

**NSW HEALTH SERVICES FOR THE
SYDNEY 2000 OLYMPIC AND PARALYMPIC GAMES**

DECEMBER 2000

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1995 – November 2000
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NSW HEALTH DEPARTMENT

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INTRODUCTION

This report is an account of the planning process and outcomes for the NSW Health services for the Sydney 2000 Olympic and Paralympic Games. These services were first outlined in the *NSW Health Strategic Plan* approved by the Olympic Health and Medical Working Committee (OHMWC) in November 1997 and subsequently elaborated in a series of operational documents for the Games period.¹ The Report is divided into two sections, the planning phase and the operational phase.

¹ For a full listing of these documents, refer to Appendix 1.

THE PLANNING PHASE

OLYMPIC HEALTH AND MEDICAL WORKING COMMITTEE

Comprehensive planning by NSW Health for the Sydney 2000 Olympic and Paralympic Games (the Games) was initiated in 1994 with the formation of the Olympic Health and Medical Working Committee (OHMWC), under the chairmanship of the Director-General for Health.² The first meeting was held on Wednesday 23 November 1994. The terms of reference and membership of the OHMWC evolved over time and included 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). The final composition of the OHMWC is outlined at Appendix 2.

LEGISLATIVE CHANGES FOR THE GAMES

A number of legal issues were identified that needed to be addressed to ensure delivery of effective health care and public health services during the Games. The principal issues in this area related to registration of visiting health care professionals and food safety.

With the knowledge that 80% of Olympic teams would be accompanied by their own health professional teams, there was a need to establish a legislative mechanism by which these professionals could perform their duties without undergoing complex health professional registration requirements under NSW Acts. The Health Professionals (Special Events Exemption) Act 1997 was proclaimed on 25 March 1998. This legislation enabled health professionals to provide services without registration in NSW, provided the services were restricted to only members of the relevant national team.

Professionals seeking to obtain exemption under the Act were required to notify their intention to SOCOG/SPOC and NSW Health. The Department received a total of 1109 such notifications for the Olympic Games and 288 for the Paralympic Games.

² Prior to 1993, senior representatives of the NSW Department of Health and Ambulance Service of NSW had participated in the Medical Committee for the Sydney 2000 Bid Committee.

The other principal issue that required legislative consideration applied to food safety legislation. Existing Regulations under the NSW Food Act (1989) would have imposed restrictions on the sale of food in temporary structures that lacked “rigid, cleanable surfaces” (ie tents, marquees etc.). Given the large number of such temporary structures planned for the Games, amendments to the Food Regulations were a necessary adaptation to the unusual circumstances surrounding the Games to permit their use without reducing food safety.

COMMONWEALTH FUNDING FOR HOSPITAL TREATMENT

Under the Memorandum of Understanding with the Commonwealth Government, it was agreed that NSW Health would be reimbursed for hospital treatment of nominated members of the Olympic and Paralympic Families. At the time that the MOU was signed, in March 1999, it was estimated that there were approximately 39,910 individuals who fell into the categories nominated by SOCOG and hence eligible for treatment in hospital under this agreement.

NSW HEALTH OLYMPIC PLANNING UNIT

Prior to 1995, Olympic planning was coordinated by a Departmental officer on a part-time basis. In late 1995, the Department committed a full-time position to the task of planning services for the Games. This position was occupied by Maria Visotina who subsequently became the Department’s representative at the Centennial Olympic Games in Atlanta in 1996. The lessons learned from Atlanta, were therefore incorporated into the planning for Sydney.

These lessons included the importance of public health measures to safeguard against food-borne illness, the need for enhanced counter-disaster preparedness in cooperation with Commonwealth and State agencies in relation to chemical, biological and radiological threats, the utility of a comprehensive disease surveillance system and the importance of a clear delineation of responsibility between Olympic agencies involved in health matters.

An early outcome of the lessons learnt from Atlanta was the clarification of areas of responsibility between NSW Health and the SOCOG Medical Program. NSW Health became responsible for :

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

The SOCOG Medical Program was responsible for :

- athlete and spectator care at all competition, non competition and training venues
- doping control services
- gender verification

NSW Health and SOCOG formed separate subcommittees to the OHMWC to develop plans and make recommendations in these areas of responsibility. The role of the Olympic Planning Unit (OPU) within NSW Health was to ensure that broad plans and recommendations arising from these subcommittees, including separate planning processes undertaken by the Ambulance Service of NSW, were translated into operational plans, policies and procedures to ensure that the NSW health system would be able to deliver on its obligations under the Memorandum of Understanding (MOU) with SOCOG and OCA.

