AUSCYCLING

INCIDENT AND FATALITY PLAN

V1.0 | AUGUST 2021

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1. PURPOSE OF THE PLAN

The purpose of this plan is to outline the procedures that must be followed if a participant associated with AusCycling sanctioned event becomes injured or if a fatality occurs.

This plan extends to riders, workforce (officials, volunteers, paid staff, or contractors), sponsors and the media.

1.1 | CONTACT GROUP

The key contacts for an event organiser are:

- Police
- Local Paramedics
- Medical Provider
- PCP
- Race Director
- State/Territory Workcover Reporting Line
- Local Government or Landowner (if applicable)

2. SERIOUS INJURY AND/OR FATALITY

2.1 | IMMEDIATE PROTOCOLS

If an incident occurs within a race the following steps should be implemented immediately:

1. The person closest to the incident (member of the workforce or Commissaire) uses their radio to announce location and nature of incident.
2. The person making the announcement ensures that the Medical Provider has acknowledged the radio call.
3. In the case of what may be a serious incident the closest event personnel (Commissaire or event staff) should:
   a. Take charge of the scene while awaiting medical assistance
   b. Ensure the scene is made safe (e.g., direct traffic, and that no public are allowed into the area).
   c. Ensure the scene is not disturbed e.g., no cars / bicycles moved (unless unsafe).
   d. Ask witnesses "What happened"
4. The Medical provider attends to the patient and assess condition.
5. If the medical provider deems the rider unable to continue they should be removed from the event and the President of the Commissaire Panel ('PCP') should be notified.*
6. If the rider chooses to continue the medical provider must advise the PCP and Race Director (or delegates) via radio.
7. If the rider chooses not to continue, the medical provider advises the PCP and Race Director (or delegates) via radio.
8. If the rider requires critical treatment (ambulance or hospitalisation) refer procedure 2.2.
9. Both the Medical provider / workforce member complete an *Incident Report Form* and submit to the PCP at the completion of the day.
10. The Incident Report form is provided to AusCycling.

*Resource: *AusCycling Concussion Policy*

2.2 | SERIOUS INCIDENT WITH EXTERNAL MEDICAL SUPPORT REQUIRED

If the Medical Provider determines that the patient requires hospitalisation or ambulance, the following protocols should be undertaken immediately:

1. The Medical Provider, or someone nominated by the provider, to call 000.
2. The event organiser is responsible to ensure that the area is safe. Considerations are to include:
   a. Safety of those attending the scene
   b. Safety of the injured rider
   c. Safety of the general public and /or other participants
3. PCP, in consultation with the Race Director is to determine if the event needs to be paused until the scene is cleared. Specifically,
   a. Road Races: One medical provider must remain with the race while a second unit remains with and monitors the patient until the Ambulance arrives. If there are insufficient first aid units to monitor both areas, racing must cease.
   b. Cyclo-cross, Mountain Bike, Road (Criterium), Track: The event must not proceed unless the scene can be secured and there is sufficient first aid for all competitors to continue.
4. The emergency access plan is to be enacted to ensure ambulance access.
5. In the event of a serious incident the organiser has a duty of care to limit access to the scene to protect other volunteers, participants and members of the public from any unnecessary trauma. This should include ensuring that all non-essential individuals are kept away from the individual – this may include having shade cloth to protect the privacy of the rider.

If the medical provider determines the situation is non-life threating, proceed to **2.3 | Hospital Transport Required**

If the medical provider determines the situation is life-threatening or has confirmed a fatality proceed to **2.5 | Confirmed Fatality Pre-Transportation**

2.3 | AMBULANCE TRANSPORTATION CONSIDERATION

While a patient may initially present to the event medical provider, the decision may be made to take the patient to a hospital. This decision will be the responsibility of the appointed medical provider.

The ambulance service will be responsible for transport of all patients (unless otherwise designated by the State/Territory ambulance service) for serious illness or injuries. For some non-emergency situations, it may be appropriate for the individual to be transported by private vehicle.

2.4 | HOSPITAL TRANSPORT REQUIRED

1. The ambulance transports the patient to hospital. The medical provider is to ensure that the ambulance has contact details of the Race Director (or nominee) to provide to the hospital.
2. The Medical Provider contacts the Race Director (or nominee) to advise that transportation has been facilitated.
3. PCP/Race Director (or nominees) to ensure all volunteers who attended the scene can continue in their roles. If the role is deemed necessary and they can't continue and aren't able to be replaced with an appropriately experienced and qualified person, then the event should stop.
4. The PCP completes an *Incident Report Form*.
5. The Medical Provider returns to their original location.
6. The event organiser is responsible for ensuring any equipment left by the rider is accounted for and returned to the rider.
7. The event organiser is responsible for contacting the rider's emergency contact and confirming where the riders has been transported to. In the case that the emergency contact is not available or cannot attend immediately the event organiser should assign one person to remain with the rider.

