

EVENT ORGANISER GUIDELINES & REGULATIONS – SAFETY



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1.1 Overview

In order to satisfy legislative requirements governing safety and risk management at sporting and recreational events, Cycling South Africa (CSA) have, in terms of legislation as a national sporting federation, developed and adopted mandatory guidelines and regulations that must be satisfied for all events sanctioned by CSA or any of their affiliates.

While these guidelines aim to meet or exceed the legal requirements as outlined in the national Safety at Sports and Recreational Events act (Act 2 of 2010), and further takes into consideration standards as outlined in the SANS 10366: 2009 - Health and Safety at events, the regulations do not replace or supersede any prescriptive legislation or municipal by-laws.

The objective of the regulations is to, above all, ensure optimal safety standards at sanctioned events as well as to strive for absolute legal compliance. Such compliance is in-line with CSA vision and allows for the sustainable growth and development of the sport, allowing South African cycling to increase its appeal within the international arena.

While CSA may, at their discretion, provide technical advice and guidance to event organisers, the responsibility to facilitate compliance with the regulations as outlined below, lies solely with the event organiser(s).

1.2 Application and Exemptions

The guidelines and regulations shall be applied to any event sanctioned by Cycling South Africa and/or any of Cycling South Africa's affiliates, partners or representatives. The requirements of the regulations must be facilitated, managed and signed off by a competent person, as defined in the definitions section of this document.

Cycling South Africa, in consultation with any applicable affiliates, may, at their sole discretion and in writing, exempt an event organiser and/or event from meeting the requirements of this document, or part thereof. Such exemptions will not negate legal obligations applicable to any such organiser and CSA will accept no responsibility relating to non-compliance with prescribed legislation and/or bylaws.

CSA and their affiliates, reserve the right to request or implement additional safety measures and controls, should they deem it necessary and/or in the best interest of the sport and its competitors and supporters.

1.3 Definitions

Act

A legal document or regulation promulgated into legislation

Ambulance

An emergency vehicle modified to transport patients.
Licensed as an ambulance in terms of the national Road Traffic Act.

ATV

All Terrain Vehicle

Competent person

An individual who holds adequate training, qualifications and experience within the field(s) on which they consult, oversee and/or manage

| | |
|-----------------------------|--|
| Cycling South Africa (CSA) | Regulating body governing the sport of cycling in South Africa |
| Emergency Care Practitioner | An individual qualified to register as a professional emergency medical practitioner with the HPCSA |
| ECP-B | An emergency care practitioner, qualified on a basic level |
| ECP-I | An emergency care practitioner, qualified on an intermediate level |
| Emergency | An unscheduled event requiring critical interventions |
| Hazard | An identified risk that may result in an incident or emergency |
| HEMS | Helicopter Emergency Medical Services |
| HPCSA | Health Professions Council of South Africa |
| Incident | An occurrence deemed to be out of the ordinary and/or causing disruption to normal proceedings |
| Mitigate | To reduce against, to make less |
| Paramedic | An emergency care practitioner, trained to, and deemed competent, in advanced life support skills |
| PSIRA | Private Security Industry Regulatory Authority (South Africa) |
| RRV | An emergency Rapid Response Vehicle |
| Event Safety Plan | A detailed plan, outlining risks, hazards and the management thereof for a specific venue, site, stadium or route and for a specific event |
| SANS | South African National Standard |
| VHF | Very High Frequency |

1.4 Responsibility for safety at events

The event organiser(s), and their appointed safety management consultant(s), are primarily responsible for ensuring the application of these regulations to relevant events. CSA shall, through internal processes, audit, at their own discretion, selected supporting documentation, safety plans and/or any other supporting or relevant resource or document submitted to the organisation.

CSA, their appointed affiliates and/or an appointed representative, may, with due cause, highlight matters pertaining to safety and security at any sanctioned event and, if deemed necessary, reserve the right to halt the proceedings of any such event until such time that relevant concerns are addressed and resolved.

1.5 Right to Inspection

CSA, their affiliates or an appointed representative, reserves the right to conduct a physical audit on the day(s) of an event. Appointed persons intending to conduct such audits shall identify themselves to the event organiser and/or a representative thereof, stating their intentions.

Such audits may include, but are not limited to, reviewing of safety plans and/or supporting documentation, assessing of on-site service providers as well as any (sub-) contractors, assessing of both temporary and permanent structures, race routes and any facility or resource intended for use before, during or after the event.

1.6 Penalties and Offences

An event organiser, organisation or business entity may be found guilty of non-compliance with regulations, should they fail to meet the requirements as set out in this document and/or failure to adhere to the parameters of any supporting safety plans and/or relevant documentation submitted for review. The tables below illustrate the applicable penalties for non-compliance.

