

BHA GENERAL INSTRUCTIONS

No 11.1
Dtd 17 Oct 2008

To: Managing Executives
From: Chief Executive
Subject: REQUIREMENTS FOR THE PROVISION OF RACECOURSE MEDICAL SERVICES
Reference: Definitions. BHAGI 3.7, 4.6, 11.2 and 11.3

Racecourse Medical Officers (RMOs) – Requirements

1. The Managing Executive must employ a minimum of two Racecourse Medical Officers (RMOs), one of whom is to act as Senior. In order to act as a Senior RMO he/she must have successfully completed a course of Senior RMO training administered by the Authority and been accredited as a Senior RMO by the Authority. As a result of individual risk assessment, it may be necessary to employ 3 RMOs for jump racing meetings. On every raceday each RMO must:-
 - a) Be registered with the BHA Medical Department;
 - b) Be present and on duty in the Jockeys' Medical Room (JMR) not later than one hour before the time of the first race (as advertised on the day of racing) but, in the case of the Senior RMO, 90 minutes. If two RMOs are not present on course for a meeting racing MUST NOT commence and neither must racing commence unless a BHA approved Senior RMO is present (see Paragraphs 7 and 8 for similar restrictions in respect of ambulances);
 - c) Be fully registered practitioners with the General Medical Council and hold a current certificate of membership, valid for clinical non-NHS duties, with one of the accredited Medical Defence Societies;
 - d) Be fully conversant with the operation of all medical equipment on the racecourse and in the ambulances and the use of all drugs listed in Annex A to BHAGI 11.2;
 - e) Carry the equipment and drugs as specified for RMOs in Annex to BHAGI 11.2 at all times when on duty;
 - f) Have recent training (within the last three years) in immediate care to include trauma diagnosis, trauma management and patient handling and also:
 - the management of spinal patients
 - the maintenance of a patient's airway in all clinical conditions, stabilisation of the cervical spine, administration of oxygen, and patient transportation
 - intravenous techniques
 - the operation of a cardiac monitor and defibrillator;

Only acute trauma training courses approved or accredited by the Faculty of Pre-Hospital Care, Royal College of Surgeons of Edinburgh or the Royal College of Surgeons of London (ATLS, PHTLS) and recognised by the Authority will be accepted as satisfying this requirement.

In the case of the successful completion of ATLS training, RMOs with a current ATLS Certificate are required to undergo retraining every 2 years in Automated External Defibrillation (AED) and Basic Life Support (BLS). Certification of completion and competence of this training must be provided on request.

- g) Be fully conversant with the current BHAGI section 11 and the Standing Orders for the racecourse on which he/she is employed;
- h) Be physically and mentally capable of carrying out all the duties required of an RMO on a racecourse;
- i) Have no conflict of interest with any other activity or duties on a raceday, including those involving the crowd (other than in the proviso referred to in Paragraph 17). In particular, an RMO may not ride horses on any racecourse where they are acting as an RMO on the day of racing. RMOs who are owners, part-owners, or trainers of a horse due to run when they are scheduled for duties as an RMO may act as an RMO provided that they relinquish all activities or duties of ownership or training for that raceday;
- j) Undertake duties as an RMO for a minimum of 8 days per annum. Dispensation may be granted to RMOs who only officiate at a racecourse with less than 8 scheduled fixtures per annum;
- k) When not in active clinical service, regardless of age, be approved annually by the BHA Chief Medical Adviser (BHACMA). Active clinical service in this context means currently employed on a contract within the NHS or equivalent (e.g. Doctors employed by H M Armed Forces) doing regular clinical or locum sessions for no less than 5 sessions per week.

Note 1: RMOs who are currently employed within the NHS (or equivalent) and are contracted for four or less clinical sessions per week must undergo recognised training every year (for a minimum of **1 day** per annum) and also comply with Paragraph 1 (f).

Note 2: The Managing Executive under the Rules of Racing and in signing the racecourse licence application form is responsible at all times for ensuring its employees, servants and agents (including self employed and professional persons engaged to provide services) comply with and discharge their obligations and duties in accordance with the BHAGIs.

