TASMAN WHEELERS

HEALTH & SAFETY PLAN

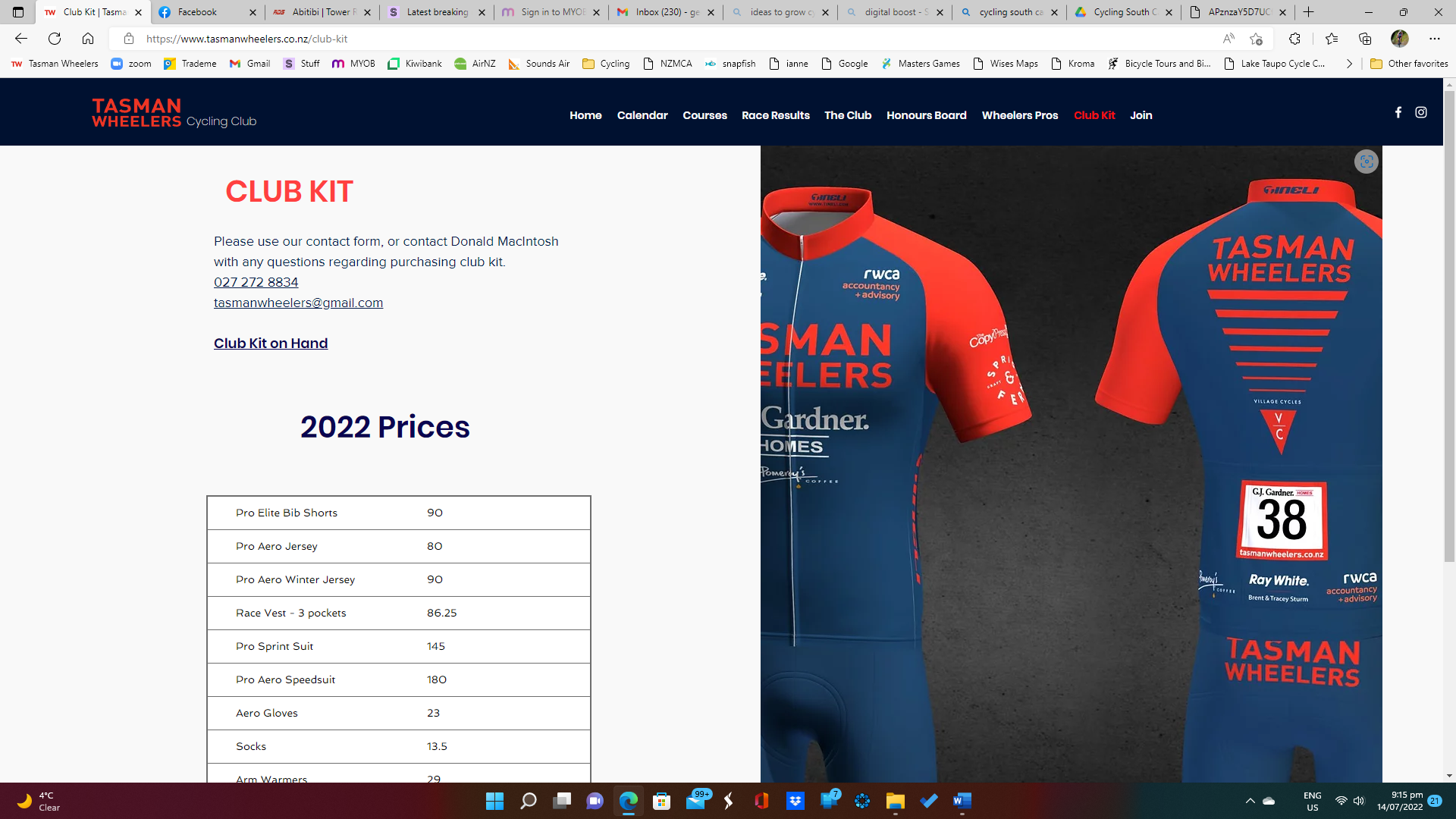


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**Introduction**

“Tasman Wheelers is committed to providing & maintaining a safe environment for all personnel involved or associated with the sport of cycling operated by the Tasman Wheelers Club”.

