

2018 UEC MTB DOWNHILL EUROPEAN CHAMPIONSHIPS

6-8 APRIL | LOUSÃ (PORTUGAL)

MEDICAL EMERGENCY ACTION PLAN

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WELCOME, *BEM-VINDOS* to Lousã, Portugal.

On behalf of the Medical team for the **2018 UEC MTB DOWNHILL EUROPEAN CHAMPIONSHIPS**, it is my pleasure to briefly introduce you to the medical services we will be providing to you throughout the event.

Wishing you a safe trip and looking forward to meet you in person,



Filipe Lima-Quintas MD.

*Chief Medical Officer
Sports Medicine and Race coverage*

Introduction

Venue

Contacts Information

Health Service Information

National Institute of Medical Emergency

European Championship – Event Description

Faciliteis Description – Nacional Velodrome

- Characteristics of The Surrounding Space
- Characteristics of The Track

Risk Characterization

Characterization of The Emergency Plan

- Multisystem Involvement
 - A) INEM
 - B) National Citizen Protection
- Emergency Team
 - A) Medical Team
 - B) Rescue Team
 - C) Security Team
- Distribution on The Ground of The Emergency Team
- Intervention in Medical Urgency – Action Plan
- Intervention in Medical Emergency – Action Plan
- Emergency Equipment
 - A) Uniforms
 - B) Support Material for Medical Team
- Emergency Communication
- Non-Medical Emergency
- Emergency Outside the Scope of The Event

Final Notes

Introduction

This *Event Medical Emergency Action Plan Manual* will guide you through the anticipated actions and elements of medical relevance for the **2018 UEC MTB DOWNHILL EUROPEAN CHAMPIONSHIPS** presented by UVP-FPC in Lousã – Portugal, so please read the following information pages thoroughly.

Venue

OFFICIAL SITE OF THE COMPETITION

<http://www.eurodhi.com>

CONTENTS

Name: UEC MTB Downhill European Championships

Phone: +351 213 802 140

e-mail: geral@fpciclismo.pt

LOCATION

Address: Parque Biológico da Serra da Lousã, 3220-154 Miranda do Corvo

More details of the venue can be found under the information section on
the event website: <http://www.fpciclismo.pt>

Contacts information

ORGANIZER OFFICER Mr. Pedro Vigário and Mr. Duarte Marques

Radio channel: Organization; Commissioners

CHIEF MEDICAL OFFICER Filipe de Lima Quintas MD.

Phone: +351 964 088 850

Radio channel: Organization; Medical Team

COMMANDER OF FIREFIGHTERS – RESCUE TEAM

Coordination: Bombeiros Voluntários da Lousã

Coordinator: Comd. Claudio Fernandes

Phone: +351 914 554 405

CIVIL PROTECTION – Comando Distrital de Operações de Socorro (Coimbra)

E-mail: cdos.coimbra@prociv.pt

INEM – Instituto Nacional de Emergência Médica

Phone: +351 213 508 100

E-mail: inem@inem.pt

Health services information

HOSPITALS

Hospitais da Universidade de Coimbra – Coimbra

Address: Praceta Prof. Mota Pinto, 3000-075 Coimbra

Phone: +351 39 400 400

Chief Emergency Medical Officer:

RADIOLOGY SERVICE*

In addition to the usual in-race care, there will be a dedicated Radiology medical center located in Coimbra city – Hospitais da Universidade de Coimbra – Coimbra. In this center, imaging care (MRI; CT-Scan; X-Ray; Echography) will be provided during the championship.

**This service requires confirmation*

MEDICAL SERVICE DURING DE EVENT

Medical support will be provided even out of competition. During the whole sporting event a 24-hour medical service will be available, which will be on call through the number +351 964 088 850.

National Institute of Medical Emergency

The National Institute of Medical Emergency - INEM is the organism of the Ministry of Health responsible for coordinating the pre-hospital emergency in mainland Portugal.

Assistance at the place of occurrence, assisted transport and proper articulation among the various actors of the Health System are the main tasks of INEM. Contact through the European emergency number – 112 directly activates the communication center of this institute. The INEM transport services include medical ground and helicopter vehicles as well as ambulances.

