

Workshop report

Keeping one step ahead of the Games 2012!

Public health and emergency planning

29 April 2009

Summary of key issues

- Resources and capacity building including comprehensive training
- ID control and surveillance
- Sampling protocols and capacity
- Water quality and safety
- Notification of disease and non-notifiable infections/public health risks
- Learning from past Games
- Awareness of environmental role in contingency planning
- Engagement with Local Resilience Forums
- Public health role of local authority and the opportunities for health promotion

1. Introduction

- 1.1. The CIEH is striving to keep ahead of the Games in terms of environmental health planning. As part of this process, a series of environmental health professional workshops are being organised to bring together environmental health professionals involved in areas that are hosting Olympic/Paralympic venues or events. The first of these took place in February 2009 at Chadwick Court and focused on health and safety and licensing and the second workshop focusing on food safety and healthy eating which took place in March 2009. This report relates to the third workshop which focussed on public health and emergency planning.
- 1.2. The report outlines the key discussions and outcomes of the workshop. Copies of the presentations are available separately on the CIEH website www.cieh.org.

2. Aims of the workshop

- 2.1. The workshop aimed to explore the issues and impacts of the Games in relation to public health and emergency planning. The workshop facilitated the sharing of experience and current policy/practice as well as identifying areas for further discussion, development and action. The attendees represented a wide range of local

authorities within and outside London that either were hosting venues, neighbouring host authorities or were preparing for the potential for increased tourism or cultural events. Over 25 people attended the workshop held at Chadwick Court.

- 2.2. The CIEH role is to help support the environmental health contribution to the Games to ensure the highest standards of public and environmental health. This will be achieved through raising standards, enhancing professional practice and working closely with the Olympic administration and partners. The workshops acknowledge the significant experience and expertise that environmental health professionals have across the country and that through working together the CIEH can showcase how important environmental health action is to public health. The improvements to professional policy and practice, enhancement of skills sets within the profession and the resulting improvements to public health are part of our legacy for the Games.
- 2.3. There are various models used by the host countries in planning for the Olympics/Paralympics. However, following the general risk assessments from Atlanta, Sydney and Athens the table below identifies key general risks to public health leading up to and during the event. Specific risks can be further categorised through detailed risk assessments, still to be undertaken, for instance, Athens looked at an air travel radius of four hours to assess potential risks/diseases being imported via visitors to the games.

Table London 2012 - General overview of risks to public health

Public health risk category	Risk
Infectious disease	Food borne and water borne diseases
	Travellers diarrhoea
	Airborne disease
	Sexually transmitted disease
	Vector transmitted disease
	Non endemic diseases
Non infectious	Climate related illness such as heat
	Injury such as trauma, road accidents and drowning
	Deliberate use of CBRN
	Nuisance- environmental and social (noise, pests,)
	Environmental factors

- 2.4. Communicable diseases represented less than 1% of the total number of visits to health care settings both in Atlanta 1996 and Sydney 2000 Olympic Games, the recognised risks to public health from the large numbers of people congregating in the same place and time mean that public health planning is a high priority. The financial and symbolic profile of the games also adds to pressure to ensure that health surveillance/ monitoring plans are in place and can respond effectively to identify outbreaks, single cases to prevent further spread and to implement primary prevention measures. Athens reviewed non endemic infections within a four hour air travel radius as part of their risk assessment process. The most common health problems experienced at the Athens 2004 Games were respiratory infections (6.7% visits to primary care physician) and gastroenteritis (3.7% of visits).
- 2.5. The Olympic Games offers unique and multiple opportunities for health promotion on a scale that not only benefits participants and visitors but can reach millions of

viewers through the media, as well as the public as a whole. Sport for promoting physical activity and active living is perhaps an obvious link. However, other areas for health promotion and disease prevention can also be maximised such as alcohol use, safe and health eating, safe sex, sustainability, protection from the sun.