It is the responsibility of all riders to compete safely, observe all road rules and follow the directions of race officials. Adherence to safe riding will reduce the risk of accident and injury. Cycling is a dangerous activity and when things go wrong consequences can be very serious. Riders need to be confident with group riding and riding pace lines. Pre season safety sessions allow those less confident or new to the sport to practise these skills. Riders should also be familiar with the common hand signals used when riding in a group. These are noted later in this policy along with a number of web sites relevant to safe racing.

Tasman Wheelers will comply with the requirements of the Health and Safety in Employment Act 2015 by providing and maintaining a safe and healthy environment for all riders.

The Club will take all possible steps to list and evaluate hazards and to determine solutions to reduce, eliminate or minimise those hazards as part of the Risk Management Plan (RMP).

Road Cycle Racing is an action sport & inherently has risks that are accepted as part of sport. All known risks are noted in the Clubs RMP & this is available on the club website and a copy is kept in the Race Ute.

Safety and safe practices at all club events are not negotiable and failure by anyone to comply by the code of conduct or rules of the sport will result in the removal of such person from the event.

*WHEN PARTICIPATING IN OUR SPORT WE WILL Enjoy ourselves Ride within the rules of the sport. Respect officials and other volunteers. Respect all participants. Be gracious winners and dignified losers.  
 Ride hard but ride fair*

**HEALTH AND SAFETY POLICY:**

To support our Health and Safety policy statement we are committed to the following duties:

* Undertake regular, recorded risk assessment of all activites undertaken by the club.
* Create a safe environment by pu­tting health and safety measures in place as identified by the assessment.
* Ensure that all members are aware of and follow the club’s health and safety policy.
* Appoint a competent club member to assist with health and safety.
* Ensure that normal operating procedures and emergency operating procedures are in place and known by all members.
* Comply with Race TMP’s and STMS requirements
* Provide access to adequate first aid facilities, phone and qualified first aider.
* Report any injuries/incidents or accidents sustained during any club activity.
* Ensure that the implementation of the policy is reviewed regularly and monitored for effectiveness.

**Duties of Race Manager**

Race Managers Briefing will include the following

* Course Details
* Identification of Hazards
* Safety procedures for the event
* Race rules
* Responsibilities of Marshalls
* Incident reporting procedures

All riders must attend the race briefing and sign in prior to the race.

**Race Marshall Duties**

All Marshalls will wear hi-vis vests, All riders are to adhere to directions of the Race Marshalls. The Stop/Go sign is for riders to observe not vehicles. All riders are to slow and stop when the Marshall extends a stop sign. If the road is clear the Marshall will extend the GO or SLOW sign.

**Duties of Sign Manager**

* Ensure the vehicle has sufficient fuel
* Ensure the ute has all the signs and stands required to comply with the TMP
* Lay out the race signs in accordance with the TMP
* Allocate Marshalls as required and brief the Marshalls on their duties
* While setting out signs for the race take note of any potential hazards that might affect riders during the race ie road works, ice, loose gravel, pot holes.

**Duties of STMS**

* Ensure The Course set up is compliant with the TMP with signs correctly located and Marshalls at designated intersections
* Complete the STMS report at the conclusion of the race
* Take any other action necessary for rider safety

**Health & Safety General**

Tasman Wheelers own an AED device that is carried in the Club ute along with a first aid kit.

The Club owns its own supply of signs and cones and hi viz vests to use for club races and to comply with TMP’s for each course.

**Emergency Contact details**

Members are responsible for ensuring their emergency contact details are correct and up to date. These details are requested on the club membership application form, if details change, please advise the club secretary of any amendments.

