

Model Rules Referenced

ARCI-004-014 Authorized Pari-mutuel Wagering Entity Requirements

A. Totalisator System Standards - Facilities and Equipment

(2) **Hardware Requirements.**

(d) **Stop wagering devices.** The totalisator company shall install two separate devices that activate the stop wagering function of the totalisator system in a manner consistent with stop wagering procedures approved by the Commission.

(A) The primary device must be located in or near the stewards or racing judges, in a location approved by the Commission, to issue the stop wagering command during normal operations and activate the "off bell."

(B) The secondary "back up" device must be installed in the totalisator room to allow the totalisator operator to issue the stop wagering command if a totalisator malfunction or human error prevents the totalisator system from activating the stop wagering function at the appropriate time.

(C) The totalisator company or mutuels department shall ensure that stop wagering occurs.

(D) The totalisator company, for good reason, may request from the Commission additional or alternative stop wagering devices.

ARCI-006-015 Stewards

A. Accreditation

To qualify for appointment as a Steward, the appointee shall meet the experience, education and examination requirements necessary to be accredited by the Racing Officials Accreditation Program in association with the Universities

ARCI-006-070 Official Veterinarian

A. General

The official veterinarian shall:

- (1) be employed by the Commission or similar agency having jurisdictional authority;
- (2) be a graduate veterinarian and be licensed to practice in this jurisdiction;
- (3) be qualified to objectively and competently provide the regulatory duties described herein;
- (4) refuse employment or payment, directly or indirectly, from any horse owner or trainer of a horse racing or intending to race in this jurisdiction while employed as the official veterinarian for the commission;
- (5) refrain from directly treating or prescribing for any horse under his/her jurisdiction except in cases of emergency, accident or injury;
- (6) have no employment history or business relationship prior to employment as the official veterinarian that could constitute a conflict of interest or impede in the performance of official duties.

B. Responsibilities

Should the Commission be unable to provide adequate veterinary staffing to fulfill the duties described below, some of the official veterinarian responsibilities, as indicated by an asterisk (*), may be shared with or deferred to, an association-employed veterinarian. The association-employed veterinarian is responsible for adhering to and upholding the rules and regulations of the commission and shall be accountable to the commission.

The official veterinarian shall:

- (1) * recommend to the stewards any horse deemed unsafe to be raced, or a horse that it would be inhumane to allow to race;
- (2) * conduct pre-race inspections on all potential starters on race day;
- (3) * inspect any horse when there is a question as to the physical condition of such horse independent of the horse's entry status;
- (4) * be present in the paddock during saddling, on the racetrack during the post parade and at the starting gate until the horses are dispatched from the starting gate for the race;
- (5) * recommend to the stewards the scratching of any horse that is, in the opinion of the official veterinarian, injured, ill, or otherwise unable to compete due to a medical or health-related condition;
- (6) * inspect any horse which appears in physical distress during the race or at the finish of the race; and shall report such horse together with his/her opinion as to the cause of the distress to the stewards and to the official veterinarian, if the inspection was done by either the racing veterinarian or an association-employed veterinarian;
- (7) * provide emergency medical care to horses injured racing and effect case transfer to the practicing veterinarian;
- (8) * be authorized to humanely destroy any horse deemed to be so seriously injured that it is in the best interests of the horse to so act; and
- (9) * report to the Commission the names of all horses humanely destroyed or which otherwise expire at the meeting and the reasons therefore;
- (10) * maintain all required records of postmortem examinations performed on horses which have died within the jurisdiction of the Commission;
- (11) * maintain the Veterinarian's List of horses ineligible to race;
- (12) supervise and control the Test Barn;
- (13) supervise the taking of all specimens for testing according to procedures approved by the Commission;
- (14) provide proper safeguards in the handling of all laboratory specimens to prevent tampering, confusion, or contamination and assure sample integrity;
- (15) provide the stewards with a written statement regarding the nature and seriousness of all laboratory reports of prohibited substances in equine samples.
- (16) have jurisdiction over the practicing licensed veterinarians within the enclosure for the purpose of these rules;
- (17) review and consult with the applicants and the stewards/Commission regarding Commission license applications of practicing veterinarians, veterinary technicians or assistants, vendors of medical supplies and equipment, non-veterinarian health care providers (massage therapists, nutritionists, physical therapists, etc.);
- (18) * cooperate with practicing veterinarians and other regulatory agencies to take measures to control communicable and/or reportable equine diseases.