EMERGENCY HELICOPTER

INEM Heliport location: Santa Comba Dão

Estimated time to arrive: 45 min

Type: Medicalized Vehicle

EMERGENCY MEDICAL AND RESUSCITATION VEHICLE – VMER

INEM location: Coimbra

Estimated time to arrive: 40 min

Type: Medicalized Vehicle

IMMEDIATE LIFE SUPPORT AMBULANCE – SIV

INEM location: Lousã

Estimated time to arrive: 5-20 min

Type: Non-Medicalized Vehicle

BASIC LIFE SUPPORT AMBULANCE – SBV

INEM location: Lousã

Estimated time to arrive: 5 min

**NATIONAL NUMBER OF MEDICAL
EMERGENCY (INEM): 112**

DH European Championship – Event Description

This is a DH cycling event organized with a partnership between the European Cycling Union (UEC) and the Portuguese Cycling Federation (UVP-FPC), following the rules and regulations of the International Cycling Union (UCI). It will be held at the national velodrome, located in Miranda do Corvo, district of Coimbra, Portugal, on Apr 06-08. There will be a period of official training that will take place during the previous three days (Apr 05). The event is entered in the international calendar and is reserved for runners of the elite category. This competition will be played by 200 athletes, from 28 to 30 different countries.

Facilities description – Louzanpark

CHARACTERISTICS OF THE FILD

Not provided by organizer

CHARACTERISTICS OF THE SURROUNDING SPACE

Not provided by organizer

PREDICTION OF CLIMATIC CHARACTERISTICS*

Natural light

Temperature $\pm 13^{\circ}\text{C} - 10^{\circ}\text{C}$

Temperature $\pm 11^{\circ}\text{C} - 9^{\circ}\text{C}$

Relative humidity $\pm 85-90\%$

UV Index 1-2 of 10

Wind 13-15 Km/h

*Conditioned by weather forecast

Risk characterization

The event will take place on an out track, with athletes being able to use the practice track before and after the race. The potential risk situations for urgent and / or emergent events are individual or collective falls during the competition series and / or during training. Urgent / emergency situations can arise at any time during the race. In addition, there is also the possibility of having any acute medical distress involving spectators or members of the organization, considering that this event is accessible to people of all ages and physical and social conditions. Another important risk that is inherent to the event is the possibility of any unforeseen phenomenon of natural catastrophe, or caused by constituent elements of the equipment used. The development and implementation of the emergency plan will help ensure that there are no failures at the critical moment of the operation.

Characterization of the emergency plan

The emergency plan is characterized by detailed breakdown of all elements of the emergency team, as well as their tasks and competencies throughout the entire testing process. All emergency equipment as well as communication vehicles must be in perfect condition and in perfect conditions of use. The emergency protocol must be made available to its constituents as well as to the organizers of the event. The plan must be executed in the form of a simulacrum prior to the start of the race, in the sense that there is no doubt in its execution if it is necessary to intervene in a real situation.

MULTISYSTEMS INVOLVEMENT

In order to avoid interruptions or delays in the procedures carried out in the chain of intervention of the action plan, the emergency and national emergency management bodies, namely the INEM and National Citizen Protection, will be involved. Complementarily the emergency services of the reference hospitals for the sporting event, will also be involved.

A) INEM

If during the course of an event that compromises the life of an athlete or spectator or in a case that involves multiple victims, where the emergency and emergency team cannot deal promptly or do not have the necessary means to provide differentiated assistance, contact will INEM be made, via CODU. Ideally one of the elements of the medical team will describe the clinical situation of the individual involved and jointly the best solution for the occurrence will be decided. These can include assistance and transport by the following: sending a SIV unit 1); Sending a VMER unit 2); Sending medicalized helicopter 3).

B) NATIONAL CITIZEN PROTECTION

During the period that the sporting event will take place, if there is a natural disaster, fire or any event that could endanger the athletes and other participants of the race, National Citizen Protection will be involved, via CDOS. The support of this system can also be shown to be essential in the case of transportation difficulties, through the coordination with the fire department quarters to support the medical team.

