BHA GENERAL INSTRUCTIONS

No 11.2
Dtd 17 Oct 2008

To:	Managing Executives
From:	Chief Executive
Subject:	RESPONSIBILITIES OF RACECOURSE MEDICAL OFFICERS AND OTHER MEDICAL STAFF.
Reference:	Rules 14, 62, 64, and 66. Instrs E4 and H11. BHAGI 3.7, 4.6, 11.1 and 11.3

Definition and Primary Responsibility of all Racecourse Medical Officers (RMOs)

1. a) A Racecourse Medical Officer (RMO) is any medical practitioner registered with the Authority and engaged by a Managing Executive to provide medical cover for Riders at race meetings. RMOs are specifically instructed to attend injured Riders as a priority but if this is not possible, as a result of events elsewhere on the racecourse, racing cannot proceed until adequate RMO cover for Riders, as laid down in BHAGI 11.1 Paragraph 1, is available. This Instruction also sets out other responsibilities of RMOs as below.

   b) Only RMOs who have successfully completed the Senior RMO training approved by the Authority and been accredited as a Senior RMO by the Authority may act as an Senior RMO on a raceday.

   c) Where a Managing Executive has been found in breach of Rule 80(ii)(a) and /or (b) in respect of a matter or matters within the scope of the duties of the Senior RMO the Authority will normally notify the Managing Executive that they may not employ the Senior RMO as such until he has successfully completed a further training course for Senior RMOs approved by the Authority. Where such notification is given the Managing Executive may continue to employ the Senior RMO but only as an RMO. These restrictions regarding employment shall apply to all Managing Executives.

   d) A Managing Executive may apply to the Authority within 14 days of the notice under (c) above for the decision to require the Senior RMO concerned to attend a training course to be reconsidered. The reconsideration will be undertaken by a panel of three medical practitioners comprising a Chairman to be selected by the Authority, a nominee of the Professional Jockeys Association, and a nominee of the Racecourse Association. The Chairman shall not have been employed by the Authority on its medical advisory staff in the preceding five years. The decision of the panel shall be final.

Definition and General Responsibilities of the Designated/Senior RMO

2. a) Each racecourse must annually appoint a Designated RMO who must consult with the Managing Executive where necessary on the annual review matters detailed in Annex A to BHAGI 11.1. In addition, one RMO must act as Senior on every raceday and assume the raceday responsibilities laid down in this Instruction. This will usually be the Designated RMO but not necessarily so.

b) On racedays, the Senior RMO is responsible for supervising all aspects of medical care for Riders and injured Riders. This includes ambulances, other RMOs, nursing staff and First Aid Trained Attendants. The Senior RMO must advise the Stipendiary Steward and the representatives of the Managing Executive if he has any doubts about the safety of racing or in relation to the adequacy of medical cover.

c) The Senior RMO will normally be the first doctor to arrive on the racecourse. However, if the Senior RMO has not arrived by one hour before the time of the first race (as advertised on the day of racing) another RMO will automatically assume responsibility for all duties assigned to the Senior RMO in this Instruction and the Standing Orders.

d) The Senior RMO is required to provide the necessary medical information to enable the Managing Executive to satisfy statutory legislation (e.g. so that Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) forms may be completed).

Specific Raceday Duties of the Senior RMO

3. On every raceday when reaching the racecourse, the Senior RMO is to carry out the following duties, on behalf of the Managing Executive:-

a) Report to the nominated representative of the Managing Executive immediately on arrival – 90 minutes before the time of the first race;

b) Report to the Clerk of the Scales on arrival no later than **75** minutes before the time of the first race and collect the list of Riders subject to medical suspensions ("Red Entry List");

c) Ensure that all Riders subject to a previous medical suspension are examined and that the appropriate action is taken to declare the rider as "fit" or "unfit" to race ride (see BHAGI 11.3);

d) Ensure that the hospital designated for receiving racecourse casualties is aware that racing is to take place and that they may receive casualties and enquiries from the media;

e) Ensure that the correct number of ambulances and Medical Staff (i.e RMOs, nurses, ambulance crew and First Aid Trained Attendants) are present, that the qualifications of all ambulance crews have been checked and that the method of communication with them is efficient and is understood by all the Medical Staff. If the required ambulances and Medical Staff have not arrived an hour before the time of the first race, ensure that the nominated representative of the Managing Executive is informed IMMEDIATELY;

f) Ensure that a full briefing to all Medical Staff (as defined in (e) above) is carried out and that all Medical Staff have read and understood the Standing Orders and relevant BHAGIs. <u>This briefing is to be completed AT LEAST 45 minutes before the time of the first race;</u>

g) Ensure that all Medical Staff are aware of the nature and location of their duties and are deployed in accordance with the Standing Orders;

h) Ensure that all RMOs have an identifying tabard and (if required) an arm band in his/her possession.