ARCI-007-020 Facilities And Equipment

A. Facilities for Patrons and Licensees

- (6) An association shall provide a properly equipped to transport ambulance, staffed with at least one certified paramedic during training and two certified paramedics during racing hours. If the ambulance is being used to transport an individual, the association may not conduct a race, or allow horses with riders on the racetrack, until the ambulance is replaced.
- (8) Unless otherwise approved by the Commission or the stewards, an ambulance shall follow the field at a safe distance during the running of races.

(9) The ambulance must be parked at an entrance to the racing strip except when the ambulance is being used to transport an individual or when it is following the field during the running of a race.

F. Starting Gates

(1) During racing hours, an association shall provide at least two operable padded starting gates, which have been approved by the Commission.

I. Equine Ambulance

(1) An association shall provide an equine ambulance staffed by trained personnel on association grounds on each day that the racetrack is open for racing or training.

(2) The ambulance must be properly ventilated and kept at an entrance to the racing strip when not in use.

(3) The ambulance must be a covered vehicle that is low to the ground and large enough to accommodate a horse in distress. The ambulance must be able to:

- (a) navigate on the racetrack during all weather conditions; and
- (b) transport a horse off the association grounds.

(4) The ambulance must be equipped with:

- (a) large, portable screens to shield a horse from public view;
- (b) ramps to facilitate loading a horse;
- (c) adequate means of loading a horse that is down;
- (d) a rear door and a door on each side;
- (e) a padded interior;
- (f) a movable partition to initially provide more room to load a horse and to later restrict a horse's movement;
- (g) a shielded area for the person who is attending to the horse; and
- (h) an adequate area for the storage of water and veterinary drugs and equipment.

(5) An association may not conduct a race unless an equine ambulance or an official veterinarian-approved substitute is readily available.

(6) The equine ambulance, its supplies and attendants and the operating procedures for the equine ambulance must be approved by the official veterinarian.

ARCI-007-025 Operations

B. Fire Prevention

(1) An association shall develop and implement a program for fire prevention on association grounds. An association shall instruct employees working on association grounds of the procedures for fire prevention.

(2) Not later than ___ days before the first day of a race meeting, an association shall deliver to the Commission a copy of the state or local fire marshal's certification regarding the association's compliance with fire safety regulations or the fire marshal's plan of corrections. The certification or plan must be based on an inspection of the association grounds conducted by the fire marshal not more than 30 days before the first day of a race meeting.

(3) No person shall:

- (a) smoke in stalls, feed rooms or under shed rows;
- (b) burn open fires or oil and gas lamps in the stable area;
- (c) leave unattended any electrical appliance that is plugged-in to an electrical outlet.
- (d) permit horses to come within reach of electrical outlets or cords;
- (e) store flammable materials such as cleaning fluids or solvents in the stable area; or
- (f) lock a stall which is occupied by a horse.

(4) An association shall post a notice in the stable area which lists the prohibitions outlined in 3a-f above.

ARCI-008-010 General Provisions

H. Substance Abuse/Addiction

(1) All licensees shall be deemed to be exercising the privileges of their license, and to be subject to the requirements of these rules, when engaged in activities that could affect the outcome of a race or diminish the conditions of safety or decorum required in restricted areas.

(2) It shall be a violation to exercise the privileges granted by a license from this Commission if the licensee:

(a) Is engaged in the illegal sale or distribution of alcohol or a controlled substance;

(b) Possesses, without a valid prescription, a controlled substance;

(c) Is intoxicated or under the influence of alcohol or a controlled substance;

(d) Is addicted, having been determined to be so by a professional evaluation, to alcohol or other drugs and not engaged in an abstinence-based program of recovery acceptable to the Commission;

(e) Has in his/her possession within the enclosure any equipment, products or materials of any kind which are used or intended for use in planting, propagating, cultivating, growing, harvesting, manufacturing, compounding, converting, producing, processing, preparing, testing, analyzing, packaging, repackaging, storing, containing, concealing, injecting, ingesting, inhaling or otherwise introducing into the human body a controlled dangerous substance;

(f) Refuses to submit to urine or drug testing, when notified that such testing is based on a random drug testing procedure, is based on reasonable suspicion that the person is using drugs or alcohol or is based on the licensee's acting as if in an impaired condition;
or

(g) Presently has drugs (controlled substances) or alcohol in his or her body. With regard to alcohol, the results of a breathalyzer test showing a reading of more than .05 percent of alcohol in the blood shall be the criterion for a finding of alcohol present in the body. With regard to other controlled substances, presence of the drug in any quantity measured by the testing instrument establishes the presence of the drug for purposes of this paragraph.

