



Clinical Practice Procedures: Other/Racing Queensland Head Injury Assessment

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|-----------------------------|---|
| Policy code | CPP_OT_RQHIA_o623 |
| Date | July, 2023 |
| Purpose | To ensure a consistent procedural approach to head injury assessment (Racing Queensland). |
| Scope | Applies to Queensland Ambulance Service (QAS) clinical staff. |
| Health care setting | Pre-hospital assessment and treatment. |
| Population | Applies to all ages unless stated otherwise. |
| Source of funding | Internal – 100% |
| Author | Clinical Quality & Patient Safety Unit, QAS |
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Racing Queensland Head Injury Assessment

July, 2023

Racing Queensland (RQ) is responsible for the management, operation, development, and promotion of the racing industry in Queensland, which includes thoroughbred, harness, and greyhound racing.^[1]

Race meetings are held regularly throughout Queensland and the QAS is often retained by RQ to provide ambulance services to thoroughbred jockeys at RQ events.

In the event that a jockey is involved in a fall, it is a requirement of RQ and the Queensland Racing Integrity Commission (QRIC) that the jockey is assessed by the attending ambulance clinician and thereafter, cleared by the QRIC Steward before the jockey can resume competing.

In circumstances where the jockey has suffered, or is suspected to have suffered a head injury, the ambulance clinician must complete a comprehensive head injury assessment. RQ has developed the *Racing Queensland Head Injury Assessment Form (RQHIAF)*, which is a diagnostic tool that is to be used to guide the clinical assessment of a jockey following a fall and suspected head injury, and thereafter, used to record all aspects of that assessment.

If the ambulance clinician deems that the jockey should be immediately transported to hospital, the clinician must inform the QRIC Steward and proceed without delay. If the ambulance clinician forms the view that transport is not required at that point in time OR the jockey refuses recommended ambulance transport, the clinician must complete the *RQHIAF* and provide the completed form to the QRIC Steward who will determine what action should be taken.

In the event that the documented *RQHIAF* indicates clinical signs of concussion, the jockey will be 'stood down' by the QRIC Steward and will be directed to attend a medical practitioner and if deemed necessary, undergo a more comprehensive neurological assessment.

Indications

- All RQ race meetings or trials involving a jockey fall attended by QAS clinicians

Contraindications

- If there are competing clinical priorities for the patient

Complications

- Nil in this setting

Procedure – Racing Queensland Head Injury Assessment

1. Contact the relevant OpCen to advise of a field-initiated case and request a incident number be generated.
2. Conduct a thorough clinical assessment and provide interventions that are clinically indicated.
3. Transport to hospital if required.
4. If patient transport to hospital is **not** required, complete a paper copy of the *RQHIAF* including:
 - i. Part A – General information
 - ii. Part B – Signs and symptoms
 - iii. Part C – Maddocks questions (QRIC Stewards will assist)
 - iv. Part D – New memory test
 - v. Part E – Exercise challenge test
 - vi. Part F – Symptom and signs re-assessment
 - vii. Part G – Outcome and action (requires no involvement from QAS)
 - viii. Part H – Signature of examiner (ACP or higher ambulance clinician)
5. Upload all pages of the *RQHIAF* to the eARF using the clinical images function.
6. Hand the completed *RQHIAF* to the QRIC Steward for review – the ambulance clinician is not required to interpret the assessment findings.
7. Complete an eARF and finalise as required.

Additional information

- The *RQHIAF* is only to be completed following the clinical assessment of a jockey that is participating in a RQ race meeting or trial, and where transport to hospital is not required (clinician decision) or the jockey refuses recommended transport.
- Blank *RQHIAFs* are available for downloading on the QAS portal. Alternatively, blank forms may be requested from the QRIC Steward.
- This Clinical Practice Procedure is to be read in conjunction with any instructions provided by the relevant QAS region.

APPENDIX 1 RACING QUEENSLAND HEAD INJURY ASSESSMENT FORM

The *Head Injury Assessment Form* is to be completed by an official oncourse Doctor, or other approved medical person appointed to provide medical services, such as an Advanced Life Support Qualified Paramedic or Registered Nurse with the same qualification, if a jockey incurs head trauma while performing their role, either prior to, during or following a race or trial.

The *Head Injury Assessment Form* is to be used primarily for the preliminary assessment for clinical signs of concussion to determine if the jockey requires formal assessment and diagnosis for concussion by a Medical Practitioner.

This form does not replace the SCAT5 which must be performed in any case of suspected or diagnosed concussion (SCAT5 to be performed by a Medical Practitioner only).

A. GENERAL INFORMATION

| | |
|--|--|
| Jockey's Name: | |
| Racecourse: | |
| Date: | |
| Approximate Time of Incident: | |
| Race Number: | |
| Date/Details of Previous Concussion: | |
| Details of Medication in last 24 hours (name, dosage, timing): | |
| Examiner's Name: | |
| Time of Examination: | |

B. SYMPTOMS AND SIGNS

When conducting this assessment, the examiner must be aware that the jockey's response to routine questioning may not be entirely reliable. This may be due to the effects of the head trauma or because the jockey's desire to return to continue riding outweighs their natural inclination to give true and accurate answers.

