



Debrief Report on World Cup FIFA 2010™ for Host City Health and Emergency Medical Services

1. OVERVIEW

Event: FIFA World Cup 2010™
Tournament Time Frame: 11 June 2010 – 11 July 2010

Relevant Role Players: Western Cape Department of Health
South African Military Health Services
Private Health Sector
Non Governmental Organisations

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3. ABBREVIATIONS

FIFA	Federation Internationale de Football Association
SALOC	South African Local Organising Committee
LOC	Local Organising Committee
SAFA	South African Football Association
DOH	Department of Health
EMS	Emergency Medical Services
ProvHOC	Provincial Health Operation Centre = Metro EMS Control
NatHOC	National Health Operation Centre
VOC	Venue Operation Centre
JOC	Joint Operation Centre
Prov JOC	Provincial Joint Operation Centre
Nat JOC	National Joint Operation Centre
PVA	Public Viewing Area
SAPS	South African Police Service
SAMHS	South African Military Health Services
SANDF	South African National Defence Force
FPS	Forensic Pathology Services
CCS	Casualty Clearing Station
MIMMS	Major Incident Medical Management System
NGOs	Non Governmental Organisations
R&R	Roles and Responsibilities
OECP	Occupational Environmental Care Practitioners
ALS	Advanced Life Support
ILS	Intermediate Life Support
BLS	Basic Life Support

4. MANDATE

Both the Department of Health and the SALOC had legal obligations in respect of health and medical services for the 2010 FIFA World Cup™. The DOH was obliged to provide certain health and medical services in terms of a guarantee provided by the Minister of Health in support of the SA Football Association's bid to FIFA to host the event, and the LOC (SAFA) also had certain obligations with regards to health and medical services in their signing of the Organising Association Agreement with FIFA.

FIFA request included:

"The Government guarantees the availability of a comprehensive medical service (including 24-hour emergency treatment) for every participant accredited for the competition in each venue. An emergency service shall also be on standby and ready for action, especially on match days to treat anyone inside or outside the Stadiums".

MINISTER of HEALTH guaranteed the following:

“The infrastructure of the South African National Health System, with specific regard to the availability of a comprehensive medical service (including 24-hour emergency medical treatment) and disaster management will be put at the disposal of the 2010 FIFA World Cup in the cities where the games will be played. This applies to both foreign and local delegations including the FIFA delegation and representatives, SAFA, players, management and coaching staff, foreign and local spectators, media, sponsors, officials, administrators and the small business sector servicing the spectators at the respective venues.”

5. OBJECTIVES AND RESPONSIBILITIES

General Objectives

- Provide a safe environment at the FIFA 2010 World Cup™
- Provide emergency medical support at any incidents of injury or illness during the event
- Emergency medical response to consist of strategic placement of staff and vehicles to accommodate timeous response to, onsite evaluation and evacuation (if required) to an appropriate hospital for definitive patient care

6. PLANNING - BACKGROUND

The health planning towards FIFA 2010 has been in process since January 2007 and shows the effective integration of all services and systems on various levels.

- Dedicated Provincial Coordinator appointed January 2007, tasked with the development of a FIFA 2010 specific Health Unit.
- Principal Medical Officer appointed in April 2009 – facilitating strong integration with the Host City 2010 Office and Safety and Security team.
- Stadium design – consultation and advice was given towards the layout of the medical areas at the stadium during the planning and development phase.
- Matrix development and statistical validation – model for medical resource deployment (staff and vehicles) for mass gatherings based on a calculated risk analysis.
- Gap Analysis – on all ‘staff, stuff and systems’. To ascertain the resources (vehicles and equipment) and requirements.
- Budget planning - Business plans submitted by means of the Host City Provincial plans as requested by the National Treasury.
- Funding
 - R 30 million granted from National Department of Health (2007/2008) – not ring fenced, thus utilised for general improvement of Emergency Medical Services.
 - R 44.8 million granted from Provincial Treasury (2008/2009) for specific FIFA 2010 use over 2 years.
 - R 3.2 million given in November 2009 as a conditional grant by National Treasury for use on specific FIFA 2010 areas of designation.
- Meetings which the 2010 Health Unit formed an integral part of:
 - National Health Technical Task Team (monthly)
 - Provincial Health Technical Task Team (monthly) – integrated with SAMHS, Private Sector and NGO’s
 - Host City Safety and Security (weekly)
 - Technical Steering Committee with (weekly)
 - SAPS Priority Committee (weekly and daily)
 - Various other weekly or adhoc meetings

7. PLANNING - EVENT SPECIFIC SITES AND MEDICAL CONCERNS

Planning had to take budget constraints into account with regards financial resource allocation, based on the degree to which the execution of the FIFA 2010 event footprint was completely or partially dependant.