N.B. Either an identifying arm band or tabard MUST be worn at all times on the race track, in the parade ring and in the weighing room.

If choosing to wear an arm band RMOs must still carry a tabard in their RMO bag;

i) Ensure that all the medical arrangements on the racecourse are sufficient for racing to commence and, in particular, that:

i) the medical equipment carried in Paramedic Ambulance(s) and other ambulance(s) satisfies the Definition of "Paramedic Ambulance" and Annex A to BHAGI 11.2;
ii) the medical equipment and supplies in the Jockeys' Medical Room (JMR) satisfies Annex A to BHAGI 11.2 and the Standing Orders;
iii) the medical equipment and supplies carried by each RMO satisfies Annex A to BHAGI 11.2 and the Standing Orders;
iv) the training and qualifications of the Paramedic(s) and ambulance crew(s) satisfies the Definitions written into BHAGI 11.1 Paragraph 7;
v) the attendance of suitably trained RMOs, nurse(s) and First Aid Trained Attendants satisfies BHAGI 11.1;
vi) all Medical Staff have received a full briefing, have read and understood the current Standing Orders and are fully aware of their duties.

A nominated representative of the Managing Executive is to sign confirmation that these detailed checks have been carried out on the prescribed form shown at Annex B. (If no shortcomings have been identified this form is to be handed to the Stipendiary Steward, no later than 30 minutes before the time of the first race).

Note: A checklist should be used on every raceday to ensure that all these Instructions are completed before racing is authorised to proceed. A simplified aide-memoire of the matters that need to be carried out on each raceday is provided at Annex C to this Instruction to assist the Senior RMO in carrying out these checks.

4. Having completed or ensured completion of the above duties, the Senior RMO is to:

a) Inform the nominated representative of the Managing Executive and the Clerk of the Scales not less than 30 minutes before the time of the first race that medical arrangements on the racecourse comply in full with the Standing Orders and BHAGI section 11. <u>If there are any shortcomings, these must be notified immediately to the representative of the Managing Executive;</u>
b) Ensure that an RMO is available to the Clerk of the Scales 40 minutes before the time of the first race to examine any Riders who require clearance to race ride. This examination would normally take place in the JMR or Weighing Room Examination Room;
c) Instruct and ensure that an RMO reports to the Clerk of the Scales in the Weighing Room after EVERY race at a position designated by the nominated representative of the Managing Executive to deal with any medical matters;
d) Ensure that an RMO is present in the parade ring or can closely observe the parade ring when the Riders arrive there, and remains in or immediately adjacent to the parade ring until all the Riders have mounted and have left the area;

e) Ensure that no unauthorised access to the JMR occurs;
f) Confirm with the nominated representative of the Managing Executive after the last race that Medical Staff can be released.

5. During racing the Senior RMO is to watch racing from an appropriate vantage point which may be on the course or in the main Stewards' box. The Senior RMO is to remain in communication with the nominated representative of the Managing Executive, the other RMOs, the nurse and ambulances via VEMCOM (see BHAGI 4.6) and **to** ensure the rapid and efficient retrieval of all injured Riders.

Responsibilities of RMOs in relation to Riders who Fall or are Seriously Injured

6. a) All Riders who fall before, during or after a race must be attended to by an RMO or Paramedic immediately (maximum response time of 1 minute). RMOs and the ambulance crew must not drive past a fallen Rider just because he/she is able to sit or stand up. In particular, the attending RMO or Paramedic must establish that the fallen Rider is not at risk himself or pose a risk to others as a result of the fall (e.g. concussion). Following every race, an RMO is to carry out an appropriate examination of every Rider who falls in the JMR or Weighing Room Examination Room (this includes all Riders who remount, regardless of whether they finish the race).

b) Details of any Rider from abroad who suffers an injury during racing must be notified to the Clerk of the Scales as soon as is practically possible so that the Attestation Certificate can be completed correctly (see BHAGI 11.3).

