

Speed River Cycling Club

EMERGENCY ACTION PLAN

Emergency contact information:

EMERGENCY: 911

Club President: James Fedosov 226-500-0785

Vice-President: Rich Lyle 519-835-0309

Local Hospital:

Guelph General Hospital
115 Delhi Street, Guelph, ON N1E4J4
519-822-5350

1.0 SERIOUS/CRITICAL RIDING EMERGENCIES:

CALL 911 IMMEDIATELY – DO NOT HESITATE.

In the event that a riding emergency occurs in an area without cellular service, it may be necessary to move to an area where coverage can be achieved. Take a partner. It is very important to give detailed directions to the 911 Operator.

DO NOT MOVE THE INJURED INDIVIDUAL.

1. Work to stabilize the patient to the best of your abilities/training.
****CRITICAL** IF YOU ARE UNSURE, DO NOT MOVE THE PATIENT - PROTECT THEM IN PLACE.**
2. If it's determined an injured rider should not be moved, send riders back on the road to slow/stop traffic. Work in pairs and do not place yourself in a hazardous situation.
3. Make sure other riders have stopped, moved off the road, and are waiting in a safe location.
4. If the situation requires, have two people direct Emergency Medical Services (EMS) to the patient/scene.
5. If possible, one rider (preferably the Ride Leader) is to travel to the hospital with the patient in the ambulance.
6. If an SRCC member cannot travel with the patient, it is essential to find out which hospital the EMS will be travelling to.
7. The remaining group of riders will not carry on with the scheduled ride, but instead return to the ride endpoint using the safest route to that is also the most direct/fastest, after the patient has been transported.
8. Contact the Ride Coordinator and/or a member of the Board of Directors, who will contact the member's emergency contact and inform them of the incident and which hospital the individual will be attending.
9. The President or Vice-President shall be briefed of the situation as soon as possible and start/continue the emergency contact process as required.
10. The Ride Leader will complete an OCA Sport Injury report once they are home and forward it to the Ride Coordinator as soon as possible. Use your cell phone to take notes and photos to document the incident.

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11. The President or Vice-President will coordinate an update/debrief for the Ride Leader/riders as required.

****NOTE** In the event of a serious medical emergency/accident on the road, the appropriate witness statements/incident report forms shall be filled out ASAP. Use your cell phone to take notes and photos to document the accident, witnesses, and contact information. There may also be the need to consider a critical incident stress debrief for any affected people.**

2.0 NON-CRITICAL INJURY RIDING EMERGENCIES:

If an accident occurs or a person is injured but EMS is not required:

1. Treat to the level of training and type of injury.
2. Make sure other riders are stopped, off of the road and waiting in a safe location.
3. Once treated to the best of your training and assuming there is no risk of head injury, determine if the rider is able to safely ride their bike or if transportation home or to medical treatment needs to be arranged.
4. If it is suspected that a rider has suffered a concussion, follow the Concussion Policy. An injured rider with a suspected head injury is not to ride their bike home or be left on their own to seek medical attention.
5. If it is necessary to arrange transportation for the injured rider, one or more riders are to stay with the patient while waiting for their transportation to arrive. The rider(s) waiting for the transportation must verbally communicate to the Ride Leader that they are leaving the SRCC ride. This rider(s) will be personally responsible for making their way home, possibly taking the same transportation.
6. Once transportation has been arranged and one or more riders have volunteered to stay with the injured, the remaining group will continue the normal route if time and the group's ability allows. If not, the most direct and safe route to the ride endpoint will be taken.
7. The Ride Leader will complete an OCA Sport Injury report once they are home and forward it to the Ride Coordinator as soon as possible. Use your cell phone to take notes and photos to document the incident.
8. The President or Vice-President shall be briefed of the situation as soon as possible and start/continue the emergency contact process as required.
9. The President or Vice-President will coordinate an update/debrief for Ride Leader/riders as required.

The OCA Sport Injury Report Form is available here:
<http://www.ontariocycling.org/forms/form-2019-sportinjuryreportform/>

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REVISION HISTORY

The revisions to this document shall be recorded below.

