

plans for intensive monitoring of food outlets and cruise ships during the Games. And while health care interpreters are a long-established feature of health services in NSW, the provision of specialised medical interpreters for SOCOG's medical program is an Olympic first.

Many of the public health strategies developed for the Games rely on strong inter-agency collaborations, particularly among the NSW Department of Health, other NSW government departments and agencies, the NSW area health services, and local councils. Such partnerships underpin the plans for food safety and environmental health during the Games and will be vital in the event of any large-scale health emergencies. Stronger links among

agencies and a greater understanding of respective roles and functions will be a valuable legacy of the Olympic public health planning and preparation processes.

Most of the structures, linkages and strategies that have been developed to support public health aspects of the Games will continue long after they are over. General public health infrastructure in NSW, and more specifically the capacity to effectively manage the public health aspects of mass gatherings, will be permanently enhanced.

Public health services in NSW are now ready and waiting for the Games to begin. The public health experience during the Games, and the lessons learnt, will be reported in future editions of the Bulletin. ☘

## COORDINATION OF THE NSW HEALTH OLYMPIC EFFORT

**Maria Visotina**  
 Manager, Olympic Planning  
 NSW Department of Health

The logistical and organisational complexities of the Sydney 2000 Olympic and Paralympic Games ('the Games') make coordination of the delivery of the associated health services of vital importance.

The principle of 'business as usual' has underpinned the planning of health services for the Games—with the rationale being that normal, 'tried and tested' methods of service delivery should be maintained. However, the unique challenges for health presented by the Games have required that some novel approaches be developed and adopted. Consequently, excellent communication and coordination mechanisms are needed to ensure that all stakeholders understand their respective responsibilities, and that appropriate command and control arrangements are in place to manage situations as they arise.

This paper outlines the mechanisms used to plan the health services for the Games and the coordination mechanisms to be used during the operational phase of the Games.

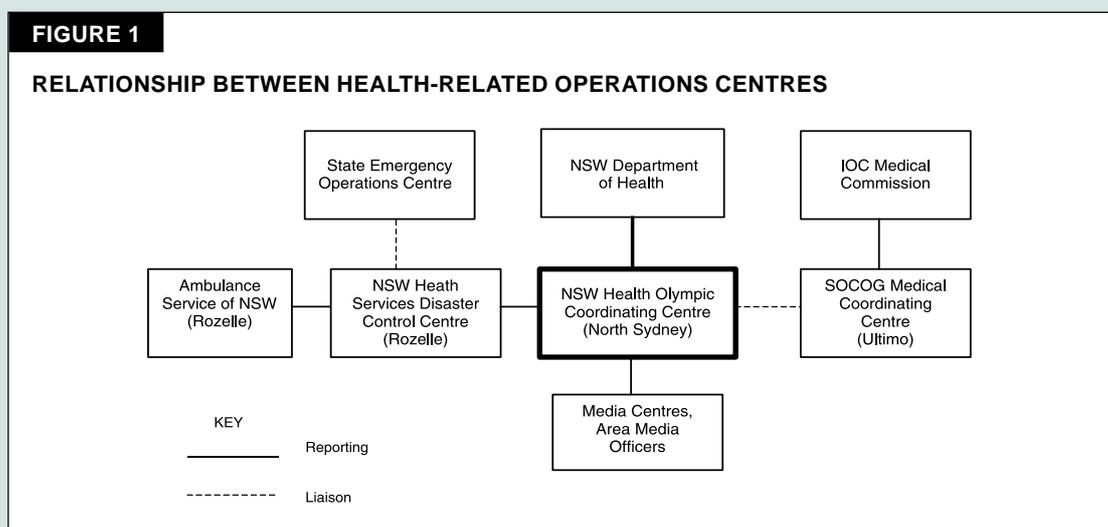
### PLANNING MECHANISMS

The NSW Department of Health has been involved in planning for the Games since the inception of the Sydney Olympic Bid Medical Committee in September 1991. Following the success of the bid, planning for the Games has been facilitated by direct observation of the Centennial Olympic Games in Atlanta in 1996 and the Commonwealth Games in Kuala Lumpur in 1998.

