

KEEPING THE DREAM ALIVE—AND HEALTHY: PUBLIC HEALTH PREPARATIONS FOR THE SYDNEY 2000 OLYMPIC AND PARALYMPIC GAMES

GUEST EDITORIAL

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The Sydney 2000 Olympic Games will open on 15 September 2000. It will be one of the biggest events ever held, involving over 10,000 athletes and about 5,100 officials from 200 countries participating in 28 sports. Around 15,000 media will cover the Games and 300,000 domestic and international visitors will attend. Between 13 September and 3 October 2000, there will be an extra 150,000 to 200,000 people in the central Sydney area at any one time between the hours of noon and 10.00 p.m. Olympic venues are distributed among four precincts spread across the city from Bondi Beach to Ryde, Fairfield and Penrith. The Games period will extend for 60 days, commencing with the opening of the Olympic Athletes' Village on 2 September to the closure of the Paralympic Athletes' Village on 1 November. In between will be a series of mass gathering events, including the opening and closing ceremonies and multiple events in the city.

Enormous effort has gone into the public health preparations for this extraordinary event. Keeping the 'Olympic dream' both alive and healthy will depend on maintaining effective mechanisms to protect and monitor health among both visitors and Sydney residents, and to take swift action in the event of disease outbreaks or natural or man-made disasters. This issue of the *NSW Public Health Bulletin* showcases the efforts of NSW Health in planning for the Sydney 2000 Olympic and Paralympic Games, and introduces the major public health programs that will operate during the Games. Three themes in particular recur in the articles in this issue: innovation, collaboration and capacity building.

The challenges inherent in planning for such a unique event have spawned innovative service solutions. Particularly noteworthy are the Olympic Health Surveillance System, the most comprehensive ever established for an Olympic Games, and the

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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

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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