In instances where a Financial Penalty (FP) is instituted, the amount shall be determined in accordance with the severity of the offence, taking into consideration contributing factors. This amount shall not exceed the amount of R10 000.00 for any one single offence.

| CATEGORY | DESCRIPTION |
|----------|--|
| A | NON-COMPLIANCE OWING TO EVENT ORGANISER (S) |
| B | NON-COMPLIANCE OWING TO SERVICE PROVIDER/(SUB) CONTRACTOR |
| C | DEVIATION FROM APPROVED SAFETY PLAN/SUPPORTING DOCUMENTATION |
| D | MINOR INFRACTION AND/OR NEGLIGENCE |

TABLE 1

| OFFENCE CATEGORY | OFFENCE NUMBER (per occasion, not infraction) | | |
|------------------|--|-----------------------|-----------------------|
| | 01 | 02 | 03 |
| A | WW | INVESTIGATION & FP/RS | PROVISIONAL RS |
| B | WW | INVESTIGATION & FP/RS | PROVISIONAL RS |
| C | WW | INVESTIGATION & FP/RS | PROVISIONAL RS |
| D | WW | FP | INVESTIGATION & FP/RS |

TABLE 1.1

| | | | |
|----|---------------------|---------------|---------------------------------|
| WW | - Written Warning | Investigation | - Internal investigation |
| FP | - Financial Penalty | RS | - Revoking of Sanctioned status |

1.7 Appeals

Any person, organisation or entity, wishing to appeal any process, action or decision delivered by CSA and/or any affiliate, made with the intention of facilitating these regulations, may submit, in writing, a formal query, appeal or complaint to Cycling South Africa

2.0 Event Safety Plans

2.1 Overview

Upon written request, event organisers must submit to CSA, or the provincial affiliate, a comprehensive written Event Safety Plan for sanctioned events. The plan must be submitted in writing, electronically or hard copy. Such plans will not be requested until two calendar months preceding the event date, unless CSA deem the event to be of significant importance to the image of the sport. In instances where the event in question is a multiple stage race, such plans may be requested three months prior to the event date.

In order to allow for the reviewing of said plans, documentation must be submitted within seven days of the request.

The plan must be compiled and signed off by a competent professional, who carries adequate professional indemnity insurance for such consulting services and holds valid registration with CSA as a Safety Management Consultant. In instances where the plan is a work in progress, the appointed developer and author of said plan, will need to provide satisfactory evidence to show that the plan is at a suitable phase.

The Event Safety Plan must adhere to the legal requirements as contained in the Safety at Sports and Recreational Events Act (Act 2 of 2010) and must contain the following sections:

1. Event overview
2. High level Risk Overview
3. Venue plan
4. Route map(s)
5. Spectator profile
6. Sanitary and waste management plan
7. Detail of on-site liquor sales if applicable (copy of liquor license(s))
8. Motor vehicle parking plan
9. Security Plan
10. Communications Plan
11. Fire Safety Plan
12. Medical Management Plan
13. Access and Egress Plan(s)
14. Emergency Management Plan

Annexures

- A. Sanctioning certificates & Police Commissioners Risk Categorisation
- B. Liquor license(s) (where applicable)
- C. Fire-proofing certificates (where applicable)
- D. Structural engineers certificate(s) – temporary structures (where applicable)
- E. Appointment letter(s) – safety officer/safety management /medical coordinator

Points 3, 6, 8 may be detailed on one graphical representation.

A fee to review safety plans is included in CSA race application and sanctioning fess, and plans shall be reviewed, in the first instance, at no cost to the relevant persons submitting the plan. Any reviewing of said safety plan(s) in addition to the first instance shall be charged at R600.00 per review. This fee shall also apply in instances where CSA and/or the relevant affiliate are reviewing an amended safety plan that was initially returned to the author(s) owing to oversights, errors and/or omissions

2.1.1 Event Overview

An outline of the event venue and routes must be contained within the safety plan. Information contained within this section, must include the following information:

- Event location (physical address, town, city, province)
- Approximate expected attendance (early and late registrations plus spectators – see section 4.7)
- Race categories
- Route options (distances and discipline)
- Expected duration (beginning to completion)

2.1.2 Risk Overview

The event risk overview must list and elaborate on any evident and/or probable risks pertaining to the event. Such risks include, but are not limited to, the following:

- Geographical location (proximity to medical and police facilities)
- Traffic considerations
- Venue and route hazards – water, heights, wildlife, accessibility
- Overnight accommodation arrangements (if applicable)
- Historical data for event/race (where available)
- Environmental considerations/risks

2.1.3 Venue Plan

An A4 graphical representation of the event venue must be included in the event safety plan. The graphic should identify points 3, 6, 8 and 12 as listed in section 2.1.

