REGULATORY & INSTRUCTIONAL AMENDMENTS 2016/17 SEASON

Please note amendments are highlighted in bold and amendment explanations is italics.

REGULATIONS FOR POINT-TO-POINT STEEPLE CHASES 2016/17

1. Regulations 72 (xi) and 73 (x):
   Increase in the number of Club Races permissible on a race programme from 3 to 4.

2. Definitions: Intermediate Point-to-Point Steeple Chase
   Allow winners from all flat races to run in Intermediate Point-to-Point Steeple Chases.

3. Regulation 90:
   Entries shall close at the time advertised in the programme and no entry shall be admitted on any grounds after that time, **unless the Minimum Fixture Entry Threshold has not been met**.

   Definitions (New):
   Re-opening entries where 40 or less runners are entered for the fixture
   "Minimum Fixture Entry Threshold" is any Point-to-Point fixture that has 40 or fewer entries across the entire card.

   Administration:
   If at the close entries there are 40 or fewer entries for the overall fixture (including online entries), the fixture shall re-open entries on Monday until 5pm. Between normal close of entries (12.30pm) and the re-opened deadline (5pm), any additional entries must be made online.
   Fixture Secretaries shall liaise with the PTPRC to confirm the overall number of entries, fixture secretaries shall confirm number of entries via email by 12.30pm.
   The re-opening of races shall be advertised on the Point-to-Point Racing Company website.

4. Regulation 110:
   No person shall, without special leave from the Stewards be admitted to the weighing room or tent or **rider changing areas** except the owner and rider, or other person having care of a horse engaged in the race. Any person refusing to leave shall be reported to the Stewards.
   Admission to the weighing room.

5. Definitions:
   Hunter Certificate, Hunt Members Point-to-Point Steeple Chases, Confined Point-to-Point Steeple Chases.
   Regulations 32 (i), (ii) & (iii) and Regulation 34 (iv):
   Cessation of the requirement to qualify horses with a Hunt; the MFHA Committee has removed the requirement to qualify a horse with the Hunt before registering a Hunter Certificate.

6. Regulation 1 (xiii):
   The British Horseracing Authority has the power at its discretion:
   (xiii) To make arrangements for any person who they may have approved for that purpose to be authorised
   (a) to enter premises owned, controlled or occupied by an owner **or any other premises recorded in the Hunter Certificate**, and/or[…]
   Allowing unannounced visits where horse is kept.

7. Regulation 74:
   See attached / enclosed 'weights' table which outlines the amendments in bold.

8. Regulation 75:
   See attached / enclosed update regarding Penalties for 2016/27.

9. Regulation 34:
   See attached / enclosed update regarding Eligibility for 2016/17

INSTRUCTIONS FOR POINT-TO-POINT STEEPLE CHASES 2016/17

1. Instruction 5.10:
   Inspection protocol and postponement / abandonment of meeting

   ABANDONED AND POSTPONED MEETINGS
   […..]
   (d) Where there are one or more objections, the Area Secretary will liaise with the PPSA Chairman (or in their absence the Vice-Chairman) who will select two additional Committee members to adjudicate the objection. Such additional Committee members to be as far as possible, geographically neutral to the protagonists. Their MAJORITY decision of this group will be FINAL.

2. Instruction 8.3
   Siting of the Judge's Box / wagon
   The Organising Committee must ensure that the Judge has an assistant judge and the Judge has at least a wagon to stand on, with weather protection if possible. The wagon is to be for the sole use of the Judge and must be sited at least **12 yards (if possible 20 yards)** back from the winning line.

3. Instruction 8.7
   Medical Arrangements – updates approved by the BHA Medical department.

   a) NO LATER THAN THREE MONTHS PRIOR TO THE POINT-TO-POINT, THE FIXTURE SECRETARY WILL APPOINT A SENIOR POINT-TO-POINT DOCTOR to take charge of the medical arrangements at the Point-to-Point course. On his/her appointment the Senior Point-to-Point Doctor is to be provided with the Medical Briefing Pack that is sent to all Fixture Secretaries by the Point-to-Point Authority before each season. This will enable the Senior Point-to-Point Doctor **in conjunction with the fixture secretary to**:
   i) carry out a risk assessment (with particular reference to the training of the doctors, the number of paramedics and ambulances and the number of First Aid Attendants required)
   ii) prepare standing orders (with particular reference to the Guide to Safety at Sports Grounds - Chapter 18 - 2008)
   iii) prepare a Major Incident Emergency Plan.
   b) Role of the Senior Point-to-Point Doctor
   (i) It is the Senior Point-to-Point Doctor's responsibility to ensure that the medical arrangements (**Emergency vehicle and carry-on equipment)**, medical staff, ambulances and communications) on the course are of a suitable standard, comply with the current year's "Instructions for Point-to-Point Steeple Chases" and that the qualifications and expertise of the doctors are sufficient to deal with the problems likely to be encountered.
   (ii) The Senior Point-to-Point Doctor must ensure that a full briefing of all medical personnel (including the voluntary services - St Johns personnel & Red Cross) is carried out at least 45 minutes before the first race.
   (iii) The Senior Point-to-Point Doctor has absolute discretion in relation to **declaring a meeting unfit to proceed due to falling below minimum requirements set out within the Instructions for Point *to Point.*** If at any stage, the Senior Point to-Point Doctor considers that it would be unsafe to continue, (e.g. a doctor or paramedic leaves the course with the paramedic ambulance to take a seriously injured individual to hospital), he/ she will inform the Stewards of the Meeting and racing will cease immediately.
   (iv) The Senior Point-to-Point Doctor must ensure that Point-to-Point Doctors wear an identifying armband at all times.

