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EMERGENCY SPORTS MEDICINE
MAY 9TH ACCRA SPORTS STADIUM DISASTER
A CASE FOR HEALTH AND SAFETY
THE ROLE OF GOVERNING BODIES AND AUTHORITIES



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INTRODUCTION

Phooobia! FAABU!! Chanting from these jubilant football fans.



WHAT THEN ACCOUNTED FOR THIS SUDDEN CHANGE IN MOOD SEEN BELOW?

HELP! HELP!! HELP!! THEY CRIED MOMENTS BEFORE THEIR DEMISE. DID GOD PLAN THIS? NO!



Couldn't it be avoided? Medics, Paramedics, GFA, NSC, MOY&S, MOH.....!!! Let's identify with the families of these ones and be motivated to ACT!! The Recommendations (if there are any) of the Okudzeto Commission deserves a quick and swift implementation.

The passion for football defies the odds of age restriction, racial barriers, gender discrimination or segregation etc. Football (soccer) is the most popular spectator sport worldwide providing a source of livelihood/income for some estimated 240 million individuals who ply their trade as players of the game and a source of entertainment, enjoyment and recreation for the spectators (1). The game of football started with the English who later gave it to the world, as such the popularity of the game in most West African countries colonized by the British including Ghana.

A football game is typically played by twenty-two individuals on the pitch at any point in time with the attending spectators ranging from a few hundred to hundreds of thousands and several millions watching and listening via the electronic media. Soccer is predominantly an outdoor game played on grounds ranging in quality from backyard open spaces to huge open or roofed stadia. The capacities of various stadia are from a few thousands to over a hundred

thousand. In determining the capacity of a football stadia only seating capacity is considered making the actual numbers of spectators watching any match difficult to estimate.

The latest Wikipedia report puts the Rugaro May Day Stadium in North Korea as the one with the most seating capacity of 150,000. Some of the famous stadia in the world have the following seating capacity; Camp Nou, Barcelona-94,354; Wembley, London-90,000; Maracana, Brazil-82,238; San Siro, Italy-80,074; The Bird Nest, China-80,000; Old Trafford-75,957 and Ohene Djan, Accra, Ghana-40,000. FIFA (football governing body) requires a minimum seating capacity of 40,000 for any National Stadium to qualify to host a FIFA world cup final match.

The size of a football crowd or number of spectators turning up for a match depends on the support base of the two clubs involved and the media hype. Rt. Hon. Lord Justice Taylor during his inquiry into the 1989 Hillsborough disaster commented that the atmosphere at football matches has created room for problems such as overcrowding, misbehaviour and its related consequences. Hooliganism and alcohol related or stimulated misbehaviour is characteristic of most football crowds. These features mar the beauty of the game as a spectator sport.

Crowd behaviour, stadium infrastructural design and referee decisions are some of the confirmed causes or triggers of major stadium disasters. **Appendix 1.** Lists a few of the stadium disasters stating the causes and the number of people killed. Before the very eyes of organisers of these games such carnage takes place. Lord Taylor had reason to remind organisers, club owners and stadium managers of the fact that spectators are their invited guests and as such they are responsible for their safety in the stadium.

The Accra sports stadium disaster which occurred on the 9th May, 2001 was the worst football tragedy in Africa and the third worst in the world. 126 football fans were murdered in cold blood while another 340 sustained various degrees of injury with most left with permanent disability now. The world's worst stadium disaster saw some 340 fans killed in Russia in 1982. The death of 300 fans following crowd agitation as a result of an unpopular referee decision in Peru in 1964 is the world's second worst. Thirty seven years down the line another disaster in Accra-Ghana hits the football fraternity under similar circumstances.

The May 9th Accra stadium disaster happened during a premiership match between arch rivals Accra Hearts of Oak and Kumasi Asante Kotoko. These are the two top teams with the most followers in Ghana. Any encounter between the two sides is a high profile match. An unpopular decision by the referee to allow 2 late goals saw the home team leading by 2 goals to 1. This led to agitation of the visiting crowd who resorted to throwing objects on to the pitch. The police responded by firing tear gas into the stands. Panic ensued and fans scrambled for unavailable exits and hence caused stampede.