2.1.4 Route Map(s)

Route maps must be provided for each route applicable to the event. The route map must identify the following:

- Start and Finish
- Risks/hazards as identified in the Risk Assessment
- First Aid points (where applicable)
- Medical stations (where applicable)
- Refreshment points
- Significant technical sections
- Identified helicopter landing zones (where applicable)
- Vehicular access routes leading up to route
- Prominent landmarks

2.1.5 Spectator Profile

A anticipated spectator profile, based on reasonable assumption and historical data, must be contained within the plan. The profile shall include the expected total number of spectators as well as an

approximate age breakdown (children and youth 01 – 18 years, young adults 18-30 years and adults 30+ years), including an expected female/male ratio.

The spectator profile, in conjunction with other resources, allows for a practical assessment in regards to the probability of unrest and/or uncontained incidents of mass panic within a certain venue.

2.1.6 Sanitary and Waste Management Plan

Sanitary facilities shall be distributed around the site in a manner that serves the greatest need; for example - near bars and catering areas. Queuing areas shall not obstruct any gate or emergency route.

Table 2 below, indicates the number of sanitary facilities required at an event. When applying the table to expected numbers, ensure that a total attendance (ie. spectators and contestants) figure is used to calculate what facilities will be required.

| 1 | 2 | 3 | 4 |
|---|----------------|--|----------------|
| Events with a duration of six hours or more | | Events with a total duration less than six hours | |
| Female attendees | Male attendees | Female attendees | Male attendees |
| 1 toilet/100 | 1 urinal/150 | 1 toilet/120 | 1 urinal/175 |
| | 1 toilet/500 | | 1 toilet/600 |

TABLE 2

Suitable waste disposal bins must be provided and strategically placed throughout the venue, calculated at one waste bin per 250 persons. Suitable arrangements must be made to remove the waste from the venue following the completion of the event. This can be facilitated through the venue agents or landlords.

2.1.7 On-site Liquor Sales

All on-site liquor vendors must possess a valid liquor license authorising the sale of alcohol in a manner that complies with prescriptive legislation and the nature in which they are trading. A copy of the license must be readily available for inspection at all times.

A copy of liquor license(s) must be attached as Annexure B.

2.1.8 Motor Vehicle Parking Plan

A graphical representation of venue parking allocations must be provided. This may be represented on the Venue Plan (see section 2.0) or may be submitted as a separate item

2.1.9 Security Plan

The security plan shall be compiled and signed off by a competent person, registered with PSIRA a Grade A security professional and/or a qualified Special Events Security Officer. The security plan shall, at a minimum, contain the following information:

- Probable/possible security threats to the event and attendees
- Breakdown of security personnel on site
- Allocation of personnel
- Communication systems

2.1.10 Communications Plan

The Communications Plan shall detail provisions made for on-site communication. It is imperative that reliable communication is available and maintained between all emergency, safety personnel and event organisers and/or any established VOC or JOC, as determined by legislation.

Details of available public address systems shall be detailed herein.

2.1.11 Fire Safety Plan

A plan detailing the availability of suitable fire suppression equipment shall be made available. Additionally, applicable certificates pertaining to the fireproofing of any temporary and/or permanent structure, facility, or part thereof, shall be detailed in this section.

While consideration should be given to contributing factors, a general provision of one 4.5kg Dry Powder fire extinguisher, per 250m² of occupiable venue space should be applied. All provisions must be clearly marked in accordance with national building regulations. This provision should not take into consideration cycling route area space.

Where applicable, certificates for fireproofing must be attached as Annexure C.

2.1.12 Medical Management Plan

The Medical Management Plan shall be compiled and signed off by a emergency medical professional, qualified to a level allowing for registration with the Health Professions Council of South Africa, as an emergency care practitioner on an intermediate level or as an Ambulance Emergency Assistant.

The resource requirements for an event shall be determined by consulting the Medical Resources Table, which is included as an annexure to these regulations. The requirements of such consultation shall form the basis of the required resources, however these requirements may be increased (but not reduced), at the discretion of the medical coordinator, safety manager and/or CSA representatives and/or affiliates thereof.

