BHA GENERAL INSTRUCTIONS

BHAGI 11.2
Dtd 1 November 2017

To: Managing Executives, Point-to-Point Organising Committees
From: Chief Executive
Subject: RESPONSIBILITIES OF RACECOURSE MEDICAL OFFICERS AND OTHER MEDICAL STAFF

Duties of the Managing Executive/Point-to-Point Organising Committee

1. Managing Executives/Point-to-Point Organising Committees are responsible for ensuring that:

   a) a Licensed Racecourse/Point-to-Point Course maintains compliance with BHAGI 11
   b) any deviation from the BHA General Instruction will only be permitted following discussion with the SRMO and the CMA and with written dispensation from the BHA to be included in the SO
   c) where the Annual Risk Assessment (ARA) indicates that higher levels of staffing, ambulances or facilities are required than those set out as minimum requirements below, there is compliance with such higher levels

Staffing

2. Managing Executives/Point-to-Point Organising Committees must ensure compliance with the minimum numbers of Medical Staff, as follows:

	Flat	Jump	Point-to-Point*****
Doctors	SRMO and RMO	SRMO & two RMOs	SRMO and RMO
Nurses	One	One	Not required
Ambulance Crews (see Part A of Annex B)	Two	Three	Two
Physiotherapist (see Annex A)	One	One	Not required
First Aiders	As per ARA/Green Guide	As per ARA/Green Guide	As per ARA/Green Guide
Crowd Doctor	As per ARA/Green Guide	As per ARA/Green Guide	As per ARA/Green Guide

Notes:

*****Point-to-Point – four resources are required which can be either two doctors and two paramedic ambulances or one doctor and three paramedic ambulances

Green Guide is the 'Guide to Safety at Sports Grounds'

Ambulances

3. Managing Executives/Point-to-Point Organising Committees must ensure the provision of the minimum resources, as follows:

a) Flat meetings – two paramedic ambulances
b) Jump meetings – two paramedic ambulances plus one other vehicle which may be a paramedic ambulance or Rapid Response Vehicle (RRV)
c) Point-to-Point meetings – two or three paramedic ambulances (see 2 above)
d) Ambulance crews – each ambulance vehicle crewed by two staff. One must be a paramedic and the other a paramedic, ambulance technician, emergency care support worker, emergency care assistant or St John's emergency transport attendant. A rapid response vehicle (RRV), if used, should be crewed by a paramedic. All ambulances (other than RRVs) must be capable of transporting an injured rider to hospital whilst being appropriately monitored and treated. The entire course must be accessible by an ambulance vehicle at all times and this may include the use of a 4x4 vehicle subject to the course ARA.

Facilities

4. Managing Executives must ensure the presence on site of the minimum facilities/equipment as follows:

a) Jockeys Medical Room (JMR) which is compliant with Part B of Annex B
b) Jockeys Treatment Room (JTR) for physiotherapy which is compliant with Part E of Annex B
c) JMR drugs and equipment which is compliant with Part B of Annex B
d) (S)RMO drugs and equipment which is compliant with Part C of Annex B
e) Two-way radio system

4.1 Point-to-Point Organising Committees must ensure the provision of the minimum facilities, as follows:

a) Riders Medical Area (RMA) which is compliant with Part D of Annex B
b) (S)RMO drugs and equipment which is compliant with Part C of Annex B
c) Two-way radio system

Duties of Medical Staff

Registration and Qualifications

5. All SRMOs, RMOs, nurses and physiotherapists must be registered with the BHA Medical Department and must re-register annually.

6. Ambulance Providers must be registered with the CQC (or equivalent in Scotland and Wales) and their most recent inspection should be adequate or better. All ambulance

paramedics must have current HCPC registration. Other ambulance personnel must have evidence of appropriate qualification at a lower grade.

7. Staff may not work at Licensed Racecourses/Point-to-Point Courses if currently suspended by any other employer or regulatory body.

Raceday Procedure

General

8. On race days a member of the Medical Staff must:

- Arrive promptly at the designated time which is 90 minutes before the first race for the SRMO and 60 minutes before the first race for all other Medical Staff
- Be dressed in appropriate Personal Protective Equipment (PPE) to be able to deliver care in the pre-hospital environment and be clearly identifiable as Medical Staff by that uniform or other means
- Check their equipment is compliant with BHAGI 11. Any equipment or drugs for use on the racecourse in RMO bags, JMR or ambulances must be in date, serviceable and maintained in line with manufacturers' recommendations
- Report any equipment deficiencies to the SRMO immediately
- Attend the SRMO briefing 60 minutes before racing
- Read, understand and be compliant with current BHAGI, SO and other relevant documentation
- Act at all times according to their clinical decision making and not allow financial or racing operational considerations to override this judgement
- Ensure that they do not have any conflict of interest with any other activity or duty on a race day
- Attend all Fallen Riders, if safe to do so, within one minute of their fall
- Stay in communication with the SRMO by two-way radio (VEMCOM) or mobile phone
- Not leave the course unless directed to do so by the SRMO
- Keep accurate and contemporaneous notes of all patient encounters on the computerised medical record system, RIMANI (or TM2 if a physiotherapist), unless using ambulance paper records. Records must be entered by the assessing clinician under their personal login. On Point-to-Point Courses clinical notes must be entered on Medical Report Form A and submitted to the BHA after racing. These records will be subject to regular audit.
- Follow the process set out at Annex C for Foreign and Amateur Riders
- Prevent unauthorised access to the JMR/RMA
- Not divulge any information to any party that could be construed as a breach of patient confidentiality
- Remain on the racecourse after racing until stood down by the SRMO

Duties of Managing Executive/Point-to-Point Organising Committee

9. The Managing Executive/Point-to-Point Organising Committee, must ensure all aspects of race day medical care are compliant with BHAGI 11 confirming this with the SRMO, before both parties sign the Race Day Confirmation Form (Annex G). If circumstances change and medical arrangements fall below those required by BHAGI 11 or local SO then the Managing Executive/Point-to-Point Organising Committee, after appropriate consultation with the SRMO, must advise the Stipendiary Stewards/Point-to-Point Chairman of Stewards as soon as possible.

Duties of the RMOs

10. Be compliant with paragraphs 5 to 8 inclusive and local SO.

11. In the temporary absence (late arrival) of an SRMO, on the directions of the Managing Executive/Point-to-Point Organising Committee assume the responsibilities of the SRMO.

12. Examine Riders who require clearance to ride if designated as 'RMO clearance' on RIMANI or Point-to-Point Red Entry List unless the Rider is a registered patient of the RMO.

13. During racing follow the deployment of staff as indicated in the SO and as instructed by the SRMO.

14. Assess Fallen Riders in sufficient detail to make a clinical judgement as to whether they are fit to continue riding or to be stood down for the rest of the day. If they are stood down, they must be given a 'RED entry' on their RIMANI notes and where relevant in their MRB and Point-to-Point Medical Report Form A. Fallen riders are not permitted to ride again until reassessed the next day or later by an RMO, if a non-significant injury/illness (RMO Red); or by the CMA and then an RMO, if a more significant injury (CMA Red). Other than for simple suturing or assessment of possible concussion, a RED entry may not be removed on the day it is applied.