EMERGENCY TEAM

All the elements involved will be susceptible to the need to intervene in a specific medical or non-medical emergency situation and should therefore be held accountable and supported by technical and theoretical skills to respond immediately in case of emergency. Each element of the chain of action should have complete knowledge of the following emergency plan. The doctor will be the most differentiated element and with responsibility of coordination in the field before the other elements of the team.

A) MEDICAL TEAM

It will be constituted by doctor and nurse. Both have expertise in basic life support (BLS); Competence in the use of external automatic defibrillator (AED); Advanced life support (ALS) and ATLS / PHLS.

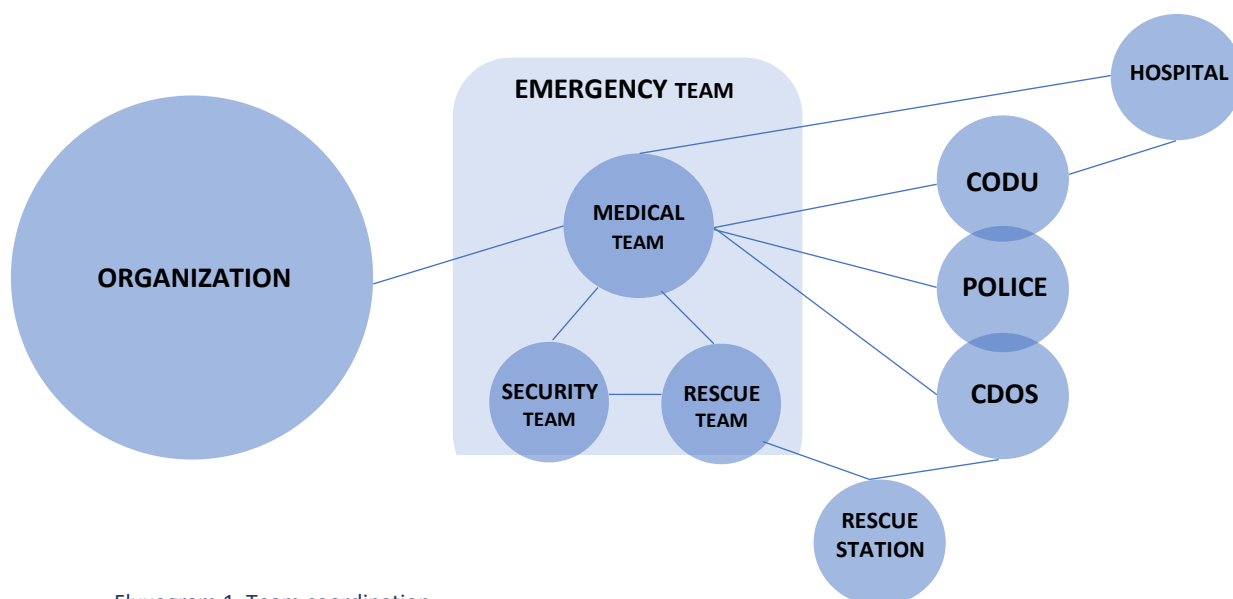
B) RESCUE TEAM

It will be made up of volunteer firefighters equipped with two rescue/evacuation units and rapid transport. The support vehicles will be Type B, will be serial and equipped with all the support material necessary for the stabilization and evacuation of urgent / emergent victims - Type B ambulances, Decree Law 38/92, Of March 28. These will be adequately equipped with the means of communication with the rest of the emergency teams, as well as having available and privileged contact with their local headquarters, in case of need of additional vehicles. One of the crew of each unit will have competence of Emergency Ambulance Technician - TAS.

C) SECURITY TEAM

The security team will be made up of members of the organization. Individuals belonging to the internal organization team should guide the public, identify situations of conflict, prevent access to the athletes preparation place for the races and the track. All agents will provide security services for the spectators and actors in the race.

EMERGENCY TEAM COORDINATION



Fluxogram 1. Team coordination

DISTRIBUTION ON THE GROUND OF THE EMERGENCY TEAM

The medical team will be placed on the finish line along with the rescue team 1. Rescue team 2 will be placed at the intermediate point of the course (the most dangerous point).