The plan shall contain the following information and resources:

- A complete medical needs analysis determined using Annexure A
- Written and signed appointment between the event organiser and the emergency medical services provider
- Written appointment of a Medical Coordinator (where applicable)
- Outline of contracted on-site resources for the duration of the event (personnel, equipment and vehicles)
- Detailed outline of medical stations and temporary medical facilities (where applicable), including details on staffing and the dispensing of medications
- Coordinates of identified helicopter landing zone(s)
- Patient/casualty referral plan, including identified external service providers (where applicable)*
- Mass casualty incident management plan
- Details of nearest state and private emergency medical and rescue service providers, including contact details (including HEMS)
- Details of nearest tertiary medical facilities, outlining limitations and capabilities
- Details, address and contact numbers for nearest level one state and private medical facilities
- Copy of a valid Pharmaceuticals Dispensing License (where applicable)

** Patients must be transported off site using resources, in addition to those contracted to the event. Where time and/or external resources deem it necessary, a decision to override this may be made at the time, by the medical coordinator or safety officer (when adequately qualified).*

2.1.13 Access and Egress Plan

The access and egress plan shall clearly identify access and egress routes for vehicular, pedestrian and cyclist traffic, to the venue. It shall further illustrate access routes to strategic points along the race route(s).

2.1.14 Emergency Management Plan

The Emergency Management Plan shall outline the procedures and actions to be followed in the event of an emergency incident. The action plans shall commence from reporting of the incident, through to conclusion of the incident.

Mandatory incidents to make provision for include, but are not limited to, the following:

- Emergency Medical Incident – first aid and critical
- Security and/or criminal incident
- Fire Incident
- Rescue Incident

All relevant contact numbers must be contained therein.

2.2 Temporary Structures

As required by legislation, any temporary structure standing taller than 3 (three) metres in height, or with dimensions exceeding 3 x 3 metres (three by three), must have an accompanying structural engineers report or certificate.

This applies to, but is not limited to, scaffolding structures and marquees. Inflatable structures are excluded from this requirement.

Additionally, any such freestanding structure that is partly or wholly constructed using metal-based materials and/or frames, must be earthed.

Relevant structural certificates/reports (signed off by a professional structural engineer) must be attached as Annexure D.

2.3 Appointment of safety management consultant(s)

The written appointment of the events' Safety Officer and/or appointed Safety Management Company, must be attached as Annexure E.

3. Appointments and Functions

3.1 Medical Coordinator

Function

The medical coordinator is responsible for managing the logistical aspects of on-site medical resources. They are further responsible for decisions pertaining to the transportation of patients/casualties,

coordinating medically related considerations during an incident and liaising between the organiser and any other key personnel/person/organization.

Except for instances where their medical qualifications exceed that of the attending practitioner, the medical coordinator shall not supersede the attending practitioners clinical decisions.

Advised Minimum Criteria

An individual must meet the following requirements in order to be appointed as a medical coordinator:

1. Possess a professional medical qualification
2. Display thorough knowledge of South African emergency services systems
3. Have a minimum of 3 (three) years operational experience within the emergency medical services
4. Have experience with managing similar functions within the events sector
5. Be covered by an individual and/or company professional indemnity insurance policy, relevant to fulfilling such functions

The medical coordinator may undertake a dual role and form part of the on-site medical resources compliment.

Required for

Any event with an expected total attendance in excess of 1200 people or at the discretion/request of the safety officer, CSA or an authorised affiliate.

3.2 Safety Officer

Function

The safety officer is tasked with monitoring and maintaining a safe environment for the duration of the event. Areas of concern and responsibility include operational safety, occupational health and safety compliance and hygiene management. The safety officer maintains the right to halt any proceedings, should they identify a significant risk threatening the safety of spectators, competitors or any other individual.

The mandate of the safety officer spans the entire length of all race routes, the event venue(s) as well as all associated facilities. The safety officer is required to be on-site for the entire duration of the event and to reasonably identify any arising risks or dangers, offering suitable mitigation and/or management strategies.

The safety officer is also responsible for ensuring that the security plan is adhered to.

Advised Minimum Criteria

An individual must meet the following requirements in order to be appointed as a safety officer:

1. Possess a professional safety qualification – minimum NQF 5
2. Display thorough knowledge of South African occupational health and safety legislation
3. Have a minimum of 3 (three) years experience within safety management disciplines
4. Experience in managing safety related disciplines and functions, within the events sector
5. Be covered by an individual and/or company professional indemnity insurance policy
6. Have a clear understanding of the national Safety at Sports and Recreational Events act (Act 2 of 2010), as well as the SANS 10366 – Health and Safety at events

The safety officer may, when satisfying criteria as outlined in section 3.1, play a dual role and act as both the medical coordinator and safety officer. In such instances, they may not form part of the on-site medical resource compliment.

Unless working under the banner of a Safety Management Consultancy registered with CSA, a safety officer must hold valid registration with CSA as a safety officer.

Required for:

All sanctioned events. The safety officer is required to be on-site for the entire duration of the event.