7. In dealing with a seriously or very seriously injured Rider, an RMO is to:-

a) Stabilise the injured Rider;
b) Evacuate the injured Rider to hospital immediately in the ambulance which recovers the injured Rider without transfer to another ambulance if the clinical condition of the Rider warrants it;
c) Accompany the injured Rider to hospital in the ambulance, if either the clinical condition of the Rider or the length of the journey to hospital gives cause for concern;
d) Request a replacement Paramedic Ambulance if a Paramedic Ambulance leaves the racecourse during racing and no such equivalent ambulance is present. Inform the nominated representative of the Managing Executive that a racecourse Paramedic Ambulance has left the racecourse;
e) Ensure that seriously injured Riders are not left in the ambulance but are either transported directly to hospital or, after stabilisation, those Riders with minor injuries are immediately transferred into the JMR.

Note 1: As in all other areas of clinical practice, the welfare of the injured person is paramount. No other considerations are to be taken into account when dealing with an injured Rider.

Note 2: All injured Riders remain the responsibility of the attending RMO until the Rider leaves the racecourse premises. This includes Riders who are undergoing assessment and/or stabilisation in an ambulance on racecourse premises.

Concussive Injury: Assessment of Severity and Resultant Suspension

8. An RMO is the only Official able to give an immediate assessment of concussive head injuries. In all cases of suspected concussion, the RMO is to assess the injured Rider in accordance with the BHA Assessment of Concussion (BHAAC) protocol. If there is evidence of concussion, the Rider must be suspended from race riding for a minimum of 6 clear days and either:-
   a) be sent to hospital by ambulance or
   b) be kept under medical supervision until he/she can be sent home in the care of a responsible adult.

   Under no circumstances may the injured Rider be allowed to drive after the accident.

   In all cases of head injury, the clinical judgement of the examining RMO will ultimately determine the final diagnosis and management of the injured Rider.

   The decision of the RMO to suspend a concussed rider for a minimum of 6 clear days is final and may NOT be overturned after the event.

9. For all cases involving head injury or concussion, notification MUST be made by telephone to the BHA Chief Medical Adviser (BHACMA) at the end of racing on 07788 567440.

Riding Work and Schooling

10. All Riders who are given a **Red Entry** on a raceday must be issued with a RED2 form confirming the recommendations made by the RMO. Both the RMO and the Rider are required to sign the RED2 form; one copy to be given to the Rider and one copy to be retained by the racecourse. Any Rider who has been suspended from riding in races on medical grounds is to be advised by the RMO to report to his/her General Practitioner for advice regarding when he/she may ride work, school horses or take part in any other equestrian activity.

Medical Confidentiality

11. Disclosure of any consultation between a Rider and an RMO without the Rider's consent constitutes a breach of medical confidentiality. Therefore, the presence in the JMR of persons other than the injured Rider, the nurse(s) and other Medical Staff may result in a breach of confidentiality and is not permissible. Measures to exclude all unauthorised persons from the JMR are to be agreed between the Senior RMO and the nominated representative of the Managing Executive.

12. If a general statement regarding an injured Rider is required, this would normally be given by the nominated representative of the Managing Executive on the advice of the RMO, (e.g. Rider x has injured his/her leg/shoulder and has been transferred to hospital for x-ray). UNDER NO CIRCUMSTANCES may an RMO on duty give out clinical details to members of the public, press or T.V.

Notification to BHACMA

13. When any Rider suffers a concussion, serious injury, period of suspension or **Red Entry** it must be notified to the BHACMA at the end of the days racing on 07788 567440 see BHAGI 11.3 Paragraph 9.

Duties of Nurses

14. The nurse is to arrive in the JMR no less than one hour before the time of the first race and is to carry out his/her duties as directed by the Senior RMO. The nurse must ensure that JMR equipment and supplies are immediately available. The nurse must ensure that the JMR is continuously occupied by a qualified nurse from one hour before the time of the first race until stood down by the Senior RMO after the last race (see also BHAGI 11.1 Paragraph 2).

Duties of Ambulance Crew

15. All ambulance crew members must report to the JMR no later than one hour before the time of the first race. They are to be fully briefed prior to every raceday and are to be deployed as set out in the Standing Orders and BHAGI 11.1. They are to remain with their ambulances during racing and be on the alert for messages on VEMCOM or signals calling for their assistance. During the running of a race, they are to keep the engine of their vehicle running in order to move immediately as directed. All Riders who fall must be attended to by an RMO or a Paramedic immediately (maximum response time of 1 minute). Ambulance crews must not drive past fallen Riders who are able to sit or stand up.

16. After racing, the ambulance crews may not leave the racecourse until they have obtained the permission of the nominated representative of the Managing Executive to do so.

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

Necessary Medical Equipment and Supplies	Annex A
Raceday Confirmation that Medical Arrangements Meet BHAGI Part 11	Annex B
Raceday Aide-Memoire for Senior RMO	Annex C