This process significantly facilitated identification of additional areas within these responsibilities that required particular attention. As a consequence, resources were then progressively allocated to targeted project areas to enable effective service delivery during the Games.

An aspect of the Sydney 2000 Olympic Games, that had not featured since Barcelona in 1992, was the use of cruise ships as floating hotels. While the importance of Sydney as a cruise ship destination had been growing throughout the 80's and 90's, there was a need for a systematic approach to health surveillance and health protection, given the unprecedented

number of ships expected in Sydney for the Games and the documented health risks arising from the closed environments of ships³.

In 1997, Tony Butler, then a trainee with the NSW Health Public Health Officer Training Program, commenced work on a program to support cruise ships, based on the successful Vessel Sanitation Program used by the Centres for Disease Control and Prevention in the United States. This work was further developed and implemented by Karen Banwell.

Initial work on a health communications strategy was also undertaken during this period. Also in 1997, Larissa McIntyre, also a Public Health Officer trainee, commenced work on the Olympic Public Health Plan and with Tony Butler laid the groundwork for the development of a disease surveillance system.

In 1997, a full time position was created to progress counter-disaster and hospital planning for the Games. This position was taken by Dr Michael Hills who subsequently became the Department's representative at the 1998 Commonwealth Games in Kuala Lumpur. The report from Kuala Lumpur further reinforced the need for comprehensive measures in relation to food safety and a proactive media strategy to cope with heightened media interest in health matters that might at other times receive little media attention.

The first draft *Strategic Plan for Health Services for the Sydney 2000 Olympic and Paralympic Games* was prepared for the OHMWC in late 1997 and progressively refined throughout 1998 when the *Statement of Resource Requirements and Budget* was submitted to the Olympic Coordination Authority for consideration by Treasury and Cabinet. Sufficient resources were obtained from this budget process to enable the recruitment of additional personnel to the OPU to commence detailed planning of other components of the Strategic Plan.

These staff included: Steve Holroyd to develop an inter-sectoral food safety strategy drawing on local government personnel and NSW Health public health staff; Sarah Thackway to design and implement the public health surveillance system and to coordinate the public health presence at Olympic and Paralympic Venues; Karen Banwell to develop the

³ This matter had also received attention in the 1996-97 Annual Report of the NSW Ombudsman (ISBN 0 7313 12414 see p 57 "S.O.S.")

environmental health and cruise ship inspection programs; John Shields, to act as an adviser to assist SOCOG caterers in the refinement of their food safety plans; and Marjolein Gerber to further develop and coordinate the medical interpreter program, as well as completing operational plans in relation to hospitals. Peter Waples, a NSW Public Health Officer trainee, joined the unit in 2000 providing support, developing databases and the cruise ship health surveillance program. Additional staff within the Olympic Planning Unit included Audrey Moy as administrative officer; Ishbel Searle who maintained the Unit's databases and serviced its information dissemination requirements; Devon Indig who worked for surveillance reporting; Rachel Zordan and Bridget O'Connor working on emergency department surveillance and Vesna Dragoje who worked on medical interpreter service operations.

In January 1999, Dr Michael Flynn was appointed Director of the Counter Disaster and Olympic Planning Branch to coordinate work across both Olympic Planning and Counter Disaster Service development through the Year 2000 transition and the Olympic period.

Prior to the Olympic Games the Governor approved the appointment of a Medical Officer of Health for the Olympics to ensure that potential jurisdictional concerns were avoided. In this regard, with the appointment of a Medical Officer for Health for a temporary "Area Health Service", a coherent model of public health service delivery was established.