3.3 Medical Service Providers

Contracted medical service providers must be registered with Cycling South Africa as a Medical Service Provider. No service provider shall be utilized unless they hold a valid operating number issued by CSA, or an authorised affiliate of CSA.

To make application in this category or to access a database of approved companies and individuals, please contact CSA.

3.4 Safety Management Consultants

Should the event organiser make use of an independent professional event safety management consultant or company to facilitate the implementation of these regulations, the appointed company or individual must be listed as a Safety Management Consultant(s) with CSA.

To make application in this category or to access a database of approved companies and individuals, please contact CSA.

3.5 Additional Appointments

Should additional appointments be required, as determined during the development of the safety plan, such appointments must be made in writing. In cases where unique appointments are required, the qualifications and requirements relating to such appointments will be determined by the appointed safety management consultant or, when requested, by CSA or their respective affiliates.

4.0 General Regulations

4.1 Safety on cycle routes (in addition to existing route regulations)

The appointed safety officer, in conjunction with the event organiser, shall make reasonable effort to mitigate or manage significant dangers and hazards along the course of a cycle route. It is appreciated that in certain disciplines hazards are expected and anticipated by riders; it is therefore at the discretion of the safety officer, event organiser and/or a CSA representative to determine reasonable methods and measures used to mitigate, manage or highlight any such risks.

Safety personnel should be cognisant of the following probable risks associated with cycling:

- Vehicular traffic
- Environmental risks
- Possible fall from a height (unguarded edges on Mtb tracks & BMX)
- Secondary collisions occurring in 'bottle-neck' areas
- Advanced technical sections of routes

Consideration cannot be made or preempted for every possible risk or hazard that may be encountered along a route, therefore it is imperative that, upon assessment, the safety officer or managing entity, make reasonable attempt to safeguard riders and/or spectators from any such hazards. Existing CSA and/or affiliate regulations, pertaining to route requirements, marking and specifications, apply.

4.2 Continuous safety

It must be noted that safety considerations need to be given to **all** facilities and resources pertaining to the hosting of an event and not only those relevant to riders and/or the race route. Additionally, it must be noted that such considerations and controls must be applied to the duration of the entire event, irrespective of whether racing occurs on the days in question or not. For example, should an event offer overnight camping, prior to or after the race day(s), due consideration needs to be given to all facilities made available to riders and/or spectators and supporters. These regulations would need to be extended to any such related facilities.

Where accommodation, owned and/or operated by entities or persons independent to event organisers, is marketed to event participants or spectators, the responsibility for safety considerations at such locations shall be borne by the venue owner/operator.

Legal responsibility to manage all risk related aspects of an event commences from the time of the first participant/spectator arriving at the event and prevails until such time that the last participant/spectator leaves the event. Subsequently, risk controls and provision of emergency related resources should be effective from at least 1 (one) hour prior to the first expected arrivals, until the last persons have departed.

This need not apply to contractors and/or organisers, on site to build up or break down facilities and structures relevant to the event.

4.3 Communications

Uninterrupted and suitable communication channels must be available for the duration of the event. While VHF radio communication is the recommended method of communication, cellular telephones may substitute radio communication, provided that the majority (75%+) of the entire event coverage area, has adequate GSM signal and that the networks are regarded to be reliable. It is imperative in such instances that all key personnel, marshals and emergency personnel have adequately charged cellular telephones, with no calling limitations or restrictions. Additionally, 'calling cards' listing the names and contact numbers of all key personnel, must be provided to marshals and officials.

In some instances, particularly during widespread stage races, a combination of both telephone and radio communications may be required, owing to signal and topographical reasons. In instances where neither cellular telephones nor VHF radios can be used effectively, CSA must be informed accordingly, and with at least two months notice, so that consideration into the matter may be made.

Reliable communication is absolutely essential in ensuring an effective and rapid response to emergency incidents. Breakdown and delays in communication can have exceptional negative impacts on the outcome of an incident; the Communications Plan is therefore an area of significant concern and must be addressed carefully and comprehensively.

4.4 Environmental Considerations

With cycling generally being an all-year sport and taking place in varying settings and environments, reasonable consideration must be given to environmental factors. While extreme heat and extreme cold

often prevail as primary environmental concerns, factors relating to fauna and flora must also be assessed.

Primary concerns must be discussed between relevant parties, ensuring that communication pertaining to identified risks and concerns have been addressed throughout the organisational structure and effective management strategies have been formulated.

Pre-event communication regarding any particular and significant concerns should be made available to riders and/or supporters, and distributed when possible.

4.5 Provision of Rescue Services

It is not practical to implement a system that requires mandatory dedicated rescue services at an event, as all events and the needs thereof, differ depending on various factors. Rescue services in the context of this document, refer to rescue technicians, trained and equipped to perform primarily high angle rescues, establish access to patients in inaccessible areas, wilderness search and rescue, as well as aquatic rescue.