Duties of the SRMO

15. General Duties:

- Be compliant with all Duties of the RMO
- Supervise all aspects of medical care for Riders and Fallen Riders including supervision of all medical, nursing and ambulance personnel
- Advise the nominated representative of the Managing Executive/Point-to-Point Organising Committee if the SRMO has any doubts about the safety of racing, or the adequacy of medical cover and ensure these concerns are relayed to the Stipendiary Stewards/Point-to-Point Chairman of Stewards as soon as possible

- Use the attached Aide Memoire as guidance (Annex H)

16. Prior to Racing:

- Not later than 90 minutes before the time of the first race report to the nominated representative of the Managing Executive/Point to Point Organising Committee
- Identify Riders subject to medical suspension from the RIMANI Red Entry List or from the Point-to-Point Red Entry List and not later than 75 minutes before the time of the first race, report to the Clerk of the Scales to confirm the Riders fit to ride and those who require clearance. If RIMANI or Point-to-Point Red Entry List is unavailable, contact the BHA Medical Department during working hours or CMA out of hours and weekends
- Before Riders are due to weigh out, examine any Rider who has been the subject of a medical suspension and take appropriate action to declare the Rider as fit or unfit to ride
- Examine any other Rider at the request of the Clerk of the Scales
- Notify and record the results of examinations of Riders:

    i) to the Clerk of the Scales
    ii) on RIMANI and/or
    iii) in the MRB
    iv) Point-to-Point Medical Report Form A (where appropriate)

- Not later than 60 minutes before the time of the first race, carry out a medical briefing (Annex F) and all necessary checks (of staff, equipment and communications) to ensure that medical arrangements on the racecourse are sufficient for racing to commence
- Not later than 30 minutes before the time of the first race, provide confirmation to the nominated representative of the Managing Executive/Point-to-Point Organising Committee that all medical criteria of BHAGI 11 and SO have been fulfilled, or that there is a shortcoming and details thereof, and deploy the Medical Staff
- Provide the necessary medical information, when required, to enable the Managing Executive/Point-to-Point Organising Committee to satisfy statutory legislation (including the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations forms - RIDDOR)

17. During every race:

- Remain in radio communication with the nominated representative of the Managing Executive/Point to Point Organising Committee, and on-site medical and ambulance staff.
- Deploy medical resources as identified by the ARA including Medical Staff to cover the following key areas – parade ring, horse-walk, start and pull-up area
- Ensure that the RMO at the start confirms with the Starter that medical arrangements are in place and that the race may proceed

- Designate a reliable individual as 'spotter' (who may be non-clinical) who observes racing from a vantage point to relay information regarding fallers to the SRMO to help in deployment of medical resources
- Keep the nominated representative of the Managing Executive/Point to Point Organising Committee informed of events

18. After the last race:

- Check that all clinical encounters are recorded on RIMANI or other record system by the treating clinician
- Complete the 'end-of-day' report on RIMANI or Medical Report Form A. If it is not possible to prepare the 'end-of-day' report on RIMANI, enter all required information on the MRB3 form(s), bring these to the Managing Executive's attention and fax these to the BHA Medical Department on 020 7152 0136 immediately
- Notify the CMA within three hours by telephone/text on 07788 567 440 of all RED entries and details of all Riders attending hospital. If unable to reach the CMA, leave a voice message with this information along with the SRMO's name and return contact number.
- Ensure the Notification of Injury Protocol is followed
- Confirm with the nominated representative of the Managing Executive/Point-to-Point Organising Committee when the Medical Staff can be released and when appropriate, stand down all Medical Staff

Duties of the Nurse (Licensed Racecourses only)

19. On race days a nurse must:

- Be compliant with paragraphs 5 to 8 inclusive and local SO
- Continuously occupy the JMR (unless deployed elsewhere by the SRMO in an emergency) until stood down by the SRMO after the last race
- Ensure that JMR equipment and supplies are at all times immediately available and compliant with BHAGI 11
- At all times whilst on duty have access to radio communication
- If a nurse is not available the role may be filled by a doctor or paramedic in exceptional circumstances (short notice delay/illness)

Duties of First Aiders

20. First aiders should follow the instructions of the SRMO regarding deployment. The SRMO should deploy first aiders where needed as per the SO and following the ARA.

Duties of Ambulance Personnel

21. On race days ambulance personnel must:

- Be compliant with paragraphs 5 to 8 inclusive and local SO

- Ensure that ambulances are available for immediate use from at least 15 minutes before the start of the first race or the time of any stalls test until released by the SRMO unless transferring an injured rider to hospital
- Be positioned as per the SO with engines running during racing.
- Only use ambulances to transport ambulance crew, (S)RMOs, and injured Riders
- Be fully familiar with the driving routes to local hospitals and trauma centres
- Be qualified and insured to drive an ambulance on a public highway under emergency response driving conditions

Duties of Physiotherapist (Licensed Racecourses only)

22. Be compliant with paragraphs 5 to 8 inclusive and local SO.

Duties of Declarations Clerk (see also BHAGI 9.2)

23. On race days, the Declarations Clerk shall be situated in the weighing room so that on arrival all Riders (see Annex C 'Foreign, Amateur and Point-to-Point Riders') holding a MRB will present their MRB to the Declarations Clerk, who will pass them to the Clerk of the Scales. The name of any Rider who does not have in their possession their MRB will also be notified to the Clerk of the Scales.

Race Day Protocols

Fallen Rider: Assessment and Treatment

24. In treating injured Riders, Medical Staff must note that a Rider's clinical need overrides all other concerns and must take priority. In respect of a Fallen Rider, Medical Staff must:

- Respond to the Fallen Rider within one minute if safe to do so
- Examine the Fallen Rider, regardless of whether they remount, assess whether there is a time critical injury or illness and establish the Rider is not a risk to himself or others as a result of the fall
- Provide any immediate and necessary treatment
- Decide whether the clinical condition of the Fallen Rider warrants immediate evacuation to hospital
- Complete all necessary administration, including the Notification of Injury Protocol

25. If the Fallen Rider appears on initial assessment to have significant injuries warranting hospital assessment, they should be evacuated immediately from the scene to hospital in the attending course ambulance unless transfer to another course ambulance or helicopter is more appropriate:

- Two clinicians should discuss and document the best means of transport, destination hospital based on local trauma network protocols, supervision en

route and treatment to ensure the Rider arrives at hospital in the best possible medical condition

- The receiving hospital should be telephoned by a member of the Medical Staff regarding the transfer and the Rider accompanied by appropriate notes including details of mechanism of injury
- The SRMO should attempt to follow up any admission by telephone after a suitable interval

26. If the Fallen Rider appears to have no, or minor injuries, but a period of observation is clinically appropriate:

- Carry out a full examination of the Rider in the JMR or the RMA and after monitoring them:

  a) Discharge them with clear, documented and ideally written instructions, for on-going care, or
  b) Arrange transfer to hospital in a clinically timely fashion using appropriate transport

- Two clinicians should discuss and document the best means of transport, destination hospital based on local trauma network protocols, supervision en route and treatment to ensure the Rider arrives at hospital in the best possible medical condition

27. If the Fallen Rider appears to have no injury after a comprehensive assessment on the course, and the Vet agrees the horse is safe to ride, the Rider may remount and, if on the way to the start, compete in the race or, if during racing, return the horse to the unsaddling area. On return to the weighing room area, Medical Staff must confirm with the Rider that no injury has become apparent and reassess as necessary.