(3) At its discretion, the Commission may conduct random or episodic random drug testing, as well as testing based on reasonable suspicion, in order to ensure safety on the racetrack.

(4) When conducted, random drug testing shall apply, equally, to all licensees who are, at the time of the random testing, exercising the privileges of their license in such ways as may affect the outcome of a race or diminish the conditions of safety or decorum required in restricted areas.

(5) No notice need be given as to onset or cessation of random testing.

(6) For licensees who are tested under the provisions in this chapter, and whose testing shows the presence of drugs (controlled substances) or alcohol, any field screening test results shall be confirmed by a laboratory acceptable to the Commission which shall include Gas Chromatography/ Mass Spectrometry (GC/MS) procedures.

(7) When the sample quantity permits, each test sample shall be divided into portions so that one portion may be used for the confirmation procedure and another portion may be utilized by the licensee to obtain an independent analysis of the urine sample.

(8) The Commission shall provide for a secure chain of custody for the sample to be made available to the licensee.

- (9) All costs for the transportation and testing for the sample portion made available for the licensee shall be the financial responsibility of the requesting person.
- (10) Payment shall be due from the requesting person within 30 days of receipt of notice of the costs.
- (11) A licensee penalized or restricted pursuant to this chapter shall retain rights of due process with respect to any determination of alleged violations which may adversely affect the right to hold a license.
- (12) If there has been a violation, under number 2 above, the following procedures will be followed:
- (13) The Commission may, at its discretion, order the licensee to obtain a professional assessment to determine whether there is a substantial probability that the licensee is dependent on, or abuses, alcohol or other drugs or the Commission may act on the information at hand.
- (14) Actions in the case of first violators may include revocation of the license, suspension of the license for up to six months, placing the violator on probation for up to 90 days or ordering formal assessment and treatment.
- (15) Treatment or assessment, if ordered, must meet the conditions given in numbers 16-18 below.
- (16) The license of the person may be revoked or suspended for a period of up to one year or a professional assessment of the person may be ordered by the Commission.
- (17) If a professional assessment indicates presence of a problem of alcohol or other drug abuse that is not treatable within the reasonably foreseeable future (360 days) the license may be suspended for a period of up to one year.
- (18) If a professional assessment indicates presence of a treatable problem of alcohol or other drug abuse or dependence, the Commission may order the licensee to undergo treatment as a condition of continuing licensure. Such treatment will be through a program or by a practitioner, acceptable to the licensee and the Commission. Required features of any program or practitioner acceptable to the Commission will be:
- (a) Accreditation or licensure by an appropriate government agency, if required by state statute;
 - (b) A minimum of one year follow-up of formal treatment; and
 - (c) A formal contract indicating the elements of the treatment and follow up program that will be completed by the licensee and, upon completion, certified to the Commission as completed. To effect the contract, the licensee will authorize release of information by the treating agency, hospital or individual.
- (19) For third-time violators, the violator's license may be revoked and the violator may be deemed ineligible for licensure for up to five years.
- (20) Although relapse (failure to maintain abstinence) is not inevitable, it is common for relapse to occur in recovery from alcoholism or other substance dependence. Therefore, a licensee who is engaged in a formal program of recovery, and is compliant with all provisions other than abstinence, will not be regarded automatically as having committed a new violation.
- (21) When a licensee is determined to have failed in maintaining abstinence, the licensee shall furnish to the Commission an assessment by the treating agency, hospital or individual practitioner indicating whether the licensee was compliant with the agreed upon program of recovery, and an opinion as to whether a "new violation" occurred.
- (22) The Commission will determine whether a new violation has occurred in each instance. If a new violation has occurred, the Commission will proceed under numbers 13-15 above or

numbers 16-18 above. Otherwise, the licensee shall continue in the agreed upon program of recovery.

Z. Safety Equipment

(1) Helmets

Any licensee mounted on a horse or stable pony on association grounds must wear a properly secured safety helmet at all times. The licensee is responsible for providing sufficient evidence that his/her helmet meeting one of the following safety standards: American Society for Testing and Materials (ASTM 1163); UK Standards (EN-1384 and PAS-015); or, Australian/New Zealand Standard (AS/NZ 3838).