Having conducted the initial HIRA, should the safety officer and/or the medical coordinator or event organiser, for reasons including location and significant risk exposure, deem it necessary to avail dedicated rescue services, this shall be at the discretion of the persons managing the risk considerations for the event. The aforementioned persons shall determine the requirements and skill level required, as well as inform CSA of their findings and relevant management strategy.

Service providers contracted to provide rescue services, must be suitably qualified, equipped and experienced to operate within the parameters of the perceived functions.

CSA, and their affiliates, reserve the right to assess the needs for such services, should they feel that the risk might in fact apply to a particular event, or should they feel that the geographical location largely lacks such existing services and infrastructure.

4.6 Service providers and contractors

All service providers and contractors, as well as any sub-contractors, irrespective of their function(s), must hold valid and adequate professional indemnity (where applicable) and/or general public liability insurance. Medical service providers must further carry suitable medical malpractice insurance, ensuring that all staff that may act in a professional or medical capacity are covered and included in and by any such policy. Security companies, as well as their staff, must hold valid registration with PSIRA.

4.7 Event Attendance

In order to effectively cater for safety considerations, it is necessary to try and project the total number of attendees to a particular event. It is not always possible to accurately determine such numbers and therefore a formula for reasonably projecting attendance has been created and must be applied when determining the capacity for which an event must cater.

$$(PE + RDR) \times 2.2 = \text{TOTAL}$$

PE – pre-entries to race

RDR – race day registrations, a reasonable estimation on expected RDR

2.2 – the base number used to arrive at a total attendance number, inclusive of spectators

It is appreciated that, owing to the need for early development and submission of safety plans, it is not always possible to establish the number of pre-entries received, prior to the development of the relevant plans. In such instances, historical data must be considered when trying to determine numbers; where no historical data is available, entries received for events similar in size, location and nature, should be reviewed to allow for a better estimation on numbers.

Upon reviewing of the safety plan, should the estimated numbers used to determine the event facilities, be exceeded by >20% at the time of reviewing, CSA and/or any authorised affiliate, reserves the right to request the amending of any such plans.

4.8 Temporary Medical Facilities (TMF)

When required, the TMF shall be established at the most strategic of the route or at the finish point or overnight holding point in the case of stage events. When required for stage races, the TMF shall have an independent source of electricity and offer sufficient lighting to allow for the treatment of patients after daylight hours.

The medical facility shall be capable of attending to 0.5% of the total anticipated attendance, and be staffed accordingly and in such a manner which will adhere to national pharmaceutical dispensing act being complied with.

- a) designated as a no-smoking area in accordance with the relevant national health and safety legislation
- b) of an adequate size (i.e. a minimum of 4 m² per bed/stretchers and 2 m² per seated patient) for the anticipated number of casualties (based on 0.5 % of total attendees) with a minimum of one bed per 1 000 attendees with a minimum of one bed designated for resuscitation purposes (a minimum of 9 m² per resuscitation bed) and readily accessible for the admission of casualties and ambulance crews,
- c) large enough to contain the required number of examination couches (one per 1 000 attendees or part thereof) or ambulance stretchers of which at least one can be screened off for private consultation, with adequate space to walk around, and an area for the treatment of sitting casualties,
- d) accessible at ground level and have a doorway large enough to allow access for an ambulance stretcher or wheelchair,
- e) maintained in a clean and hygienic condition, free from dust, and with climate control (dependant on practicality) , lighting and ventilation,
- f) provided with adequate emergency care and medical equipment appropriate to the level of healthcare provider, including an automated external defibrillator or manual defibrillator that shall be separate from those contained in ambulances,
- g) within proximity of sanitary facilities for patients
- h) provided with a supply of running water; if this is not possible, adequate fresh clean water shall be provided in containers with a mechanism to dispense,
- i) provided with a supply of drinking water,
- j) provided with a worktop or other suitable surface (for example folding tables) for equipment and documentation, and

- k) provided with suitable secure storage facilities for drugs and equipment used by the medical providers.
- l) suitably protected from environmental elements
- m) clearly marked and identifiable as a medical station
- n) have suitable facilities to allow for the disposal of medical waste.

4.9 Route Access

Access to all points along the race route is required in order to allow for emergency personnel to respond to incidents in a timely manner. Where it is not possible to easily access a point along a route using conventional or four-wheel drive vehicles, access points must be contained in the safety plan, allowing for vehicular access within one kilometer of said inaccessible point. When contracting to an event that presents access related difficulties, emergency personnel must carry handheld global positioning system (GPS) devices.