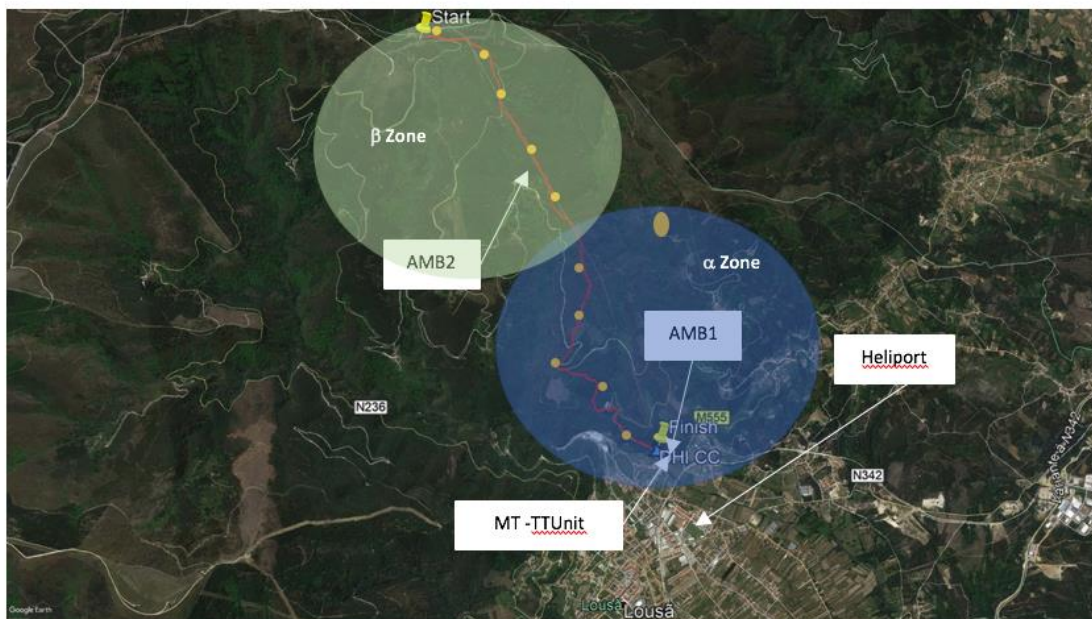
Throughout the course, non-medicalized elements belonging to the organization will be located in an equitable way, with direct communication to the emergency team, in order to communicate any occurrences.

Rescue teams shall be distributed on the ground by α and β Zones. If there are accidents in the α Zone, the AMB1 team will be responsible for the initial approach. If there are falls in the β Zone, the AMB 2 team will take the first approach. After this, an initial communication will be made with the medical team that will decide whether or not it is convenient to go there. Or, on the other hand, move the victim to his position. This chain of decision will always be under the responsibility of the medical team in articulation with the organization.

The victims secondary evaluation must always be carried out by the medical team, who will define the severity of the clinical context and based on it, decide on the best treatment to proceed, as well as the evacuation or non-evacuation of the victim.

It is crucial that the medical and rescue teams, as well as the immobilization / extraction and first-line equipment position themselves alongside the best access to the track, so that in the accident occurring, the athletes have the fastest and most effective support possible.

In an emergency situation, the INEM it must be called, and the victim should be transported by ambulance to the referral hospital, where human resources and equipment necessary for appropriate medical care will be available upon prior notice.



AMB – Rescue Team; MT-TTUnit – Mdical Team – all terrain Unit; Nonmedical stuarts

Figure 5 – Emergency Team distributed on the ground

INTERVENTION IN MEDICAL URGENCY - ACTION PLAN

In a brief and enlightening way, the protocol established to be followed in an effective and efficient way in the management of emergency medical situations that occurs during the test is presented in a reduced form.

- Rapid verification of consciousness and life-threatening bleeding / trauma (if this occurs), cervical stabilization, airway, ventilation and circulation (ABC).
- Regardless of where the incident occurs, the medical team should be called to perform the initial assessment of the athlete (s). If the the incident involves a spectator, the initial assessment should be performed by the safety team and, if necessary, the safety team should be communicated to the medical team via radio.