**Major Emergency Plan**

In the event of a serious incident the race will be abandoned:

* All Participants will be advised that the race has been abandoned and directed to proceed if able to the finish line.
* The Race Manager will inform Marshalls and other race staff of the decision to abandon.
* Race staff will assist in confirming the head count for all participants
* Relevant emergency services should be informed as soon as possible by those on the incident scene.
* The duty STMS will provide a full report of any major incident to the race manager for the committee to initiate any future actions that maybe required and for use if needed by any other organisation ie Police or Waka Kotahi
* Emergency contact details for all riders should be available for officials on race day if needed.

**Incidents on Race Day**  
  
Any incidents, accidents, incidents or near misses at a race no matter how minor should be reported to the Race Manager or Duty STMS and noted in the race report for the day.

Where a hazard exists the Race Manager and/or the Duty STMS will decide if it can be eliminated, isolated or minimised and if it cannot they will decide to either change the course or stop the race.

**Complaints Procedure**

TBC

**Club Health & Safety Personnel**

Health & Safety Officer & STMS Co-ordinator - Roy Courtney

STMS - Steve Brough

Bruce Markham

Peter Ogilvie

Grant O’Fee

**Code of Conduct**

Purpose

The purpose of this Code of Conduct is to communicate the club’s expectations of behaviour to all members and non-members when either representing the club or participating in activities through which the individual could be associated with the club, undertaking duties for the club, attending events (racing, training or otherwise) arranged by the club and/or representing the club.

*The Code of conduct is included within the Health and Safety Plan as it incorporates many safety issues.*

ALL members of the club who are also members of CNZ are bound by the Cycling New Zealand Code of Conduct. This comprehensive document can be found on the CNZ web site at [Cycling-New-Zealand-Code-of-Conduct-Updated-June-2021.pdf (cyclingnewzealand.nz)](https://www.cyclingnewzealand.nz/assets/CNZ/Resources/Organisation-Documents/Cycling-New-Zealand-Code-of-Conduct-Updated-June-2021.pdf)

This Code of Conduct acknowledges that the club is run by volunteers who work hard to deliver a safe and well organised calendar of events all year round and to achieve the club objectives – to promote and organise cycling within the Nelson/Tasman region.

***Key Principles***

• Tasman Wheelers wishes to operate in an environment where people show respect and consideration for others and their property.

• Tasman Wheelers wishes to operate in an environment that is free from harassment that creates a hostile, intimidating or offensive environment.

**Riders Responsibilities**

1. Start on the handicap or in the grade given by the Handicapper.

2. Sign on before the designated time and attend race briefings.

3. Advise the race manager if they intend to withdraw or have withdrawn from a race.

4. Follow instructions given by race marshals, the handicapper, race manager and or STMS

5. If passed during a handicap race, join at the back of the passing group. In graded  
scratch races, if another grade catches, the rider being passed must not interfere with or contribute to the outcome of that grade’s race.

6. In handicap races riders are expected to share the pace making with their co markers.

7. When riding to and from Tasman Wheelers events observe safe road  
behaviours that neither endanger themselves or any other road users.

8. Comply with standard road rules and keep to the left-hand side of the lane.

9. Respect the rights of other road users and follow Race Manager/STMS directions at all times.

10. Promote the safety of themselves and others by ensuring that their own equipment is roadworthy and safe to use.

11. Raise any issues they have with riders or the event with the Race Manager.

12. Must respect the confidentiality of information they receive in the course of fulfilling any duties for the club

13. Must keep a reasonable and safe distance from riders and or bunches when following or passing in a vehicle

14. Co-operate with the club on health and safety issues.

15. Do not interfere with or misuse anything provided for your health, safety or welfare.

**Riders must not:**

1. Join a passing bunch in the middle of that bunch

2. Ride in a dangerous manner or in any way that compromises the safety of any riders, race officials or members of the public

3. Use threatening behaviour or abusive language to anyone including race officials,  
handicapper, committee members, volunteers, members of the public or fellow riders.