Fallen Rider: Administration

28. Where the Fallen Rider is a Foreign Rider, notify the Clerk of the Scales as soon as possible.

30. Make an entry on RIMANI or paper record (Medical Report Form A at a Point-to-Point) concerning a fall and/or details of any injuries, details of the examination and, if applicable, the Red Entry.

31. If appropriate, make an entry in the Recordable Accidents section of the Rider's MRB or, if this is not available, complete a Medical Record sheet temporary replacement containing details of the Recordable Accident or illness which renders the Rider unfit to ride.

32. If a Fallen Rider refuses to accept medical examination or advice, obtain the Rider’s signature on a Discharge Against Medical Advice form and give the Rider a CMA RED Entry.

33. Follow the Notification of Injury Protocol.

34. Inform the nominated representative of the Managing Executive/Point-to-Point Organising Committee if a Paramedic Ambulance leaves the racecourse during racing and whether racing may continue.

35. Issue a PRIS form when relevant.

Fallen Rider: Suspected Concussion

36. In all cases of suspected concussion, the RMO or SRMO must:

- Carry out an immediate assessment of the Rider's head injuries in accordance with the BHA Assessment of Concussion ('BHAAC') Protocol (see Appendix I)
- Apply clinical judgement to determine the final diagnosis and management of the Rider

37. If evidence of concussion is found:

- Send the Rider to hospital, or
- Keep the Rider under medical supervision until he is sent home in the care of a responsible adult with appropriate follow up care instructions including advice on driving
- Advise the Rider that they cannot ride until successfully completing the post-concussion protocol (BHAAC) – a minimum of six clear days after the concussion
- Make an entry on RIMANI and, if appropriate, in the MRB, in red ink indicating the date of the injury and that the suspension requires clearance by the CMA. On Point-to-Point Courses, ensure this information is recorded on Medical Report Form A
- Notify the Rider of the Concussion Helmet Bounty Scheme

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Circulation
Stipendiary Stewards
Clerks of the Scales
Inspectors of Courses
Integrity Service Providers
Racecourse Association

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Annex A to BHAGI 11.2
Dtd 1 November 2017

Registration and Disciplinary Procedures

Registration Process

On a yearly basis all Medical Staff (except first aiders, crowd doctors and ambulance personnel – see notes 5 and 6) must (re)register with the BHA. Reminders will be sent to the Clerks of the Courses/Point-to-Point Organising Committees and previously registered staff in November. Notification of satisfactory registration will be sent by email to the practitioner and the course they nominate as their main course/PPA (for Point-to-Point Doctors). Failure to provide the requested information will result in removal of the individual from the BHA Register.

The online system can be accessed at:

https://britishhorseracing.wufoo.eu/forms/medical-staff-registration-form/

Requirements

	Full Registration Professional Body, without restriction e.g. GMC	Current Appraisal	BLS and AED training in last 12 months	Trauma Course in last 3 years (note 1)	Moulage practice on course in last 12 months (note 2)	Indemnity cover for work at racecourse	DBS (note 7)
SRMO (note 3)	R	RE	RE	RE	RE	RE	R
RMO	R	RE	RE	RE	RE	RE	R
Nurse	R	OE	RE	OE	RE	RE	R
Physiotherapist (note 4)	R	OE	RE	OE	OE	RE	R

R – Required O – Optional E – Evidence Required

Note 1: Approved trauma courses are those with approval by the Faculty of Pre-Hospital Care or by one of the UK Royal Colleges and should cover Pre-Hospital Care ideally with an equestrian or sporting emphasis. Those clinicians wishing to cover Pony Racing should ensure their chosen course includes paediatric trauma training.

Note 2: On at least an annual basis, clinicians must undertake practical training on at least one racecourse where they work to rehearse clinical scenarios including scene safety, immediate medical care and casualty extraction. There should be a 'table-top' Major Incident rehearsal. This should include ambulance providers and other relevant staff e.g. racecourse employees. Documentary evidence of this should be provided by the organising SRMO and Clerk of the Course to be submitted with the next registration cycle. This is not required for Point-to-Point but is strongly recommended.

Note 3: New SRMOs on Licensed Racecourses will fall into 3 categories: SRMO(Flat); SRMO(Jump); and SRMO(Dual). In order to be appointed as an SRMO, new applicants must meet the following criteria:

- An SRMO is an RMO who has officiated at a minimum of 30 race meetings flat or jump to achieve the necessary designation. Dual qualification requires a total of 40 race meetings with at least 10 flat or jump; and
- Has acted as a probationary SRMO for 5 (5 of each if dual qualified) of those meetings with another SRMO present; and
- Has undertaken an approved SRMO course; and
- Has been assessed whilst acting as an SRMO at a race meeting by a BHA appointed assessor

SRMOs must act as Senior for at least 4 race meetings over 2 years to retain their SRMO status.

Doctors who worked on Point-to-Points as Senior RMO prior to registration cycle commencing 1 January 2018 will automatically be eligible to continue to do so. New applicants should contact the CMA directly to discuss the requirements.

Note 4: Persons retained by the Managing Executive to provide physical and massage therapy for Riders on race days must comply with the current 'Physiotherapy Service Level Agreement ' jointly agreed by BHA, RCA, IJF and PJA.

Note 5: First aiders must hold certification from an organisation compliant with the Health and Safety (First-Aid) Regulations 1981 which is valid and current according to the HSE regulations for first aid at work. Employers should consider DBS checks on these staff.

Note 6: It is recommended that Managing Executives/Point-to-Point Organising Committees that employ crowd doctors follow advice from The Sports Grounds Safety Authority (SGSA) as they fall outside the remit of BHAGI 11.

Note 7. Initial DBS registration will need to be organised by the practitioner possibly through another employer.

Disciplinary Process

Medical Staff are reminded that under the terms of their registration with the BHA, if they have any concerns regarding the health (physical or psychological) or competence of themselves or their colleagues which may interfere with the ability to deliver safe and effective care, they should report this as soon as practical to the CMA. Any disciplinary investigation by a non-racing employer or regulatory body should be reported by the individual to the CMA.

Failure to comply with the requirements of the annual registration process will result in the temporary suspension of the registration of the practitioner. Racecourses which

employ an individual as a member of the Medical Staff who is not on the current BHA Register will be in breach of BHAGI 11 and therefore liable to sanction.