2.5 | CONFIRMED FATALITY PRE-TRANSPORTATION

If the patient is declared deceased by paramedics prior to transport, the following protocols should be undertaken:

1. The event must be immediately cancelled.
2. The Paramedics notify local Police via normal non-event protocols.
3. Event Medical to advise the event organiser and PCP.
4. The event organiser to contact the State/Territory Worksafe agency.
5. The event organiser to contact the Local Government or Landowner (if applicable)
6. The Paramedics/ event medical to remain with the patient until the arrival of Police but may be called away to attend to and transport other patients during this time.
7. The Police will begin an investigation into the incident and notify the Coroner's Office in accordance with the State/Territory legislative requirements. Police will arrange the collection and transportation of the deceased. The following should be noted:
    a. Investigations may include the requirement to make any individual involved in the event to be available.
    b. Scene Preservation.
    c. Evidence gathering including site visit, bicycle/vehicle location, debris, witnesses, mobile phone footage, CCTV/course broadcaster footage and documentation.

2.5.1 | Fatality Pre-Transportation – Contacting Nominated Emergency Contact

If the patient is declared deceased prior to transportation, Police are required to notify the patient's stated emergency contact.

1. Police contacts the Race Director to advise the fatality and request emergency contact details of the patient.
2. Race Director to obtain the relevant contact.
3. Race Director issues the contact details to Police.
4. Police arrange notification of the fatality to the nominated emergency contact.
5. Race Director assists Police in facilitating any transportation arrangements of the nominated emergency contact.
6. Race Director notifies AusCycling as per the following procedure:
   a. Race Director to call the AusCycling Fatality Line – 03 9917 5608
   b. Race Director will be asked to enter a return contact number.
      Please ensure the number entered is not blocked/set to private.
   c. A message will be sent to an AusCycling representative who will return the call on the nominated number.

2.6 | CONFIRMED FATALITY AT HOSPITAL

If the patient is declared deceased at the destination hospital the following protocols should be undertaken.

1. Hospital representative advises Police via normal non-event protocols.
2. Hospital contacts medical provider and / or Race Director (whose details have been previously supplied – refer steps in 2.4).
3. Police will begin investigation into the incident and will notify the State/Territory Coroner's Office in accordance with the requirements of State/Territory legislation. Police will arrange collection and transportation of the deceased to the State/Territory Coroner's Office. The following should be noted:
   a. Investigations may include the requirement to make any individual involved in the event to be available.
   b. Scene Preservation.
   c. Evidence gathering including site visit, bicycle/vehicle location, debris, witnesses, mobile phone footage, CCTV/course broadcaster footage and documentation.
4. The event organiser to contact the Local Government or Landowner (if applicable)

2.6.1 | Confirmed Fatality at Hospital – Contacting Nominated Emergency Contact

If the patient is declared deceased at the hospital, the Police are required to notify the patient's stated emergency contact.
If not the location the following process should be followed:

1. Police and Race Director liaise regarding the emergency contact details of the patient.
2. Race Director obtains the relevant contact details.
3. Police arranges notification of the fatality to the nominated emergency contact.
4. Race Director assists Police in facilitating any transportation arrangements of the nominated emergency contact.
5. Race Director notifies AusCycling as per the following procedure:
   a. Race Director to call the AusCycling Fatality Line – 03 9917 5608
   b. Race Director will be asked to enter a return contact number.
      Please ensure the number entered is not blocked/set to private.
   c. A message will be sent to an AusCycling representative who will return the call on the nominated number.

3. ACTIONS FOLLOWING THE EVENT

If the patient is declared deceased AusCycling will meet with the event organiser and police to establish the facts of the incident and prepare a Media Statement.

The Event organiser will assist AusCycling with gathering as much information as possible about the incident, including witness reports to assist with any impacts of the event and enable AusCycling to provide continuous improvements.

3.1 | ACTIONS IN THE DAYS FOLLOWING THE EVENT

AusCycling and the event organiser will work collaboratively with the family/next of kin as appropriate/requested and can assist in any of the following areas:

1. Be on hand to provide welfare support to next of kin.
2. Be on hand to provide support to other riders or event workforce members.
3. Assist where necessary, with the arrangements for the body once released by Coroner.
4. Be available to provide support with other formalities leading to the funeral.
5. Provide practical help with the return of any effects belonging to the deceased.
6. Assist with travel and hotel needs.
7. Provide support the AusCycling insurance claim.