The cause of disasters is always obvious but not as important as the predisposing factors. The absence or lack of basic health and safety protocols is a common feature at stadia. The lack of precautions against crowd related disturbances in our stadia are not unique (7). It is therefore not surprising how similar the findings and recommendations of the Taylor commission which investigated the Hillsborough disaster and the Okudzeto commission which investigated the Accra disaster are. Legislative provisions like the safety of sports grounds act 1975 section 2(1) and precautions in the green guide are not strictly adhered to (4, 5).

The obvious question after these tragedies is; Could this have been prevented? Could we have saved more lives?

Lord Gibson in his report of the medical working party following Hillsborough recommended that for any football crowd of over 2000 spectators, the services of a Doctor solely responsible for the crowd is mandatory. For a crowd size less than 2000 the services of a suitable Doctor who should be less than 10mins away is needed. The home team Doctor who should be competent in immediate care can act as the crowd Doctor if the crowd size is greater than 2000 but less than 3000. Once he accepts this responsibility the crowd becomes his priority (3).

Various stakeholders including the event organisers, clubs, the police, ambulance services, first aid organisations and stadium managers do have roles to play in ensuring that strategic measures are put in place to either prevent such disasters or effectively contain them should they occur. The roles of these stakeholders in pre-season or pre-match planning and during game monitoring are further discussed.

DISCUSSION

Football being a spectator sports is enjoyed by many across the globe. Clubs always need their supporters in the stadium to cheer them on to victory.

The cause of the May 9th Accra disaster in 2001 and for that matter all other stadia disasters are always nothing new to the game of football. The extent of damage and the number of lives lost is always a consequence of the absence or presence of certain factors. These may include; the stadium design, crowd behaviour, availability of appropriate medical, emergency and security services/interventions.

The safety of sports grounds Act 1975 clearly stated that every stadium needed to display a safety certificate (5). This certificate among other things specifies the maximum number of spectators to be admitted to the stadium, the number, size and location of entrances to and exits from the stadium and the stadium evacuation plan (5, 7). In the Accra disaster; the number of casualties could have been drastically reduced if there had been enough exit points.

In planning for a high profile match like the one between Accra Hearts of Oak and Kumasi Asante Kotoko on May 9th 2001; the medical/emergency and security services need to appreciate the weight of their task. The requirements that go into the medical emergency planning can be classified into; pre-season/pre-match, during the match and post-match.

PRE-SEASON/PRE-MATCH

This is the most important part of the planning process. The appropriate thing to do in football is to actually start planning from pre-season. Since the Football Associations always have a fair idea of the support base of all clubs; it is easy for them to estimate the crowd size for each encounter. Having an idea of the crowd size will help them know which clashes/matches will need the services of a crowd Doctor (3).

Contracts for crowd Doctors and emergency medical services should therefore be signed pre-season or at least a month before the concerned match. This will allow adequate time for proper planning. It is the duty of the home team to contract the crowd doctor and the emergency services team. It is therefore best practice to engage the services of a suitable “area boy” Doctor who is not new to the stadium environment and understands crowd dynamics. The doctor should inspect the stadium first aid room together with first aid experts to ensure it is appropriately stocked. Defibrillators, filled oxygen cylinders, IV fluids, enough stretchers should be among the medical equipments and supplies.

Both the print and electronic media (local radio and television stations) should be used to educate prospective spectators and to caution them against crowd agitation, hooliganism and excessive alcohol intake which can all lead to disasters.

There should always be liaison meetings with the police, ambulance service, first aid organisations and the stadium managers. During such meetings the major incident plan of the stadium is discussed and the various parties made aware of their roles in maintaining crowd sanity and appropriate intervention should the need be (3). Garry et al. (1999) confirmed that 44% of crowd doctors were unaware of the major incident plans of the stadia they covered. Arrangements should be made for the major incident equipment vehicle to be present at all matches with over 25,000 spectators (7, 8). The vehicle carries at least 50 stretchers, blankets, oxygen, defibrillators and many more medical supplies.