<u>Rev. No.</u>	<u>Date</u>	<u>By</u>	<u>Changes</u>
0	Mar. 30, 2019	S.Head	New policy enacted by Board.



SPORT INJURY REPORT FORM

This form should be completed at the time of an accident, injury or other incident.

SUBMIT COMPLETED FORM TO:
ONTARIO CYCLING ASSOCIATION
2-2015 Pan Am Blvd. Milton, ON L9E 0K7
Fax: 1-855-488-0812
Email: support@ontariocycling.org

SECTION A: PERSON INJURED

CYCLIST SPECTATOR COACH VOLUNTEER

First Name: _____ Last Name: _____ Contact#: _____

Address: _____ City/Prov. _____ Postal Code: _____ YEAR OF BIRTH: _____

Date of Injury:

Club or Event Name:

Time of Injury:

Location of Incident:

Activity: Cyclo Cross Cross Country Downhill Racing Road Track BMX Other _____

ENVIRONMENT: LIGHT CONDITIONS: Dawn Dusk Lit Dark Road Daylight Unlit Dark Road

SURFACE: Paved Unpaved Dirt Wood If other, please specify _____

WEATHER CONDITIONS: Dry Snow/Slush Icy Wet Muddy If other, please specify _____

FORM COMPLETED BY: _____ CONTACT #: _____

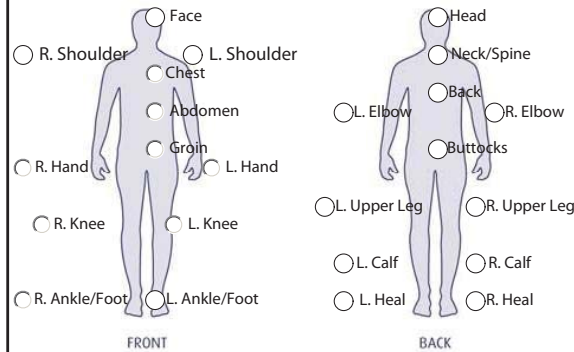
WITNESS NAME: _____ WITNESS PHONE NUMBER: _____

PLEASE COMPLETE SECTION "A" ABOVE IN FULL AND AS MUCH OF SECTION "B" BELOW AS POSSIBLE

SECTION B: DETAILS OF INJURY

YEARS OF EXPERIENCE: 1 2-3 4-9 10+ TYPE OF ACTIVITY: Training Practice Competition Recreation

BODY PART(S) INJURED: Please fill in circles located over the injury site(s).



If other, pls. specify _____

INJURY CLASSIFICATION: New Injury Acute Injury Overuse
 Recurrence of previous injury Complication of Prior Injury
 Recurrent Injury Non-Sport Previous injury this year Other

NATURE OF INJURY: Sprain/Strain Fracture Dislocation
 Contusion Skin Injury Laceration Head Injury

All loss of consciousness or fainting requires IMMEDIATE medical follow-up

SUBJECT INVOLVED: Male Female

Height (cm): _____ Weight (kg): _____

CAUSE OF INJURY (Collision): Fixed Object (i.e. tree) Other Cyclist
 Moving Vehicle Parked Vehicle Pedestrian/Spectator Other

CAUSE OF INJURY (Non-collision): Bike Malfunction Washout
 Loss of Control Terrain (Roots/Rocks) Ran off Road/Trail Fell Over

INJURED PERSON'S ACTION PRE-INJURY: Entering Traffic
 Making Right Turn Making Left Turn Going Straight
 Starting in Traffic Changing Lanes Avoiding Object
 Merging/ Overtaking/ Passing Jumping Other

INITIAL TREATMENT: RICE (Rest, Immobilize, Cold, Elevate) Dressing
 Wrapping/ Taping Manual Therapy Sling/Splint CPR
 Stretch/ Exercises None Given - Referred Elsewhere Other

CARE: EMS Care On-site Hospital Care Family Physician
 On-site Only Refused Care Self Transport to Hospital

FOLLOW UP:

Signature: _____ Current Date: _____

All information collected on this form of a personal nature is strictly confidential and will only be shared as per the guidelines in the OCA Privacy Policy.