



MID-ATLANTIC  
STRATEGIC PLAN  

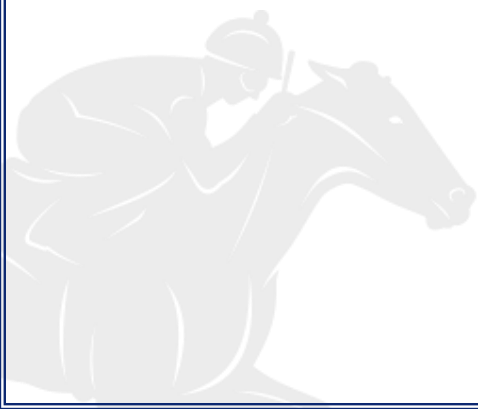
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TO REDUCE EQUINE FATALITIES

# BEST PRACTICES

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# BEST PRACTICE

# EQUINE MEDICAL DIRECTOR

**The Equine Medical Director is responsible for overseeing the development, implementation and enforcement of regulations and best practices that impact equine health and safety policies, serves as the primary advisor to the state regulatory agency, the racetracks and the horsemen on all matters related to equine health and safety, and provides guidance to all veterinarians practicing at the racetrack and licensed training facilities.**

## THE DUTIES OF AN EQUINE MEDICAL DIRECTOR INCLUDE:

### Medication and Testing

- Maintain up-to-date knowledge of current medication and testing regulations, policies and issues;
- Recommend new and amended medication and testing regulations and policies;
- Monitor the test barn and chain-of-custody procedures;
- Monitor all contract laboratories to ensure maintenance of accreditation and proper analysis of samples;
- Review all reports of laboratory drug findings;
- Conduct periodic site visits to contract laboratories to evaluate quality of service being provided;
- Advise on the disposition of prohibited drug and therapeutic medication violations.

### Veterinary Oversight

- Maintain up-to-date knowledge of current veterinary regulations, policies and procedures;
- Recommend new and amended veterinary regulations and policies;
- Provide guidance to practicing veterinarians on medication and safety issues;
- Oversee compliance with veterinary protocols, including reporting requirements, infectious disease control and quarantine procedures;
- Create and implement a crisis management plan for infectious disease control and coordinate the plan as necessary with other state agencies (e.g. Department of Agriculture);
- Provide administrative supervision and review of all regulatory veterinarians;
- Provide oversight of pre-race inspection protocols;
- Consult on licensing applications for veterinarians, veterinary technicians and assistants, equine therapists, etc;
- Liaise with the state Board for Veterinary Medicine on licensing and practice standards of licensed veterinarians.

### Equine Safety

- Maintain up-to-date knowledge of current equine safety regulations, policies and procedures;
- Recommend new and amended equine safety regulations, policies and procedures;
- Oversee the health, welfare and physical condition of all horses on licensed properties;

# EQUINE MEDICAL DIRECTOR

## CONT.

### **Equine Safety, cont.**

- Monitor the safety of racetrack surfaces and facilities and consult with track management on improvement and maintenance of safety standards;
- Monitor equine ambulance and staff;
- Coordinate investigation and data collection in the case of an equine welfare, safety or medication violation;
- Oversee the maintenance of the veterinarian's list;
- Oversee the equine injury incident reporting system and equine necropsy program;
- Coordinate mortality reviews and chair the Mortality Review Board;
- Coordinate racing related safety reviews of all track facilities.

### **Communication and Education**

- Facilitate communication and collaboration between fellow equine medical directors, state regulatory agencies, track management and horsemen;
- Recommend and develop programs and research to enhance equine safety;
- Participate in domestic and international intelligence gathering and sharing on emerging threats in equine sport, particularly with respect to illicit practices and banned substances;
- Establish continuing education and risk management programs for practicing veterinarians and horsemen;
- Meet with practicing veterinarians and horsemen on medication regulations, proposed rule changes and general education;
- Serve as state representative to national racing health and safety organizations;
- Liaise with the media and general public.

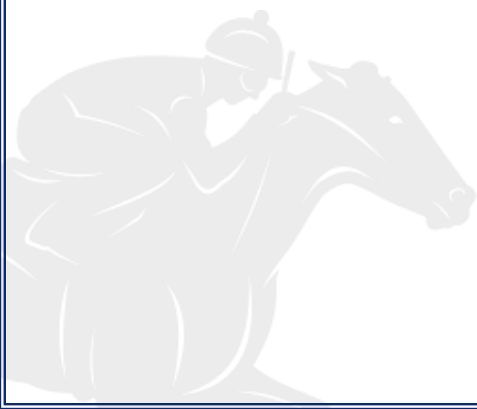
### **MID-ATLANTIC EQUINE MEDICAL DIRECTORS:**

Dr. Ada Caruthers, Virginia

Dr. Elizabeth Daniel, Maryland

Dr. Francis Daniel, West Virginia

Dr. Scott Palmer, New York



# BEST PRACTICE SAFETY OFFICER

**The Safety Officer is responsible for ensuring that all activities and practices involving the training and racing of horses at the track meet required safety standards and regulatory guidelines.**

## THE DUTIES OF A SAFETY OFFICER:

- Monitor daily backside activities and practices in the barn area and on the racetrack for compliance with therapeutic and race-day medication regulations;
- Conduct pre-meet racetrack safety inspections with track maintenance personnel;
- Work with outriders to monitor compliance with racetrack rules during morning workouts;
- Monitor starting gate procedures;
- Monitor ambulance and medical personnel protocols for horses and riders;
- Report any observation of an unsound horse to regulatory and track veterinarians;
- Assist regulatory veterinarians with follow-up on horses barred from training or vanned off during training and racing;
- Conduct random inspections of safety equipment (helmets and vests);
- Review ship-in/ship-out lists and investigate horses that leave track for short periods of time;
- Conduct random checks of ship-in health papers (Coggins and health certificates) at the stable gate;
- Conduct random license checks on the backside;
- Conduct random barn inspections to monitor safety and regulatory compliance, including fire safety regulations;
- Conduct random inspections to protect against equine neglect;
- Conduct random inspections of veterinary vehicles to monitor regulatory and safety compliance;
- Advise stewards of all planned and random inspections;
- Work with security personnel to investigate allegations of inappropriate or illegal use of medications;
- Oversee the Horse Watch and Fire Watch details;
- Assist the state steward and/or chief regulatory veterinarian in conducting the Trainer Examination;
- Assist regulatory veterinarians with out-of-competition testing;
- Assist stewards during formal hearings;
- Serve as a member of Mortality Review Board;
- Serve as a point person for inquiries from racing licensees on rules questions;
- Make recommendations to the racetrack management and regulators to ensure the welfare of horses and riders, integrity of racing and compliance with horse racing laws and regulations.

# BEST PRACTICE

# MORTALITY REVIEW BOARD

**PURPOSE:** To review the circumstances and determine what factors may have contributed to every equine fatality, and to monitor track safety to identify and address anomalies in equine fatality rates; to use the information gathered from oversight and review to implement protective measures to mitigate future risk, and to educate all stakeholders in equine fatality prevention.