In the event of information being received by the CMA which raises concern about a practitioner, the following steps will be taken:

- The BHA Head of Integrity and Head of Race Day Operations will be informed of the non-clinical aspects of the case and will be kept abreast of developments. For Point-to-Point the PPA will be informed.
- A written report will be requested from the informant/practitioner/Managing Executive/Point-to-Point Organising Committee
- The clinical aspects will be discussed with the SRMO Advisory Group and when relevant the PPMA, excluding any member who may be subject to enquiry
- Further advice may be sought informally and anonymously from the GMC and/or experts in the field
- If warranted, a formal discussion will then take place with the Responsible Officer (RO) of the practitioner who will then take over any further action including possible referral to the GMC and liaison with employers. Only if recommended by the RO will the practitioner be suspended from the BHA Register
- A written report will be sent to the practitioner, the Managing Executive and the BHA Head of Integrity and Head of Race Day Operations (and PPA when relevant) when a conclusion is reached, or when significant events warrant earlier communication
- Following enquiries possible outcomes include:

    i) no action
    ii) written warning
    iii) conditions placed on ability to practice on a racecourse
    iv) suspension or removal from the BHA Register

Concerns that are not of clinical significance, e.g. repeated lateness, should be dealt with at a local level on a contractual basis by the Managing Executive/Point-to-Point Organising Committee.

Medical Provision and Facilities

Part A: Ambulance Requirements

Ambulance providers must comply with the following requirements and in addition give details to the Managing Executive/Point-to-Point Organising Committee of their governance processes particularly with reference to:

- Ensuring their staff are registered and suitably trained to deliver care to all individuals present on a race day
- Stock control of drugs and equipment
- Vehicle malfunction

Vehicles

The racecourse must enter into a contract with an ambulance provider to supply sufficient numbers of ambulances and ambulance personnel to ensure that at the start of any meeting there are at least two paramedic ambulances available. For jump meetings a third vehicle is required which may be a paramedic ambulance or rapid response vehicle (RRV). This provision should be separate from that required for spectator cover.

If required by the SO, the racecourse or ambulance provider must supply a suitable vehicle and driver for the (S)RMO to follow the field. This may be one of the ambulance vehicles referred to in the preceding paragraph.

The entire course must be accessible by an ambulance vehicle at all times. Ambulance providers must supply a range of vehicles suitable both for accessing the track (e.g. 4x4) and for delivering care to an injured patient during hospital transfer.

The racecourse should make provision to retrieve any medical vehicle that gets stuck in mud. Provision must be made in the event of an ambulance becoming non-functioning as a result of breakdown to repair or replace it to allow racing to continue as soon as possible.

In the event that at a **flat meeting** a Rider is transported to hospital in a course ambulance racing may continue as long as the following criteria are met:

- the remaining one paramedic ambulance is fully equipped to BHAGI 11 and is not depleted of any ambulance personnel or significant equipment following any earlier incident and can access all areas of the course
- the (S)RMO is not transported in the remaining ambulance
- two (S)RMOs remain on the course
- a clear protocol exists to effectively call in an NHS vehicle in the event of multiple fallers
- this process is supported by the ARA

In the event that at a **jump meeting** a Rider is transported to hospital in a course ambulance racing may continue as long as the following criteria are met:

- the remaining two paramedic vehicles are fully equipped to BHAGI 11 and not depleted of any ambulance personnel or significant equipment following any earlier incident and all areas of the course can be accessed.
- two (S)RMOs remain on the course
- a clear protocol exists to effectively call in an NHS vehicle in the event of multiple fallers
- this process is supported by the ARA

In the event that at a **Point-to-Point Meeting** a Rider is transported to hospital in a course ambulance racing may continue as long as the following criteria are met:

- the SRMO remains on the course and is satisfied that it is safe to continue to race
- a minimum of three medical resources remain on the course (two doctors, one paramedic ambulance or one doctor, two paramedic ambulances)
- the remaining paramedic ambulance(s) is fully equipped to BHAGI 11 and is not depleted of any ambulance personnel or significant equipment following any earlier incident and can access all areas of the course
- a clear protocol exists to effectively call in an NHS vehicle in the event of multiple fallers
- this process is supported by the ARA

Staffing

Ambulances must be staffed by a minimum of two ambulance personnel, comprising one paramedic plus one paramedic or ambulance technician or emergency care support worker, emergency care assistant (ECA) or St John's emergency transport attendant. Any RRV should be crewed by a paramedic.

Staff must be familiar with the use and location of the equipment held on their vehicles

Equipment and Supplies

Ambulances must contain and have immediately available the following equipment. All gloves, airway and IV equipment must be latex free and disposable. This list represents the minimum provision:

Immobilisation Devices

- A set of box splints or vacuum splints
- Cervical collars – disposable adjustable semi-rigid collar(s) adult and paediatric
- Femoral traction splint (e.g. Kendrick)
- Pelvic binder (e.g. SAM Sling)
- Scoop stretcher with head immobilisers and immobilisation straps
- Vacuum mattress

Airway equipment

- Bag valve mask device (disposable)
- Electronic suction unit (portable) plus disposable Yankauer and flexible suction catheters
- Oropharyngeal airways (sizes 0, 1, 2, 3 and 4)

- Nasopharyngeal airways (sizes 6 and 7)
- Supra-glottic airways sizes 3,4,5 plus fixation device (if required)
- Non-rebreathing oxygen masks
- Transfer monitor to include ECG, NIBP, SaO2, capnography. If not available a separate ETCO2 monitoring device is needed in the vehicle used for hospital transfer
- Nebuliser Masks
- Portable oxygen and flow meter system capable of supplying up to 15 litres/minute for no less than 30 minutes, with one fully charged, reserve cylinder in addition to any vehicle mounted supplies.
- Entonox or nitronox (nitrous oxide 50%/oxygen 50%) kit + one fully charged reserve cylinder or two Methoxyflurane (Penthrox) inhalation devices

Vascular Access Equipment and supplies

- Crystalloid intravenous fluids 0.9% saline – minimum 2 litres
- Giving sets crystalloid – minimum 4
- Hypodermic needles (minimum of 12 in a range of sizes 18g, 21g, 23g, 25g)
- Intravenous cannulae 2 of each size 14g, 16g,18g, 20g, 22g
- Cannulae dressings
- Intraosseous vascular access system
- Sharps box
- Syringes (minimum of 12 in a range of sizes 2ml, 5ml, 10ml and 20ml)

Oral medication

- Aspirin 300mg

General equipment

- Dressings and bandages
- Haemostatic agent/dressing
- Haemorrhage control tourniquet e.g. CAT
- Defibrillator (preferably an AED) with 2 sets of chest leads/pads
- Gloves (non-latex)
- Pulse oximeter
- Sphygmomanometer
- Stethoscope
- Triangular bandages or sling
- Venous tourniquet
- Ice packs
- Blood glucose testing equipment
- Casualty Triage Cards x 10 per vehicle or 30 in total on site.