Nurses – Requirements

- 2. The Managing Executive must employ a minimum of one nurse on every raceday who must:
 - a) Be present and on duty in the JMR not later than one hour before the time of the first race (as advertised on the day of racing);
 - b) Be suitably qualified i.e. Level 1 or 2 Adult Nurse and currently registered with the NMC (Nursing and Midwifery Council – formerly the United Kingdom Central Council for nursing, midwifery and health visiting);
 - c) Be physically and mentally capable of fulfilling all the duties allocated to him/her;
 - d) Ensure that the JMR is continuously occupied by a qualified nurse from one hour before the the time of the first race until stood down by the Senior RMO after the end of racing;
 - e) Be able to use and have access to VEMCOM at all times;
 - f) Be familiar with all the equipment and supplies in the JMR and be able to use the defibrillator;
 - g) Wear a uniform at all times when on duty. This uniform must conform to the standard in current general use in NHS Hospitals and ensure that the nurse on duty in the JMR can be clearly recognised as a nurse. Examples of standard uniform designs are available from the BHA Medical Department.

3. Nurses employed by Managing Executives must also undertake an ongoing education programme in accordance with the NMC requirements.

As from 1st January 2009, all Racecourse Nursing Staff must:

- a) be registered with the BHA Medical Department;
- b) have had recent training (within the last 2 years) in Automated External Defibrillation (AED) and Basic Life Support (BLS). Certification of completion and competence of this training must be provided on request;
- c) provide the BHA Medical Department with details of qualification, retraining and professional insurance on request.

Note 1: Nurses may not be used as a substitute for an RMO or Paramedic. Nurses employed for duties outside the JMR (other than acting as fence attendants) must have appropriate additional and recent training.

Note 2: A doctor may carry out the duties of the nurse, provided that the doctor is not required for duties as an RMO or Crowd Doctor on the raceday.

First Aid Trained Attendants - Requirements

4. For Jump racing, at least one qualified First Aid Trained Attendant is normally required at each fence or hurdle unless agreed otherwise by a nominated representative of the Managing Executive in consultation with the Senior RMO.

N.B. First Aid training must be obtained through an organisation approved by the Health & Safety Executive (HSE) under the Health and Safety (First-Aid) Regulations 1981. This training to be certificated and in-date as per the HSE regulations for First Aid at Work.

Jockeys' Medical Room (JMR) – Requirements

5. Suitably furnished accommodation situated **near** to the Jockeys' Changing Rooms is to be provided for a separate JMR which must have the following:

- a) adequate heating, lighting, hot water supply and a self contained private toilet;
- b) necessary First Aid equipment and supplies in accordance with Annex A to BHAGI 11.2 (precise details of which are to be included in the Standing Orders);
- c) at least two screened beds with blankets;
- d) a direct outside line telephone facility for maintaining communication (N.B. a telephone that requires the user to connect via a switchboard must have dedicated outgoing lines that cannot be blocked by incoming calls);
- e) have a VEMCOM radio on site in the JMR at all times for the use of the nurse.
- f) a copy of the current BHAGI section 11 and the Standing Orders.

6. No unauthorised access to the JMR is to be permitted and it is not to be used for any other purpose during racing other than attending to injured Riders unless under exceptional circumstances. Authorised access can only be granted by a nominated representative of the Managing Executive to Medical Staff (i.e. RMOs, nurses and ambulance crews) and adult connections/relatives of injured riders.

Under no circumstances can children (aged under 16) be admitted/accommodated in the JMR unless seriously ill or injured.

The JMR may be used for the purposes of providing routine physical therapy and massage on a raceday but only:

- a) with the written authorisation of the BHA Medical Department
- and b) when all staff providing this service are registered with the BHA Medical Department.

N.B. Dispensation to have a JMR which is also used for spectators may be granted at the discretion of the BHACMA. Once such dispensation is granted it shall be effective until the Weighing Room complex is re-built or the JMR is re-located.

Note: Seriously ill/injured spectators may be attended to in the JMR in exceptional circumstances if no other public medical facility is available.

Ambulances – Requirements for all Flat Race Meetings

- 7. a) A minimum of two ambulances, each capable of covering all sections of the racecourse, must be present from one hour before the time of the first race (as advertised on the day of racing). Each ambulance must be staffed by two attendants. Racing **MUST NOT** commence until these two ambulances are present. Subject to Paragraph 8 below, or when a Rider is being treated prior to transfer to hospital, both ambulances must be available for immediate use from 15 minutes before the time of the first race until released by a nominated representative of the Managing Executive after the running of the last race. RMOs are to ensure that a Rider is not left in the recovery ambulance but is either transported directly to hospital or transferred into the JMR.

Note: Where Managing Executives enter into “pre-season” contracts/arrangements with ambulance providers that cannot ensure a degree of flexibility regarding arrival times, it is strongly recommended that the providers are contracted to arrive 90 minutes before the provisional first race time (as identified by the BHA’s Race Times Committee). This is especially important during winter months when light is short and will ensure that should a race be divided, necessitating an earlier first race time, the correct ambulance cover will still be in position one hour before the time of the first race.