THE OPERATIONAL PHASE

NSW HEALTH OLYMPIC COORDINATION CENTRE

The NSW Health Olympic Coordinating Centre (HOCC) was established at 73 Miller Street North Sydney from 1 September to 1 November 2000. The primary role of the HOCC was to enable strategic decision making in response to Games time contingencies, including:

- ◆ Managing issues escalated from Area Health Service or venue level
- ◆ Receiving reports from the Health Services Disaster Control Centre (HSDCC), Ambulance Service of NSW, Area Health Services, Olympic Hospitals, SOCOG's Coordinating Medical Centre and Olympic Coordination Authority.
- ◆ Determining the actions required on reports received
- ◆ Monitoring and reporting on the health of the population in order to rapidly detect outbreaks of disease and identify unusual patterns of illness or injury and coordinating public health responses to incidents as required
- ◆ Managing media issues

A daily 2.00pm briefing of key HOCC personnel was held to review health service activity over the previous 24 hours and to determine priorities for the next 24-hour period. Olympic Planning Unit staff provided the core staff for the HOCC and serviced its intelligence gathering and response requirements. Additional staff from outside of the OPU supplemented the HOCC staff roster. In addition, a roster of health media personnel maintained a watch on media issues and prepared responses to media inquiries as they arose.

HEALTH SURVEILLANCE

Surveillance for unusual patterns of injury and disease was implemented across Sydney and inside Olympic venues. Existing data collection systems were either enhanced or new systems developed, such as the Emergency Department Olympic Surveillance System (EDOSS). Data from these sources were integrated into an online reporting format, the Olympic Surveillance System (OSS), available on a secure Intranet site.

By 8am every day, seven days a week, over a five-week period (28 August to 4 October 2000), data were received at the HOCC which included all reports up to midnight the day before. By 11.30am full reports from each data source were loaded onto the Intranet and a draft daily Health Status Report was produced containing:

- a summary of the previous 24 hours
- trend data, and
- highlights of any findings of interest.

This daily report was reviewed at 12.00pm by the Olympic Surveillance Review Team, chaired by the NSW Public Health Controller and attended by public health experts from metropolitan Public Health Units. Based upon input from this meeting, including updates from any preceding public health actions, a revised edition was tabled at the daily 2pm HOCC briefing.

Over the period, no infectious disease outbreaks were reported. However, there were injury-related incidents recorded on EDOSS, such as glass injuries at celebration sites in the city (“Olympic Live” sites), that required action.

Overall, the system reported :

- 12,754 presentations to sentinel hospitals of conditions of public health interest⁴
- 930 notifiable conditions (344 pertussis, 14 hepatitis A and 5 measles)
- 1,164 medical consultations on cruise ships
- 12,000 consultations at Olympic venue medical centres and 4,090 consultations at Paralympic venue medical centres

⁴ These were defined as bloody diarrhoea, diarrhoea without blood, vomiting, pneumonia, influenza like illness, pertussis, meningitis, acute viral hepatitis, febrile illness with rash, illicit drug related, including 6,640 cases of injury outside the home. These conditions accounted for approximately 23% of all emergency presentations to the 15 participating hospitals.

In addition, the system recorded operational data related to the number of public health inspections and medical interpreter occasions of service delivered by members of the NSW Health Olympic Workforce. These outputs are detailed in the relevant sections below.

During the Paralympic Games a daily report was prepared that summarised hospital activity (for presentations and admissions), notifiable diseases, influenza surveillance and venue medical encounters. The surveillance system (EDOSS) was not continued during the Paralympic period.

HOSPITAL SERVICES

Hospitals within Sydney were organised as a network to minimise the impact of the Games on any one hospital and to ensure strategic management of the hospital caseloads at Games times. Thirteen hospitals had been designated as Olympic or Support Hospitals, as follows:

Olympic Hospitals

- **Westmead Hospital :** To provide services to spectators from Sydney Olympic Park (where 80% of competition would take place), and the Blacktown competition venue.
- **Concord Repatriation General Hospital :** The designated hospital for all athletes (Olympic and Paralympic Games) and officials for the Paralympic Games.
- **Royal Prince Alfred Hospital :** To provide designated ward accommodation for the Olympic Family residing in hotels in the city centre and support Darling Harbour and city venues (eg. Triathlon) for spectator care.

Olympic Support Hospitals

The network of Support Hospitals provided emergency services close to venues that will supplement the three Olympic Hospitals. The primary role was to provide care for spectators from the venues. In addition each hospital would be the preferred destination for any member of the Olympic or Paralympic Family in an emergency.