Provision and placement of medical services at essential sites included:

- Medical Centres, Medical Posts and Emergency Medical Services established at Cape Town Stadium, Training Venues, FIFA Fan Fest (Grand Parade) and Public Viewing Areas.
- Emergency medical services pre-deployed for mass casualty situations.
- Medical post established at the designated Official FIFA hotel (Westin Grand) for VIPs and related FIFA family.
- Emergency medical response and Port Health Services available for all ports of entry, and motorcade routes (VIP transit).
- District EMS placed on standby for emergency medical response for the Event duration.

In addition:

- Contingency plans drafted for emergencies, mass casualty situations and mass fatality scenarios.
- Designated hospitals placed on standby (for VIPs, increased visitor numbers and mass casualties).
- Aeromedical capabilities placed on standby for emergency medical evacuations.

8. VENUE SPECIFICS – Deployment, Statistics and Budget

a) CAPE TOWN STADIUM

<u>Dates:</u>	8 Cape Town Match Days, average 12 hrs per event
<u>Staff deployment:</u>	Total = 72 EMS – 1 Medical Coordinator, 1 Emergency Doctor, 1 Nurse, 1 Pharmacist, 11 ALS, 13 ILS, 24 BLS, 3 EMS Support staff, 1 VOC Commander, 1 VOC Communications SAMHS – 1 Coordinator, 1 Doctor, 6 Nurses, 4 OECs
<u>Resource deployment:</u>	4 Ambulances, 3 Medical Golf Carts
<u>Budget:</u>	R 785 767
<u>Total Patients seen:</u>	496
<u>Hospital transfers:</u>	22

b) CASUALTY CLEARING STATION

<u>Dates:</u>	8 Cape Town Match Days, average 11 hrs per event
<u>Staff deployment:</u>	Total = 35 1 Emergency Doctor, 3 ALS practitioners, 13 ILS practitioners, 16 BLS practitioners, 2 FPS members
<u>Resource deployment:</u>	10 Ambulances, 1 All Terrain Vehicle, 1 Medical Helicopter, 1 Medical Procedures Container, 2 Tents, 1 Forensic Vehicle
<u>Budget:</u>	R 374 763
<u>Total Patients seen:</u>	Accounted for as part of stadium statistics
<u>Hospital transfers:</u>	Accounted for as part of stadium statistics

c) **FAN FEST (GRAND PARADE)**

Dates: 11 June – 11 July 2010, operational for 25 days, 11h00 – 23h00
Staff deployment average 15 hrs per day (reduced to 13 hrs from 26 June)

Staff deployment: Total = 29
EMS – 1 Emergency Doctor, 3 ALS, 4 ILS, 16 BLS, 1 VOC Commander
SAMHS – 1 Doctor, 1 Nurse, 2 OECPs

Resource deployment: 2 Ambulances, 1 Medical Golf Cart

Budget: R 1 118 235

Total Patients seen: 779

Hospital transfers: 40

d) **FAN WALK and TRANSPORT HUB**

Dates: 8 Cape Town Match Days, average 12 hrs per event

Staff deployment: Total = 34
6 ALS, 6 ILS, 21 BLS, 1 VOC Commander

Resource deployment: 3 Ambulances, 1 Medical Golf Cart, 1 Tent

Budget: R 441 124

Total Patients seen: 71

Hospital transfers: 13

e) **METROPOLE PUBLIC VIEWING AREAS**

I. **Bellville – Velodrome**

Dates: 13 days total = 8 Cape Town Match Days + Bafana games (16, 22 June) + Playoffs
(2, 7, 11 July)
Average 12 hrs per event

Staff deployment: Total = 8
1 ALS, 2 ILS, 5 BLS, 1 VOC Commander

Resource deployment: 1 Ambulance

Budget: R 197 132

Total Patients seen: 52

Hospital transfers: 2

II. **Athlone – Vygieskraal**

Dates: 13 days total = 8 Cape Town Match Days + Bafana games (16, 22 June) + Playoffs
(2, 7, 11 July)
Average 12 hrs per event