**Use of Social media**

Always act in a professional and constructive manner and use sound judgement before posting on the club’s social media pages. Always be polite and respectful of individuals.

Abusive, threatening, negative comments will not be tolerated. Be mindful when posting elsewhere on social media that you may be associated with the Club and use the Code of Conduct to ensure the Club is well represented.

**Sponsors**

Respect the contributions of the club’s sponsors and treat their generosity with the intent for which it is extended in supporting the club and its members.

**Breaches**

At races, breaches of the Tasman Wheelers Code of Conduct should be reported to  
the Race Manager or President.

Breaches of the Code of Conduct that occur outside that of racing should be reported in writing to a committee member.

Alleged breaches will be investigated by the Tasman Wheelers disciplinary committee.

Failure to abide by the code of conduct could result in one or more of the following sanctions being applied:

• Warning

• Reprimand

• Relegation

• Disqualification

• Suspension

• Removal of club membership

• Removal of Cycling New Zealand membership

All persons to whom this Code of Conduct applies acknowledge and agree to comply with the disciplinary and grievance procedures set down by Tasman Wheelers.

If any disciplinary action is taken, persons directly affected shall be given the opportunity to participate in those proceedings and the right to appeal against any decision against them

Sanctions will be at the sole discretion of the Tasman Wheelers disciplinary committee with the support of the Club committee. All decisions will be advised to the parties verbally and in writing and an ongoing record kept.

**Date Adopted**

This policy was adopted on …………………………………………... 2023

President ……………………………… Secretary …………………………………..

**APPENDICES:**

APPENDIX 1: Concussion Awareness Guidelines

**Guideline Summary:**

• Recognise and Stop. If concussion is suspected, stop the rider from riding immediately and seek urgent assessment by a medical doctor.

• Concussions o2en occur without loss of consciousness (only 10-20% lose consciousness).

• Extra caution is required for child and adolescent riders.

• It may take several hours (or even days) after crashing for some or all of the symptoms of concussion to emerge.

• Everybody (e.g. riding buddies, training partners, families, support crew, coaches, race officials, clubs) have an important role to play in recognising the signs and symptoms of concussion.

• Concussion can present in a similar manner to other catastrophic conditions with delayed onset of symptoms.

• A medical doctor must provide assessment and diagnosis of concussion because the diagnosis may be difficult and relies on clinical judgement.

• It is unanimously agreed that no return to riding on the day of concussive injury should occur.

• The effects of concussion can interfere with the athlete’s ability to learn in the classroom or to function well at work. Return to school/work may need to be graduated and demands altered to reflect level of function, guided by a medical practitioner experienced in this area. Return to school/work and social activities should be achieved before return to riding.

**Why there is a need for a Concussion Awareness?**

Concussion is a serious injury and occurs frequently. An estimated 35,000 head injuries occur in New Zealand every year. The rigorous demands of BMX racing place participants at potential risk of sustaining head injuries and concussion. By wearing helmets, riders significantly decrease their odds of head and skull injury but cannot prevent concussion completely.

Those who have a history of prior concussion are at an increased risk of repeat injury due to slowed reaction, times and loss of balance that may be caused by the initial injury. 11% of sports related ACC claimants have multiple concussions within a 2- year period. Evidence shows that with repeat concussion people may experience a decline in general health and quality of life up to 10 years following injury, so it is imperative for repeat injuries to be prevented wherever possible.

**What is concussion?** Concussion is a mild traumatic brain injury that results from direct blow to the head or rapid acceleration and deceleration of the brain inside the skull. There may or may not be direct impact to the head or helmet, lacerations or contusions, or visible damage to the helmet and loss of consciousness does not necessarily have to occur (and more often does not).

