respond to patient complaints at mass gatherings. Oftentimes, thousands of attendees come from outside the primary area to attend an event—this transient increase in the regional population can produce a temporary increase in EMS utilization [2]. Previous reviews have studied the effect of on-site mass gathering medical management on ED census, yet the impact on local EMS specifically has not been studied. Thus, we investigated the impact of large events with mass gathering medical staff present on municipal EMS (ie, 911 service) call volume.

This retrospective study used data collected by the Special Event Medical Management (SEMM) team at the University of Virginia in Charlottesville. Event types included university football games, other spectator sporting events, popular music concerts, steeplechase horse racing, graduation ceremonies, and other large gatherings of people. Patient care events at the mass gatherings were recorded and reviewed for study purpose; EMS call data were collected from a dispatch database and divided into 24-hour segments—time segments were then identified as involving or not involving a mass event with SEMM staffing. Data were further divided to evaluate weekends (Friday, Saturday, and Sunday) separately from a full 7-day week.

Over the 8-month period of study, the average number of EMS calls was 53.8 EMS calls/24-hour period. The average number of EMS calls on SEMM event days was 56.8, and on days without SEMM events, it was 53.2 ($P = .053$ comparing event to nonevent days). In an analysis of weekend-only days, the SEMM event average was 59.7 EMS calls; on weekend days without SEMM events, the average was 54.8 EMS calls ($P = .047$ comparing event to nonevent weekend days).

This study found a statistically significant increase in call volume on weekend days with SEMM events compared with nonevent weekend days. We also found an increase in call volume on all SEMM event days compared with nonevent days that approaches significance. Both of these comparisons demonstrate an increased utilization of EMS on event days, which is consistent with our expectations given the influx of people on these days. Communities should be aware of scheduled large events and potentially increase EMS and on-site teams to appropriately cover the increased patient demand. The increase in number of calls averaged 3 to 5 more calls per day on event days. If considered over a 24-hour period, this modest increase in call volume likely would not stress a public safety system. If these calls occurred during a more focused period of large event activity, then such an increase could strain resources for a short period.

Although this study did not demonstrate a lower call volume with SEMM on-site presence, we suggest that the number of EMS calls on event days would be much higher were there no on-site medical management present. It is likely that SEMM presence at mass gatherings helps to reduce the overall burden of a large event on municipal public safety resources, such as 911 EMS call volume. Future research should focus on identifying features of mass gatherings that contribute to the increased call volume to EMS centers. One way to control for event presence could involve identifying all “event-related” EMS calls, whether they involve a patient attending the event, participating in the event, or traveling to or from the event. These calls could then be compared directly with all “non–event-related” calls to form a clearer picture of the relationship between large events and EMS utilization.

References