The Olympic Health and Medical Committee, chaired by the Director-General Michael Reid, with representation from the NSW Department of Health (the Department) as lead agency, the Sydney Organising Committee for the Olympic Games (SOCOG), the Sydney Paralympic Organising Committee (SPOC) and the Olympic Coordination Authority (OCA) has been the peak health planning body. It reviewed and approved the *Strategic*

**FIGURE 1**

**RELATIONSHIP BETWEEN HEALTH-RELATED OPERATIONS CENTRES**



*Plan for Health Services for the Sydney 2000 Olympic and Paralympic Games*, which together with the *Statement of Resource Requirements and Budget* and the *Memorandum of Understanding (MOU)*, outline the mutual responsibilities of agencies, the scope of services to be provided, and the resource requirements to support those services.

The Department's Olympic Planning Unit has been responsible for developing detailed plans to implement the commitments outlined in the MOU. Through a number of expert working groups, the Unit has provided guidelines for area health services to inform their local planning processes.

Metropolitan area health services have formed Olympic Steering Committees, with the twin objectives of ensuring that plans for service delivery obligations under the MOU are in place and ensuring that health services prepare for the wider effect of the Games on the community.

### SERVICE DELIVERY MODEL

The MOU with Olympic agencies committed NSW Health to providing the following services:

- hospital care
- health care interpreters
- public health services
- ambulance services
- counter-disaster planning and coordination.

At the outset, a service delivery model was needed that took account of the unique circumstances and constraints of the Games environment. These included:

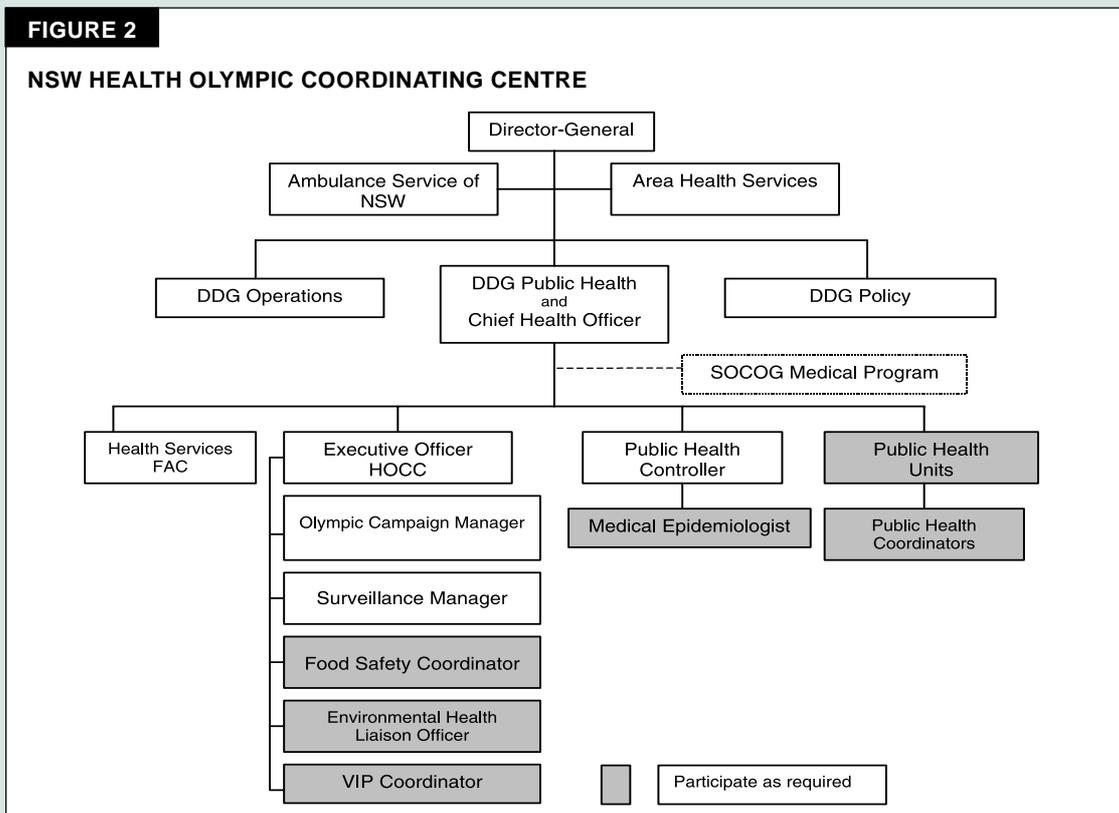
- SOCOG's significant health care role, with a workforce of around 3,500 volunteers providing services to athletes, spectators and visitors at training, competition and non-competition venues;
- the effect on services arising out of Sydney's temporary but significant increase in population, requiring some services to maintain optimum capacity, while others would be unaffected or have reduced activity due to the effect of school holidays;
- restrictions on the movement of personnel as a result of access and security arrangements at venues.