**How to recognise the signs and symptoms of concussion.** Concussion presents with a wide range of signs and symptoms that may or may not include loss of consciousness. In fact, only 10-20% who suffer concussion, experience a loss of consciousness. It is important to remember that not every sign and symptom will be present in every case and symptoms can develop gradually for up to 14 days after crashing.

**Signs and Symptoms of Concussion in Rider’s:**

|  |  |
| --- | --- |
| SIGNS OF CONCUSSION  (What you see) | SYMTOMS OF CONCUSSION  (What they feel) |
| * Appears DAZED or STUNNED * Appears CONFUSED or DISORIENTATED * LOSES Consciousness * Shows BEHAVIOUR or PERSONALITY changes * CAN”T RECALL events prior to or after crashing * DAMAGE to face or heads or HELMET | * HEADACHE or PRESSURE on the head or neck * Nausea or VOMITING or seizure * BALANCE problems or DIZZINESS * DOUBLE or BLURRY vision * SENSITIVITY to light or noise * Concentration or MEMORY problems * Feeling SLUGGISH< HAZY or GROGGY |

**What action to take when concussion occurs:**

When concussion or possible concussion occurs, it is important to act and get help. The most important steps in the early identification of concussion are to recognise a possible injury and stop the rider from riding. Riders should be educated on the signs and symptoms of concussion and encouraged to be honest with medical staff and report any new symptoms as they develop.

**Use the Rider Concussion Awareness Pocketcard:** Riders, riding buddies, training partners, families, support crew, coaches, race officials and club members are encouraged to download the Concussion Awareness Pocket card from **www.cyclingnewzealand.nz/bmx** and either print it and/or save it on their phone.

Non-medical personnel (e.g. riding buddies, training partners, families, support crew, coaches, race officials, clubs) have an important role in observing possible concussion and its effects, and should take responsibility for stopping the injured rider from riding. **If a suspected concussion has occurred, it is important to see a medical doctor for assessment immediately.**

It is unanimously agreed that no return to sport/activity on the day of concussive injury should occur. In cases of uncertainty, always adopt a conservative approach. “If in doubt sit it out”. To help an unconscious rider: - Apply first aid principles –DRABC (Danger, Response, Airway, Breathing, Circulation).

Formal training for providing first aid in remote locations can be obtained through the Pre-Hospital Emergency Care course. It is very important to treat all unconscious athletes as though they have a neck injury. An unconscious athlete must ONLY be moved by a medical professional trained in spinal immobilisation techniques.

**A rider with any of the following should be referred to hospital URGENTLY – call 111:**

• Loss of consciousness or seizures.

• Persistent confusion.

• Deterioration after being injured .

• Increased drowsiness, headache or vomiting.

• Report of neck pain or spinal cord symptoms.

• Numbness,tingling, muscle weakness.

If at any time there is any doubt the rider should be referred to hospital for prompt medical assessment.

**Who can assess concussion** Only a qualified medical doctor can assess and diagnose concussion.

Anyone with a suspected head injury needs to see and be assessed by a medical doctor. This is essential to confirm the diagnosis of concussion and to assess the risk for more serious injury.

Though each rider’s recovery should be evaluated on an individual basis, a few basic premises should be followed to maximise safety and allow for proper recovery. These should serve as educational guidelines only and not rules for unmonitored return to riding and/or racing.

**Rest:** It is unanimously agreed that no return to sport/activity on the day of concussive injury should occur. The primary treatment for concussion is physical and mental rest. Avoid all physical and mental exertion including the use of technology (e.g. use of phones, computers, reading, watching TV) as this may continue to stress the brain and prolong recovery.

**Rehabilitation**: For riders who have a baseline neurocognitive test, return for repeat evaluation and comparison to baseline once the rider no longer reports any concussion related symptoms.

**Gradual Return to Activity**: Once the rider exhibits no further signs or symptoms of concussion, a gradual return to activity process should be used. Advance to the next step no more quickly than every 24 hours and only if symptoms of concussion are not reproduced with each level of increasing activity.

