**2019 Tour of Utah**

**Event Medical Service Plan**

**Overview**

Professional cyclists, while able to exert themselves in extremes of weather and terrain, also need special care and treatment. In a multi-day stage race it is crucial that athletes receive appropriate treatment from medical professionals in order to maintain competitive. In addition, the race medical team is able to provide emergency response to accidents on the racecourse.

The medical provider oversees medical services for the race entourage. Services rendered include:

 Coordination of all race medical staff (physicians, trainers, EMT’s, etc)

 Coordination with all EMS agencies and local hospitals

 Contact point for all race staff with medical issues

The Medical Team for the 2019 Tour of Utah is directed by University of Utah Healthcare with ambulance assistance with Gold Cross Ambulance Services.

**Areas of Responsibilities**

Medical Suite

Based at the Headquarters hotel each night. This suite provides all types of care to athletes and entourage. Examples include: wound care, massage therapy, physical therapy and general medical services.

The medical suite is generally staffed for several hours after the arrival of the athletes. After this time, a member of the medical staff remains “on call” for other athlete needs.

The medical suite is utilized by athletes for a variety of medical needs. This is especially important for those teams with a team physician. In some cases, the medical suite may also serve to support team physicians.

In some cases the suite will be a standalone suite while in others it will be a room attached to a hotel room with the Chief Medical Officer.

Caravan Medical

Provides medical service in the race caravan. Vehicles and staff include:

 Race Doctor in a dedicated car

 Medical Motorcycle with medic

 Medial Sag vehicle

 Ambulance (2)

Services are concentrated on emergency medical services (Race Doctor, Medical Motorcycle, Ambulances) as well as preventative medical issues (Medical Sag Vehicle).

Athletes sometimes receive treatment out of the Race Doctor’s car for conditions such at bee stings, upset stomach or recurring injuries. This treatment is often accomplished “on the go” in the race caravan.

In the case of a severe accident, the Race Doctor works with the race EMS crews to provide treatment and/or arrange transport.

Caravan Medical units also coordinate with local EMS jurisdictions to provide additional support and response.

Start/Finish Line Medical

Based at the race finish, these staff members provide immediate care to athletes and staff before, during and after the race finish. Examples include: athlete hydration, wound care, follow up on previous treatment.

The staff at the finish line will often treat injuries that athletes receive during the race but were not sever to cause the athlete to drop out. Examples include: “road rash” from crashes or exposure from extreme weather conditions.

The finish line medical staff will send more serious cases to the medical suite after initial treatment.

**Staffing**

Number of Physicians

Minimum two physicians. One in caravan and one with medical suite

Ambulances

Two in caravan

Support from local EMS for transports if required

Medical Sag

Number of Trainers

4 trainers with 2 support staff

**Operations**

Response during Race

First response during the race will be from the Race Doctor, who will stop with any crashes and do an assessment. During the time the caravan passes the doctor will make an assessment on a method of treatment and will alert the race ambulance if it needs to remain on site to assist. Action that might be taken include the following:

 1. Rider needs advanced treatment: The Race Doctor and ambulance begin treatment immediately and notify the Command Post that a transport will be needed. The local ambulance crew is given an ingress point to the field of play.

If a neutralization or stoppage of the race needs to take place it is coordinated through the Race Doctor and Technical Director and communicated to the race officials and Command Post.

 2. Riders need minor treatment but cannot continue: The Race Doctor leaves the athletes in the care of the medical sag vehicle. The rider will be transported back to the finish line medical area in the sag or broom vehicle.

Communications

The race medical staff will communicate on the inter-race UHF radio system on all stages. Primary frequency will be the *Medical* simplex frequency with a backup on the Caravan repeater frequency in the case of a large split in the field.

All announcements to teams will be coordinated through Race Command to the *Radio Tour* frequency.

Each medical asset will be provided with mobile and portable radios as well as a satellite phone.

Coordination with local agencies will be through the *Caravan* frequency to the race representative in the Command Post.

Command Structure

The Race Doctor will make all medial decisions for the race staff and entourage in the coordination with the Race Director and Technical Director.

Coordination of the caravan assets will be coordinated through Race Command and the Technical Director when on the road.

Communication with local agencies (Police, Fire, EMS, Public Works) will take place through the race representative in the Race Command Post…

In the case of Public Safety type emergency on course (fire, 911 response, robbery, etc) the appropriate public safety agency in the Command Post will advise race staff on what action is to be taken through the race representative.