- **Prince of Wales Hospital:** Spectators from events at Moore Park (football), Rushcutters Bay (yachting), city road events (road cycling) and Bondi Beach (beach volleyball) were transported to this hospital.
- **Nepean Hospital:** Spectators from the Penrith Lakes venue (canoeing and rowing) were transported to this hospital.
- **Liverpool Hospital:** Spectator care for the equestrian, mountain bike and cycling velodrome was provided by this hospital.
- **New Children's Hospital:** Due to the separation of emergency services at the Westmead campus, paediatric spectator services for those venues supported by Westmead Hospital were provided at this hospital.

- **Sydney Children's Hospital:** Due to the separation of emergency services at the Randwick campus, paediatric spectator services for those venues supported by the Prince of Wales Hospital were provided at this hospital.
- **Royal North Shore Hospital:** This hospital provided support to the International Youth Camp (approximately 400 participants aged sixteen to eighteen) residing at St Josephs College, Hunters Hill, as well as supporting the early sections of the marathons.
- **Sydney Hospital:** Sydney Hospital provided support for a number of key city centre hotels, the triathlon course and mass gatherings in the city.
- **St Vincent's Hospital:** This hospital provided support for events in the city centre.
- **Ryde Hospital:** Being close to the water polo venue, this hospital received some patients.
- **Auburn Hospital:** This hospital received some patients from venues but its main role was the provision of staff accommodation at its nurses' home.

Paralympic Hospital Network

Concord Repatriation General Hospital was the main Paralympic Hospital providing services to the Paralympic Family (athletes and officials) residing in the Paralympic Village at Sydney Olympic Park.

Westmead Hospital continued to provide spectator services for events at Sydney Olympic Park and Prince of Wales Hospital supported Sydney Harbour events. Arrangements were made for specialist Spinal Cord Injury care to be provided at Prince of Wales and Royal North Shore Hospitals for Paralympians. However this service did not need to be utilised during the Paralympic Games.

Other Hospital Services

Other metropolitan hospitals received Olympic-related patients, mainly members of the Olympic workforce and media.

Number of Hospital Presentations

Hospitals were required to report Olympic-related presentations in a number of categories. During the Olympic period, there were a total of 769 presentations and 184 admissions reported. During the Paralympic period, there were a total of 107 presentations and 44 admissions.

Table 1: Olympic Presentations and Admissions to NSW Health Public Hospitals (2 September to 4 October 2000)

Patient Classification	Athletes	Olympic Family (other than Athletes)	Workforce	Media	Spectators	Other	Totals
Presentations	88	144	201	97	207	32	769
Admissions	32	47	29	16	51	9	184

(Source: HOCC administrative log)

In comparison with Atlanta's 326 hospital transfers and 63 admissions, Sydney had 769 Olympic related hospital presentations and 184 admissions. The higher presentation level can be attributed in part to the fact that Atlanta only counted direct transfers from venues whereas Sydney included patients who self-presented. Similarly the number of admissions during the Sydney Olympic Games was higher than recorded for Atlanta. However the magnitude of difference cannot be explained entirely through a more inclusive method of counting.

Other factors that may contribute to the increased count include the definition of an admission and the period for which data was captured. Although some of the increase is attributable to the inclusion of Emergency Department short stay assessments and treatments as "admissions" in the case of one hospital (hence resulting in an over representation in spectator admissions), the magnitude of difference between Atlanta and Sydney in terms of admissions cannot be explained entirely because of this factor. Indeed a higher presentation rate was also evident in the total number of Polyclinic attendances. A possible explanation could be the availability of free accommodation at the Olympic Village from 2 September to 1 October enabling Games participants to arrive earlier and stay longer. However this is at

best a partial explanation. This provisional report will be followed by further clarification and reporting on the utilisation of health care facilities in a subsequent report by NSW Health.

Table 2: Paralympic Presentations and Admissions to NSW Health Public Hospitals (11 October to 1 November 2000)

Patient Classification	Athletes	Paralympic Family other than Athletes	Workforce	Media	Spectators	Total
Presentations	29	16	32	3	27	107
Admissions	15	7	8	0	14	44

(Source: HOCC administrative log)

FOOD SAFETY PROGRAM

The food safety program commenced in 1999 with *Operation Foodwatch*, a systematic audit of high volume, tourism related food outlets. A total of 5131 outlets in the greater metropolitan area, including the Central Coast, Hunter and Wollongong areas, were recorded on a database. With the cooperation of local government officers and Public Health Unit staff, these outlets were rated in terms of their standard of food safety. Those judged unsatisfactory were therefore highlighted for further attention, the objective being to reduce the number of food outlets within the urban domain that required close monitoring at Games time.