Drugs

- Adrenaline (Epinephrine) 1mg 1:10,000 injection for I/V use (10ml x 5)
- Adrenaline (Epinephrine) 1mg 1:1,000 injection for I/M or S/C use (1ml x 2)
- Amiodarone Hydrochloride 300mg injection or 5mg/kg (by I/V injection from a pre-filled syringe or diluted in 20ml glucose 5%) to be considered after adrenaline to

treat ventricular fibrillation or pulseless ventricular tachycardia in cardiac arrest refractory to defibrillation (x1)

- Anti-emetic injection (practitioner's choice - e.g. ondansetron 4mg/2ml or prochlorperazine 12.5 mg (x2)
- Atropine sulphate injection (minimum 600mcg) (x2)
- Benzodiazepine for rectal, buccal or intranasal administration (x2)
- Benzodiazepine injection (e.g., midazolam, Diazemuls®) (x2)
- Benzylpenicillin 600 mg injection (x2)
- Chlorphenamine 10mg injection (x2)
- Glucagon injection 1mg/ml stored at 4-8˚ C, or at room temperature. If stored at room temperature, it has a maximum shelf life of 18 months and the date on which the product ceased to be refrigerated must be clearly marked on the outside of the pack. The pack must be discarded when the expiration date is reached, or after 18 months; whichever is sooner (x1)
- Glucose infusion 10% (1 x 500ml) (x1)
- Glucose 40% oral gel (x1)
- Glyceryl Trinitrate (GTN) spray 400mcg/dose (x1)
- Hydrocortisone injection 100mg ampoule (x2)
- Injectable opiate analgesia for severe pain. A minimum of SIX 10mg ampoules of morphine (or an equivalent supply of diamorphine), divided between two different medical personnel, who are not deployed together to the same location should be available at each course
- Naloxone hydrochloride injection 2mg in total
- Paracetamol intravenous preparation 1g per 100 ml (x2)
- Salbutamol nebules 5mg (x5)
- Tranexamic acid 500mg in 5ml (x2)
- Water for injection (5 x 10mls)
- Normal saline for injection (5 x 10mls)

Part B: Jockeys Medical Room (JMR) requirements (Licensed Racecourses only)

The racecourse must provide a JMR (see Racecourse Manual for recommended dimensions) situated near to the jockeys' changing room which must:

- Have adequate lighting, ventilation and heating
- A self-contained private toilet
- Contain at least two medical grade couches (ideally height adjustable) allowing free access on both sides with disposable screening curtains. Hospital grade beds may be used instead of couches if they have removable bed-ends, are wheeled and suitable to perform CPR upon
- Space for a dressing trolley
- Privacy – conversation should not be overheard from outside the room
- Sheets (if used) – disposable or roll paper available for each patient with antiseptic wipes available for use between patients.
- Spot lighting – suitable for stitching (can be free-standing or wall mounted).
- Electrical sockets – sufficient for any electrical equipment
- Hand basin – preferably with elbow taps, paper towels, liquid cleanser dispenser or antiseptic hand wash
- Easily cleaned, hygienic working surfaces and floor covering (non-slip)

- Sharps disposal box (as provided by an accredited hygiene system, or a local hospital arrangement)
- Clinical waste bin (as provided by an accredited hygiene system, or a local hospital arrangement)
- Clean waste bin
- Body Fluids Spillage Kit
- Dressings trolleys/trays
- Good access for an ambulance stretcher/trolley.
- Contain a functioning telephone with a dedicated outside line which cannot be blocked by incoming calls
- Hard wired internet access or reliable Wi-Fi service
- Contain a two-way radio at all times with adequate signal
- Contain a television monitor to view the racing
- Contain a copy of the BHAGI, SO, ARA, Major Incident Plan and a detailed inventory of all drugs and equipment held in the JMR.
- Only be used for attending to injured riders, unless dispensation has been obtained from the BHA Medical Department

Equipment and Supplies

Airway equipment

- Bag valve mask device (disposable)
- Electronic suction unit (portable) plus disposable Yankauer and Flexible Suction Catheters;
- Oropharyngeal (O/P) Airways (sizes 0, 1, 2, 3 and 4)
- Nasopharyngeal airways (sizes 6 and 7)
- Supraglottic airways sizes 3,4,5 plus fixation device (if required)
- Non-rebreathing oxygen masks
- End tidal CO2 detector/monitor
- Nebuliser masks
- Oxygen and flow meter system capable of supplying up to 15 litres/minute for no less than 30 minutes, with one fully charged, reserve cylinder (minimum of 2 cylinders CD size)

Intravenous Equipment and supplies

- Crystalloid intravenous fluids – minimum 2 litres, (0.9% saline)
- Giving sets for crystalloid – minimum 4
- Hypodermic needles (minimum of 12 in a range of sizes 18g, 21g, 23g, 25g)
- Intravenous cannulae 2 of each size 14g, 16g, 18g, 20g, 22g
- Cannulae dressings
- Sharps box
- Syringes (minimum of 12 in a range of sizes 2ml, 5ml, 10ml and 20ml)

Drugs

- Adrenaline (Epinephrine) 1mg 1:10,000 injection for I/V use (10ml x2)
- Adrenaline (Epinephrine) 1mg 1:1,000 injection for I/M or S/C use (1ml x2)

- Amiodarone hydrochloride 300mg injection or 5mg/kg (by I/V injection from a pre-filled syringe or diluted in 20ml glucose 5%) to be considered after adrenaline to treat ventricular fibrillation or pulseless ventricular tachycardia in cardiac arrest refractory to defibrillation (x1)
- Anti-emetic injection (practitioners choice - e.g. ondansetron 4mg/2ml or prochlorperazine 12.mg (x2)
- Atropine sulphate injection (minimum 600mcg) (x2)
- Benzodiazepine for rectal, buccal or intranasal administration (x2)
- Benzodiazepine injection (e.g., midazolam, Diazemuls®) (x2)
- Benzylpenicillin 600 mg injection (x2)
- BOAST 4 Guidelines Antibiotics
  Clindamycin 600mg (x1) and either one of Cefuroxime 1.5g or Co-amoxiclav 1.2g
  Or
  Pre-hospital antibiotic regime as recommended by local MTC microbiologist or local NHS Ambulance Service Guidelines
- Chlorpheniramine 10mg injection (x2)
- Glucagon injection 1mg/ml stored at 4-8˚ C, or at room temperature. If stored at room temperature, it has a maximum shelf life of 18 months and the date on which the product ceased to be refrigerated must be clearly marked on the outside of the pack. The pack must be discarded when the expiration date is reached, or after 18 months, whichever is sooner (x1)
- Glucose infusion 10% (1 x 500ml) (x1)
- Glucose 40% oral gel (x1)
- Glyceryl Trinitrate (GTN) spray 400mcg/dose (x1)
- Hydrocortisone injection 100mg ampoule (IM or IV) (x2)
- Non-opiate injectable analgesia e.g. diclofenac or ketorolac (x2)
- Local anaesthetic injection (for suturing) (x5)
- Naloxone hydrochloride injection 2mg in total
- Paracetamol intravenous preparation 1g per 100 ml (x2)
- Salbutamol inhaler 100mcg/dose
- Inhaler spacer device or electric nebuliser
- Salbutamol nebules 5mg (x5)
- Tranexamic acid 500mg in 5ml (x2)
- Water for injection (5 x 10mls)
- Normal saline for injection (5 x 10mls)
- Saline for eye irrigation