**Important Points:**

• If concussion symptoms return at any stage of the rider’s return to riding/racing, the rider must inform the managing medical professional of their symptoms and rest a minimum of 24 hours before resuming the level of activity where symptoms recurred.

• Return to activity should be particularly cautious where children and adolescents are concerned.

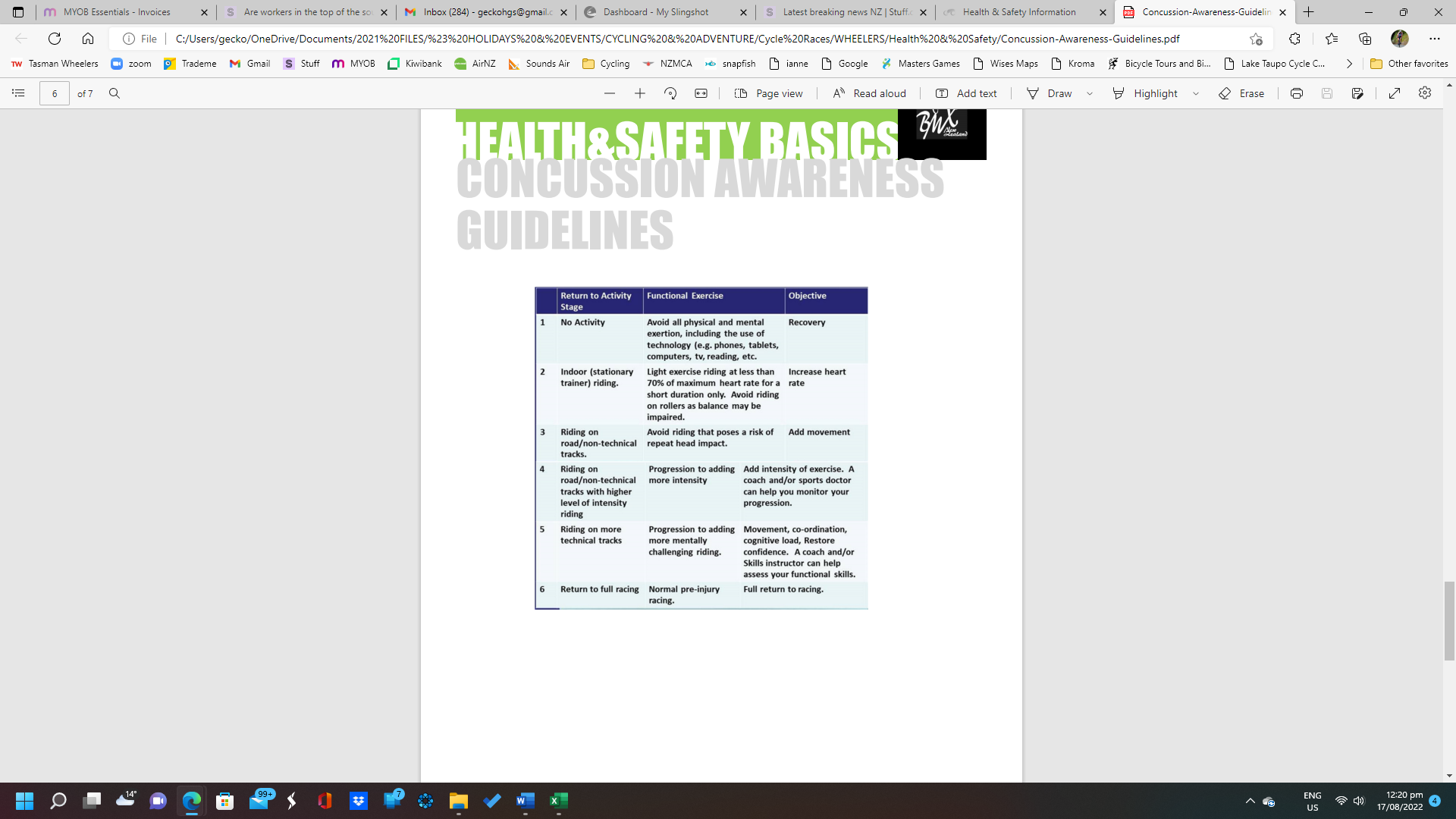
• The safety of the athlete is the priority and must NOT be compromised.