## COMPOSITION:

- Equine Medical Director or Chief Regulatory Veterinarian – monitors equine fatality rates;
- Chief Racetrack Veterinarian;
- Track Superintendent or Facilities Manager;
- Safety Officer;
- State Steward;
- Horsemen’s Representative (appointee of the horsemen’s group, but not a currently licensed trainer).

**The members of the Mortality Review Board (MRB) will be published on each track’s website.**

## PROTOCOL FOR REVIEW:

The Chair of the MRB will designate personnel to gather the necessary information

- Information needed:
  - 1) Death Certificate;
  - 2) Necropsy Report including results of blood tests;
  - 3) Past Performances;
  - 4) Exercise History (High Speed Furlongs);
  - 5) Race chart and video;
  - 6) Track and weather conditions;
  - 7) Trainer Interview;
  - 8) Veterinarian(s) Interview;
  - 9) Jockey or Exercise Rider Interview (as appropriate);
  - 10) 60 days of medical records and treatment logs;
  - 11) ESAL report;
  - 12) Pre-race inspection findings (historical & current);
  - 13) Vet Scratches or Vet’s List for unsoundness;
  - 14) Previous injuries or incidents in EID;
  - 15) Risk Factors.
- Interviews to be conducted by regulatory investigators;
- Board meets to review and analyze information;
- Risk factors that may have contributed to the fatality are identified where possible and protective measures; implemented to mitigate risk in the future.

## COMMUNICATION:

- Upon the conclusion of the report, the MRB chair will meet with the trainer, and others as appropriate, to review the results for educational purposes;
- The MRB will hold regular meetings with the track management and horsemen to review findings and make recommendations.

# MORTALITY REVIEW BOARD

## RISK FACTORS

### SUMMARY OF RISK FACTORS FOR FATAL MUSCULOSKELETAL INJURY IN NORTH AMERICAN THOROUGHBRED HORSES

The following risk factors have been shown to be associated with increased risk for fatal musculoskeletal injury (FMSI) in horses that race in the United States and Canada. The opposite of the risk factors listed below may be considered to be protective factors. For example, dirt surfaces are associated with increased risk for FMSI; therefore synthetic surfaces are associated with decreased risk for FMSI. Sprint races are associated with increased risk for FMSI; therefore route races are associated with a decreased risk for FMSI. Horses that change trainers are at increased risk for FMSI; while horses that are trained by a single trainer for their entire career are at decreased risk for FMSI and so forth. Risk factors may be grouped into categories such as track, race, horse, stable, and exercise history.

#### **Track Risk Factors:**

- Track Surface Type: Horses that race on dirt surfaces are at greater risk for injury than those that race on turf and synthetic surfaces.
- Track Condition: Horses that race on "Off Dirt" (any non-fast condition) are at increased risk for injury.

#### **Race Risk Factors:**

- Race Distance: Horses that race in races of 6 furlongs or less (sprint races) are at increased risk for injury.
- Claiming Price: Horses that race in claiming races with a drop of more than \$10,000 are at increased risk for injury.
- Claiming Purse: Horses that race in claiming races in which the purse is more than 4 times the value of the horse are at increased risk for injury.
- Field Size: Horses that race in races with a large field size are at increased risk for injury.

#### **Horse Risk Factors:**

- Intact male horses are at increased risk for injury.
- Age at first start: Horses that do not start as 2-year-olds are at increased risk for injury. The risk of injury increases for each additional year.
- Age at the time of race: Older horses are at increased risk for injury.
- Previous Injuries: Horses with previous injuries are at increased risk for injury. Risk increases proportionally to the # of previous injuries.
- Vet's List: Horses that have been put on the Vet's list for lameness are at increased risk for injury.
- Horses that have been scratched from a race are at increased risk for injury.
- Horses with undiagnosed lameness are at increased risk for injury.
- Competitive horse: Horses with a low odds rank are at increased risk for injury.

#### **Stable Risk Factors:**

- Horses that are claimed are at increased risk for the first 30 days with the new stable.
- Change in trainer: Horses that change trainers are at increased risk for injury.

#### **Exercise History Risk Factors:**

- Cumulative exercise: Horses with a higher amount of cumulative exercise (# starts and # of high-speed workouts) are at increased risk for injury.
- Horses that accumulate more than 100 high-speed furlongs between their first official timed workout and their first start are at increased risk for injury.
- Racing history: Horses with a high amount of starts (more than 1 per month) between 61- 90 days prior to the incident race and have no starts within 30 days of the incident race are at increased risk for injury.

# MORTALITY REVIEW BOARD

## INVESTIGATOR QUESTIONS

### For the Trainer:

- 1) When did you obtain this horse?
- 2) What was this horse's physical condition at that time?
- 3) While in your care, what surfaces did this horse train on?
- 4) Do you observe him training every day, or was this horse with an assistant trainer?
- 5) Who was/were the attending veterinarian(s)? Please provide information on all veterinarians who attended to the horse while in your care.
- 6) To your knowledge, did this horse ever have surgery? If yes, please provide details.
- 7) Did the horse have any history of chronic injury? If yes, please provide details.
- 8) Were there any changes in this horse's health or soundness in the last 30 days? If yes, please provide details.
- 9) Was any diagnostic testing performed on this horse in the last 60 days? If yes, please provide the results of the testing.
- 10) What medication, if any, was prescribed for or administered to this horse in the last 60 days?
- 11) To your knowledge, was this horse ever treated with a bisphosphonate?
- 12) While in your care, was this horse treated with Thyro-L?
- 13) While in your care, was this horse supplemented with cobalt?
- 14) What therapies (PEMF, laser, acupuncture, chiropractic, ice, cold water hose, etc) had been used on the horse?
- 15) To your knowledge, was this horse treated with Shock Wave Therapy? If so, at what location of the body and when was the treatment administered?
- 16) Have there been any changes in the horse's weight, appetite or mental attitude? If yes, please provide details.
- 17) Did you have to modify training to accommodate changes in this horse? If yes, please provide details.
- 18) When was this horse last shod?
- 19) Was there any change in shoeing? If yes, please provide details.
- 20) What equipment did this horse train in? (Bandages, bit, draw reins, etc)
- 21) Did you change exercise riders or jockeys recently?
- 22) Had this horse been cast in the stall or loose recently?
- 23) Were you under any pressure from an owner or the racing office to run this horse?
- 24) Did this horse ever leave the grounds while under your care?
- 25) Are there any circumstances regarding this horse that you believe may have contributed to this injury?

### For the Exercise Rider/Jockey:

- 1) Did you ride this horse regularly?
- 2) Was the horse difficult to ride?
- 3) Did you notice any change in the horse's stride or soundness? If yes, please provide details.
- 4) Did you notice any change in the horse's mental attitude or energy level? If yes, please provide details.
- 5) Did the horse warm up well?
- 6) Did you have any indication of a problem before the injury occurred? If yes, please provide details.
- 7) If you are concerned that a horse is not warming up well, do you feel comfortable approaching a regulatory veterinarian to ask him/her to look at that horse prior to entering the starting gate?

