

INCIDENT AND FATALITY FRAMEWORK

COACHING/
INSTRUCTING
AND TRAINING



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1 PURPOSE OF THE FRAMEWORK

This framework is designed to provide guidance to clubs and coaches on the procedures to follow if a participant associated with a coaching or training session is injured or if a fatality occurs. Each situation that arises will be different and medical or police direction and current local legislation advice will supersede this framework.

For event related information see the AusCycling Event Critical Incident Framework.

1.1 CONTACT GROUP

The key contacts for a club or coach are:

- Police
- Local Paramedics
- 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 session the following steps should be implemented immediately:

1. The person closest to the incident uses their radio or phone to announce location and nature of incident. If there is no mobile reception, send a competent rider to find reception and make the call. Ensure the rider has the correct location details and relevant information (age, gender, nature of incident, nature of apparent injuries) regarding the patient/s.
2. The person making the call makes sure that the First Aid Officer*/ senior coach, club representative is aware of the incident.
3. In the case of what may be a serious incident the appointed first aid officer 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 First Aid Officer attends to the patient and assess condition.
5. If the First Aid Officer deems the rider unable to continue they should be removed from the session immediately. If there is a suspected concussion follow the AusCycling Concussion Policy.**
6. If the rider is fit to continue and chooses to continue, they must take a break of at least 15 minutes before returning.
7. If the rider is deemed unfit to continue or chooses not to continue, they should be monitored.
8. If the rider requires critical treatment (ambulance or hospitalisation) refer procedure 2.2.
9. The coach or club complete an Incident Report Form and submit to AusCycling.

* A First Aid Officer is defined as the onsite person who is the appointed first aid lead for the session. This may be an official or coach. Depending on the nature (size, discipline, location) the level of qualifications and scope may vary.

**Resource: [AusCycling Concussion Policy](#)

2.2 SERIOUS INCIDENT WITH EXTERNAL MEDICAL SUPPORT REQUIRED

If the First Aid Officer determines that the patient requires hospitalisation or ambulance, the following protocols should be undertaken immediately:

1. The First Aid Officer or session leader to call 000.
2. The session leader (or nominee) 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. The session should be paused until the scene is cleared.



4. The emergency access plan is to be enacted to ensure ambulance access. In the case of a coached session, accurate location to be provided to 000 operator.
5. In the event of a serious incident the session lead 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 or any other screen that may be available.
6. In the case where the Police are in attendance or attend the scene they may take responsibility of the scene.

If the First Aid Officer determines the situation is non-life threatening, proceed to **2.3 | Hospital Transport Required**.

Once paramedics/police arrive, first aid officer to liaise with authorities and provide necessary information when asked, then stand back and be available if any help is needed.

If the First Aid Officer determines the situation is life-threatening or has confirmed a fatality proceed to **2.5 | Confirmed Fatality Pre-Transportation**.

2.3 AMBULANCE TRANSPORTATION CONSIDERATION

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 First Aid Officer is to ensure that the ambulance has contact details of the session lead (or nominee) to provide to the hospital.
2. The session lead 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 session lead should assign one person to remain with the rider.
3. Session lead (or nominees) to ensure participants feel comfortable to continue participating and that all necessary roles required to run the session continue to be in place.
4. The session lead is responsible for ensuring any equipment left by the rider is accounted for and returned to the rider.

In all cases where where an individual has required hospitalisation it is best practice to call their emergency contact (on their membership) to check in and offer AusCycling support.

2.5 CONFIRMED FATALITY PRE-TRANSPORTATION

If the individual is declared as deceased by paramedics prior to transport, the following protocols should be undertaken: if it reaches this stage, the next steps should be under the control of the police/ambulance service unless they need to call on the ride leader/coach for further information.

1. In all cases the session will be cancelled however the session lead should consider how participants can return home safely and their mental state.
2. The Paramedics notify local Police via normal protocols.
3. The session lead or club should contact the State/Territory Worksafe agency who will determine whether the incident is a reportable under Worksafe legislation.

State/Territory Contacts:



WorkSafe ACT - 13 22 81

SafeWork NSW - 13 10 50

NT WorkSafe - 1800 019 115

Work Safe Health & Safety Queensland - 1300 362 128 SafeWork SA - 1300 365 255

WorkSafe Tasmania - 1300 366 322

Work Cover WA - 1300 794 744

4. The session lead to contact the Local Government or Landowner (if applicable).
5. The 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.
6. 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 session 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.

Resource: [Incident & Fatality Scene Preservation Guide](#)

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 requests the emergency contact details of the patient from the session lead to advise of the fatality.
2. Session lead to obtain the relevant contact.
3. Session lead issues the contact details to Police.
4. Police arrange notification of the fatality to the nominated emergency contact.
5. Session lead assists Police in facilitating any transportation arrangements of the nominated emergency contact.
6. Session lead notifies AusCycling as per the following procedure:
 - a. Session lead to call the AusCycling Fatality Line – 03 9917 5608
 - b. Session lead 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 or next of kin via normal protocols.



2. Police or next of kin to contact club or coach (should they choose) (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 session to be available.
 - b. Scene Preservation.
 - c. Evidence gathering including site visit, bicycle/vehicle location, debris, witnesses, mobile phone footage, CCTV footage and documentation.
4. The session lead to contact the Local Government or Landowner (if applicable) Resource: Incident & Fatality Scene Preservation Guide

Resource: [Incident & Fatality Scene Preservation Guide](#)

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 (unless the next of kin is onsite). If next of kin is not onsite, the following process should be followed:

1. Police and club or coach liaise regarding the emergency contact details of the patient.
2. Session lead obtains the relevant contact details.
3. Police arranges notification of the fatality to the nominated emergency contact.
4. Session lead assists Police in facilitating any transportation arrangements of the nominated emergency contact.
5. Session lead or delegate notifies AusCycling as per the following procedure:
 - a. Session lead to call the AusCycling Fatality Line – 03 9917 5608
 - b. Session lead 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 INCIDENT

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

The session lead or club will assist AusCycling with gathering as much information as possible about the incident, including witness reports to assist with any impacts of the session and enable AusCycling to provide continuous improvements.

3.1 ACTIONS IN THE DAYS FOLLOWING THE INCIDENT

AusCycling and the club or coach 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, coaches and volunteers.
3. Assist where necessary, with the arrangements for the body once released by Coroner.
4. Provide practical help with the return of any effects belonging to the deceased.
5. Assist with travel and hotel needs.
6. Provide support for the AusCycling insurance claim.

3.2 ACTIONS IN THE DAYS FOLLOWING THE INCIDENT

After the incident the following administration arrangements should be carried out:

1. Ensure that no name is included in any post incident mail shots (e.g. results, photographs).
2. Liaise with the 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 session release details of the circumstances of the incident or the name 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 session lead or club 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 them.
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	Attach 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 THEM 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.

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:

- a. the person recovers — they start moving, breathing normally, coughing or talking — then put them in the recovery position; or
- b. it is impossible for you to continue because you are exhausted; or
- c. 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.