Staff deployment: Total = 10 (reduced to 8 from 21 June onwards due to low spectator numbers)
1 ALS, 2 ILS, 5 BLS, 1 VOC Commander

Resource deployment: 1 Ambulance, 1 Tent

Budget: R 211 652

Total Patients seen: 63
Hospital transfers: 8

III. **Khayelitsha – Oliver Tambo**

Dates: 13 days total = 8 Cape Town Match Days + Bafana games (16, 22 June) + Playoffs (2, 7, 11 July)
Average 12 hrs per event

Staff deployment: Total = 18 (reduced to 9 from 21 June onwards due to low spectator numbers)
1 ALS, 3 ILS, 5 BLS, 1 VOC Commander

Resource deployment: 2 Ambulances

Budget: R 289 609

Total Patients seen: 38

Hospital transfers: 9

IV. **Mitchell's Plain - Swartklip**

Dates: 13 days total = 8 Cape Town Match Days + Bafana games (16, 22 June) + Playoffs (2, 7, 11 July)
Average 12 hrs per event

Staff deployment: Total = 18 (reduced to 13 from 21 June onwards due to low spectator numbers)
1 ALS, 2 ILS, 8 BLS, 1 VOC Commander

Resource deployment: 2 Ambulances, 1 All Terrain Vehicle

Budget: R 292 909

Total Patients seen: 72

Hospital transfers: 3

9. **OVERALL SWOT ANALYSIS and RECOMMENDATIONS**

STRENGTHS

- Comprehensive and thorough health planning process with integration of all relevant health players into the plan
- Early and coordinated planning of relevant role players from various sectors, based on communication and mutual respect between services
- Adequate budget – based on generic planning with long lead times
- Flexibility in the Plan is required– deployment of staff & vehicles needs to be able to change at short notice per operational requirements
- Specific medical plans per event site were identified based on risk clarification
- ProvHOC proved to be an essential part of comprehensive and coordinated medical function
- Central Holding Area – predeployed resources provided capability for adhoc requirements
- Dedicated Logistics and Pharmacy support proved to be an integral part of efficient health resource deployment
- Converted medical golf carts and all terrain vehicles functioned well for emergency medical response

- Health staff – improved working relationships between health sector role players (eg EMS, Private, SAMHS, NGOs)
- Commitment of staff – boosted staff morale and pride (especially EMS) – who started believing in themselves again, willing to work overtime
- Small medical management team, with individual responsibility for certain areas
- Same core medical teams deployed to specific areas created familiarity with working environment

WEAKNESSES

- Late finalisation of Event footprint sites (eg PVAs), changing details and expanding footprint with unapproved parallel events
- Late determination of requirements from LOC medical in terms of FIFA requirements
- Accreditation – late finalisation & changing of process, accreditation process not properly enforced
- NatHOC - changing information templates mid way through event
- Data Capture was a difficult task to get accurate information timeously
- Transport systems - not properly tested prior to the first match, forms an integral part of safety and security

OPPORTUNITIES

- Medical information – detailed medical recordkeeping and capture and can be improved upon
- Information flow – all role players need to communicate any changes in the plan timeously
- Clearly defined and agreed standard operating procedures with regards command and control structures and reporting lines
- Stadium Test Events created opportunity for learning curve and issues/challenges to be identified and addressed
- Stadium - assistance for mobility challenged spectators (eg wheelchairs)

THREATS

- Budget – long lead times for planning, difficult with expanding event footprint and requirements
- Critical to establish financial responsibilities and resolution on the R & R matrices
- Communications – noise challenges at all sites, especially with vuvuzelas
- Stadium – ongoing access issues (fireman's lift and security perimeter)

RECOMMENDATIONS

- Keep it simple – don't try and over engineer the plan
- Early finalisation and sign-off of R & R - budget and financial responsibilities are paramount
- Staff deployment can be modelled using the Resource Matrix
- Data capture - streamline the reporting structures, simplify the reporting templates
- Early procurement of equipment and completed staff training
- De-centralised decision making allows greater autonomy at ground roots level
- Consider staff fatigue and morale

10. TRANVERSARIAL DETAILS

COMMAND AND CONTROL

Command and Control for the events from a health perspective was co-ordinated via the ProvHOC. The Provincial DOH co-ordinated with the medical team of the LOC, as well as with the National DOH.

Relevant line functions responsible for their own command and control, with representation in the command structures as required. This formed part of a unified command structure under the leadership of SAPS.