- The victim must not be moved unless there is a need to initiate SBV and / or AED and / or the safety conditions necessary to carry out the on-site approach are not met. If it is necessary to start SBV / DAE, one of the members of the medical team will contact the National Institute of Medical Emergency (INEM), through its own information channel (CODU data), coordinating the best possible care.
- After assessment by the medical team regarding the severity of the clinical picture, it may be necessary to transport the victim to the referral hospital. In this case, the need for a second transport vehicle at the place where the race is carried out shall be immediately notified. The race should be suspended by organization if there is no ambulances or if the medical team is not present.
- The doctor will assist the victim through the transport to hospital and the relatives should be contacted and informed of the clinical situation.

INTERVENTION IN MEDICAL EMERGENCY - ACTION PLAN

- Athletes and coaches should keep the access to the victim free once medical care has arrived.
- Lines of visual contact between medical team and other emergency personnel should be established.
- Unauthorized staff must keep away from the place where care is provided, so as not to impair the performance of medical personnel.
- The medical team should be allowed to perform all necessary procedures for the athlete's assistance without interruption or interference.

EMERGENCY EQUIPMENT

All required emergency equipment must be in adequate and readily accessible place, should the individuals belonging to the velodrome of the structure and organization of the event to be familiar with every instrument function. The material / equipment must be in good working order and trained personnel in order to use it properly. All equipment must be registered and it is advisable to inspect it by the medical team before the race. It is necessary to know the correct handling and storage of the equipment, which must be stored in a clean and pre-specified area in order to be readily available in an emergency situation.

A) UNIFORMS

The members of the medical team will wear a uniform containing the "star of life" icon, as well as the ranking they occupy in the race (ex: DOCTOR, NURSE);

B) SUPPORT MATERIAL FOR THE MEDICAL TEAM

The medical team will be equipped with ATLS resource bags. The team will have at its disposal rapid diagnostic material and evaluation of vital signs (glucometer, electronic sphygmomanometer, thermometer, oximeter). The bags will include advanced airway equipment, manual ventilator (AMBU®), portable oxygen. Intravenous therapeutic drugs and systems will also be available. Complementarily, the medical team will always be accompanied by an AED. In the doctor's office, a small surgery room will be set up, equipped to stabilize fractures and treat wounds resulting from possible falls.

C) EMERGENCY COMMUNICATION

A good communication chain will be crucial for a rapid and effective response to the occurrence by the Emergency and Medical Emergency team. The Chief Medical Officer will have privilege contact with the CDOS and CODU to ensure the chain command will be active. The staff of the race and the medical and security teams will work together to provide the best and most prompt response capability in an emergency situation. These elements should therefore have access to the radio organization (to be transmitted at 72 000 Hz) and to the knowledge of all the telephone contacts of the other members of the team. In addition, they should be aware of the procedures to be performed in an emergency, all of which must be established and clearly defined, determining the roles / relationships between the professional groups in the

Emergency Plan. The communication system must be checked prior to the start of the test in order to ensure proper functioning during the test. An alternative communication plan should be available if the primary communications system fails. The most common method is the use of personal cell phone.

NON - MEDICAL EMERGENCY


In case of occurrence of any event that disturbs the temperature and humidity of the fairground great for the sport, all athletes must stop the race and head to the resorts until weather conditions allow to resume the event. In case of damage to the infrastructure covering the lane and the support areas of the teams, athletes and the public must leave to the protected location, namely the building adjacent to the velodrome. In case of another eventuality, namely of criminal origin, the athletes should take refuge in the bathhouses until those responsible for the security of the organization ensure that the place of race is safe

EMERGENCY OUTSIDE THE SCOPE OF THE EVENT

If any emergent event occurs with an athlete or element of the entourage outsider the race facilities, directly contact the attending physician or the national emergency medical number 112. It is imperative that telephone numbers of certified coaches or responsible for the delegation of each section, to be a linked with the medical staff.

FINAL NOTES

The general objective of the emergency and emergency plan is to define the organizational structure of the human and material resources and to establish the appropriate procedures for action in case of emergency in order to guarantee the protection of the participants of the event and the associated public. This plan should be known by all the race stakeholders so that when the need for action in emergency situations, the chain of actions is the fastest and most effective possible. The success of the entire event ultimately relies on the compliance and organization given by emergency teams to predict damage caused by unexpected events.



Filipe de Lima Quintas MD.
(Chief Medical Officer)