(v) The Senior Point-to-Point Doctor shall not leave the course until all riders in the last race have been accounted for and the permission of the Clerk of the Course for withdrawal of Medical Services has been obtained.
(vi) The Senior Point-to-Point Doctor must ensure that all medical personnel sign Medical Report Form B to indicate their attendance. (Reference Instruction 8.7(g)).
(vii) The Senior Point-to-Point Doctor must ensure that a Doctor is available at a pre-arranged location (preferably signposted and near the scales) **within the medical tent or close to the** weighing room/tent after races to check riders who had a fall and to authorise the release of Medical Record Books belonging to riders who have finished riding at the fixture and wish to leave the course (see 5.9). Fixture organisers are asked to nominate an individual (**Medical Runner**) to record the details of all fallers and unseated riders in every race **and to relay this information to the senior Doctor**. This will assist the Doctor so that he/she is fully aware of which riders need to present themselves for medical inspection. Doctors are urged to report to the raceday Stewards any rider who does not present themselves as necessary (see Regulation 55 (i)).
(viii) It is essential that the Senior Point-to-Point Doctor:

1. **Within three hours of the fixture ending, sends a text message to the BHA CMA (07788 567440) informing him of any Red Entries or confirming there were none.**
2. Returns both completed Medical Report Forms (A and B) to the British Horseracing Authority Chief Medical Adviser WITHIN 24 HOURS (Reference Instruction 8.7(g)). They can be FAXED or **scanned and emailed** to the BHA Medical Department on: 0207 152 0136, **medical@britishhorseracing.com.** A hard copy will also be required. The forms **are available for download from Downloads area on the National Website www.pointtopoint.co.uk and** will have **additionally** been sent to the Fixture Secretary **eight weeks** prior to the **fixture.**

c) Doctors and Paramedics
(i) The minimum requirement for the Point-to-Point is two appropriately trained and qualified (AT & Q) doctors and one paramedic with an appropriately equipped front line paramedic ambulance.
IN THIS CONTEXT, A PARAMEDIC IS AN INDIVIDUAL WHO IS REGISTERED BY THE PARAMEDIC BOARD AT THE HEALTH AND CARE PROFESSIONS COUNCIL (HCPC) AND IS IN REGULAR ACTIVE MEDICAL SERVICE AS A PARAMEDIC.
All doctors must be physically and psychologically capable of carrying out all the duties required of a Point-to-Point Doctor at a Point-to-Point *and* are expected to be in current clinical practice, to be registered with the GMC, to have appropriate medical malpractice insurance for non-NHS duties. **AT&Q doctors are expected to be regularly dealing with acute trauma and resuscitation.**
Other doctors who have additional training in trauma/resuscitation (i.e. ATLS, BASICS, Diploma in Immediate Care, PHECC, PHTLS) and who have completed a refresher course within three years of undertaking Point-to-Point duties will also be accepted as "AT & Q".
(ii) Alternatively, **1 experienced senior AT&Q Point to Point Doctor, can be accompanied by 2 paramedics (as defined above) each in a fully equipped front line vehicle.**
(iii) **Alternatively, 1 experienced senior Point-to-Point Doctor, can be accompanied by 3 paramedics (as defined above) two of which with fully equipped front line vehicles and one with front line carry-on bag with access to a four-wheel drive vehicle.**

d)(1) **Ambulances**
N.B. The intention of the above ((c) and (d (i)) requirements in respect of front line paramedic ambulances and paramedics is to ensure that when a rider is seriously injured he/she will receive ***at least*** the same level of attention as that received by anyone suffering from a serious accident or illness (e.g. major car crash, heart attack) which results in a 999 call.