- b) At least **one** ambulance must be a “Paramedic Ambulance” crewed by at least one “Paramedic” and one “Ambulance Technician”, or alternatively crewed by two “Paramedics” (see Definitions for “Paramedic Ambulance”, “Paramedic” and “Ambulance Technician” below).

A “Paramedic Ambulance” must be available on the racecourse throughout racing and racing **MUST NOT** continue if this is not the case. Therefore, when a “Paramedic Ambulance” is required to leave the racecourse with a seriously ill or injured patient, and no such equivalent ambulance is present, a replacement “Paramedic Ambulance” capable of covering all areas of the racecourse must be on the racecourse before racing continues. On racecourses where the transit time to hospital is in excess of 20 minutes, the Managing Executive may wish to employ two

“Paramedic Ambulances” to avoid any delay to racing. If the transit time to hospital is 30 minutes or more two “Paramedic Ambulances” must be present (N.B. Transit time means the time taken from leaving the racecourse to the designated hospital travelling within the speed limits).

Definitions:

“Paramedic Ambulance”

A vehicle suitably built or adapted for the purpose of carrying and treating injured or sick people on an appropriate trolley bed at least equal in design and size as the ambulances used to respond to emergency 999 calls by the NHS Ambulance Services within the area that the racecourse is situated.

The vehicle must be a size and design to allow the medical attendants to effectively attend to the needs or injuries of the patient and to provide safe storage for all of the equipment carried.

The equipment carried in the Paramedic Ambulance must be at least to the levels and types as listed in Annex A to BHAGI 11.2 together with any additional equipment that is normally carried in the NHS 999 ambulances in the local area.

“Paramedic”

An individual who is currently registered as a Paramedic with the Health Professions Council (HPC). This individual must be trained, qualified, experienced and capable of acting autonomously, though within their scope of practice, in an emergency situation.

“Ambulance Technician¹”

An individual who is trained and qualified to the Institute of Health and Care Development (IHCD) standard or similar level of qualification currently in use by the NHS 999 ambulance service. This individual must be trained, qualified, experienced and capable of acting autonomously, though within their scope of practice, in an emergency situation.

“St John and Red Cross”

The St John and Red Cross organisations both develop and train their ambulance members to recognised levels of ambulance care. Individuals so trained are capable of acting with limited autonomy in an emergency situation.

- c) The second ambulance may be staffed by Paramedic(s), Ambulance Technician(s)” or the holder(s) of Red Cross Ambulance Aid Certificate Level 2 or St John Emergency Transport Attendant (formally Level 2). There must be two such qualified personnel in the second ambulance. The second ambulance may be operated by the NHS, a private ambulance contractor, the St John or Red Cross but must be provided with the

¹ It should be noted that NHS ambulance services are reviewing the training, grading and nomenclature of ambulance ‘technicians’. Where such an ambulance service is retained by a racecourse it is recommended that they should ensure that the alternative grade must be trained so as to provide the same standard as a NHS 999 frontline ambulance.

equipment and supplies listed in Annex A to BHAGI 11.2 except for categories D (Drugs) and F (Defibrillator) and be capable of accommodating an injured Rider lying on a stretcher or spinal board.

- d) If a third ambulance is deployed to cover racing at a Flat meeting this ambulance must conform with all the requirements of 7(c) above.

N.B. The intention of the above requirements in respect of Paramedic Ambulances, Paramedics and Ambulance Technicians is to ensure that when a Rider is seriously injured he will receive the same level of attention as that received by anyone suffering from a serious accident or illness (major car crash, heart attack etc.) which results in a “999” call. At least one of the above ambulances must be capable of transporting an injured Rider directly to hospital with an RMO in attendance and without the need to remove equipment and supplies from the vehicle (i.e. not a designated four wheel drive off-road vehicle).

If a “Non-Paramedic Ambulance” has to leave the racecourse to evacuate a casualty to hospital during racing, racing can continue but a suitable alternate ambulance must be on site within 30 minutes. If the alternative ambulance is not on site within 30 minutes, racing must be suspended until all the requirements of BHAGI section 11 are met in full.