Every health facility (hospitals and clinics) in the city/town should receive a written notice notifying them of an impending match with an estimated crowd size. This will enable the

hospitals to put in place a major disaster plan and for easier implementation when the need arises (8).

DURING THE MATCH

The Okudzeto commission which investigated the May 9th disaster reported that most of the spectators died because there were not enough exits and the few available ones were also locked. Ninety seven out of the 126 people who died, died as a result of suffocation (6).

Entrances into and exits out of the stadium should always remain open and guarded throughout the game. Gates in the inner perimeter fencing should be adequate and remain open to permit escape onto the pitch in case of any emergency (5).

It is probably a far cry or maybe unreasonable to expect to have a medical team or facilities at any stadium with the capacity to handle a major disaster like Accra May 9th or Hillsborough with over 500 casualties.

The medical/emergency team should be strategically stationed to give them a good view of all the stands. The team should be uniquely and appropriately dresses for easy recognition. Stewards should direct spectators, patrol the grounds and raise alarm in case of any emergency (7).

Efficient deployment and coordination of the emergency team, stewards and the police will depend on an effective system of communication. Skills In command and control are essential components of a major incident management (3).

Wardrobe noted that during the Hillsborough disaster, communication with the two main hospitals in the city to implement their major disaster plan was inaccurate. This led to a delay in the mobilisation of the appropriate resources to receive the overwhelming number of casualties (8).

Both the world's worst disasters- Moscow in 1982 and Africa's worst disaster in Accra in 2001 occurred in the last 5 minutes of the game. Football crowds are most agitated during the dying embers of the game. It is therefore necessary for all stakeholders with roles to maintain crowd sanity and the emergency medical team to be extra vigilant and should remain at post till the last spectator leaves the stadium. The Okudzeto commission discovered that the emergency medical team covering the May 9th match left the stadium before the end of the match.

The emergency team should be in constant touch with the media who are normally heavily represented at such high profile matches. This will ensure that the appropriate call for help in case of an emergency is sent. In both the Taylor and the Okudzeto commission reports the role of the media in announcing the emergency and call for medics was acknowledged. The Hillsborough event occurred at 15:06, a call for help went out at 15:30 and 20 Doctors arrived at 15:45; but due to the inaccurate description of the emergency; most GPs turned up with stethoscopes, pens and paper (8)!!!

POST MATCH

It is important for the medical emergency team, the police and stewards to still be at post till the last spectator leaves the stadium. The Glasgow disaster in 1971 which killed 66 fans occurred after the final whistle (9). The fans on their way out were crushed in a stairwell due to overcrowding as they all tried to funnel through (9).

Post-match hooliganism is not uncommon. Fans attacking each other, referees and even their own players are a common occurrence after matches. The agencies responsible for the safety of these spectators therefore need to be prepared for any crowd or hooliganism related emergencies that may occur post-match.

CONCLUSION

Stadium disasters in football normally have devastating effects. Being a spectator sports, the atmosphere of football matches does encourage a lot of deviation from the norm. Several hundreds of people are killed with many more injured and others permanently incapacitated as a result of disasters.

Club Doctors, Physiotherapist, Masseurs, Sports Scientist etc who work with football clubs should be aware that in the event of such disasters their services will be needed as such the need for them to have adequate knowledge in emergency care and be ever prepared to intervene.

The trigger/ cause of such disasters are mostly trivial but the outcome or consequences are always massive due to the lack of proper planning, insufficient concern and vigilance for the safety and wellbeing of spectators.

To be adequately prepared to handle such unforeseen disasters will require appropriate pre-match arrangements. Football fans should be educated and cautioned against crowd misbehaviour and agitation which are some of the triggers of disasters.