4. **Instructions: APPENDIX K (August 2007) (October 2016)**

EQUIPMENT AND SUPPLIES TO BE CARRIED IN AMBULANCES
The following inventory lists the minimum level of equipment and supplies to be carried by EVERY Paramedic ambulance on duty at Point-to-Point meetings. It is a requirement that all medical staff using this equipment will be fully trained in the appropriate use of the equipment and drugs listed. The

Senior Point-to-Point doctor will be responsible for ensuring that this equipment is present and that all sterile items and drugs are in date. Any shortfall in the provision of equipment or drugs must be rectified before the start of racing or racing must be postponed until all these requirements are met in full.

A. Stretchers, spinal boards and splints

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

It is the BHA's preferred policy that the "Paramedic Ambulance" should carry a traction splint *and staff must be familiar with the use of the equipment held on their vehicles*. If this is not possible, a traction splint must be available elsewhere.

B. Airway Equipment

1. **Bag valve mask device (disposable)**
2. **Electronic suction unit (portable) plus disposable Yankauer and flexible suction catheters**
3. **Oropharyngeal airways (sizes 0, 1, 2, 3 and 4)**
4. **Nasopharyngeal airways (sizes 6, 7 and 8)**
5. **Supra-glottic airways sizes ,3,4,5 plus fixation device (if required)**
6. **Non-rebreathing oxygen masks**
7. **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**
8. **Nebuliser Masks**
9. **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.**
10. **Entonox or nitronox (nitrous oxide 50%/oxygen 50%) kit + one fully charged reserve cylinder**

C. Vascular Access Equipment and supplies

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

D. Oral medication

Aspirin 300mg

E. General equipment

1. **Dressings and bandages**
2. **Haemostatic agent/dressing**
3. **Haemorrhage control tourniquet e.g. CAT**
4. **Defibrillator (preferably an AED) with 2 sets of chest leads/pads**
5. **Gloves (non-latex)**
6. **Pulse oximeter**
7. **Sphygmomanometer**
8. **Stethoscope**
9. **Triangular bandages or sling**
10. **Venous tourniquet**
11. **Ice packs**
12. **Blood glucose testing equipment**

F. Drugs

1. **Adrenaline (Epinephrine) 1:10,000 injection for I/V use (10ml x 5)**
2. **Adrenaline (Epinephrine) 1:1,000 injection for I/M or S/C use (x 2)**
3. **Amiodarone Hydrochloride 300mg injection or 5mg/kg (by I/V injection from a pre-filled syringe or diluted in 20ml glucose 5%) (x1)**
4. **Anti-emetic injection (practitioner's choice - e.g. ondansetron 4mg/2ml or prochlorperazine 12.5 mg (x2)**
5. **Atropine sulphate injection (minimum 600mcg) (x2)**
6. **Benzodiazepine for rectal, buccal or intranasal administration (x2)**
7. **Benzodiazepine injection (e.g., midazolam, Diazemuls®) (x2)**
8. **Benzylpenicillin 600 mg injection (x2)**
9. **Chlorphenamine 10mg injection (x2)**
10. **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)**
11. **Glucose infusion 10% (1 x 500ml) (x1)**
12. **Glucose 40% oral gel (x1)**
13. **Glyceryl Trinitrate (GTN) spray 400mcg/dose (x1)**
14. **Hydrocortisone injection 100mg ampoule (x2)**
15. **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**
16. **Naloxone hydrochloride injection 400mcg/ml (x4)**
17. **Paracetamol intravenous preparation 1G per 100 ml (x2)**
18. **Salbutamol nebules 5mg (x5)**
19. **Tranexamic acid 500mg in 5ml (x2)**
20. **Water for injection (5 x 10mls)**
21. **Normal saline for injection (5 x 10mls)**

5. **Instructions: APPENDIX L- The British Horseracing Authority Assessment of Concussion (BHAAC) for Point-to-Point racing (on site at the time of the incident).**

As per the NICE Guidelines (**CG176**) **the following factors warrant transfer to an appropriate hospital.**

Glasgow coma scale (GCS) score of less than 15 on initial assessment.
Any loss of consciousness as a result of the injury.
Any focal neurological deficit since the injury.
Any suspicion of a skull fracture or penetrating head injury since the injury.
Amnesia for events before or after the injury [4].
Persistent headache since the injury.
Any vomiting episodes since the injury (clinical judgement should be used regarding the cause of vomiting in those aged 12 years or younger and the need for referral).
Any seizure since the injury.
Any previous brain surgery.
A high-energy head injury.
Any history of bleeding or clotting disorders.
Current anticoagulant therapy such as warfarin.
Current drug or alcohol intoxication.
There are any safeguarding concerns (for example, possible non-accidental injury or a vulnerable person is affected).
Continuing concern by the professional about the diagnosis.
When in doubt ALWAYS refer the rider to hospital