Ambulances – Requirements for all Jump Meetings

8. a) A minimum of three ambulances, each capable of covering all sections of the racecourse, must be present from one hour before the time of the first race. Each ambulance must be staffed by two attendants. Racing MUST NOT commence until these three ambulances are present. All ambulances must be available for immediate use from 15 minutes before the time of the first race until released by a nominated representative of the Managing Executive after the running of the last race unless transferring an injured Rider to hospital (also see (b) below). RMOs are to ensure that a Rider is not left in the recovery ambulance but is either transported directly to hospital or transferred into the JMR.

Note: Where Managing Executives enter into “pre-season” contracts/arrangements with ambulance providers that cannot ensure a degree of flexibility regarding arrival times, it is strongly recommended that the providers are contracted to arrive 90 minutes before the provisional first race time (as identified by the BHA’s Race Times Committee). This is especially important during winter months when light is short and will ensure that should a race be divided, necessitating an earlier first race time, the correct ambulance cover will still be in position one hour before the time of the first race.

- b) At least two ambulance must be a “Paramedic Ambulance” crewed by at least one “Paramedic” and one “Ambulance Technician”, or alternatively crewed by two “Paramedics” (see Definitions for “Paramedic Ambulance”, “Paramedic” and “Ambulance Technician” in Paragraph 7 above).

One Paramedic Ambulance must be available on the racecourse throughout racing and racing MUST NOT continue if this is not the case. However, if one Paramedic Ambulance transports an injured Rider to

hospital then racing can continue provided two other ambulances (of which one must be a Paramedic Ambulance) are available for immediate use as required under these Instructions.

The third ambulance may be staffed by Paramedic(s) "Ambulance Technician(s) or the holder(s) of Red Cross Ambulance Aid Certificate or St John Trained Level 2. There must be two such qualified personnel in the third ambulance. The third ambulance may be operated by the NHS, a private ambulance contractor, the St John or Red Cross but must be provided with the equipment and supplies listed at Annex A to BHAGI 11.2 except for categories D (Drugs) and F (Defibrillator) and be capable of accommodating an injured Rider lying on a stretcher or spinal board. The third ambulance must be located in such a position that access to the track can be easily achieved.

Note: All three ambulances must be able to provide immediate assistance to fallen Riders during jump races. Details of the deployment and duties of all three ambulances are to be specified in Standing Orders and the crews of all three ambulances must attend the briefing.

N.B. The intention of the above requirements in respect of Paramedic Ambulances, Paramedics and Ambulance Technicians is to ensure that when a Rider is seriously injured he will receive the same level of attention as that received by anyone suffering from a serious accident or illness (major car crash, heart attack etc.) which results in a "999" call. At least one of the above ambulances must be capable of transporting an injured Rider directly to hospital with an RMO in attendance and without the need to remove equipment and supplies from the vehicle (i.e. not a designated four wheel drive off-road vehicle).

Ambulances – Other requirements

9. Suitable means are to be provided for towing ambulances in difficulties.
10. All ambulances are to be equipped with a VEMCOM radio and communication is to be maintained at all times through the VEMCOM network as laid down in BHAGI 4.6. A radio check must be conducted before racing commences.
11. Ambulances must not be used as a means of transport for any person other than the ambulance crew, injured Riders and an RMO treating an injured Rider. Under no circumstances are members of the media allowed access to ambulances on racedays without permission of the Authority.

Note: In addition, all ambulance crew members must be fully familiar with the route(s) to the local hospital(s) and be suitably qualified and insured to drive ambulances on public highways under emergency conditions, using blue lights and sirens. All ambulance crew members must be able to provide proof of such qualifications and insurance on demand.

RMOs Vehicle - Requirements

12. An appropriate vehicle and driver must be provided by the racecourse for use by the RMOs and must be capable of taking the RMOs to any part of the course in all weather conditions. When an RMO is on duty this vehicle must be used at all

times. Under some circumstances, more than one RMO may be deployed to follow the field and it may therefore be necessary to provide more than one vehicle for this purpose.

Representative of Managing Executives – Requirements

13. A nominated representative of the Managing Executive must:
- a) Ensure RMOs have arrived in accordance with the time requirements of BHAGI 11.2 Paragraph 3(e) and take appropriate action if they have not done so;
 - b) Seek to contact the Senior RMO immediately if the Senior RMO has failed to report as laid down in BHAGI 11.2 Paragraph 3(a);
 - c) Inform the Stipendiary Steward not less than half an hour before the time of the first race if the required number of ambulances, RMOs or other Medical Staff are not present, or if full compliance with BHAGI section 11 has not been achieved so that he/she can advise the Stewards;
 - d) Provide identifying tabards and (if required) arm bands for RMOs;
 - e) Ensure the Declarations Clerk is aware of his/her responsibilities for Medical Record Books;
 - f) Ensure that notices in the Weighing Room are displayed as follows:-
 - (i) Designating the position in the Weighing Room where an RMO can be found between each race;
 - (ii) Requiring all Riders to report to an RMO on every occasion immediately after they have had an accident or a fall (including Riders who remount after a fall and finish the race);
 - g) Ensure that all RMOs, ambulance crews and Medical Staff attending Jump fixtures are conversant with the current BHAGIs on bypassing fences (see BHAGI 3.7) (N.B. Ideally, Medical Staff should attend a practical demonstration of the bypassing arrangements on an annual basis).