When allocating resources to such events, the contracted service provider must make allowance for suitable four-wheel drive vehicles and/or ATV's to be readily available. Suitably converted and appropriately registered and licensed SUV type vehicles, modified to allow access to and transportation from rugged terrain areas, may be utilized but may not substitute the ambulance, in cases where only **one** ambulance is allocated to an event. For events where more than one ambulance is required, application may be made to CSA and/or the relevant affiliate, to substitute one of the said ambulances with an all access Primary Rescue Vehicle. The decision shall be at the discretion of CSA and/or the relevant affiliate.

4.10 ATV and four-wheel drive vehicles

Should an ATV and/or a four-wheel drive vehicle be used to access an isolated point along a route, the driver(s) thereof must have adequate and suitable experience in driving such vehicles along similar routes. All prescriptive licenses and permits as required by national legislation must be held by the driver(s) and be valid with no applicable exclusions.

Absolute caution and consideration must be made for cyclists along the route, as well as due consideration given for the natural environment and surroundings.

4.11 Incident Investigations

Should it be deemed necessary, CSA and/or the appointed affiliate may request an internal and/or independent investigation into any incident, near-miss or occurrence. The investigation shall be conducted by a competent person and, notwithstanding reasonable delays outside of the control of the investigating personnel, written findings shall be available for review by the relevant CSA and/or affiliates management, no later than seven days post the initiation of the investigation.

Subsequent findings and outcomes shall be acknowledged, in writing, by the management of CSA or an appointed representative of the relevant regulating body and be retained for a period of one year and must remain available as evidence in any court, insurance or civil proceedings.

4.12 Post-event reporting

The appointed safety officer and/or safety management consultant/company shall, within seven days of conclusion, submit a written event summary to CSA and/or the appointed affiliate, in addition to the event organiser and any identified stakeholders of said event. The summary must include the following:

1. Summary of all safety incidents/near-miss incidents
2. Summary of all medical incidents and treatments rendered (patient details may be excluded due to patient confidentiality)
3. Summary of any spectator related incidents
4. Summary of any security related incidents
5. Conclusion identifying any shortfalls, deviations or omissions experienced

Both the safety management consultant/company and the event organiser must retain such reports for a minimum period of eighteen months. Such information must be made available upon request from CSA or an authorised affiliate.

4.13 Exemptions

CSA and/or any duly authorised affiliate thereof, reserves the right to, based on reasonable consultation, exclude and/or omit any requirement(s) contained within these regulations. Such exclusions shall be made in writing and will be supported by a motivation. Exclusions and omissions are made solely at the discretion of the regulating body, and consideration for any such exemption and/or exclusion may be made in writing to the regulating body.

Such exclusions and/or exemptions shall not negate the organiser(s) of any legal responsibility to comply with prescriptive legislation and by-laws.

ANNEXURE A:

MEDICAL RESOURCES TABLE

Assess the medical requirements of an event by working through the following tables. In instances where more than one answer is applicable, apply the higher of the two scores.

| 1. RACE OUTLINE | | |
|--|---------------------------|--------------|
| ITEM | DETAILS | SCORE |
| A) EVENT TYPE | ROAD | 6 |
| | BMX | 8 |
| | MTB - STAGE RACE (>1 DAY) | 6 |
| | MTB - X-COUNTRY | 5 |
| | MTB - POINT TO POINT | 5 |
| | DOWNHILL | 6 |
| B) CATEGORY <i>(SELECT HIGHEST CATEGORY APPLICABLE)</i> | NIPPER (<10) | 3 |
| | SPROG (11-12) | 3 |
| | SUB-JUNIOR (13-14) | 2 |
| | YOUTH (15-16) | 2 |
| | SENIOR (19-29) | 2 |
| | SUB-VET (30-39) | 4 |
| | VETERAN (40-49) | 4 |
| | MASTER (50-59) | 5 |
| | GRAND MASTER (>60) | 5 |
| TOTAL (A + B) | | |

| 2. EVENT ATTENDANCE | | |
|--|----------------|--------------|
| ITEM | DETAILS | SCORE |
| A) ATTENDANCE <i>(TOTAL COMBINED OF ALL HEATS/CATEGORIES & SPECTATORS/SUPPORTERS)</i> | 01-50 | 2 |
| | 51-100 | 2 |
| | 101-160 | 4 |
| | 161-210 | 4 |
| | 211-400 | 5 |
| | 401-650 | 5 |
| | 651-1000 | 6 |
| | 1001-1500 | 6 |
| | 1501-2000 | 7 |
| | 2000-3000 | 10 |
| | 3000 + | 10 |
| | B) STAFF | 01-15 |
| 15-25 | | 1 |
| 25-50 | | 3 |
| >50 | | 3 |
| TOTAL (A+B) | | |