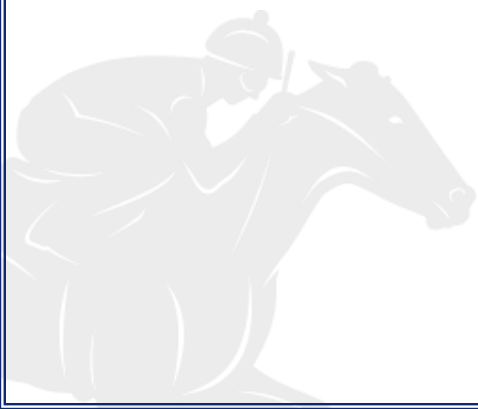


# MORTALITY REVIEW BOARD

## INVESTIGATOR QUESTIONS, CONT.

### For the Attending Veterinarian:

- 1) How long has this horse been under your care?
- 2) To your knowledge, did this horse ever have surgery? If yes, please provide details.
- 3) To your knowledge, did this horse have any history of chronic injury? If yes, please provide details.
- 4) Were there any changes in the horse's health or soundness in the last 60 days? If yes, please provide details.
- 5) Did you do any diagnostic testing (blood work, endoscopic examinations, ultrasound or radiographic examinations) on this horse in the last 60 days? If yes, please provide the results of the testing.
- 6) What medication, if any, did you dispense for or administer to this horse in the last 60 days?
- 7) To your knowledge, was this horse treated with a bisphosphonate?
- 8) While under your care, was this horse treated with cobalt?
- 9) While under your care, was this horse treated with Thyro-L?
- 10) To your knowledge, what therapies (Shock Wave Therapy, PEMF, laser, acupuncture, chiropractic, ice, cold water hose, etc) have been used on the horse?
- 11) Were there any changes in the horse's weight, appetite or mental attitude? If yes, please provide details.



# BEST PRACTICE LAYOFF REPORT

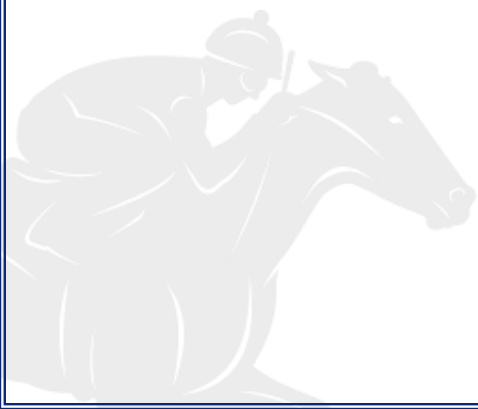
**PURPOSE:** To ensure that regulatory veterinarians have a comprehensive medical record of any horse that has not raced for 150 days or more, and have the opportunity to examine the horse when necessary prior to entry in a race.

Research done by Dr. Tim Parkin, an epidemiologist from the University of Glasgow who was retained by The Jockey Club to identify risk factors in Thoroughbred racehorses in North America by examining data found in the Equine Injury Database, has identified repeated and extended layoffs as a significant risk factor for fatal injury. The risk increases by 9% for each career lay-up (other than elective rest periods) of more than 60 days.

## PROCEDURE:

- The trainer of any horse that has not raced for 150 or more days must complete the standardized Layoff Report, supplying all relevant medical history, and submit it to the chief regulatory veterinarian or equine medical director no less than 30 days prior to entry.
- The Layoff Report must be submitted to the track where the horse will race.
- Layoff Report forms will be made available at the Stable Gate, in the Racing Office, in the HBPA or THA Office and on line at [www.thatracing/layoffreportform](http://www.thatracing/layoffreportform).
- The Layoff Report can be submitted to the email address for the appropriate racing jurisdiction, which is included on the form, or, in a sealed envelope addressed to the chief regulatory veterinarian or equine medical director, to the Racing Office.
- Layoff Reports are valid for 60 days from the date of submission.

**Entries for horses that have not raced for 150 days or more will not be accepted unless the trainer has completed and submitted a Layoff Report Form to the Equine Medical Director or Chief Veterinarian.**





# 150-Day Layoff Report

**RACETRACK NAME**

**Trainers must complete this form for any horse\* that has not raced for 150 days or more. The form shall be submitted to (Equine Medical Director or Chief Regulatory Vet), by email to (email address), or to the racing office in a sealed envelope addressed to (Equine Medical Director or Chief Regulatory Vet), prior to entry. The form shall be submitted a minimum of 30 days\*\* before entry, and is valid for 60 days from the date of submission. \*Does not apply to first-time starters. \*\*This requirement may be waived by (Equine Medical Director or Chief Regulatory Vet),.**

Horse Name/Tattoo or Microchip #: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Date/Track of Last Race: \_\_\_\_\_ Planned Date/Track of Entry: \_\_\_\_\_

Owner: \_\_\_\_\_ Phone/Email: \_\_\_\_\_

Trainer: \_\_\_\_\_ Phone/Email: \_\_\_\_\_

Primary Veterinarian: \_\_\_\_\_ Phone/Email: \_\_\_\_\_

Reason for layoff: \_\_\_\_\_

How long has this horse been in your care? \_\_\_\_\_

(If less than 30 days) Previous Trainer: \_\_\_\_\_ Phone/Email: \_\_\_\_\_

Was surgery performed on this horse during the layoff? **Yes** **No**

If yes, provide the date, type of surgery and veterinarian:

\_\_\_\_\_  
\_\_\_\_\_

Surgery Discharge Documents: **Attached** **Not Attached**

Has this horse ever been treated with bisphosphonates (e.g., Tildren, Osphos)? **Yes** **No**

Is the horse on any medication, including trainer or veterinary administrations? **Yes** **No**

List all current medications/treatments and applicable diagnosis:

\_\_\_\_\_  
\_\_\_\_\_

Has the horse been treated with shockwave therapy since its last race? **Yes** **No**

If yes, provide the veterinarian, dates and the area of the horse's body treated for all treatments:

\_\_\_\_\_  
\_\_\_\_\_

Diagnostic tests (radiographs, scans, bloodwork etc.) performed since last race. Provide veterinarian, dates, details and results: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Intra-articular joint injections performed since last race. Provide veterinarian, dates and details (body part and medication): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**To the best of my knowledge, the information provided is accurate and up to date.**

Signature \_\_\_\_\_

Submitted by (print name/title/date) \_\_\_\_\_

**For Official Use Only:**

- |   |     |    |             |
|---|-----|----|-------------|
| • Additional Layoffs of 60 or More Days       | Yes | No |             |
| • Surgery Discharge Documents                 | Yes | No | NA          |
| • Diagnostic Reports                          | Yes | No | NA          |
| • Intra-articular and Joint Injection Reports | Yes | No | NA          |
| • Anabolic Steroid Treatment                  | Yes | No | NA          |
| • Additional Medical History Since Report     | Yes | No |             |
| • Workout History                             | Yes | No |             |
| • Past Performance History                    | Yes | No |             |
| • Exam History from InCompass                 | Yes | No |             |
| • Examination Required                        | Yes | No |             |
| • Observed Workout/Blood Test Required        | Yes | No |             |
| • Approved for Entry                          | Yes | No | Date: _____ |

**Approved by (Print/Signature):** \_\_\_\_\_

# BEST PRACTICE

# PRE-RACE INSPECTIONS

**PURPOSE:** To provide the veterinarians with uniform protocols for a comprehensive pre-race inspection of every horse, ensuring that every horse is thoroughly examined on race day.