The food safety program at venues was made easier by the fact that SOCOG engaged a core group of 9 master caterers. These caterers were made known to the Department well before the Games, enabling close liaison to be established. Caterers were given food safety information sheets and guidance in drawing up HACCP (Hazard Analysis & Critical Control Point) food safety plans. Ongoing liaison with OCA enabled the Department to have input into the hygienic construction and fitout of food premises, especially temporary structures.

At Games time, a total of 83 food safety officers conducted daily inspections of all food outlets at venues. A total of 9,000 food safety inspections of 1,066 food outlets were carried out at Olympic venues. Operators voluntarily destroyed a total of 7.5 tonnes of food after food safety risks had been pointed out to them. It should be noted that the bulk of these (7.0 tonnes) related to a single incident involving one food outlet.

In the Olympic Village 950 samples of prepared, ready-to-eat foods were taken and tested for microbiological quality.

No outbreaks of food borne illness were detected during the course of the Games.

ENVIRONMENTAL HEALTH PROGRAM

In the two years immediately prior to the Games the Department, in cooperation with the metropolitan Public Health Units, implemented a broad intersectoral strategic environmental health program in collaboration with most local councils and a range of State agencies, including the OCA, SOCOG, Environment Protection Authority and the Sydney Water Corporation. The aim was to ensure that the highest standards would be maintained and new programs introduced in the areas of air quality, water quality, clinical waste management, sanitation, vector control and public health contingency planning for local emergency plans.

An audit program of regulated water-cooled systems and swimming pools was carried out in a partnership between local councils and Public Health Units. This consisted of the following elements:

- ◆ updating a list of registered cooling towers held by local councils onto a geographical information system (GIS)
- ◆ ensuring that all cooling towers were registered, including Commonwealth Government owned or operated towers
- ◆ distributing information to building owners on tower maintenance and their obligations under the Public Health Act.

All cooling towers within Olympic precincts were routinely inspected and sampled. Inspection also included those cooling towers near to (but not within) Olympic venues, transport hubs, festival and community event sites. Sampling at these additional locations was directed towards those identified by a risk assessment.

Information was also provided to the operators of swimming pools throughout NSW on the best management of pools to reduce contamination by *Cryptosporidium*. This included information leaflets as part of an ongoing community education program.

An environmental health presence was provided within Olympic and Paralympic competition and non-competition venues. Each site was inspected prior to competition to ensure good public health practices had been adopted. Twenty-six environmental health officers carried out 33 Olympic and 24 Paralympic venue pre-event inspections. During the Games a total of 169 follow-up and 57 pool and spa inspections were carried out at regular intervals. An

additional 60 reports were filed on sanitation and responses to inquiries, including bacteriological sampling.

No outbreaks of disease from environmental causes were detected during the period of the Games.

VESSEL INSPECTION PROGRAM

Six officers carried out vessel inspections on ten cruise ships moored in Sydney Harbour as accommodation centres for around three weeks over the Olympic Games period. All ships underwent a full vessel inspection and were given a score against the Vessel Inspection Program Procedures Manual. Follow up inspections were carried out every three or four days concentrating on food buffet services (in particular food temperatures), water supply and swimming and spa pool maintenance. Bacteriological samples were collected. No outbreaks of disease were associated with the vessels.

MEDICAL INTERPRETER SERVICE

The Department maintained a comprehensive medical interpreter service, based at the Polyclinic, to assist the SOCOG Medical Program in treating athletes and other non-English speaking people presenting to its venue medical facilities.

A total of 23 medical interpreter service staff were rostered during the hours of operation of the Polyclinic, providing face-to-face interpreting in the languages of Arabic, Cantonese, French, Mandarin, Spanish and Russian. An additional 177 interpreters were available by telephone on an as-needed basis in 55 languages.

6,227 occasions of service were delivered during the Olympic and Paralympic Games. Russian was in highest demand during the Olympics, accounting for 32% of occasions of service and Arabic during the Paralympic Games accounting for 33% of total occasions of service. See Tables 3 and 4 below for further details on Medical Interpreter Service utilisation by language.

Table 3. Utilisation of Medical Interpreters by Language during Olympic Games

Number	Language	Occasions of Service	% of Total Utilisation
1	Arabic	554	15.06
2	Armenian	9	0.24
3	Czech	3	0.08
4	Farsi	3	0.08
5	French	763	20.74
6	German	2	0.05
7	Greek	2	0.05
8	Hungarian	1	0.03
9	Italian	37	1.01
10	Japanese	4	0.11
11	Korean	11	0.3
12	Mandarin / Cantonese	74	2.01
13	Polish	4	0.11
14	Portuguese	12	0.33
15	Romanian	16	0.43
16	Russian	1181	32.1
17	Serbian	11	0.3
18	Sinhalese	1	0.03
19	Spanish	979	26.61
20	Tongan	1	0.03
21	Turkish	9	0.24
22	Ukranian	1	0.03
23	Urdu	1	0.03
	TOTAL	3679	100%

Bold Type indicates face to face available at Polyclinic

Table 4. Utilisation by Language during Paralympic Games

Number	Language	OOS	% of Total Utilisation
1	Arabic	850	33.30%
2	Armenian	1	0.04%
3	Bulgarian	2	0.08%
4	Estonian	1	0.04%
5	Farsi	15	0.58%
6	French	111	4.39%
7	German	4	0.15%
8	Hungarian	1	0.04%
9	Italian	45	1.76%
10	Japanese	1	0.04%
11	Khmer	4	0.16%
12	Korean	6	0.23%
13	Mandarin / Cantonese	336	13.18%
14	Polish	14	0.54%
15	Portuguese	11	0.58%
16	Punjabi	1	0.04%
17	Russian	690	27.08%
18	Sinhalese	1	0.04%
19	Spanish	452	17.74%
20	Thai	1	0.04%
21	Vietnamese	1	0.04%
	TOTAL	2548	100%

Bold Type indicates face to face available at Polyclinic

SEXUAL ASSAULT SERVICE

A mobile 24-hour sexual assault service was provided to support the Polyclinic and Concord Hospital. During the period of the Olympic Games, two call outs were made for this service, one for an athlete and one for a volunteer. During the Paralympic period, one call out was made for suspected sexual assault of an athlete.

In addition, presentations to sexual assault services at Royal North Shore Hospital included one by a volunteer and a woman alleging assault by an athlete.

The Eastern and Central Sydney Sexual Assault Service reported a general increase in presentations for sexual assault at its hospitals and it is believed that in four of the presentations, the perpetrator had some association with the Games.

COUNTER DISASTER SERVICES

In accordance with the activation of the NSW State Disaster Plan (Displan) on 2 September 2000, NSW HEALTHPLAN was placed on alert from that date until 3 October for the Olympic period and maintained a monitoring role until the conclusion of the Paralympic Games on 2 November. This involved the staffing of the Health Services Disaster Control Centre (HSDCC) during the Olympic Games – managed by Mrs Sue Kidson, utilisation of the Health Incident Reporting Information System (HIRIS), establishment of rostered Medical Disaster Response Teams and placement of liaison officers in the Sydney Police Centre.

Prior to the Games training in awareness for Chemical, Biological and Radiological (CBR) emergencies took place across NSW. Seven hospital sites developed mass casualty decontamination facilities with additional procedures implemented at five other hospitals. Protective equipment and pharmaceutical supplies were distributed to the major hospital sites.

No mass casualty emergency occurred during either of the Games. However several incidents required a response. These included issues arising from reports of tainted water before the Olympic Games, the discovery of suspicious biological material at Sydney Airport and a chemical leak at the International Terminal Kingsford Smith Airport. On closing night (1 October) the deployment of both duty medical teams was required to Sydney Hospital and the city due to increased crowds and congestion in the CBD.

Normal arrangements for visiting dignitaries were suspended during the Games period. As a result, arrangements were coordinated by SOCOG and the NSW Police Olympic Security Command Centre (OSCC) rather than the NSW Premier's Department. Dr Graham Ambrose provided liaison on these matters.

AMBULANCE SERVICE OF NSW

The Ambulance Service of NSW provided pre-hospital care and transport of patients at Olympic and Paralympic venues from the opening of the Olympic Athletes' Village on 2 September to the closing of the Paralympic Village on 1 November 2000. A total of 3,995 shifts were worked. During the Olympic period, the service reported 817 patient encounters of which 41% were spectators and 19% were athletes. During the Paralympic period, there were 276 patient encounters of which 24% were spectators and 33% were athletes.