| 3. EVENT LOCATION & DATA | | |
|--|----------------|--------------|
| ITEM | DETAILS | SCORE |
| A) PROXIMITY TO LEVEL 1 UNIT <i>(TOTAL TURN AROUND TIME)</i> | 10-30 (MINS) | 1 |
| | 30-60 (MINS) | 3 |
| | 60-120 (MINS) | 6 |
| | >120 (MINS) | 6 |
| B) PROXIMITY OF ADDITIONAL RESOURCES | 10-30 (MINS) | 1 |
| | 30-60 (MINS) | 5 |
| | >60 (MINS) | 5 |
| C) PROXIMITY OF HEMS | <100 (KM) | 2 |
| | 100-300 (KM) | 4 |
| | >300 (KM) | 6 |
| TOTAL (A+B+C) | | |

| 4. DATA AND ENVIRONMENTAL | | |
|----------------------------------|--|--------------|
| ITEM | DETAILS | SCORE |
| A) HISTORICAL DATA | RECORDED DATA – LOW CASUALTY RATE (<0.05%) | -1 |
| | RECORDED DATA – MODERATE CASUALTY RATE (0.05-0.2%) | 2 |
| | RECORDED DATA – HIGH CASUALTY RATE (>0.2%) | 4 |
| | NO DATA AVAILABLE | 3 |
| B) SEASON | SUMMER | 4 |
| | AUTUMN | 2 |
| | WINTER | 4 |
| | SPRING | 2 |
| C) TOPOGRAPHY | GRADED ROUTE | -1 |
| | UNGRADED ROUTE | 2 |
| | MODERATELY TECHNICAL (30%+) | 4 |
| | EXTREMELY TECHNICAL (60%+) | 6 |
| D) WATER | RIVERS ON ROUTE | 3 |
| | PONDS/STREAMS ON ROUTE | 1 |
| TOTAL (A+B+C+D) | | |

| 5. DURATION & FACILITIES | | |
|-------------------------------------|-------------------------|--------------|
| ITEM | DETAILS | SCORE |
| A) OVERNIGHT CAMPING | NOT APPLICABLE | 0 |
| | 25% OF TOTAL ATTENDANCE | 3 |
| | 60% OF ATTENDANCE | 5 |
| | >60% OF ATTENDANCE | 6 |
| B) DURATION | 0-6 HOURS | 1 |
| | 6-12 HOURS | 2 |
| | 12-36 HOURS | 4 |
| | 36-72 HOURS | 5 |
| | 72-144 HOURS | 6 |
| TOTAL (A+B) | | |

Add the totals from tables 1 – 5 to reach a total. Apply the total to table 6 to determine the minimum required medical resources. While this guideline should not be deviated from, certain considerations may be made in light of significant motivational factors. This will be at the discretion of the relevant organising/governing body.

| 6. MINIMUM RESOURCES REQUIRED | | | | | | | |
|--------------------------------------|------------------|------------|------------|------------|---------------|-------------|------------|
| SCORE | AMBULANCE | BLS | ILS | ALS | DOCTOR | M-CO | TMF |
| <20 | 1 | 1 | 1 | 1 | 0 | 0 | 0 |
| 20-24 | 1 | 3 | 1 | 1 | 0 | 0 | 0 |
| 25-29 | 2 | 4 | 2 | 1 | 0 | 0 | 0 |
| 30-34 | 2 | 4 | 2 | 1 | 0 | YES | YES |
| 35-38 | 2 | 6 | 4 | 1 | 0 | YES | YES |
| 39-45 | 2 | 8 | 4 | 2 | 0 | YES | YES |
| 46-52 | 2 | 8 | 6 | 2 | 0 | YES | YES |
| 53-60 | 3 | 8 | 6 | 2 | 1 | YES | YES |
| 60+ | 3 | 8 | 8 | 3 | 1 | YES | YES |

TABLE 6

| | |
|---------------------------------|----------------------------------|
| AMBULANCE TO ALS SPECIFICATION | BLS – BASIC LIFE SUPPORT |
| ILS – INTERMEDIATE LIFE SUPPORT | ALS – ADVANCED LIFE SUPPORT |
| M-CO – MEDICAL CO-ORDINATOR | TMF – TEMPORARY MEDICAL FACILITY |

NOTE THAT ALL STAGE RACES HELD OVER MORE THEN TWENTY FOUR HOURS, WHERE COMPETITORS ARE REQUIRED TO STAY ON THE ROUTE OVERNIGHT, REQUIRE A TEMPORARY MEDICAL FACILITY TO BE ESTABLISHED AND STAFFED.