## PROCEDURE:

- A pre-race veterinary inspection shall be conducted on all horses entered to race on that race-day at a minimum of 1 hour prior to the published post time for the first race of that day.
- The veterinary inspection should be conducted at or near the stall to which the race day horse is assigned.
- Veterinarians will collect a copy of the barn and stall report, an overnight, the horse history (including but not limited to past racing performances, previous exam results, intra-articular joint injections, and history of regulatory veterinary interventions) and the risk factors for every horse to be inspected. The barn and stall report will include the name of the horse and trainer, race number, and barn and stall number.
- The trainer or their representative will have the race day horse ready for inspection, including the removal of all bandages, blankets, and muzzles, with the legs clean and free of substances such as poultices, sweats, or leg medications of any type. Note: The removal of foot coverings such as bell boots is not required provided they do not hinder the inspection and will be worn to prevent the horse from pulling a shoe during the trot/jog phase of the exam.
- The use of ice in any form directly prior to the pre-race examination is prohibited; including practices such as but not limited to ice baths, cold wraps, horse standing in ice, etc.
- If a horse has been treated with ice or does not have legs clean and free of substances, inform the trainer that the horse's exam must be postponed for at minimum 30 minutes.

## PRE-RACE EXAM:

- Ascertain the ID of the horse (tattoo, microchip and/or or markings if no tattoo or microchip). The handler should flip the lip to show the tattoo. If a horse is found to have no tattoo, it is reported to the relevant authority prior to scratch time.
- Ascertain the sex of the horse; report changes to the relevant authority prior to scratch time.
- Perform an overall cursory inspection of the entire horse, assessing general appearance, behavior (alert, dull, etc.), posture, and body condition, and making notations about any scars, abrasions and healing lacerations or post-op surgical incisions. The veterinarian will inspect all body regions to minimally include, but not limited to: head, neck, thorax, abdomen, thoracic limbs (fore limbs) and pelvic limbs (hind limbs).
- Perform a brief stethoscope exam to assess for heart murmurs and irregular rhythms.
- Pay special attention is to be given to any potential eye problems. A recommendation to scratch the horse is made to the Stewards if a painful eye is found, with or without corneal scarring, corneal edema and/or perceived visual impairment. Corneal scarring, corneal edema and perceived visual impairment is noted. The horse must have unimpaired vision in at least one eye.

# PRE-RACE INSPECTIONS

## CONT.

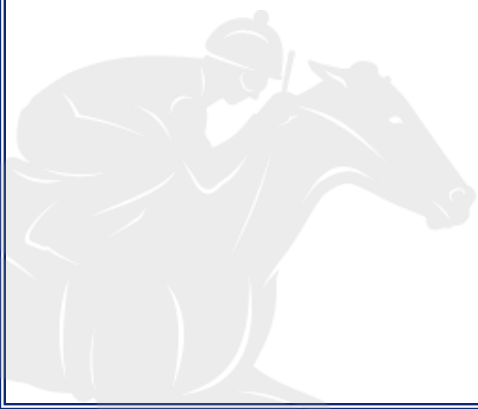
### PRE-RACE EXAM, CONT:

- Perform a meticulous digital palpation on both forelimbs to assess the following structures:
  - ◆ With each forelimb foot on the ground, palpate from proximal to distal each forelimb dorsally, assessing the carpus (knee), third metacarpal bone (cannon bone), metacarpophalangeal joint (fetlock), proximal phalanx (pastern) and the foot.
  - ◆ Continuing, with the foot on the ground, palpate from proximal to distal each forelimb, palmarly assessing the knee, superficial flexor tendon, deep flexor tendon, suspensory ligament, second and fourth metacarpal bones (splints), fetlock sesamoid bones, palmar pastern and heels of the foot.
  - ◆ Continuing, with each forelimb now raised off the ground and flexing the pastern, fetlock and knee; assess a pain response and range of motion of each joint in flexion; flex each joint individually so that in the case of a pain response, you can more accurately determine the affected joint.
  - ◆ Continuing, with each forelimb raised off the ground, palpate from proximal to distal each forelimb, palmarly assessing the superficial flexor tendon, deep flexor tendon, suspensory ligament, second and fourth metacarpal bones (splints), fetlock sesamoid bones, palmar pastern and heels of the foot.
  - ◆ Palpate the hind legs and other parts of the horse's body as indicated.
- Investigate any painful response or sign of active inflammation and, when necessary, request information regarding previous diagnostic imaging that may have been performed from the trainer or assistant trainer.
- Record any reduction in joint flexion, any old surgical site and or surgical hardware, and all changes in the pertinent anatomy, including pin and freeze fire scars.
- Record the presence (or removal since last start) of aluminum pads or bar shoes. The veterinarian must ascertain if the trainer intends to run the horse with aluminum pads or bar shoes and if so, that information should be reported to the Stewards and the Paddock Judge. If a horse, according to its history, is wearing a bar shoe for the first time, the veterinarian must ask the trainer if the horse has been "nerved." If the horse has been "nerved," the veterinarian must promptly report it to the relevant authority. (The Nerved List must be updated and redisplayed in the claim box, and the foal certificate needs to be stamped).
- Observe the horse jogging in hand, moving towards and away from the veterinarian so that both hind end and front end motion can be evaluated. Any observation made by the veterinarian about the way the horse travels is recorded, such as Wide, Paddles, Stiff, and Choppy. Make note of a horse that starts the jog in hand with a slightly uneven gait, but after one or two strides evens out. The veterinarian may ask the handler to take a turn around the shed row and then reevaluate the horse jogging, or may request the horse be observed jogging on the pavement instead of the shed row. Proper restraint is very important during the jog since a fractious horse is difficult to evaluate. The jog should be neither too fast nor too slow for proper evaluation. While jogging, a horse's overall condition and conformation can also be assessed.
- If the horse does not jog sound or warm up to the veterinarian's satisfaction, this must be communicated clearly and concisely to the trainer, a scratch is recommended to the Stewards, the horse is placed on the Vet's List and the trainer is so informed.

# PRE-RACE INSPECTIONS CONT.

## FOLLOW-UP:

- The veterinarian maintains the professional responsibility and obligation to add to this minimum inspection requirements, but not subtract from it; including any additional physical inspection procedures to ensure the integrity of horse racing, in guarding the health and safety of the horse and in safeguarding the interests of the general public.
- The veterinarian is professionally obligated to scratch, and if reasoned necessary, require additional medical diagnostic assessments (radiographs, ultrasound, etc.), for any race day horse in their professional opinion that is not fit and healthy, is deemed unsound to race that day, or if there are concerns about the horse's health and safety.
- Diagnostic imaging cannot be used to reverse the veterinarian's decision to scratch an in-today horse.
- Notations of all significant findings or lack of significant findings will be maintained by the examining veterinarian and reported on the InCompass Solutions data base contemporaneously.



# BEST PRACTICE

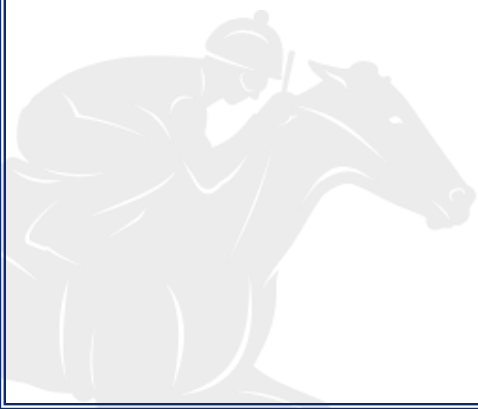
# CLAIMED HORSE HEALTH RECORD

**PURPOSE:** To ensure continuity of health care and comprehensive medical assessments for Thoroughbred racehorses upon transfer to a new owner and/or trainer.

Horses that compete in claiming races may change hands many times during their racing careers. Access to accurate medical information is vital to maintaining proper treatment protocols and safeguarding the health and welfare of the horse.

## PROCEDURE:

- Within 48 hours of a claim, the previous trainer must submit all joint injection records to the party responsible for transferring the information to the horse's new owner or trainer.
- Within seven days of a claim, the previous trainer must complete the standardized Horse Health Record and submit it to the party responsible for transferring the information to the horse's new owner or trainer.
- The equine medical director or chief regulatory veterinarian will be responsible for overseeing the transfer of joint injection and horse health records, or will designate the person or persons responsible for the transfer.
- If the horse has been in the trainer's care for less than 60 days, any available Horse Health Records from previous trainers must also be transferred.
- Horse Health Record Forms will be available in the Racing Office and in the HBPA or THA office at the racetrack.
- Racehorse owners will consent to the transfer of the Horse Health Record as a condition of licensure.
- The equine medical director or chief regulatory veterinarian will have access to the Horse Health Records upon request.







# HORSE HEALTH RECORD

Horse Name/Tattoo or Microchip: \_\_\_\_\_

Primary Veterinarian/Phone Number: \_\_\_\_\_

Claimed/Sold (Date): \_\_\_\_\_ Track: \_\_\_\_\_

Vet's List as Unsound or Bled in last 12 months: Yes No Details: \_\_\_\_\_

Joint Therapy in the last 60 days: Yes No If Previously Submitted – Date Submitted: \_\_\_\_\_

Date: \_\_\_\_\_ Joint: \_\_\_\_\_ Veterinarian/Medication: \_\_\_\_\_

Date: \_\_\_\_\_ Joint: \_\_\_\_\_ Veterinarian/Medication: \_\_\_\_\_

Date: \_\_\_\_\_ Joint: \_\_\_\_\_ Veterinarian/Medication: \_\_\_\_\_

### Immunizations/Dates Administered:

TT: \_\_\_\_\_ EEE/WEE: \_\_\_\_\_ Rabies: \_\_\_\_\_ Strangles: \_\_\_\_\_

Influenza: \_\_\_\_\_ EHV: \_\_\_\_\_ WNV: \_\_\_\_\_ Other: \_\_\_\_\_

Last Deworming/Medication: \_\_\_\_\_ Fecal Egg Count/Date: \_\_\_\_\_

Blood Profile: Yes No Veterinarian/Date/Findings: \_\_\_\_\_

Shock Wave: Yes No Veterinarian/Date/Body Part: \_\_\_\_\_

EIPH History: Yes No Veterinarian/Date/Treatment: \_\_\_\_\_

EPM History: Yes No Veterinarian/Date/Treatment: \_\_\_\_\_

Colic History: Yes No Veterinarian/Date/Treatment: \_\_\_\_\_

Radiographs: Yes No Veterinarian/Date/Body Part/Findings: \_\_\_\_\_

Surgery History: Yes No Veterinarian/Date/Details: \_\_\_\_\_

Bisphosphonates: Yes No Veterinarian/Date/Diagnosis: \_\_\_\_\_

Other Pertinent Medical History: \_\_\_\_\_

To the best of my knowledge, the information provided is accurate and up to date.

Trainer: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Print Name)

## Additional Joint Therapy

Date: \_\_\_\_\_ Joint: \_\_\_\_\_ Veterinarian/Medication: \_\_\_\_\_

Date: \_\_\_\_\_ Joint: \_\_\_\_\_ Veterinarian/Medication: \_\_\_\_\_

Date: \_\_\_\_\_ Joint: \_\_\_\_\_ Veterinarian/Medication: \_\_\_\_\_

Date: \_\_\_\_\_ Joint: \_\_\_\_\_ Veterinarian/Medication: \_\_\_\_\_

## Additional Radiographs

Veterinarian/Date/Body Part/Findings: \_\_\_\_\_

Veterinarian/Date/Body Part/Findings: \_\_\_\_\_

Veterinarian/Date/Body Part/Findings: \_\_\_\_\_

Veterinarian/Date/Body Part/Findings: \_\_\_\_\_

## Notes

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# BEST PRACTICE VETERINARIAN'S LIST

**PURPOSE:** To adopt uniform standards that follow the ARCI Model Rule for maintaining the Veterinarian's List and establishing a protocol for removal from that list.

The equine medical director or chief racetrack or regulatory veterinarian shall maintain the Veterinarian's List of all horses that are determined to be unfit to race or have a timed workout due to illness, unsoundness, injury, infirmity, heat exhaustion, positive test or overage, administration of a medication invoking a mandatory stand-down time, administration of shock-wave therapy, positive out-of-competition test, or any other assessment or determination by the equine medical director or chief racetrack or regulatory veterinarian that the horse is unfit.

- The equine medical director or chief racetrack or regulatory veterinarian will maintain the Veterinarian's List on InCompass and will update it on a daily basis or as necessary so that the information is available to all racing jurisdictions.
- Horses on the Veterinarian's List are ineligible to start in a race or have a timed workout in any jurisdiction until released by the equine medical director or chief racetrack or regulatory veterinarian.
- A horse may be released from the Veterinarian's List when a minimum of 10 days has passed from the time the horse was placed on the Veterinarian's List; Day 1 is the day after the horse is placed on the list.
- The equine medical director or chief racetrack or regulatory veterinarian may extend the time before a horse can be released from the Veterinarian's List to more than 10 days when deemed necessary.

## **Release from the Veterinarian's List**

A horse placed on the Veterinarian's List for being unfit to race or have a timed workout due to illness, physical distress, unsoundness, injury, heat exhaustion, or any other assessment of determination by the equine medical director or chief racetrack or regulatory veterinarian that warrants withdrawal from the race may be released from the list only after the following has been met:

- Provide a declaration in writing from the attending veterinarian as to the fitness of the horse;
- For horses that are listed as unsound or lame:
  - ◊ Undergo a pre-workout examination by a racetrack or regulatory veterinarian to demonstrate that the horse is serviceably sound and in fit physical condition to exert its best effort in a race or timed workout;
  - ◊ If the horse is deemed to be sound, provide a published workout of a minimum of four furlongs in :52, observed by a racetrack or regulatory veterinarian;
  - ◊ Undergo a post-workout examination by a racetrack or regulatory veterinarian;
  - ◊ If the horse is deemed to be sound following the workout, submit to a biologic sample collection for laboratory confirmation at the expense of the current owner unless otherwise provided in the local jurisdiction;
  - ◊ If the horse is deemed to be unsound before or after the workout, the stay on the Veterinarian's List will be extended to a total of 30 days before it can be released, and diagnostic testing may be required.

# VETERINARIAN'S LIST

## CONT.

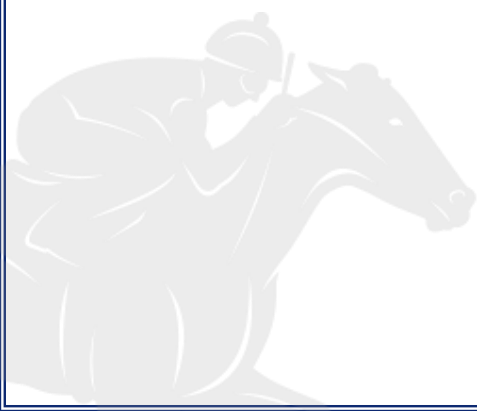
- For horses placed on the list for injury, illness, physical distress or heat exhaustion:
  - ◊ Undergo an examination by a racetrack or regulatory veterinarian to demonstrate that the horse is serviceably sound and in fit physical condition to exert its best effort in a race or timed workout;
  - ◊ May be required to work at the discretion of the equine medical director or chief racetrack or regulatory veterinarian.

A horse placed on the Veterinarian's List for positive test or overage, administration of a medication invoking a mandatory stand down time, administration of shock-wave therapy, positive out-of-competition test, or any other veterinary administrative withdrawal may be released from the list only after the following have been met:

- Demonstrate to the satisfaction of the equine medical director or chief racetrack or regulatory veterinarian that the horse is serviceably sound and in fit physical condition to exert its best effort in a race or timed workout; and
- At the discretion of the equine medical director or chief racetrack or regulatory veterinarian, provide a published workout at a minimum of four furlongs in :52 observed by a regulatory veterinarian, and submit to a post-workout examination and biologic sample collection for laboratory confirmation at the expense of the current owner.

Horses that generate a positive finding on a biological sample collected may not be released from the Veterinarian's List until successfully completing a timed workout in front of a racetrack or regulatory veterinarian and generating a negative test.

Diagnostic testing may be required for any horse placed on the Veterinarian's List, at the discretion of the equine medical director or chief racetrack or regulatory veterinarian.

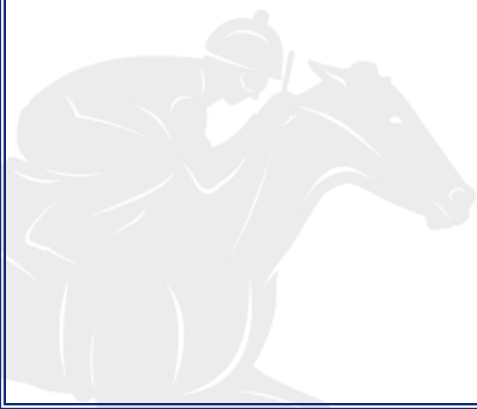


# BEST PRACTICE SHOCK WAVE THERAPY

**PURPOSE:** To ensure the safe and responsible use of Extracorporeal Shock Wave Therapy or Radial Pulse Wave Therapy through the adoption of uniform standards that follow the ARCI Model Rule for the treatment of horses with Extracorporeal Shock Wave Therapy or Radial Pulse Wave Therapy.

**The use of Extracorporeal Shock Wave Therapy or Radial Pulse Wave Therapy will only be permitted under the following conditions:**

- 1) All Extracorporeal Shock Wave Therapy or Radial Pulse Wave Therapy equipment must be registered with the state's racing regulatory agency.
- 2) The location of the equipment is subject to the inspection and approval of the state's racing regulatory agency.
- 3) Only veterinarians duly licensed by the state's racing regulatory agency will be permitted to perform the treatment.
- 4) The regulatory veterinarian will be notified in writing, on the prescribed form, within 24 hours of such treatment. The treating veterinarian is responsible for submitting the prescribed form.
- 5) The horse will not be allowed to race or breeze for a minimum of 10 days following treatment, with the day of the treatment to be considered the first day of the count.
- 6) The horse will be placed on the Vet's List or Shock Wave List during the 10-day stand down period.
- 7) The owner, trainer, treating veterinarian and other persons are subject to appropriate disciplinary action upon violation of these rules.



**PURPOSE:** To adopt uniform protocols to limit the spread of infectious disease at the racetrack.

The [AAEP Biosecurity Worksheet](#) and [AAEP Isolation Plan](#) are excellent tools and one or both should be completed as a cornerstone of all biosecurity plans.

The following measures should be in place to ensure racetracks have the resources necessary to act quickly in the event of an outbreak of an infectious disease.

### **Preparedness:**

- 1) Identify key racetrack and regulatory personnel to serve as the team in the event of an outbreak, with the Equine Medical Director or chief regulatory veterinarian designated as the team leader, and ensure that all members of the team have current contact information, including cell phone number and email address.
- 2) Designate a local equine hospital to treat sick horses and a lab for diagnostic testing.
- 3) Acquire and store an adequate inventory of disposable personal protective equipment in a variety of sizes, as well as other supplies such as signage for quarantine areas, disinfectant, spray bottles, foot baths, and receptacles for sharps and biohazardous materials.
- 4) Develop a quarantine plan in the event of an outbreak that includes the location of an isolation barn and the necessary security protocols for restricted areas.
- 5) Develop a communications plan in the event of an outbreak that includes the method of communication with horsemen, the racetrack, the regulatory agency and all necessary state agencies.
- 6) Define trigger points for isolation/quarantine and consult with local, state and federal agencies on specific trigger points and response action for reportable diseases. Possible triggers include:
  - a) Body temperature of 101.5°F (38.8°C) in combination with other identified clinical signs;
  - b) Ataxia or recumbency;
  - c) Aggressive behavior or stupor;
  - d) Profuse diarrhea or abnormal feces;
  - e) Difficulty urinating;
  - f) Oral or coronary band vesicular or ulcerative lesions;
  - g) Abnormal or wobbly gait or loss of coordination or of tail tone;
  - h) Nasal or ocular discharge, coughing, and or lymphadenopathy.

### **Prevention:**

- 1) All horses shipping into the racetrack must travel with a current health certificate (issued within 72 hours of arrival) and Coggins test (within 12 months), as well as proof of vaccination (electronic vaccination records from the attending veterinarian, or a list of current vaccinations with vaccination dates on the health certificate) for Eastern equine encephalitis/Western equine encephalitis/West Nile Virus, tetanus and rabies (within 12 months) and EHV1 and EHV4 (within 6 months), to be checked by security as part of the ID process before the horse is allowed on the grounds. Any horse that does not have the required documentation will be refused entry to the grounds.

# BIOSECURITY

## CONT.

- 2) A log of each vanload of horses entering and leaving the facility will be recorded, including the date and time of arrival or departure, the names of all horses on the van, each horse's travel history for the prior seven days (for arrivals), the van company, and the name of the driver.
- 3) Horse vans should be disinfected after every use.
- 4) Rodent, bird and insect control should be evaluated and upgraded as necessary by the racetrack.
- 5) Racetracks shall maintain records of dates of vaccinations and negative EIA (coggins test) to be available to state animal health officials upon request. <https://aaep.org/guidelines/vaccination-guidelines>

### **Recommendations for Horsemen:**

The following are recommended as routine care to protect the health of the horse and help to prevent an outbreak of infectious disease.

- 1) Monitor horses for signs of infectious disease and consult with primary veterinarian regarding horses exhibiting any signs of infectious disease; report any cases of infectious disease immediately to Commission Vet/Equine Medical Director.
- 2) Check each horse's temperature twice daily.
- 3) Ensure that all horses are up to date on required vaccinations.
- 4) Label feed tubs, haynets and water buckets for each horse and disinfect if to be used for a different horse.
- 5) Disinfect bits between each horse and launder and disinfect saddle towels, rub rags, bandages and grooming supplies between each use.
- 6) Disinfect stalls before a new horse is bedded down.
- 7) Disinfect dose syringes, twitches, muzzles and other such equipment between horses.
- 8) Multiple dose medications (oral pastes, ophthalmic ointments, etc) should be labeled for use for one horse and not shared.
- 9) NEVER re-use needles, syringes, IV tubing, fluid bags or any type of injection equipment and products.
- 10) Use insect repellent during fly, mosquito and tick season.

### **Outbreak Protocol:**

The following measures will be implemented in the event of an outbreak of infectious disease.

- 1) Prompt isolation is critical to the successful control of an infectious disease outbreak. Immediately move the infected horse(s) to an isolation barn, or quarantine the barn or barns involved.
- 2) Early communication through the Equine Disease Communication Center (<http://www.equinediseasecc.org>) is critical. The Equine Medical Director or chief regulatory veterinarian should contact the State Animal Health Official Veterinarian, who then reports the facts to EDCC promptly in order to facilitate accurate centralized national communication.

# BIOSECURITY

## CONT.

- 3) The Equine Medical Director or chief regulatory veterinarian, in collaboration with the State Animal Health Official Veterinarian, is in charge of setting restrictions on the movement of horses during an outbreak. High-risk horses – those that have had direct or indirect contact with or shared air space with an infected horse – should be exercised separately from unexposed horses.
- 4) Movement restrictions into and out of the entire stable area may be necessary until assessment of the situation is complete.
- 5) The Equine Medical Director or chief regulatory veterinarian should maintain log of events (horse identification, date of symptoms, diagnostic testing reports, control measures implemented).
- 6) All stakeholders and media should be promptly and accurately informed as to the situation, with timely updates as necessary. Comprehensive Fact Sheets and biosecurity recommendations are available at <http://www.equinediseasecc.org> or the EDCC phone app for further information.
- 7) Designated Commission personnel should perform periodic walk-throughs of non-quarantined barns to monitor for horses showing symptoms of the disease.
- 8) No dogs should be allowed on the grounds during an outbreak as they can spread disease
- 9) All shared facilities/equipment (e.g. detention barn stalls, receiving barn stalls, starting gate, equine ambulance) should be cleaned and disinfected after each use.
- 10) Necropsy of a horse that dies or is euthanized by a board certified pathologist is mandatory.

### **Isolation Barns:**

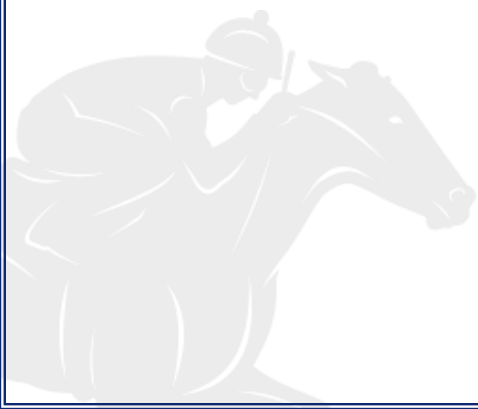
- 1) If an infected horse cannot be moved to an isolation barn, it should be moved as far as possible from the healthy population of horses in the quarantined barn.
- 2) Isolation/quarantined barns must have round the clock security, strictly enforced sign-in and –out sheets, and adequate signage in English and Spanish designating it as a restricted area.
- 3) Entry to the restricted area is limited to veterinary personnel, caretaker(s) for the horses and other individuals with the permission of the Equine Medical Director or chief regulatory veterinarian.
- 4) Implement disinfectant foot baths or mats (10% bleach or peroxygen compound, refilled daily) and handwash/sanitizing stations at all entry/exit points and in front of each stall. If footwear is not suitable for disinfection, require use of disposable plastic overboots.
- 5) Disposable gowns and gloves should be donned before entering a stall, and changed between each horse; used gowns and gloves to be collected and disposed of in a sealed trash bag deposited in the appropriate receptacle.
- 6) Anything that touches an infected horse and its secretions or excretions has the potential to transmit the disease to other horses; if possible, a caretaker should tend exclusively to infected horses. If a caretaker is tending to infected and healthy horses, the care of the healthy, unexposed horses must be completed first, followed by healthy, exposed horses, and finally infected horses.



# BIOSECURITY

## CONT.

- 7) Manure and soiled bedding should be placed in a quarantined dumpster or receptacle and disposed of in a manner approved by the Equine Medical Director or chief regulatory veterinarian; for any disease that can spread between horses and humans, any potentially infectious waste should be disposed of by the method recommended by public health officials.
- 8) All horses demonstrating neurologic clinical signs with no confirmed diagnosis should be clearly marked with a “rabies suspect” sign on the stall and reported to public health authorities. Restrict personnel access to the horse and ensure that anyone in contact with the horse wears double gloves, protective clothing, and splash protective equipment (face shield or goggles) as necessary. Record the names of all who make contact with the horse in a log so that they can be contacted in the event of a positive rabies diagnosis.
- 9) The Commission Veterinarian or Equine Medical Director, in collaboration with the State Animal Health Official Veterinarian, will determine release from isolation protocols which may include:
  - 10) The horse no longer has clinical signs and tests negative for the disease;
  - 11) A non-contagious disease is confirmed.

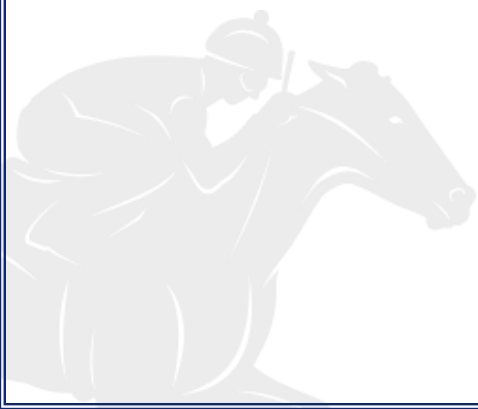


# BEST PRACTICE CONTINUING EDUCATION

**PURPOSE:** To ensure trainers and assistant trainer maintain the skill level necessary to promote equine health and welfare, and that they stay current with the latest in medical research and technology relevant to the Thoroughbred racehorse.