3.2 | ACTIONS IN THE DAYS FOLLOWING THE EVENT

After the event the following administration arrangements will be carried out:

1. Ensure that no name is included in any post event mail shots (e.g. results, photographs).
2. Liaise with the official photographers to ensure that pictures of the deceased are not made available to the papers, or on the website and that they are forwarded to AusCycling if the family request the picture.
3. Any pictures that may be used for evidentiary purposes are forwarded to the investigating police.

3.3 | HANDLING THE PRESS

Under no circumstances should anyone associated with the event release details of the circumstances of the incident, the name or event number of the deceased. AusCycling will not comment on the situation until such time as the next of kin or Police or the Coroner has released the relevant confirmation.

It may well be that the next of kin do not wish for the details of the deceased to be released to the press for a period, so that all relatives can be informed via direct family. The organisers will always respect this wish but should advise that Police have primacy in this matter.

Depending on the exact circumstances a statement may be released to the media by AusCycling once authorised to do so.

Note: It is essential that everyone follows the above procedures.

4. APPENDIX A - CPR PROCEDURE[1]

Letter	Representing	What to do
D	Danger	Ensure that the patient and everyone in the area is safe. Do not put yourself or others at risk. Remove the danger or the patient.
R	Response	Look for a response from the patient — loudly ask their name, squeeze their shoulder.
S	Send for help	If there is no response, phone triple zero (000) or ask another person to call. Do not leave the patient.
A	Airway	Check their mouth and throat is clear. Remove any obvious blockages in the mouth or nose, such as vomit, blood, food or loose teeth, then gently tilt their head back and lift their chin.
B	Breathing	Check if the person is breathing abnormally or not breathing at all after 10 seconds. If they are breathing normally, place them in the recovery position and stay with
C	CPR	If they are still not breathing normally, start CPR. Chest compressions are the most important part of CPR. Start chest compressions as soon as possible after calling for help.
D	Defibrillation	ttach an Automated External Defibrillator (AED) to the patient if one is available and there is someone else who is able to bring it. Do not get one yourself if that would mean leaving the patient alone.
D	Danger	Ensure that the patient and everyone in the area is safe. Do not put yourself or others at risk. Remove the danger or the patient.

4.1 | CARRY OUT CHEST COMPRESSIONS

1. Place the patient on their back and kneel beside them.
2. Place the heel of your hand on the lower half of the breastbone, in the centre of the person's chest. Place your other hand on top of the first hand and interlock your fingers.
3. Position yourself above the patient's chest.
4. Using your body weight (not just your arms) and keeping your arms straight, press straight down on their chest by one third of the chest depth.
5. Release the pressure. Pressing down and releasing is 1 compression.

4.2 | GIVE MOUTH-TO-MOUTH

1. Open the person's airway by placing one hand on the forehead or top of the head and your other hand under the chin to tilt the head back.
2. Pinch the soft part of the nose closed with your index finger and thumb.
3. Open the person's mouth with your thumb and fingers.
4. Take a breath and place your lips over the patient's mouth, ensuring a good seal.
5. Blow steadily into their mouth for about 1 second, watching for the chest to rise.
6. Following the breath, look at the patient's chest and watch for the chest to fall. Listen and feel for signs that air is being expelled. Maintain the head tilt and chin lift position.
7. If their chest does not rise, check the mouth again and remove any obstructions. Make sure the head is tilted and chin lifted to open the airway. Check that yours and the patient's mouth are sealed together and the nose is closed so that air cannot easily escape. Take another breath and repeat.

[1] https://www.healthdirect.gov.au/how-to-perform-cpr

Give 30 compressions followed by 2 breaths, known as "30:2". Aim for 5 sets of 30:2 in about 2 minutes (if only doing compressions about 100 – 120 compressions per minute).

Keep going with 30 compressions then 2 breaths until:

- the person recovers — they start moving, breathing normally, coughing or talking — then put them in the recovery position; or
- it is impossible for you to continue because you are exhausted; or
- the ambulance arrives and a paramedic takes over or tells you to stop

Doing CPR is very tiring so if possible, with minimal interruption, swap between doing mouth-to-mouth and compressions so you can keep going with effective compressions.

If you can't give breaths, doing compressions only without stopping may still save a life.

LET'S RIDE TOGETHER

AUSCYCLING