



Credit Valley Cycling Club

Risk Management Plan

2018

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Risk Management Approach

Overall Strategy

The Credit Valley Cycling Club (CVCC) will employ a high-level approach to risk management. The Club Executive and Ride Leaders will collectively bring to bear their years of experience in previous bike club environments in its' risk identification, analysis, prioritization, response, monitoring and control as it applies to CVCC activities. The Board is dedicated to reducing risk to its' participants by anticipating and addressing potential issues, while maximizing the learning and enjoyment aspects of the riding experience.

Roles Definition

The following matrix reflects by function the assigned responsibility for key risk management.

Risk Management Activity	Role 1	Role 2
Develop and Administer Risk Management Plan	Board	Ride Leaders
Determine if Risk Management Plan is Ready for Approval	Board	Ride Leaders
Identify Activity Risks	Board	Ride Leaders
Approve and Authorize Use of Contingency Plans	Board	Ride Leaders
The role responsibilities are shared jointly by the Board and Ride Leaders as there are ride leaders that sit on the Board. Input from non-Board member ride leaders is sought as deemed necessary.		

Risk Assessment

Risk Identification

Methods and Techniques:

Potential risks are identified by the Board members using personal experience and research of the activities of similar clubs. All proposed activities are closely reviewed for potential risk and the feasibility of managing or eliminating the risk before an activity is approved for implementation.

Potential Areas for Risk:

The following table will identify and describe activities or circumstances that can pose potential risks to the overall program.

Risk Source	Risk Description
Ride Leaders	Not sufficiently trained or properly vetted
	Displays inappropriate behaviour toward participants
	Not current an unfamiliar with proposed routes and their condition
	Equipment in disrepair
	Lack of good judgement when pairing participant capacity and ride challenge
	Not using good judgement in in vetting riders and their safety skills
	Not complying with safety standards themselves as well as all riders
	Unfamiliar with basic CPR and does not carry a cell phone to seek help
Participants	Health issues of asthma, hypertension or heart conditions in older
	Failure to wear protective gear, particularly a helmet
	Equipment in disrepair
	Lack of knowledge with bike safety principals
	Unskilled rider relative to proposed ride
Equipment	Inappropriate for participant or for the proposed trail/road
	Poses challenges greater than participant ability
	Poses challenges greater than ride leader ability

Risk Assessment

Risk Response Actions

The following will propose measures to respond to risk in the identified areas , in order to reduce, eliminate or transfer the potential of said risk.

When the source of potential risk is equipment

- Follow a regular maintenance and repair program for all equipment used by ride leaders
- Train all ride leaders to evaluate participants' equipment for safety and mandate that all ride leaders have basic skills to address equipment failures when they arise on a ride, i.e.: changing tires, reattaching a chain, etc.
- Adopt a zero tolerance policy for risk prevention in terms of having all participants wear protective gear in order to be allowed to ride, no helmet – no ride.

When the source of potential risk is people

- Carefully recruit and train ride leaders and develop codes of conduct and job descriptions
- Develop an emergency response plan for all ride leaders, i.e.: carry cell phones, ensure emergency contact information is available.

When source of potential risk is the program

- Educate participants about inherent risks of road riding through verbal messages, signage and printed materials such as informed consent agreements (waiver of liability).
- Cancellation of rides under dangerous circumstances such as inclement weather or unfamiliar or altered terrain.

Risk Monitoring and Control

Risk Tracking and Reporting

Ride Report: A short report completed by the rider leader after each ride will evaluate the ride and identify any problems that were encountered. The report is then forwarded to the Board, who will review it for any changes or adjustments to the program.

If a serious potential risk emerged from the ride, the ride leader will contact the Board immediately so that the issue can be addressed quickly.

An accident report will be completed by the ride leader and forwarded to the Board. Appropriate authorities will be contacted when necessary.

Quarterly Review: The Board along with all the ride leaders will review all aspects of the rides and evaluate whether the program needs adjustments or changes and whether any potential risks were identified that need to be addressed.

Permanent Log: All reports and reviews will be recorded and stored at the Club office for tracking purposes, as well as year-end programmatic and mitigation activities.

CVCC Ride Leader Guide - 2018

Before the Ride – Preparation

Know the Route

Know the Road Conditions – construction

Know the weather forecast

Know the rest stops

Check safety of own bike

Count the number of riders in your group

Know the pace/speed of the ride – and the expected duration of the ride (including rest stops) and keep to the plan as much as possible

Snacks/water/Cell phone/contact numbers

Ride Assembly

Arrive early – make sure you are ready to go as the riders arrive

Greet riders – work at knowing riders' names

Determine riding skill and ability of riders – ensure that they are in the 'right' group

Count riders

Set the conditions for the ride – speed, terrain, expectations, planned rest stops, traffic laws, signals –overall leadership – any other key individuals (helpers) in the group

Establish a Sweep and responsibilities of sweep

Ensure riders have the proper and safe equipment – helmet, safe bike, proper clothing, sunscreen, water, snacks, money, cell phone, spare tube, club membership

Start on time

During the Ride

Converse with the group

Lead from the front, back and middle

Stay together

Adjust the group formation dependent on traffic and road conditions

Check in from time to time

Ensure slower, less skilled and weaker riders feel included and are coached along the way

Share knowledge openly

Explain why the instructions are being given

Share expectations of riders – and remind them – be firm

Do not abandon a rider

Do not race ahead of slow riders – this is not your ride – you are the leader

Count riders at various stops – make sure all are accounted for

Stop the ride for any safety reason (health of riders or self, weather conditions) and communicate firmly

Make sure the riders are having a 'good' ride – we want them to come back safely and in good condition

Make sure riders eat and drink along the way – a bonked rider is not a happy rider

Follow all safety procedures – call or signal hazards

Manage the group in traffic to ensure safety of riders and drivers

Do not abandon a ride before the determined end location – start and finish with the group

Bring them all home happy and safe

In Case of Accident

Check for injuries

Call 911

Locate witnesses

Get driver's info

Take photos of the scene, car and bike

Prepare sketch of scene

Write narrative of what happened

Submit report to Club President using OCA Form

President to submit report to OCA

After the Ride

Thank the riders

Check in with the riders to receive feedback on the ride

Make sure all riders are in good shape as they make their way home in their cars or on their bikes

Share any pertinent information with the club executive about the ride

Post ride stretching is a good idea



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 #: _____

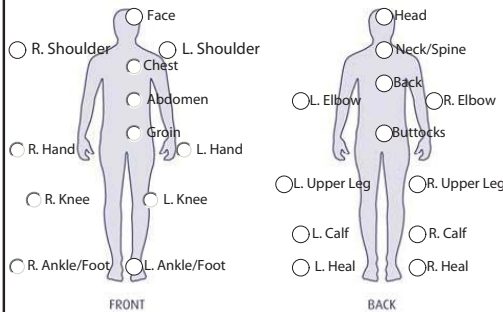
WITNESS NAME: _____ WITNESS PHONE NUMBER: _____

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.