This led to the genesis of the NSW Health Olympic Workforce, whose work is detailed elsewhere in this edition of the Bulletin.

### NSW HEALTH OLYMPIC WORKFORCE

The NSW Health Olympic Workforce consists of:

- temporary employees recruited from outside the NSW health system to provide specific services for the Games;
- hospital and area health service employees temporarily seconded to the Department to provide specific services for the Games;



- hospital and area health service employees performing their existing roles but having additional or altered reporting requirements for the duration of the Games;
- Department of Health staff employed on a temporary basis to provide Games services, or permanent staff redeployed to Games roles for the duration.

A significant component of the NSW Health Olympic Workforce has been drawn from local government, a commitment that is unprecedented in its scale and which may serve as a model for future cooperative efforts.

### COORDINATION MECHANISMS

In order to monitor health service use and to facilitate strategic responses to health issues as they arise, the NSW Health Olympic Coordination Centre (HOCC) will be established at 73 Miller Street, North Sydney. The existing Olympic Planning Unit will provide the core staff for the Centre and service its intelligence gathering and response requirements.

HOCC will have a 24-hour contact number, and will be staffed by duty officers from 2 September to 1 November 2000, to facilitate liaison between the Department, SOCOG, OCA, hospitals and area health services on

operational issues as they arise. Figure 1 illustrates the linkages between the HOCC and other key health coordination centres active at the time of the Games. Important functions of HOCC will include:

- activation of coordinated public health responses. This will be informed by the Olympic Surveillance System (see the article by Thackway on page 142) and based on recommendations of a Surveillance Review Team which will convene daily, preparatory to a daily HOCC meeting. Figure 2 illustrates the HOCC reporting and communications linkages with various components of the health system.
- coordination of media responses.

### CONCLUSION

The Olympic Athlete's Village will soon open, and this will activate NSW Health operational plans for the Games. There is a buzz of excitement that after four years of active planning, the Games are finally here. Hopefully all those in NSW Health who have worked so hard to prepare for the event will be able to take the advice of an Atlanta colleague: 'Remember to take some time and enjoy the Olympic experience! I know how fast it has arrived, AND how quickly it will be over.' ❏

## COUNTER DISASTER PLANNING FOR THE SYDNEY 2000 OLYMPIC AND PARALYMPIC GAMES

*Michael Flynn*

*Director, Counter Disaster and Olympic Planning Branch  
NSW Department of Health*

Sydney's submission for its 1992 bid to host the Summer Games of the XXVII Olympiad included the following statement: 'Sydney has no history of natural disasters, so disaster planning for the Olympics has been based on the New South Wales Multiple Casualty, Emergency and Disaster Medical Response Plan (MEDPLAN).'<sup>1</sup>

Much progress has been made in the field of disaster medicine policy development since this original submission. The concept of 'disaster' has been expanded to encompass such non-traditional events as loss of utility supply and technological failure. The importance of the media has been given increased recognition.

### DISASTER MEDICINE AND ITS ROLE IN PUBLIC HEALTH

Within NSW Health the counter disaster plan, MEDPLAN, was in the process of being replaced by a substantially revised policy (retitled HEALTHPLAN) at the time of the

Thredbo landslide (31 July 1997).<sup>2,3</sup> This tragedy, which resulted in the loss of 18 lives, involved a significant deployment of emergency workers, including health workers, in a challenging environment over several weeks. Lessons learned from this disaster affirmed the importance of the roles of public health, mental health and ambulance services in the emergency response, as well as those of other participating and supporting organisations within the disaster plan. Concurrently, the role and resources of the Counter Disaster Unit in the Public Health Division of the NSW Department of Health were expanded.

### DISASTER PLANNING FOR THE SYDNEY 2000 OLYMPIC AND PARALYMPIC GAMES

The Olympic Games is arguably the most significant mass gathering in the world. Although relatively rare, mass gatherings have been associated with significant morbidity and death. Examples include crowd crushes at Hillsborough Stadium in the United Kingdom, the collapse of a pedestrian bridge at the 1997 Maccabiah Games in Israel, and terrorist activities at the Munich Games in 1972.<sup>4,5</sup> The blue glass memorial, inscribed in English and Hebrew, on the 'Munich XX Olympiad'