• The decision regarding return to school/work and clearance to return to restricted activity should always be made by a medical doctor.

• The decision regarding the timing of return to sport/activity should always be made by a medical doctor.

• In some cases, symptoms may be prolonged or graded activity may not be tolerated. If recovery is prolonged, evaluation by a concussion specialist or clinic may be warranted to determine if there are other aspects of the concussion that could respond to rehabilitation.

In summary, the table below shows the roles and responsibilities for concussion management (i.e. stages of identification, assessment and diagnosis, rehabilitation and return to sport). Roles and Responsibilities for Concussion Management:



**APPENDIX 2: HEALTH AND SAFETY DEFINTIONS (Understanding Health and Safety Obligations**

**Meaning of PCBU:** A Person Conducting a Business or Undertaking whether or not the business or undertaking is conducted for profit or gain; but does not include a volunteer association:

**Meaning of Volunteer association:** A group of volunteers (whether incorporated or unincorporated) working together for 1 or more community purposes where none of the volunteers, whether alone or jointly with any other volunteers, employs any person to carry out work for the volunteer association.

**Meaning of Volunteer:** A person who is acting on a voluntary basis (whether or not the person receives out-of-pocket expenses)

**Meaning of volunteer worker**- sec on 19(3) A volunteer who carries out work in any capacity for a PCBU, with the knowledge or consent of the PCBU, but does not include a volunteer undertaking any of the following voluntary work ac vi es: (i) participating in a fund-raising activity:

**Meaning of reasonably practicable:** The more likely that something will cause an Accident/Incident, or the consequences of that Accident/Incident are significant, the more that must be done to prevent it from happening.

**Meaning of notifiable injury or illness:** Any injuries or illnesses that require the person to have immediate treatment (other than first aid):

**Meaning of notifiable incident:** An unplanned or uncontrolled incident in relation to a workplace that exposes a worker or any other person to a serious risk to that person’s health or safety. Records of notifiable incidents/events, are to be kept for a minimum of 5 years.

**Duty of Care:** Ensuring that your facilities, equipment and activities don’t cause harm to any individual. Minimising the likelihood of incidents/accidents to riders, officials and spectators during a Club hosted event, and to the general public at all other times. The Club has created the facilities, so must take all practicable steps to ensure these facilities don’t cause harm.

**Liability of volunteers**: A volunteer does not commit an offence under the Health & safety Act for a failure to comply with a duty imposed that would be a breach of the act for personnel employed by the club.

APPENDIX 3: Covid 19 Response Plan

Plans to be drafted as needed

**APPENDIX 4: Club Health & Safety Officer Position Description**

**CLUB HEALTH AND SAFETY COORDINATOR POSITION DESCRIPTION**

The Health and Safety Coordinator is responsible for overseeing the implementation of the Clubs Health and Safety Policy.

**Responsible to:** The Health and Safety Coordinator is directly responsible to the President of the Club, Committee and it’s members.

**Responsibilities and duties:**

Develop in conjunction with the Committee the club Health and Safety Policy

**Implement the Health and Safety Policy by;**

* Manage hazards and remove/minimise/isolate hazards using the Hazard Identification Checklist
* Ensure all club members/management and other involved parties are aware of the Health and Safety Policy and how to adhere to the health and safety/emergency procedures.
* Bring to the attention of the president/Committee any major health and safety issues on a regular basis
* Record all major accidents and report to other organisations as necessary.
* The Health and Safety Coordinator will co-ordinate STMS personnel and roster STMS personnel to club races with race co-ordinator
* Work with the Treasurer to develop a budget for implementing the Health and Safety Policy
* Oversee the implementation of the strategies in the Health and Safety Policy
* Submit regular reports to the club committee.