The Provincial DOH had representation in relevant VOCs and JOCs as was established by SAPS.

ProvJOC:	Deployment	Commenced 24 May 2010
		1-2 Medical commander deployed 24 hours on 12 hour shifts
	Location	SAPS Command Centre, Harrington Street
	Budget	R 189 460
ProvHOC:	Deployment	Commenced 24 May 2010
		EMS and SAMHS medical commander and data capture officers
		Deployed 24 hours on 12 hour shifts, Numbers dependant if Match day
	Location	Provincial Disaster Management Centre, Tygerberg Hospital
	Function	Communications to events, hospitals and relevant role players, data collation
	Budget	R 382 964

See Addendum A : Command and Control Organogram

PORT HEALTH

Port Health Services provided at all ports of entry (International Airports, Border Posts and Sea Ports) - placed on high alert.

Specifics: Staff numbers were augmented by provision of SAMHS officers.

Extended operating hours at the Cape Town International Airport during Event time frame

Incidents: Small number of visitors arrived with no Yellow fever certificate and were placed on next plane to country of origin

Budget: No FIFA specific budget so all functions were funded by means of the unit's internal budget.

ENVIRONMENTAL HEALTH

Responsible for the Environmental Health audit and inspection of all food hygiene management aspects of venues utilised for the World Cup 2010 event, including the accreditation of all related catering facilities.

Proactive with surveillance, and performed the necessary tests within all hospitality areas of official venue sites.

Specifics: Function performed by the Environmental Health Officers of the City of Cape Town (Metropole) and District Environmental Health Officers with regards the Base Camps and Team Hotels.

Incidents: No documented positive salmonella swabs
No official documented noise complaints

Budget: No FIFA specific budget so all functions were funded by means of the unit's internal budget.

FORENSIC PATHOLOGY SERVICES (FPS)

FPS was placed on standby for mass deaths and victim identification processes.

Specifics: Part of planning from an early stage, and undertaken to support 2010.
Interfacing facilitated quicker post mortem on death of a foreign national.
Daily updates given to ProvHOC as to number of patients seen and mortuary status.

Deployment: 8 Match Days, 12 hours per day
2 FPS personnel stationed at the CCS on Match Days, with 1 FPS vehicle
Cost = R 14 752.00 (over 8 days)

Incidents: 3 FIFA related deaths during the period – all resolved efficiently and professionally

Budget: Allocated R 130 000 specifically for 2010 preparedness

COMMUNICABLE DISEASE CONTROL (CDC)

CDC undertook disease surveillance measures to minimise the potential for outbreak of communicable disease. Decision was made to continue with the standard operating procedures and process any threat or outbreak occurrence as per usual channels.

Specifics: Outbreak Response Team (provincial and host city) placed on standby for immediate response
Daily reports sent to the ProvHOC from every hospital and CDC reporting structures

Incidents: No specific incidents reported

Budget: No specific FIFA 2010 budget allocated

CHEMICAL RADIOLOGICAL BIOLOGICAL (CBR)

EMS worked in joint operation with the Fire and Rescue Services and SANDF, with combined proactive and reactive response to issues relating to CBR.

Specifics: Deployment of CBR members to CCS on 8 Cape Town Match Days

Incidents: No specific incidents reported

Budget: No specific FIFA 2010 budget allocated

HEALTH PROMOTIONS

Health Promotions launched a health education and information campaign for the FIFA 2010 related visitors (foreign and local).

Specifics: Highlighted campaigns included smoking and hand washing, which included the distribution of educational materials and interfacing with Environmental Health.

Incidents: No specific incidents reported

Budget: R 130 000 allocated from 2010 health funding

AEROMEDICAL

A total of R 3 million was allocated over the 3 years to assist with increased flying time during the Event. Permission was obtained from the Civil Aviation Authority to undertake night operations with the 2 EMS helicopters during the tournament.

11. LEGACY OPPORTUNITIES

Staff – 300 new EMS staff employed because of the FIFA 2010 requirement

- 1000 staff were trained in MIMMS, multidisciplinary approach for pre hospital and hospital staff (medical and non medical).

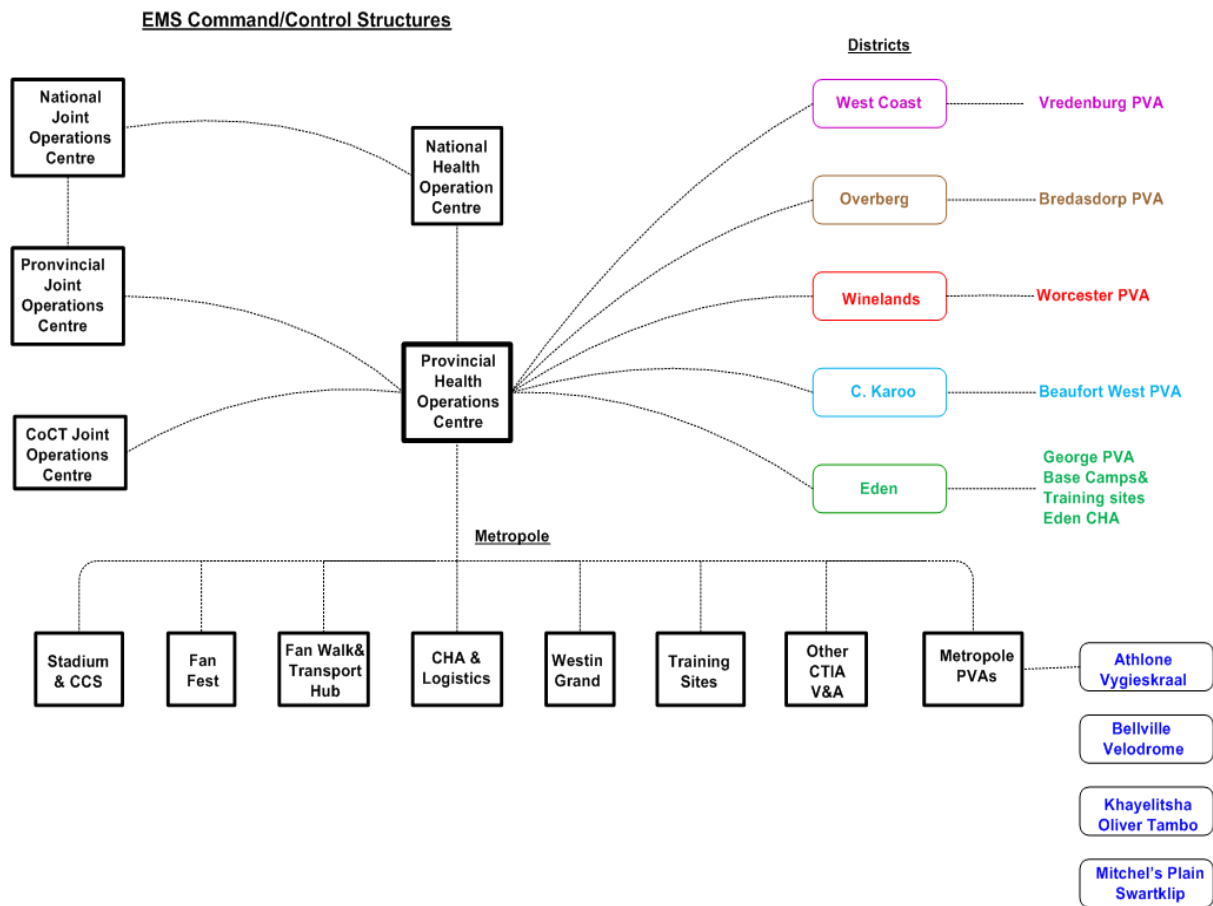
Stuff – Acquisition of various new and upgraded resources

- Vehicles – 30 new ambulances, medical utility vehicles converted.
- Resources: Medical Procedures Container which can be used for rescue operations and mass casualty situations, Tents for mass casualty or major incidents, Helicopter upgrades for improved mountain and sea rescue operations.
- Equipment procurement - R 6 million spent on medical equipment.

Systems – improvement and creation of many valuable systems

- Electronic Bed Bureau – digitalised system which allows data flow between prehospital and hospital services (public and private) in terms of bed availability and status. This allows ambulance routing to be done in a pro-active manner.
- Medical relationships between relevant role players (EMS, SAMHS, Private).
- Creation of MIMMS manual for South African context.
- FIFA designated hospitals were identified early according to the event footprint. These hospitals (public and private) all underwent training in the Hospital MIMMS course. Furthermore these hospitals now have radio communication with EMS Metro Control and were linked to Integrated medical systems & services.
- Creation of opportunity for South Africa to host future mass gatherings and world class events.

Addendum A : COMMAND AND CONTROL ORGANOGRAM



SIGNATURES FOR REPORT SIGN-OFF

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