Oral Medications

- Antacid (practitioner's choice – tablets or liquid)
- Antihistamine (practitioner's choice)
- Aspirin 300mg
- NSAID (practitioner's choice)
- Paracetamol 500mg

General Equipment

- Dressings, bandages, adhesive tape
- Cold packs or access to an ice machine or continuous source of ice
- Adjustable neck collar or set of collars

- Defibrillator (preferably an AED) with 2 sets of pads
- Gloves (non-latex)
- Head Injury Instruction Sheet to be given to the injured Rider and accompanying adult, such as the BHA's Assessment of Concussion Protocol (BHAAC) or another NICE compliant document http://www.nice.org.uk/guidance/cg176
- Patella hammer
- Pulse oximeter
- Sphygmomanometer
- Sterile suture kits – disposable
- Sutures – range of sizes and materials. May include skin stapler and remover.
- Steristrips or skin glue (Practitioner's choice)
- Stethoscope
- Thermometer – digital/electronic aural only (not mercury/bulb)
- Upper arm slings
- Pelvic binder
- Urine dipsticks (to detect haemoglobin and glucose)
- Venous tourniquet

Part C: RMO Medical Equipment

A RMO's medical bag must contain the following latex-free equipment and should be carried at all times:

Airway Equipment

- Nasopharyngeal Airways (N/P) (sizes 6 and 7)
- Oropharyngeal (O/P) Airways (sizes 1,2,3,4,)
- Pocket mask or Bag Valve Mask

Intravenous Equipment and Supplies

- Hypodermic needles (minimum of 6 in a range of sizes 21g, 23g, 25g)
- Intravenous cannulae (2 of each size 14g, 16g 18g, 20g, 22g)
- Cannula dressings
- Sharps Box
- Syringes (minimum of 6 in a range of sizes 2ml, 5ml, 10ml)

Drugs

- Adrenaline (Epinephrine) 1mg 1:1,000 injection for I/M or S/C use (x1) or adult Epipen
- Anti-emetic injection of practitioner's choice (prochlorperazine 12.5mg or ondansetron 4mg/2ml) (x1)
- Benzodiazepine injection (e.g., midazolam, Diazemuls®) (x1)
- Chlorpheniramine maleate 10mg/ml injection (x1)
- Glyceryl Trinitrate (GTN) Spray 400mcg/dose (x1)
- Injectable analgesia for severe pain (x1)
- Naloxone Hydrochloride 2mg in total injection; (only if opiates carried)
- Salbutamol inhaler 100mcg/dose; (x1)

- Water or Normal Saline for Injections (2 x 5mls)

General Equipment

- Gloves (non-latex)
- High visibility identification (unless on PPE)
- Stethoscope
- Venous tourniquet
- Tape, triangular bandage, trauma wound dressing
- Tuff-Cut shears/scissors or equivalent
- A detailed list of all drugs and equipment held in the bag.

Part D: Riders Medical Area (RMA) (Point-to-Point Courses only)

Point-to-Point Courses must provide a RMA situated near to the jockeys' changing room or weighing room which must:

- Have adequate lighting, ventilation and heating
- Contain an examination couch or ambulance trolley-bed.
- Privacy – conversation should not be overheard from outside the room

Part E: Jockeys Treatment Room (JTR) (Licensed Racecourses only)

Suitably furnished accommodation situated near to the jockeys' changing room is to be provided for a separate JTR for physiotherapy treatment, which contain the following:

- Adequate heating, lighting, power and hot water supply
- A height adjustable treatment couch with a breathing hole.
- Sufficient floor space allowing free movement around the whole of the treatment couch
- Connectivity to the HRS-RACO Wi-Fi network
- In locations where there are no means of direct communication with other Medical Staff, access to the RMO radio channel is required
- A TV monitor screening live coverage of the racing allowing the therapist to observe and prepare for any acute injuries
- Clinical waste bin
- Chair and desk/table

Annex C to BHAGI 11.2
Dtd 1 November 2017

Foreign, Amateur and Point-to-Point Riders

Foreign, Amateur and Point-to-Point Riders must be dealt with as follows by Medical Staff:

1. The Declarations Clerk must obtain the Rider's MRB upon their arrival at the racecourse and pass this to the Clerk of the Scales for the MRB to be scrutinised by the (S)RMO.

2. The (S)RMO must:

- Review the Rider's MRB. (S)RMOs must be aware that entries made in a MRB by Point-to-Point Doctors, Arabian Race Doctors or other Doctors should be examined with particular care as they may not be in red ink and may not conform with entries under the Rules.
- If an Amateur Rider or Point-to-Point Rider attends without an MRB and is not on RIMANI they are not permitted to ride unless the SRMO has prior approval from the CMA or their deputy
- Decide whether the Rider needs to be examined as per the flow chart below

3. The Rider must sign an Attestation/Point-to-Point Declaration Certificate confirming that he is not subject to any suspensions and is free from injury on the day of racing.

4. If a the Rider suffers from any serious injury (including concussion):

The Clerk of the Scales will:

- Inform the BHA Licensing Department as soon as possible, so that a fax with the details may be sent to the Turf Authority with whom the Rider is licensed. If such an injury occurs on a Saturday, the Clerk of the Scales will telephone the information to Weatherbys on the following Sunday morning, so that an immediate message may be sent; and
- Amend the Attestation Certificate accordingly

The (S)RMO must:

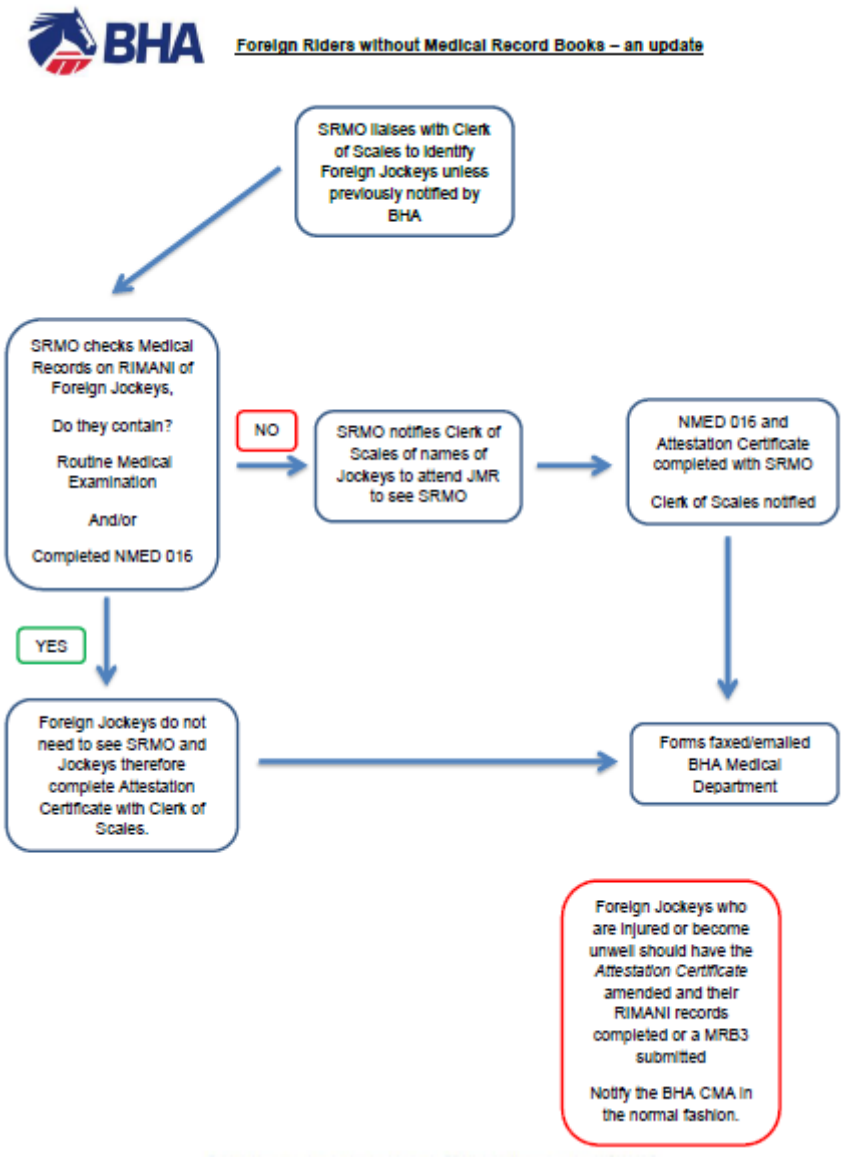
- Enter the Rider on RIMANI. If the Rider is not listed, complete an MRB3 form and fax it to the BHA Medical Department as soon as possible. For Point-To-Point details must be entered on the Medical Report Form A and sent to the BHA Medical Department as soon as possible.
- Add details of the injury and the recommended period of medical suspension from riding to the Attestation Certificate
- Countersign the Attestation Certificate if the Rider is from another country which does not issue MRBs

At the conclusion of racing, the Clerk of the Scales will:

- Complete the Attestation Certificate, recording whether or not the Rider has suffered an injury, and whether or not he has incurred a period of medical suspension

- The Attestation Certificate will then need to be returned to BHA Medical Department for onward transmission to the parent Turf Authority

5 In the event that an Amateur Rider suffers an injury, an entry must be made on RIMANI and in the Rider's MRB.



Role of the Managing Executive/Point-to-Point Organising Committee (and their Nominated Representative)

The Managing Executive/Point-to-Point Organising Committee must:

General Duties

- Take responsibility for compliance with legislation or Government guidance on the provision of Medical Services for Spectators
- Ensure any amendments to official guidance from the BHA, PPA, RCA and other parties is communicated to the medical team
- In conjunction with the SRMO, annually complete the following matters:
    - Undertake an ARA of their course in consultation with the SRMO and ambulance provider, with reference to medical provision, to ensure that the minimum standards set out in the BHAGI 11 are adequate to safely cover their courses in respect of the numbers and types of Riders, spectators and the local geography.
    - The ARA must take into account historical falls/injury data for that course. Each year the BHA Medical Department will circulate falls data and where available injury and hospitalisation data for each course. Jump Courses with injury rates (or, if not available, falls rates) higher than the mean (average) must clearly justify in their ARA why they can safely operate with two ambulance vehicles in the event that the third ambulance vehicle has taken an injured Rider to hospital.
    - Review the racecourse's SO
    - Confirm registration of RMOs and nurses with BHA Medical Department
    - Support training of RMOs and nurses including practice recovery session
    - Consider written contracts for the following if operational on the racecourse - RMOs, ambulance providers, nurses, physiotherapists, first aiders and voluntary services.
    - Exemptions (from BHAGI 11) agreed by the BHA
    - Prepare a Major Incident Plan.

On race days

- Appoint a nominated representative for all medical matters
- Ensure that the requirements and procedure outlined in BHAGI 11 are complied with in all aspects
- Following consultation with the SRMO, complete and sign the Race Day Confirmation Form (Annex G) and hand it to the Stipendiary Steward/Point-to-Point Chairman of Stewards no later than 30 minutes before the scheduled time for the start of the first race
- Inform the Stipendiary Steward/Chairman of Stewards as soon as possible if the required Medical Staff or ambulances are not present or if there is non-compliance with BHAGI 11
- Make the Declarations Clerk aware of his responsibility for the MRBs
- Place notices in the Weighing Room to:
    - Designate the position in the Weighing Room where the RMO can be found after each race

- Require all Riders to report to an RMO on every occasion immediately after they have had an accident or a fall (including Riders who have been given permission on course to remount after a fall)

- Satisfy themselves that all Medical Staff attending jump and Point-to-Point meetings are conversant with applicable bypassing procedures
- After the end of racing, give permission for the ambulance personnel to leave the racecourse
- Advise the Stewards to call an immediate halt to racing if the requirements and procedures outlined in BHAGI 11 are not being complied with and, in the judgement of the SRMO, patient safety would be compromised.

On Licensed Racecourses, where a Managing Executive has been found in breach of Rule (F)15 in respect of a matter or matters within the scope of the duties of the SRMO, the BHA will normally notify the Managing Executive that they may not employ the SRMO in this capacity until he has successfully completed a further training for SRMOs agreed to by the BHA. Where such notification is given, the Managing Executive may continue to employ the SRMO, but only as an RMO. This restriction will apply across all racecourses

Annex E to BHAGI 11.2
Dtd 1 November October 2017

Information to be Included in the Standing Orders

The Standing Orders (SO) of a Licensed Racecourse/Point-to-Point Course must include details of:

- The organisation and operation of all the medical services on the racecourse/point-to-point course
- The deployment of medical resources including the location and deployment of RMOs and ambulances at the start, during and after each race for and starting stalls tests
- Procedures relating to flag, radio and telephone communications including back-up systems and confidentiality
- Bypassing procedures
- A detailed plan of the racecourse/point-to-point course, clearly showing ambulance access points, parking points and all medical facilities including the JMR/RMA.
- A list of all the Medical Staff employed by the racecourse/point-to-point course with primary contact details and those of the ambulance provider
- A summary of the Local Trauma Network's standard operational procedures (e.g. flowchart) for the transport of patients to a trauma centre
- Location of, routes to, and specialties and grades of local hospitals
- Any dispensations from the BHA
- Year updated.

SRMO Briefing

General

Not later than 60 minutes before the time of the first race, deliver the briefing to all Medical Staff.