Does the jockey complain of any of the following symptoms, or exhibit any signs, that might indicate a diagnosis of concussion?

| Symptoms/Signs | Observed Directly | Reported | Video Review | No |
|---|-------------------|----------|--------------|----|
| 1. Lying motionless (more than 2 seconds) | | | | |
| 2. Possible loss of consciousness | | | | |
| 3. Possible no protective action in fall to ground | | | | |
| 4. Possible impact seizure or tonic posturing | | | | |
| 5. Possible motor incoordination | | | | |
| 6. Possible dazed or blank/vacant stare | | | | |
| 7. Possible behaviour change atypical of the jockey (e.g., signs of agitation, anxiety etc) | | | | |
| 8. Unsteady on their feet | | | | |
| 9. Headache | | | | |

APPENDIX 1 RACING QUEENSLAND HEAD INJURY ASSESSMENT FORM

| Symptoms/Signs | Observed Directly | Reported | Video Review | No |
|--|-------------------|----------|--------------|----|
| 10. Nausea | | | | |
| 11. Vomiting | | | | |
| 12. Dizziness | | | | |
| 13. Blurred or double vision | | | | |
| 14. Foggy headed or stunned | | | | |
| 15. Any clinical impression or uncertainty from the examiner that the jockey is not quite right. | | | | |

C. MADDOCKS QUESTIONS

| To be administered at least 10 minutes after the estimated time of the injury (in the presence of a Queensland Racing Integrity Commission Steward to verify answers). | Incorrect | Correct |
|--|-----------|---------|
| 1. Where do you live/what is your address? <i>Answer:</i> _____ | | |
| 2. What venue are you at today? <i>Answer:</i> _____ | | |
| 3. Name of the horse you rode? <i>Answer:</i> _____ | | |
| 4. Name of the trainer of the horse you rode? <i>Answer:</i> _____ | | |
| 5. What was the distance of the race? <i>Answer:</i> _____ | | |
| 6. Name two other jockeys riding in the race? <i>Jockey 1 name:</i> _____ <i>Jockey 2 name:</i> _____ | | |
| 7. Where and when did you ride in a race prior to today's race meeting? <i>Answer:</i> _____ | | |

D. NEW MEMORY TEST

| Please select and administer 1, 2 or 3. Ask the jockey to repeat the statement (1, 2 or 3) and advise them they will be asked questions about the statement later (after the "Exercise Challenge Test") – Who? Going Where? Why/What race? | Fail | Pass |
|---|------|------|
| 1. Ryan Moore will be going to Birdsville in October to ride in the XXXX Birdsville Cup. | | |
| 2. Zac Purton will travel to Townsville in August to ride in the Cleveland Bay Handicap. | | |
| 3. Hugh Bowman will go to Ellerslie in February to ride in the New Zealand Derby. | | |

APPENDIX 1 RACING QUEENSLAND HEAD INJURY ASSESSMENT FORM

E. EXERCISE CHALLENGE TEST

| Ask the jockey to sit in a chair, arms folded and then stand and sit five times as rapidly as they feel comfortable. Repeat the drill for three attempts with a short rest in between each attempt. The drill should take 10 seconds for each attempt. The jockey may falter, slow over the challenge and increase the severity of the concussion symptoms. If the symptoms appear to increase, the challenge should be discontinued. | Fail | Pass |
|--|------|------|
| Attempt 1: Time taken: _____ | | |
| Attempt 2: Time taken: _____ | | |
| Attempt 3: Time taken: _____ | | |

F. SYMPTOMS AND SIGNS RE-ASSESSMENT

| After completing the “Exercise Challenge Test” and asking the questions from the “New Memory Test”, re-assess the jockey to ascertain whether any of the “Symptoms and Signs” (section B) are now evident or more evident than the initial assessment. If showing any symptoms or signs, provide comments/details below. | Fail | Pass |
|--|------|------|
| | | |

G. OUTCOME AND ACTION

Unless the jockey completes all parts of the assessment as negative to symptoms and signs of concussion, the jockey will be stood down from their remaining riding engagements on the day by the Stewards of the Queensland Racing Integrity Commission.

The jockey must then present to a Medical Practitioner to undertake a formal assessment for concussion with a copy of this completed *Head Injury Assessment Form*.

If in any doubt, the jockey should always be removed from all riding activity until a formal assessment can be undertaken by a Medical Practitioner.

H. SIGNATURE OF EXAMINER

To be completed by an official oncourse Doctor, or other approved medical person appointed to provide medical services, such as an Advanced Life Support Qualified Paramedic or Registered Nurse with the the same qualification.

Signed:

Date:

Time:

Examiner's Final Comments:

