



Appendix 1

Head Injury Assessment Tool

The Head Injury Assessment Tool is to be completed by an Advanced Life Support Qualified Paramedic or Registered Nurse with the same qualification, if a Driver or Trainer incurs head trauma while performing their role, either prior to, during or following a race, trial at trackwork or in the stables. In the situation a Driver or Trainer suffers a head injury during trackwork or trials and where an Advanced Life Support Qualified Paramedic or Registered Nurse with the same qualification isn't available HRNSW will facilitate the test with an appropriate Medical Person.

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

This Tool 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

Driver's Name:	
Paceway or Stables:	
Date:	
Approximate Time of Incident	
Race/Trial Number:	
Date & Details of Previous Concussion:	
Details of Medication in last 24 hours including name, dosage and timing	
Examiner's Name:	
Examiner's Phone Number:	
Time of Examination:	

B. SYMPTOMS AND SIGNS

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

Does the Driver/Trainer 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				

Appendix 1

Head Injury Assessment Tool

Symptoms/Signs (continued)	Observed Directly	Reported	Video Review	No
4. Possible impact seizure or tonic posturing				
5. Possible motor incoordination				
6. Possible dazed or blank/vacant stare				
7. Possible behavior change atypical of the Driver/Trainer, e.g. signs of agitation, anxiety etc.				
8. Unsteady on their feet				
9. Headache				
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 Driver/Trainer 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 Harness Racing NSW Steward to verify answers).	Incorrect	Correct
1. Where do you live / what is your address Answer:		
2. What venue are you at today? Answer:		
3. What was the name of the horse you were just driving? Answer:		
4. Name of the trainer you just drove? Answer:		
5. What was the distance of the race/trial? Answer:		
6. Name two other drivers in the race you were just in? Answer Driver/Trainer 1 Name: Answer Driver/Trainer 2 Name:		
7. Where and when did you drive in a race prior to today's meeting?		

Appendix 1

Head Injury Assessment Tool

D. NEW MEMORY TEST

Pease select and administer 1, 2 or 3.	Fail	Pass
Ask the Driver/Trainer 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? When? Why/what race?		
1. Greg Sugars will be going to Dubbo in December to drive in the Red Ochre		
2. Grant Dixon will be traveling to France and representing Australia in the International drivers race		
3. Luke McCarthy is going to Brisbane in June to drive in the Redcliffe Cup		

E. EXERCISE CHALLENGE TEST

Ask the Driver/Trainer to sit in a chair, arms folded and then attempt to 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.	Fail	Pass
The Driver/Trainer 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 Immediately.		
Attempt 1: Time taken:		
Attempt 2: Time taken:		
Attempt 3: Time taken:		

F. SYMTOMS AND SIGNS RE-ASSESSMENT

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

G. OUTCOME AND ACTION

Unless the Driver/Trainer completes all parts of the assessment as negative to symptoms and signs of concussion, the Driver/Trainer will be stood down from their remaining driving engagements on the day/night by the Harness Racing NSW Stewards.



Appendix 1

Head Injury Assessment Tool

The Driver/Trainer must then present to a Harness Racing NSW approved Medical Practitioner to undertake a formal assessment for concussion with a copy of this completed Head Injury Assessment Tool.

H. SIGNATURE OF EXAMINER

To be completed by an Advanced Life Support Qualified Paramedic or Registered Nurse with the same qualification or if unavailable the Club's qualified First Aid Officer.

Examiner's Final Comments:

Signature:	Date: / /	Time: am/pm
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