SOCOG MEDICAL PROGRAM

SOCOG used the Medical Encounters Reporting System to record all medical encounters through medical posts at venues and the Polyclinic. Over 14,000 encounters were recorded during the Olympic period and 4,375 during the Paralympic period and will be reported on elsewhere by SOCOG.

A significant component of SOCOG's medical provision at venues was the first-aid services provided by St John Ambulance which reported 9,282 encounters at Games venues and an additional 2,646 at a variety of Olympic-related events in the city.

CONCLUSION

Approximately 800 staff were employed to deliver NSW Health services. These included approximately 400 ambulance officers, 115 food and environmental health officers drawn from NSW Health and local government, 23 full time medical interpreter service staff, 38 members of disaster medical teams, 50 data surveillance officers, approximately 45 hospital liaison officers, 8 public health trainees, approximately 80 Area Health Service and Department of Health staff. Approximately 110 personnel were drawn from outside the metropolitan area and were accommodated in Auburn Nurses' Home and a further number of ambulance personnel were accommodated at the Ambulance training centre at Rozelle.

The services provided by these personnel were highly successful. There appears to have been only one fatality at Olympic venues (a spectator who suffered a cardiac arrest at Sydney Olympic Park).

There were no recorded outbreaks of infectious disease, outside the seasonal pattern typical for influenza and pertussis in the resident population of Sydney, despite :

- ◆ An influx of people to Sydney
- ◆ The serving of over one million meals at the Athletes' Village
- ◆ The documentation of 1066 food outlets at Olympic venues and the setting up of six Olympic Live sites with extensive food outlets

There were no major incidents which required the deployment of disaster medical teams, despite:

- ◆ A record number of rail transports
- ◆ An influx of 1.5 million people to the city on the night of the Closing Ceremony

Based on the above record of achievement, when Juan Antonio Samaranch, President of the International Olympic Committee declared, *"I am proud and happy to proclaim that you have presented to the world the best Olympic Games ever"* he could equally have proclaimed it the "healthiest Games ever".

APPENDIX 1 OPERATIONAL DOCUMENTS

Documentation on operational procedures is to be found in the following sources:

- Emergency Department Olympic Surveillance System (EDOSS): Operating Plan (March 2000)
- Emergency Department Olympic Surveillance System (EDOSS): Procedures Manual (May 2000)
- Environmental Health Operational Plan (March 2000)
- Environmental Health Venue Operating Procedures (July 2000)
- Health Olympic Coordinating Centre: Operating Plan (June 2000)
- Health Surveillance on Cruise Ships (June 2000)
- Information Privacy Code of Practice (December 1998)
- Medical Interpreter Service: Procedures Manual (August 2000)
- Notifiable Disease Manual (Fifth Edition, 2000)
- NSW Health Circular 2000/46 - Provision of public hospital services to nominated members of the Olympic and Paralympic family during the Sydney Olympic and Paralympic Games 2000
- NSW Health Food Safety Manual (2000)
- NSW HEALTHPLAN (1997)
- NSW Health Department Standard Operating Procedures for the Sydney 2000 Olympic and Paralympic Games (2000)
- Public Health Action Plan (August 2000)
- Sydney Organising Committee for the Olympic Games (SOCOG): Medical Care Guide (2000)
- Sydney Organising Committee for the Olympic Games (SOCOG): Pharmacy Guide (2000)
- Sydney Paralympic Organising Committee (SPOC): Medical Care and Pharmacy Guide (2000)
- Vessel Inspection Program Operational Plan (1999)
- Vessel Inspection Program Procedures Manual (2000)

APPENDIX 2 Olympic Health and Medical Working Committee (OHMWC)

OHMWC Composition 2000:

Director General NSW Health (Chair)	Mr Mick Reid
SOCOG Chief Medical Officer	Dr Danny Stiel
SPOC	Dr John Grant
NSW Chief Health Officer	Dr Andrew Wilson
NSW Health Manager Olympic Planning	Ms Maria Visotina
NSW Chief Nursing Officer	Ms Judith Meppem
SOCOG Medical Program Manager	Ms Patsy Trethowan
OCA	Mr David Pettigrew
Sydney 2000	Mr Jim Sloman
SOCOG Doping Control	Ms Nicki Vance
SOCOG Medical Program	Ms Heather Trainor
OCA (Secretariat)	Ms Joy Vergoulis