**Knowledge and skills required:**

Can communicate effectively Is well organised

Has a high level of attention to detail

Time commitment required:

APPENDIX 6: Risk Management Plan

Separate document (Landscape view)

**FORMS**

FORM 1: Hazard Register (Hazards associated with the sport of Cycling)

|  |  |  |  |
| --- | --- | --- | --- |
| Hazard  Number | Hazard Description | Risk  Level | Controls |
| 1 | Injury or death to rider through collison with moving motor vehicles | Medium | Observing Road rules, race briefing prior to start, reminders ie keep to left. Provision of race marshals with high vis, Race comms systems, traffic management planning, provision of appropriate signage and race ID ie Cones, flags etc |
| 2 | Injury or death to rider through collision with other cyclists | Medium | Reminder in race briefing to ride safely and responsibly, maintain appropriate group riding skills, slower grades to give way to faster riders coming through |
| 3 | Injury of death to rider through collison/impact | Low | Pre race inspection of race route. Identification of hazards ie road lane markers, concrete islands. Place cones, tape or marshals to highlight risk |
| 4 | Injury or death to rider through loss of traction | Low | Race briefing reminders. Don’t confuse ambition with ability. Identify any potential risks on the course |
| 5 | Injury or death to rider/spectators through environmental conditions. | Medium | Inform riders of weather conditions. Advise appropriate precautions, clothing, hydration, nutrition. Consider cancellation of event in adverse conditions ie high winds, heavy rain or foggy conditions with limited visibility. |
|  |  |  |  |

**FORM 2: ACCIDENT INVESTIGATION FORM**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| TASMAN WHEELERS | | | EVENT: | |
| PARTICULARS OF ACCIDENT | | | | |
| Date: | Time: | | Location: | |
| DETAILS OF INJURED PERSON | | | | |
| NAME: | | | | Date of accident: |
| Ph No: | | Address: | | |
| Injury/s Description: | | | | |

**ACCIDENT DESCRIPTION**

**CAUSE/S OF ACCIDENT**

**Accident Level:** c Very serious c Serious c Minor

**Possibility of reoccurrence:** c Frequent c Occasional c Rare

Description of response/preventative action

**TREATMENT AND INVESTIGATION OF ACCIDENT**  
Description of Treatment given:

Accident investigated by: …………………………………………….. Date:

**FORM 3: CORRECTIVE AND PREVENTATIVE ACTION FORM**

Initiator ………………………………. Date …………. Signature ……………………….

**Severity of Compliance**

c **Serious** (Immediate action must be taken, significant impact health & safety)

c **Medium** (Definite impact on quality/environment, Action must be implemented within one month

c Minor (no significant effect, update relevant procedures as soon as possible)

**ORIGIN OF NON COMPLIANCE**

c Audit finding (Discovered during internal or external audit of systems and procedures)

c Something happened (An event has occurred that has a health and safety impact)

c Something could have happened (Action is needed to prevent the problem occurring)   
  
**REQUIRED HAZARD OUTCOME**

c **MINIMISED** by suggested improvement (hazard exists but likelihood reduced)

c **ISOLATED** by suggested improvement (Hazard exists but exposure reduced or removed)

c **ELIMINATED** by suggested improvement (Hazard removed)  
  
ISSUE DESCRIPTION

SUGGESTED IMPROVEMENT

CLUB H&S coordinator comment

Person responsible for problem fix………………………………………….  
  
Procedures/Rules Updated Y/N Date ……………..  
Has the cause of the hazard been addressed Y/N

Action Completed: Name ……………………………………. Date ……………………

**FORM 4: FIRST AID KIT INSPECTION**