Confirm equipment in the following locations has been checked and complies with BHAGI 11 requirements:

- Ambulances
- RMO bags
- JMR/JTR/RMA

The briefing should include:

- Deployment and actions of all Medical Staff for each type of race on the card by reference where possible to a large wall map of the course
- Confirm all Medical Staff have read and understood the most recent versions of BHAGI 11 and the SO
- Emphasise personal safety when attending to fallers within the one minute response time
- Explanation of the arrangements for bypassing fences
- Explanation and confirmation of communication arrangements including undertaking a radio check and highlighting the non-secure nature of some radio networks.
- Ensure all staff are easily identifiable as Medical Staff and wearing correct PPE
- Confirm management of casualties, evacuation from track and JMR
- Confirm destination hospitals for that day
- Confirm Physiotherapist present (Licensed Racecourses only)
- Major Incident alerts, rendezvous points, and roles.
- Reminder of Notification of Injured Jockey procedure and BHA Assessment of Concussion procedure

Annex G to BHAGI 11.2
Dtd 1 November 2017

RACE DAY CONFIRMATION THAT MEDICAL ARRANGEMENTS MEET BHAGI SECTION 11

We the undersigned confirm that the medical arrangements at

_____ Racecourse/Point-to-Point Course

on _____ (date)

meet the requirements of BHAGI section 11 and that racing may commence. In particular, we confirm that detailed checks for compliance have been carried out with regard to the following:

- (S)RMOs, RMOs, physiotherapists and nursing staff are registered with the BHA Medical Department
- Equipment held by the JMR, RMOs and ambulances are compliant with BHAGI 11
- All Medical Staff have received a full briefing, have read and understood the current BHAGIs and Standing Orders, and are fully aware of their duties.

Nominated Representative

Signed: ……

Name: ……

Senior Racecourse Medical Officer

Signed: ..……..

Name: ……

TO BE HANDED TO THE STIPENDIARY STEWARD/CHAIRMAN OF STEWARDS

NO LATER THAN 30 MINUTES BEFORE THE TIME OF THE FIRST RACE

Annex H to BHAGI 11.2
Dtd 1 November 2017

RACE DAY AIDE-MEMOIRE FOR SRMO

Racecourse/ Point-to-Point Course:

_____

DATE: _____

On arrival

1. Report arrival to the nominated representative of the Managing Executive/Point-to-Point Organising Committee

2. Check the 'RED Entry List' on RIMANI or PPA Red Entry list and confirm with the Clerk of the Scales the Riders at the meeting who require examination

3. Collect radio and confirm the RMO frequency

4. Medically examine any Rider – at the request of the Clerk of the Scales.

60 minutes before racing – checks/inspections

5. Confirm arrival of all Medical Staff

6. Confirm the equipment and supplies in the following locations are BHAGI 11 compliant or delegate this role to another clinician

    - each RMO bag
    - the JMR/RMA
    - the ambulances

7. Ensure that each ambulance crew is given a copy of the current Standing Orders and BHAGI 11

8. Ensure that all other Medical Staff have previously been given a copy of the current Standing Orders and BHAGI 11

9. Conduct a full briefing (which must be concluded at least 45 minutes before the start of the first race).

Briefing (60 to 45 minutes before the start of the first race)

10. Ensure that all Medical Staff are in attendance

11. Ensure that the arrangements for each race are discussed, and that all Medical Staff are aware of the nature and location of their duties (this would normally involve the use of a large wall map of the course)

12. Ensure that all Medical Staff are aware of the exact arrangements for bypassing on that race day

13. Ensure that RMOs are wearing appropriate PPE

14. Ensure that communication arrangements are clearly understood and that all radios are working. RMOs are to be reminded that radio transmission is not a confidential network and therefore sensitive medical information should only be transmitted by telephone (landline or mobile).

Immediately after the briefing

15. Ensure that a RMO is available to examine any Riders requiring medical clearance

30 minutes before the time of the first race

16. Confirm with the nominated representative of the Managing Executive/Point-to-Point Organising Committee that medical arrangements comply in full with BHAGI 11 and the Standing Orders.

During racing

17. Ensure that a RMO or Paramedic attends every Start and, before every race, reports to the Starter on arrival, to confirm that all medical arrangements are in place and that the race may proceed

18. Ensure that a RMO or ambulance personnel attends to every faller within one minute

19. Ensure that a RMO reports to the Clerk of the Scales between every race or at a Point-to-Point a RMO attends the Weighing Room/Tent at a place clearly marked after each race to examine all the fallen Riders and to be available should further services be required.

20. Ensure that a RMO is available to attend the Parade Ring and remain in (or immediately adjacent to) the Parade Ring until all Riders have left the area.

21. Ensure that all injuries and RED Entries are entered onto RIMANI or paper record by the examining clinician under their login/signature. For Point-to-Point this must be entered on Medical Report Form A.

22. Liaise with the Clerk of the Course to ensure the Notification of Injury Protocol has been followed.

After racing

23. Ensure that all entries have been made on RIMANI and carry out the 'End-of-Day' report or BHA Medical Report Forms A & B for Point-to-Point Courses

24. If it is not possible to complete the 'End-of-Day' report enter all the information onto a MRB3 form(s) and fax to the BHA Medical Department immediately (020 7152 0136).

    Note: It is the responsibility of the Senior RMO to ensure that the Managing Executive is aware of any MRB3 forms that need to be managed in this way

25. Ensure that all Red Entries (including Red RMO Entries) have been notified to the CMA. For Point-to-Point all pre-existing Red Entries that have been cleared that day must also be notified to the CMA.

26. Ensure that the BHA/RCA Injury Notification Protocol has been followed

27. Confirm with the nominated representative of the Managing Executive/Point-to-Point Organising Committee that all Medical Staff may be released

28. Stand down Medical Staff.

Annex I to BHAGI 11.2
Dtd 1 November 2017

Supporting Documents, Policies and Contact Numbers

Documents

The following documents and policies are held electronically on RIMANI under a 'patient' called BHAGI 11 or will be sent out by the PPA at the beginning of the season.

Discharge against Medical Advice
Clavicle Fractures
BOAST 4 Guidelines
NICE HI Guidelines
Notification of Injury Protocol
On Course Physical Therapy Services Guidelines
Prohibited Substances
Concussion Protocol
Concussion Helmet Bounty Scheme
Resuscitation Council
Race Day Confirmation Form
Serious Incident Management Policy
Media Policy
Major Incident Planning
Racecourse Medical Inspections

Numbers

CMA	07766 567 440	(Dr Jerry Hill)
PPMA	07769 991 516	(Dr Peter Johnson)
BHA	Tel 020 7152 0138	(Medical Dept.)
	Fax 020 7152 0136	
IJF	01638 662 246	(main switchboard)
	07885 399432	(Lisa Hancock CEO)
PJA	01635 778108	(main switchboard)
	07966 590 1055	(Paul Struthers CEO)
RCA	01344 873536	
Weatherby	01933 227214	(Technical)