The emergency medical team, Police, the clubs and stadium managers should hold pre-match meetings to discuss the major incident plan covering the stadium. Emergency evacuation plans are also discussed.

The medical team should inspect the stadium first Aid facilities to ensure that the appropriate medical equipments and supplies which will be needed to respond to a disaster are in place. Health facilities in the city/town should be informed of the match for them to put in place the hospital major disaster plan. Effective means of communication among the emergency team, police, stewards and the media should be in place.

During a match the medical should be strategically stationed. All entrances to and exits from the stadium should remain open and guarded. The gates in the perimeter fencing of the pitch remain open and guarded to allow for escape onto the pitch in case of emergency. All stakeholders should remain at post till the last spectator leaves the stadium.



Complacency is the enemy of safety. Stadium owners and event organisers should take a cue from previous disasters and see to the implementation of various recommendations made by the several commissions of inquiry commissioned to investigate stadium disasters.

Appendix 1 below lists some of the major stadium disaster, their causes and number of people killed!!

APPENDIX 1

Stadium Disasters

Year	Place	Description
1946	Bolton, England	33 Bolton fans were crushed and smothered when two barriers collapsed. Although the official gate was 65,419, there was an estimated 85,000 on the ground for the game. The overcrowded stands made the barriers collapse.
1964	Lima, Peru	More than 300 football fans were killed and over

		500 injured during riots and panic following an unpopular ruling by the referee in a Peru-Argentina football game. It is the worst football disaster on record.
1971	Glasgow, Scotland	66 Ranger fans get killed in a crush at Ibrox when they left after the final whistle and were then caught up in the crush which was caused by the excessive amount of people funnelling into the stairwell which had thick wooden railings, unfortunately stopping people climbing out of the fatal crush.
1982	Moscow, USSR	340 people died during a European Cup match in Moscow . Just before the end of the match the police forced fans down a narrow, icy staircase out of the stadium, but when a late goal was scored exiting football fans returned, crushing the people in the middle.
1985	Bradford, England	56 people were burned to death and over 200 injured when fire, caused by a cigarette, engulfed the wooden main grandstand at Bradford's football stadium.
		
1985	Brussels, Belgium	Fights broke out between English football fans supporting Liverpool and rival Italian supporters at the European Cup final at the Heysel Stadium in Brussels. While English fans attacked a stand filled with Italians a concrete retaining wall collapsed and 39 persons were crushed or trampled to death, 32 of them Italians. More than 400 persons were injured.
		
1989	Sheffield, England	96 people were killed at Hillsborough during a semifinal match between Liverpool and Nottingham Forest. Most of the victims, who were Liverpool fans, were crushed when fans at the back of the, already overcrowded, stand pushed forward for a

		<p>better view crushing those at the front against the fence.</p>  
2001	Accra, Ghana	<p>At least 120 people were killed in a stampede at a football match after panic broke out when the police fired teargas. It was Africa's worst soccer-related disaster ever.</p>

Adopted from the stadium guide 2003-2004. www.stadiumguide.com

BIBLIOGRAPHY

1. F-MARC Football Medicine Manual (1994-2005)
2. Garry WK, Stewart CW, Crowford AM. (1999) To determine if doctors at Scottish football stadia meet the standards recommended by the Gibson report. *Br J Sports Med* **33**: 274-275.
3. Gibson RM (1990) Report of the medical working party. HMSO
4. The green guide

5. Justice Popplewell. The Popplewell Report 1985. Inquiry into the operations of the safety at sports grounds Act 1975. With reference to events at Bradford and Birmingham football grounds.
6. Sam Okudzeto. (2001) The Okudzeto Report. Presidential commission of inquiry into Accra sports stadium disaster.
7. The Rt. Hon. Lord justice Taylor. (1990) The Hillsborough stadium disaster: Final Report.
8. Wardrope J, Ryan F, Clark G et al. (1991) The Hillsborough tragedy. *BMJ*.
9. The Stadium Guide; www.stadiumguide.com.