

- SOCOG medical centres and the SOCOG Polyclinic at Homebush Bay.

To manage and coordinate the public health issues arising at these venues, a 'virtual' public health unit will be established, composed of individuals performing functions from a number of locations. This Olympic–Paralympic Public Health Unit will:

- provide expert public health advice to SOCOG medical personnel
- act as a central point of notification of scheduled medical conditions diagnosed at SOCOG medical centres or the Polyclinic
- conduct investigation of disease clusters at venues
- conduct public health follow-up, where necessary
- provide liaison between NSW Health, SOCOG, local public health units, and other key parties.

The Olympic–Paralympic Public Health Unit will operate from the day the Olympic village opens, through to the end of the Olympic Games, and again during the period of the Paralympic Games. During the Olympic Games period, the Unit's staff will consist of a surveillance manager, surveillance officer, food safety coordinator, environmental health coordinator, medical epidemiologist, public health nurse and public health officer, and teams of food inspectors and environmental health officers. During the Paralympic Games a smaller number of competitors, officials, and spectators are expected, and

most will be based at Sydney Olympic Park. For this reason, fewer staff will operate the Olympic–Paralympic Public Health Unit during this period.

A Public Health Investigation Team will also be formed as a back-up resource for deployment in the event of a public health investigation requiring resources beyond those of the Olympic–Paralympic Public Health Unit. This Public Health Investigation Team will consist of additional food inspectors, environmental health officers, public health nurses and a public health officer. As well as providing support to the Olympic–Paralympic Public Health Unit, the Public Health Investigation Team will provide other support as determined by the Public Health Controller under the NSW HEALTHPLAN counter disaster plan.

In order to minimise disruptions to the metropolitan public health units that are already heavily involved in Olympic activities, many of the staff for the Olympic–Paralympic Public Health Unit and the Public Health Investigation Teams have been drawn from rural public health units and the NSW Public Health Officer Training Program.

The establishment of an Olympic–Paralympic Public Health Unit will ensure that comprehensive and coordinated public health services are available to those people residing in or attending events at venues under SOCOG's jurisdiction. ■

PUBLIC HEALTH PLANNING FOR THE SYDNEY 2000 OLYMPIC AND PARALYMPIC GAMES IN METROPOLITAN AREA HEALTH SERVICES

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In addition to an increase in visitors to Sydney and movement to and from Olympic venues, many activities and attractions are planned throughout the Sydney metropolitan area for the period of the Sydney 2000 Olympic and Paralympic Games. Public health planning and strategy development has been conducted at the NSW Department of Health, area health service, public health unit, and local government levels to ensure that all possible steps have been taken to mitigate public health risk.

This article outlines the direction taken by metropolitan public health units in the lead up to the Games and the roles and responsibilities of the metropolitan public health units' Olympic Public Health Coordinators.

PUBLIC HEALTH PLANNING

Public health planning for risk reduction strategies and services for the Sydney 2000 Olympic and Paralympic Games began in 1996 with the formation of the NSW Department of Health Olympic Public Health Committee. In collaboration with the NSW Public Health Network (the 17 public health units and the Health Protection Branch of the NSW Department of Health), the Committee oversaw the development of several strategy documents, including the *Public Health Service Strategy for the Sydney 2000 Olympic and Paralympic Games*,¹ and *Public Health Unit Operational Issues for the Sydney 2000 Olympic Games—Public Health Protection 'Outside the Fence'*.²

These documents formed the basis for subsequent NSW Health plans.

The primary focus for public health risk minimisation and monitoring outside Olympic venues are food safety, air and water quality,³ and communicable disease reporting and surveillance.⁴ Other areas of attention include health promotion interventions (for example, sexual health and sun protection), contingency planning for mass gatherings and disaster incidents and strengthening emergency management structures at the local government level.

The NSW Department of Health and NSW public health units recognised the increased potential for public health threats and the consequent demands on the public health infrastructure associated with the Games. Consequently, the NSW Department of Health funded positions, located both at the Department and within Sydney metropolitan public health units, to oversee public health preparedness. Five positions were identified for the Sydney metropolitan public health units.

COORDINATORS' ROLE

The public health coordinators' positions were created to:

- gather intelligence to inform local public health planning, including identification of localities and activities that present potential risks;
- develop, prioritise and coordinate a range of health protection strategies;
- develop local protocols and procedures;
- gather and disseminate information on Olympic test events, training camps and metropolitan Olympic related mass gatherings, as well as Olympic traffic management, transport and other issues that may have public health implications;
- oversee the development of local Olympic Public Health Plans;
- ensure effective implementation of local Olympic Public Health Plans through liaison with staff from public health units, local government and other agencies.

PARTNERSHIPS

Local government is a key partner in implementing many of NSW Health's public health risk reduction initiatives for the Games. Clarifying respective roles in public health-related planning, risk assessment, inspections, disease surveillance and response has been an important element in the planning process. The public health coordinators play a critical liaison role between public health units and the Sydney metropolitan local government councils to

ensure that food safety and other risk reduction programs are on target.

Councils have been encouraged to identify local premises or activities that may present increased public health risk during the Games period: for example, food premises in popular eating precincts, and premises with cooling towers. Policies for managing these possible risks are in place. Councils have also been encouraged to include contingency plans for public health in their local emergency management plans, appoint local Public Health Controllers and prepare resource registers. This process is also occurring at public health unit level.

In addition to strengthening partnerships with local government, closer partnerships have been fostered between NSW Health and other agencies, such as the Waterways Authority and the Water Police. Public health units have also been working closely with Olympic planning committees within Health Areas. This interaction has raised the profile of public health, for example through hospital emergency department involvement in the Emergency Department Olympic Surveillance System (see the article by Thackway on page 142) or collaboration in emergency management planning. New public health programs which will have ongoing benefits, such as the Vessel Inspection Program for cruise and charter ships (see the article by Banwell and Butler et al. on page 148) have evolved out of NSW Health initiatives. 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.

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