

# Actual situation of handling Tokyo 2020 Games-related patients at a designated hospital during COVID-19 pandemic

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**Abstract:** In preparation for the Tokyo 2020 Olympic and Paralympic Games, our hospital was responsible for accepting mainly media representatives, marketing partners, and other Games staff. Given that restricting our regular capacity to treat certain groups of patients could potentially result in social losses, to avoid this we made rigorous preparations for the entire hospital to accept Games-related patients. It was rational to set up a single 24-h contact point at the Emergency Department for making the decision on whether to accept the patient or not and for coordinating the patient's medical care. With respect to language support, International Health Care Center staffs were made available as interpreters on weekdays. Multilingual support was available all day *via* an application run on tablet devices. During a 67-day period, the hospital accepted 31 Games-related patients (mean age 43.4 years, male: female ratio 25:6). Eighteen patients were from Europe, 4 patients each were from North America and Asia, 2 each were from Central America, South America, and Africa, and 1 was from Oceania. The most common cause of visits was COVID-19, but none were severe cases. Other causes were diverse and included moderate and severe conditions. We summarized the challenges and experiences in handling Tokyo 2020 Games-related patients at a designated hospital during the COVID-19 pandemic.

**Keywords:** Olympics and Paralympics, pandemic, COVID-19

## Introduction

In preparation for the Tokyo 2020 Olympic and Paralympic Games, several hospitals were designated to provide health care services to athletes, team officials, international sports organization officials, Olympic and Paralympic families, media representatives, marketing partners, and other Games staff. Each of the 8 designated hospitals in Tokyo were allocated categories of the aforementioned groups to accept during the Games. Five of these hospitals, including ours, were responsible for accepting mainly media representatives, marketing partners, and other Games staff. In the remaining 3 hospitals, 1 was responsible for accepting athletes and team officials and 2 for accepting Olympic and Paralympic families.

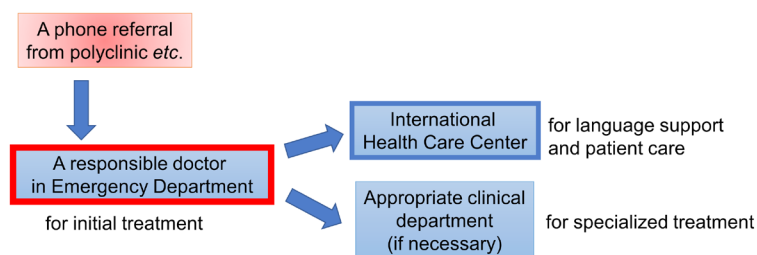
After the World Health Organization announced the global pandemic of COVID-19, the Tokyo 2020 Games were postponed for 1 year. However, the situation continued longer than expected and the Games ended up being held in summer 2021 amid the ongoing pandemic (1). Designated hospitals were therefore given the

additional responsibility of accepting Games-related patients with COVID-19 (2).

Our hospital is a general hospital with approximately 700 beds, located in a busy district of Tokyo (9.9 km from the Olympic and Paralympic Village). We regularly accept emergent cases brought by ambulance. Our hospital is also a designated medical institution for infectious diseases and plays a pivotal role in providing clinical care for patients with infectious diseases. We have therefore also been accepting many patients with COVID-19. Given that restricting our regular capacity to treat certain groups of patients could potentially result in social losses, to avoid this we made rigorous preparations for the entire hospital to accept Games-related patients.

## Establishing a system to accept Tokyo 2020 Games-related patients

With our Emergency Department and the administrative division, the International Health Care Center of National Center for Global Health and Medicine (NCGM) led efforts to establish a system to accept Games-related



**Figure 1. Flow chart for accepting patients of the Olympic and Paralympic officials.** All necessary information on patients were collected by a responsible doctor in Emergency Department. If patients were suspected or apparently had COVID-19, they were treated in a negative pressure room in the emergency department. There were no restrictions on the acceptance of COVID-19 patients.

patients. The Center routinely coordinates the acceptance of international patients. The hospital was supposed to accept patients upon prior request, except in highly urgent cases, so it was rational to set up a single 24-h contact point (the responsible person in the Emergency Department with a designated mobile phone) for making the decision on whether to accept the patient or not and for coordinating the patient's medical care. Because it was likely that patients would be referred to the relevant department after the first consultation at the polyclinic of International Olympic Committee (IOC), each hospital department at our hospital was duly notified about the system before the Games started (Figure 1).

Our hospital was not designated to accept athletes in the first line, but was expected to accept them when the designated hospital responsible for their treatment could not accept them. To account for this possibility, selected staff (mainly from the Pharmacy Department and Emergency Department) received training on doping and an emergency physician must be accompanied by a pharmacist if we needed to treat an athlete. Actually, our hospital accepted patients from the test competitions held immediately before the Games started, which was a good simulation exercise.