2.6 The CIEH has already undertaken a number of initiatives in preparation for the Games. These initiatives include:

- Review of the Outdoor and Mobile catering guidance (now available for consultation)
- Development of pest minimisation guidance documents for the construction industry and for the hospitality industry
- Close liaison with LOCOG and a place on the LOCOG Food Advisory Group
- Close liaison with Olympic Delivery Authority (ODA)
- Scoping and capacity planning for environmental health services
- Environmental health briefing for senior managers at LOCOG
- New CIEH web page
- CIEH register of interest for environmental health volunteers

3. General update on the planning for the Olympics- Steve Miller, Head of Public Protection, L.B. Newham (Summary)

3.1. Steve Miller highlighted the need for common standards and a common approach across environmental health. This is being achieved through joining up host boroughs, London and local authorities throughout the UK. The common approach is being facilitated by the CIEH. With up to 500,000 visitors the Olympics will be the biggest world event in 2012. It will need to be delivered on time and it is a temporary event lasting in effect for just over 90 days. There are still debates around the legacy use of many of the venues.

3.2. The London host boroughs come together in a number of fora to discuss and plan the regulatory aspects of the Games. Joint Local Authority Building Control (JLAB) and the Joint Local Authority Regulatory Services (JLARS) are two examples of these groups. There are also plans to set up a London forum for regulators in relation to preparations for the Olympics. Funding from the ODA provides the £5m to the host boroughs for regulatory services. Importantly the profession must utilise the experience and expertise that exists across the country and worldwide - from previous Olympics, Commonwealth Games (1/10th size of the Olympics) and from events held in the large stadia such as Emirates, Wembley, Eastland and the large Greenfield festivals.

3.3. The planning does not just encompass the main event venues but a variety of other key sites including: training camps, athlete accommodation outside the Village, cultural Olympiad - big screen events, street events, tourist events.

3.4. It is also important to recognise the potential challenges for environmental health services around planning for the Olympics such as:

- Staffing
- Politics
- Experience and knowledge
- Timescale

- Large number of authorities and stakeholders involved
- Finance and resources

4. Joint London Environmental Health Professional 2009 - Camilla Bourn

- 4.1 Camilla introduced the project in London that aimed to establish consistency in gastrointestinal infection notification across all London boroughs and health protection units. This will also involve exploring barriers to communication, reviewing existing procedures and making recommendations on core standards. The post is a one year contract with the possibility of an extension. The project involves surveying all involved agencies. Newham together with four other boroughs and a HPU are currently piloting the questionnaire. It is anticipated that the responses will be received to the survey by the end of June 2009. The results will inform further action and development of core standards.
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5. Health protection and the Olympic Games - Laura Williams, Project Manager 2012 HPA

- 5.1 Laura explained that the London NE HPU will be responsible for coordinating the nine HPUs across the country, seven of which are hosting venues. The medical services are being financially supported by LOCOG but are expected to be staffed from the NHS. This will have an impact on local and regional services.
- 5.2 The highest public health risk of concern to the health authorities in Sydney was a Measles outbreak. This is not the case in the UK as we have higher vaccination levels within our population. However there are of course other concerns such as pandemics – swine and avian flu or environmental contaminants such as the Polonium incident. The other non infection concerns include the public health impacts of a heat wave or conversely flooding. Many of the issues to be considered are closely tied into contingency and emergency planning.
- 5.3 The communication links between local authorities, LOCOG and health agencies will be critical and planning will include exploration of all types of real time diagnostic tools. This will include situation reports to the Chief Medical Officer. International intelligence is also key and the WHO is supporting the UK NHS to review risks. Within the UK the research is already reviewing GP consultations to identify possible needs and local service provision and the web based HPZone will provide real time information on this by the end of the year. An Accident and Emergency project is also looking at trends UK wide and this will hopefully contribute to an early warning system. In the UK there are 300 registered private doctors and these too will need to be tied into the information collating system. Further to this there are global alerting systems that will be monitored to help inform UK planning and action.
- 5.4 Water quality and safety is also of prime importance and the HPA intend to work with the CIEH and set up a forum to discuss the key issues and pan London response. Other issues that need further consideration and planning include sexually transmitted diseases which see an increasing trend several months after an Olympics/Paralympics; respiration linked problems (also link to air quality here).

6. Emergency Planning- Steve Miller, Head of Public Protection, L.B. Newham

6.1 Emergency planning involves a large number of stakeholders including the blue light services and businesses. As far as possible the idea is to ensure that everyone is aware of their role and prepared for action. The role of local authorities is still to be explored fully and especially that of environmental health. Traditionally local authorities are seen as providing rest centres, temporary mortuaries and take over a more dominant role in the recovery phase. Typically environmental health response centres around chemical, biological, radiological and nuclear (CBRN) incident planning.