## **PROTOCOL:**

- Trainers and assistant trainers must complete a minimum of four hours of continuing education per calendar year.
- Continuing education credits can only be earned in live and on-line courses that have been approved in advance by the relevant regulatory authority or its designee.
- At least two hours of continuing education each calendar year must focus on equine health, safety and welfare.
- A certificate of participation will be provided at the end of each live session.
- A printable certificate of participation will be available upon the conclusion of on-line course modules.
- Continuing education credits are valid in all participating jurisdictions.
- Trainer and assistant trainers must shall retain, for a period of at least four years, documentation of continuing education credits.
- Trainers and assistant trainers will not be granted a license if annual continuing education requirements have not been met.
- The stewards may grant a 30-day grace period to allow the trainer or assistant trainer to complete the continuing education requirements.
- Fulfillment of continuing education requirements are subject to random audit.



**PURPOSE:** To ensure transparency and open communication, and to provide stakeholders with the tools to communicate effectively with fellow stakeholders, the media and the public, and to present a positive and unified message from the racing industry

## **CRISIS MANAGEMENT:**

Communication between the regulators, the racetrack and the horsemen is a must before any public statement is made. All stakeholders should be working together to address the situation.

- Designate one individual from the regulators, the racetrack and/or the horsemen's group to serve as the spokesperson/people;
- Provide contact info for all spokespeople to the media and on the track website;
- In the wake of a crisis, make the spokesperson/people immediately available to all media, and notify all media as quickly as possible when and where the meeting with the press will take place;
- Do not speculate, report only what is known as fact;
- Do not assign blame;
- Always respond to media, even if the only comment is a prepared statement expressing the unified message;
- Responses to media inquiries should be made in a timely manner;
- Develop responses to potential questions prior to an interview; if you do not have corroborated facts to answer a specific question, offer to get back to the reporter with a response;
- Determine on a case by case basis if it would be beneficial to make a statement before the public is aware of a crisis;
- Do not address crisis situations on social media other than posting prepared statements;
- Notify Andy Belfiore of any crisis situation to determine if assistance from the Mid Atlantic Strategic Plan will be beneficial.

## **The unified message should focus on:**

- We are aware – all stakeholders know there is an issue and are in communication;
- We care – all stakeholders are deeply invested in addressing the issue and have made this a high priority;
- We are taking immediate action – all stakeholders are using an abundance of caution while the situation is investigated (include any emergency measures being taken);
- We will report back – it is imperative that, after a thorough investigation, there is a follow-up report to the public as to the findings and the preventative measures taken to mitigate future risk.

# BEST PRACTICE THOROUGHBRED AFTERCARE

**PURPOSE:** To ensure the safe and healthy retirement of all racehorses through the adoption of uniform standards for racetrack-based racehorse retirement initiatives, to provide owners and trainers easy access to aftercare, and to educate horsemen on responsible racehorse retirement.

## **FUNDING:**

Racetracks, regulators and horsemen will work together to create a dedicated and reliable revenue stream that will adequately fund racehorse retirement in each jurisdiction. Revenue streams can include:

- A per-start or per-win/place fee from racehorse owners, matched by the racetrack operators and the jockeys;
- A claiming surcharge (a percentage of claiming price charged to the claimant or deducted from claiming price);
- An annual contribution from the horsemen's association(s) and the racetrack.

## **PROGRAM POLICIES AND STANDARDS:**

Any licensed owner or trainer who is based at a duly licensed racetrack must have access to racehorse aftercare. Each jurisdiction will establish a program that is:

- 1) created and run by the local horsemen's association;
- 2) based at the racetrack;
- 3) a registered 501 (c)(3) nonprofit.

Each program will establish eligibility requirements and:

- Serve as liaison for the horsemen in finding placements for the horses retiring from their racetrack;
- Work with a network of Thoroughbred Aftercare Alliance-accredited or recognized horsemen's group-affiliated aftercare facilities to find retraining and rehoming placements, or receive accreditation;
- Serve as a liaison with the racetrack's veterinary community and provide an independent veterinary evaluation of each horse;
- Collect all available diagnostics, including but not limited to X-rays, scans and post-operative reports, as well as updated vaccination records, and provide to the aftercare facility prior to shipping;
- Collect and disseminate completed forms (program intake form, vet report, partner aftercare organization's horse retirement form) to enroll the horse into the program, as well as The Jockey Club foal papers;
- Provide transportation to the aftercare facility;
- Provide a financial contribution to the aftercare organization;
- Keep records of horses retired through the program and share records with the chief regulatory veterinarian.

## **EDUCATION:**

The racehorse retirement program will host annual seminars in safe and responsible retirement.

## **COMMUNICATIONS:**

The racehorse retirement program will have eligibility requirements, official forms and contact information posted on line, via the program website, horsemen's association website, and/or social media. The information will also be posted on the racetrack and regulatory body websites, and included in conditions books and on stall applications.

## ADMINISTRATIVE:

Dr. Kathy Anderson  
Andy Belfiore  
Tom Chuckas  
Alan Foreman  
Mike Hopkins  
David Lermond  
Joe Moore  
Judith Nason  
Ronald Ochrym  
Duncan Patterson  
Dr. Scott Palmer

## AFTERCARE:

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Maria Catignani  
Anna Ford  
Jessica Hammond  
Julie Kisielewski  
Lisa Molloy  
Danielle Montgomery  
Richard Schosberg  
Jana Tetrault

## COMMUNICATIONS:

Andy Belfiore  
David Hayden  
Tom LaMarra  
David Richardson  
Jana Tetrault

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Andy Belfiore  
Dr. Ada Caruthers  
Maria Catignani  
Tom Chuckas  
Dr. Reynolds Cowles  
Sarah Crane  
Alan Foreman  
Rick Goodell  
Bessie Gruwell  
Mike Hopkins  
John Kimmel  
Steve Koch  
David Lermond  
Joe Moore  
Todd Mostoller  
Mike Musto  
Ronald Ochrym  
Dr. Scott Palmer  
Duncan Patterson  
David Richardson  
Jana Tetrault  
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Andy Belfiore  
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Tom LaMarra  
David Richardson  
Jana Tetrault

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Eric Johnston  
Charlie McIntosh  
John Mooney  
David Osojnak  
Sal Sinatra

## RACING SURFACES (JOINTLY W/NTRA):

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Glen Kozak  
Dennis Moore  
Jim Pendergest  
Dr. Mick Peterson

## REGULATORY VETERINARIAN:

Dr. Susan Botts  
Dr. Ada Caruthers  
Dr. Reynolds Cowles  
Dr. Elizabeth Daniels  
Dr. Scott Palmer  
Dr. Kathleen Picciano  
Dr. Anthony Verderosa

## STEWARDS:

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Denver Beckner  
Adam Campola  
Robert Colton  
Jonathan Gerweck  
Erinn Higgins  
Jack Houghton Jr.  
Jim O'Brien  
Ross Pearce  
Danny Wright  
Tad Zimmerman