Measures against COVID-19 outbreaks continued to be crucial, and special attention was required for personnel who had just arrived in Japan. Irrespective of their specific symptoms (e.g., fever), they needed to be managed in the same way as patients with COVID-19 until they completed the 2-week isolation imposed by the government. They also needed to be separated from general patients, and coordination of the reception and consultation areas had to be set up for each case.

With respect to health insurance claims, patients with insurance arranged by the Committee of the Tokyo 2020 Games were simply discharged, while those insured by other means were asked to pay their expenses by themselves and consult with their insurance providers later. The hospital was expected to make best efforts to avoid uncollected medical bills, but if they occurred, the Committee of the Tokyo 2020 Games promised to cover them.

With respect to language support, International Health

Care Center staff were made available as interpreters (e.g., in English and Chinese) during working hours on weekdays. Multilingual support was available all day via an application run on tablet devices.

### Clinical practice in handling Tokyo 2020 Games-related patients

During a 67-day period that included the pre- and post-Game periods (July 7-September 11, 2021), the hospital accepted 31 Games-related patients (mean age 43.4 years, male: female ratio 25:6). Seven of the 31 patients visited the hospital twice. Nine patients were hospitalized but all were discharged within 10 days.

Seventeen patients visited our hospital between 08:00 and 16:00, 10 visited between 16:00 and 24:00, and 4 visited between 00:00 and 08:00. Despite the need for prior request, 3 patients arrived without it. Ten patients arrived by ambulance.

Among the 28 patients who visited out hospital with prior request, referrals were from the IOC polyclinic or by the Committee of the Tokyo 2020 Games in 18 cases, from insurance companies in 7 cases, from other hospitals in 2 cases, and from an accompanying doctor in 1 case. Eighteen patients were from Europe, 4 patients each were from North America and Asia, 2 each were from Central America, South America, and Africa, and 1 was from Oceania. Among the allocated categories of Games-related patients we accepted, 16 patients were media representatives and 10 were Games staff; we also accepted 5 athletes when the need arose.

The most common cause of visits was COVID-19 (8 patients, 5 of whom were hospitalized), but none were severe cases. Other causes were diverse and included moderate and severe conditions (e.g., diaphragmatic hernia requiring operative repair, pancreatitis, status epilepticus, and angina pectoris, humeral shaft fracture, malaria (*Plasmodium falciparum*), optic neuropathy, urolithiasis, inner ear vertigo, and earwax plug).

Eleven patients were covered by insurance arranged by the Committee of the Tokyo 2020 Games, while 20 were insured by general insurance companies. All medical expenses were collected. Patient identification

was confirmed by the Games accreditation card (AD card), although 3 patients visited our hospital without it.

### Challenges and experiences in handling Tokyo 2020 Games-related patients at a designated hospital during COVID-19 pandemic

The Tokyo 2020 Games were held under a state of emergency due to the COVID-19 pandemic, amid a serious surge in COVID-19 infections in Japan. At that time, almost all hospitals needed to limit routine clinical practice, and our hospital additionally needed to accept Game-related patients. Fortunately, the number of COVID-19 patients in Japan peaked during the window of time between the Olympic Games and Paralympic Games and we rarely accepted Games-related patients at that time. We accepted 37 patients in total during the 67-day period, averaging 0.55 patients per day. We had held several training events and completed preparations to deal with potential mass casualties such as from a terrorist attack or heat stroke event. At the last minute, spectators were largely barred from Games and no such incidents occurred.

Regarding SARS-CoV-2 screening, 55 cases with COVID-19 were confirmed among 54,250 tests at the airport for those who came to Japan from overseas to participate in the Tokyo 2020 Games; 299 cases were confirmed among 1,014,170 tests conducted during the Olympics and Paralympics (3). Our hospital was designated to accept Games-related patients with COVID-19, and actually accepted 8 such patients, 5 of whom were hospitalized. Many of those with COVID-19 were cared for at designated hotels, which likely avoided placing a substantial burden on the designated hospitals. One of the reasons for this is that COVID-19 infection was well controlled in the Olympic Village.

Language support (interpretation in English) was provided mainly from 08:00 to 16:00 and 16:00 to 24:00 for night shift which coincided with many of the patients' visits, thus we rarely encountered language-

related difficulties.

In conclusion, our hospital fulfilled its responsibilities as a designated hospital for the Tokyo 2020 Olympic and Paralympic Games during the 5th wave of the COVID-19 pandemic in Japan, in the situation where the hospital had placed restrictions on routine clinical practice. We could offer best possible medical care to various patients, including those with COVID-19, without substantial confusion.

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