6.2 Not all the information is available around the venues and planning stages for the Games which can make contingency issues more complicated. Incidents may not occur within the venues but still cause havoc with crowd and traffic movement. The main issues for emergency planning include:

- Terrorism and security (Olympic Security Directorate)
- Protests
- Crowds and crowd movement/safety/evacuation
- National/international challenge

6.3 There is still much to do in relation to further exploration and discussion around contingency planning. All local authorities need to tie in with their local resilience forums. Safety Advisory Groups are a useful forum for environmental health to access contingency and safety planning discussions and decision making.

7. Summary of questions

- **Temporary Mortuaries**– London Resilience Forum has produced guidance on the use of temporary mortuaries and this will need to be looked at in light of the Games in 2012.
- **Public health role of local authorities** - much of the work of local authorities is about prevention and this needs to be captured in discussions and planning around the Olympics. This also needs to be balanced against the need for surveillance and investigation services. There is likely to be a patchy approach across the country with people returning from abroad.
- **Setting core standards for GI notification** - this is expected to help with clarification of roles and reduce confusion. Poor communication links have already been acknowledged in the early part of the project and this will form a key part of improvement action. The London post is linking with similar post holders across the country and together the national issues can be pulled together and inform national protocols. Crisis surveillance and monitoring are not part of this phase within the project. It may be considered as a future extension.
- **Resources** - concern was raised as to the impact of resources in terms of preparations before the Olympics and in managing the demand on services during the Games. All options need to be considered including recruitment, training and bids for funding. The NHS has already started the scoping process for services and this will continue and inform decision making.

8. Summary of issues and next steps from small group discussions

- **Learning** from past Games and using this to inform strategies. Also LOCOG to understand the local authority role and responsibilities and the logistics of delivery.
- **Statement of Intent**- to be produced on delivery of service by Host authorities within the Park
- **Notification of diseases** including non legal notification such as legionella. Identification of priority issues and how this is communicated to staff.
- **Sampling** - Intelligence and available funding. Consideration needs to be given to a programme of routine sampling. This has already been started through the LACORS/HPA annual sampling programme which will be focussing on mobile catering in 2009. Further consideration will be needed for mobile laboratory facilities and public analyst support for fast tracking of sampling during Games time. ATP fast tracking
- **Training** - comprehensive programme to address all needs, and to be sufficiently resourced to be effective including diversity, public health, specialist, competency framework, events officers and business, general registration scheme.
- **Capacity and continuity of service** - resources and impact of NHS services and local authorities in relation to surveillance and investigation follow up. Learning from past Games can help inform management of restricted resources. The issues of backfilling staff seconded to Olympic based services.
- **Communication and engagement** of environmental health profession and buy in from local authorities and other agencies
- **ID Control and Surveillance** - Infectious disease control and flu pandemic. Use of Poly clinics inside and outside of the Olympic Park. Protocols on practice such as swabbing and the implications this may have on training of staff.
- **Adequate water and sanitation**- especially where sites are temporary. Movement of large crowds will need to consider access to facilities in public places.
- **Water quality** - and security. This will include consideration of swimming pools, availability and quality of drinking water, catering supplies, bottled water, parks and recreation, disease associated with water.

9. Further action

9.1 The CIEH will be pulling together the key issues and actions arising from this workshop and the remaining workshops and will tie these into the current programmes that are happening or will seek to ensure that they are addressed in some way. The CIEH will continue to work with partners and especially with LOCOG, ODA and the host boroughs. The following are examples of CIEH action already being taken:

- There is a multi agency working group addressing the capacity and impact of staffing the Olympics
- There is a mobile catering working group set up under the London Food Co-ordinating Group which will consider widening the membership to address UK wide issues
- The JLARS are addressing flexible warranting and enforcement issues within the London venues

- The CIEH website is available as a resource for environmental health professionals on Olympic issues
- Training solutions for businesses and for professionals are currently being developed by CIEH/CHGL
- The CIEH has produced draft guidance on environmental health involvement in SAG/OPG - soon to be circulated.
- The CIEH has produced draft guidance on outdoor and mobile catering that is currently out for consultation it can be found on http://www.cieh.org/media/national_guidance_outdoor_mobile_catering.html
- The CIEH will work with partners to develop other resources and support initiatives

10. Further information

- www.cieh.org/2012olympics
- www.london2012.org
- www.newham.gov.uk
- www.hse.gov.uk
- www.lacors.gov.uk

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