Standing Orders – Requirements

14. Standing Orders, prepared in consultation with the Designated RMO (See BHAGI 11.2 Paragraph 2) must include the following:
- a) The date (month and year) on which the Standing Orders were prepared or revised;
 - b) The organisation and operation of all the medical services on the racecourse including the contractual arrangements for ambulances (name of provider, notification arrangements prior to and on racedays);
 - c) The deployment of medical resources. This is to include the location and deployment of RMOs and ambulances as follows:
 - (i) Flat Races – One RMO and one ambulance at each start or in such a position that they can respond rapidly to an incident at the start and can follow the field after the start where appropriate (maximum response time of 1 minute). **Prior to every race, the RMO must report to the Starter on arrival at the start to confirm that all medical arrangements are in place and that the race may proceed.** The RMO must at all times have visual contact with the horses and Riders prior to and during the loading process and be able to respond to verbal requests for assistance if an incident requiring medical attention occurs.
 - (ii) Jump Races – As for Flat races.

- (iii) Starting Stalls Test – One RMO and one ambulance are to attend while the horse is being tested.
 - (iv) VEMCOM – Compliance with BHAGI 4.6 to ensure all RMOs are in radio communication with each other and use the correct procedures.
 - d) A detailed plan of the racecourse which should clearly show ambulance access points and parking points and all medical facilities (JMR);
 - e) Copies of the current relevant BHAGIs (including BHAGI section 11) must be available but do not need to be attached;
 - f) A detailed inventory of the equipment and supplies located in the Paramedic Ambulance and other ambulances, the JMR and those carried by each RMO. This must include, as a minimum, the mandatory requirements laid down in Annex A to BHAGI 11.2;
 - g) A list of all the RMOs employed by the racecourse with primary contact details.
15. The Managing Executive must ensure that the Standing Orders are complied with in all respects for every race meeting. In particular, copies of the Standing Orders together with BHAGI section 11 must be forwarded to the ambulance service(s) providing cover at the racecourse and must form part of any contractual arrangement between the Managing Executive and the authority providing that service. Current copies of the Standing Orders (or the relevant sections of the Standing Orders) together with BHAGI section 11 must be handed to each ambulance crew before the raceday briefing and the Senior RMO is to ensure that all ambulance crews have read and understood the current Standing Orders and BHAGI section 11 when the briefing takes place.

Current copies of the Standing Orders (or the relevant sections of the Standing Orders) together with BHAGI section 11 are to be distributed annually in a confidential manner (omitting telephone numbers) to all RMOs and other Medical Staff. A current copy of the Standing Orders and BHAGI section 11 must also be available in the JMR.

Annual Review Items

16. Standing Orders are to be reviewed at least annually with particular emphasis on the matters listed in Annex A.

RMOs and Crowd Cover

17. When a Crowd Doctor is employed, RMO's are **only** responsible for racing except in an emergency. If a Crowd Doctor is not employed, and an RMO is required to attend to a member of the public in an emergency, the requirements of BHAGI section 11 must still be met before racing can proceed.

Medical Services for Spectators

18. Compliance with legislation or any government guidance that affects the provision of medical services for spectators is wholly the responsibility of the Managing Executive (including the Safety at Sports Ground Act 1975/Fire Safety and Safety of Places of Sport Act 1987/The Guide to Safety at Sports Grounds 2008).

19. Details of the provisions for crowd medical cover will normally be included in the Safety Certificate issued to each racecourse and the Major Incident Plan prepared by the Managing Executive.

Should any significant failure to comply with such obligations be brought to the attention of the Authority they may not only find the Managing Executive to be in breach of Rule 220(iii) of the Rules of Racing, they may also exercise such of their powers as they think fit to ensure that such failures are remedied before further racing takes place at the racecourse in question.

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Circulation
Stipendiary Stewards
Clerks of the Scales
Inspectors of Courses
Racecourse Association
Racetech

Annual Review Matters

Annex A