Racecourse Serious Incident Management involving horse and casualty V1.7

1. Background

1.1. Following recent incidents there is a collective wish to formalise an understanding between key personnel regarding how best to organise and deliver care to riders and horses when trapped in dangerous proximity.

1.2. Feedback from incidents have identified common themes, notably the need for prompt collaborative assessment between key parties, undertaking a dynamic risk assessment and clearly communicating a plan. The recognised standard for this interoperability in the UK is the JESIP model whose key principles are as follows:

Co-locate

Communicate

Co-ordinate

Jointly understand risk

Shared situational awareness

2. Key principles

2.1. Safety takes primacy. We should not commit ourselves or others to situations where there is a significant risk of harm.

2.2. Where there is an immediate threat to life or risk of significant injury a dynamic risk assessment needs to be undertaken by the on-scene command team consisting of the Incident Controller, RVS and RMO.

2.3. It is accepted there will be a brief delay while this is undertaken for the most appropriate interventions to be actioned.

2.4. We should only commit personnel to potentially risky situations if they are aware of the risks, have appropriate skill and PPE and have been given the opportunity to refuse.

3. Enablers

3.1. In order to promote this structured approach and to facilitate rapid delivery of care the following key enablers have been recommended.

3.2. Organisational

3.2.1. Racecourses to appoint a minimum of two personnel to undertake the role of Incident Controller. These are likely to be senior ground crew who are familiar with BARTA rescue techniques and are appropriately trained to work alongside RVSs and RMOs and have undertaken joint training.

3.2.2. Incident controller, RVSs and RMOs to meet 20 minutes prior to the first race in the pre-parade ring to ensure the team are familiar with who is present and refresh on the serious incident plan.

3.2.3. Arranging joint training to include key personnel to drill the process for rapid assessment, rescue and delivery of care for scenarios of differing risk.

3.2.4. Promote the use of helmets for all key personnel- to include RMOs and RVSs.

3.2.5. Provision of 'lunge lines' or soft ropes and training in its use to aid the rapid recovery/rolling, particularly in a 'quick release' extraction situation.

3.2.6. Consideration to the provision of a Riot Shield and training to be introduced as a barrier between flailing hooves and casualty.

3.3. Veterinary

3.3.1. Carry prefilled syringes for heavy sedation.

3.3.2. Serious consideration to be given to rapidly instigating sedation in nearly all cases. Consider prefilled syringes for general anaesthesia.

3.3.3. In the planning phase to have considered the options for getting a second vet to an incident to offer back up as soon as possible.

3.4. Medical

3.4.1. In the planning phase to have considered the options for getting a second medical officer to an incident to offer back up as soon as possible.

4. **Incident Roles**

4.1. Incident Controller

4.1.1. Meet with RVSs and RMOs 20 minutes prior to the first race in the pre-parade ring.

4.1.2. Travel in a lead vehicle in the convoy.

4.1.3. In the event of a serious incident to rapidly get a grip of the scene by:

a) Assuming Command
b) Keeping people out of the danger zone
c) Directing the erection of screens
d) Controlling access to the inner cordon
e) If safe, gaining control of the horse's head and delegating as appropriate to competent individuals wearing PPE eg horse handlers
f) Provide Clerk of the Course with clear updates to enable quick decisions to be made re the race
g) Ensure deployment of appropriate flags as necessary
h) Consider stopping a race if the risk of horses continuing past the scene on a subsequent lap may cause a significant threat.

4.1.4. As best as able to co-locate with RVSs and RMOs at the scene and identify and agree:

a) The risks
b) The severity of the rider's injuries
c) The rate of extrication required- NOW vs QUICKLY vs REASONABLY
d) The horses' injuries
e) A plan

4.1.5. Ensure the plan is delivered safely and at pace.

4.1.6. Keep a log of personnel present, decisions made and rational for decisions.

4.2. RVS

4.2.1. Meet with Incident Controller and RMOs 20 minutes prior to the first race in the pre-parade ring

4.2.2. In the event of a serious incident co-locate with the Incident Controller and RMO.

4.2.3. Be prepared (pre-filled syringes) to undertake heavy sedation in most circumstances.

4.2.4. Verbalise clearly state of horse and all actions out loud.

4.2.5. Carry, preferably wear, a helmet during a race

4.3. RMO

4.3.1. Meet with Incident Controller and veterinary officers 20 minutes prior to the first race in the pre-parade ring

4.3.2. In the event of a serious incident co-locate with the Incident Controller and RVS

4.3.3. Verbalise clearly state of patient and rate of release required using one of the following commands **NOW vs QUICKLY vs REASONABLY**

4.3.4. Carry, preferably wear a helmet during a race

4.3.5. Text CMA at earliest opportunity

5. Risk matrix with suggested actions to aid rapid decision making at the time of an incident.

		State of Horse		
		Dead	Winded	Agitated
State of Rider	Non-life threatening injury-	• Roll/Slide/Lift off	• Control Head • Quick snatch • Consider Sedation +/- Anaesthetise • Roll/Slide/Lift off	• Control Head • Sedate +/-Anaesthetise • Roll/Slide/Lift off
	Life threatening injury- **OUT NOW**	• Roll/Slide/Lift off	• Control head • Quick snatch • (Consider Sedation +/- Anaesthetise) • Roll/Slide/Lift off	• Control head • Sedate +/- Anaesthetise • Roll/Slide/Lift off