(2) Vests

Any person mounted on a horse or stable pony on the association racing surface, all assistant starters and anyone handling a horse in a starting gate must wear a safety vest at all times. The safety vest must comply with one of the following minimum standards:

- (a) British Equestrian Trade Association (BETA):2000 Level 1
- (b) Euro Norm (EN) 13158:2000 Level 1
- (c) American Society for Testing and Materials (ASTM) F2681-08
- (d) Shoe and Allied Trade Research Association (SATRA) Jockey Vest Document M6 Issue 3
- (e) Australian Racing Board (ARB) Standard 1.1998

ARCI-008-020 Trainers

(4) Beginning no later than January 31, 2012, in order to maintain a current license, trainers must complete at least four (4) hours per calendar year of continuing education courses approved by the ARCI or the commission in that jurisdiction

ARCI-008-030 Jockeys

A. Eligibility

(3) An applicant shall show competence by prior licensing and the demonstration of riding ability, which may include participation in up to five races with the prior approval of the stewards with the consideration of the recommendations from the starter, the head outrider, and the designated representatives of the jockeys and the horsemen at the track. The demonstration of riding ability is defined at a minimum of:

- (a) Breaking with a horse in company from the starting gate;
- (b) Working a horse in company around the turn and down the stretch;
- (c) Switching the riding crop from one hand to the other while maintaining control of the horse in a stretch drive;
- (d) Causing a horse to switch leads coming out of the turn.

ARCI-010-020 Weights

D. Scale of Weights

- (1) With the exception of apprentices, no jockey shall be assigned a weight of less than 118 pounds
- (2) Quarter Horses, Appaloosas and Paints minimum scale weights shall be 120 pounds for two-year-olds, 122 pounds for three-year-olds, and 124 pounds for four-year-olds and older.
- (3) A notice shall be included in the daily program that all jockeys will carry approximately three (3) pounds more than the published weight to account for safety equipment (vest and helmet)

that is not included in require weighing out procedures. Additionally, upon stewards' approval, jockeys may weigh in with an additional three (3) pounds for inclement weather gear.

ARCI-010-035 Running of the Race

A. Equipment

(1) All riding crops are subject to inspection and approval by the stewards and the clerk of scales.

(a) Riding crops shall have a shaft and a flap and will be allowed in flat racing including training, only as follows.

- (A) Maximum weight of eight ounces;
- (B) Maximum length, including flap of 30 inches
- (C) Minimum diameter of the shaft of one-half inch; and
- (D) Shaft contact area must be smooth, with no protrusions or raised surface, and covered by shock absorbing material that gives a compression factor of at least one-millimeter through out its circumference.

(b) The flap is the only allowable attachment to the shaft and must meet these specifications:

- (A) Length beyond the end of the shaft a maximum of one inch;
- (B) Width a minimum of 0.8 inch and a maximum of 1.6 inches;
- (C) No reinforcements or additions beyond the end of the shaft;
- (D) No binding within seven inches of the end of the shaft; and
- (E) Shock absorbing characteristics similar to those the contact area of the shaft.

C. Jockey Requirements

(7) Weighing Out

(a) A jockey's weight shall include his/her clothing, boots, saddle and its attachments and any other equipment except the bridle, bit, blinkers, goggles, number cloth and safety equipment including helmet, vest, over-girth, reins and breast collar.

(b) Upon Stewards approval, jockeys may be allowed up to three (3) pounds more than published weights to account for inclement weather clothing and equipment.

E. Post to Finish

(7) Use of Riding Crop

(a) Although the use of a riding crop is not required, any jockey who uses a riding crop during a race shall do so only in a manner consistent with exerting his/her best efforts to win.

(b) In all races where a jockey will ride without a riding crop, an announcement of such fact shall be made over the public address system.

(c) No electrical or mechanical device or other expedient designed to increase or retard the speed of a horse, other than the riding crop approved by the stewards, shall be possessed by anyone, or applied by anyone to the horse at any time on the grounds of the association during the meeting, whether in a race or otherwise.

(d) Riding crops shall not be used on two-year-old horses before April 1 of each year.

(e) The riding crop shall only be used for safety, correction and encouragement.

(f) All riders should comply with the following when using a riding crop:

- (A) Showing the horse the riding crop and giving it time to respond before hitting it:

- (B) Having used the riding crop, giving the horse a chance to respond before using it again;
- (C) Using the riding crop in rhythm with the horse's stride.
- (g) Prohibited use of the riding crop includes but are not limited to striking a horse:
 - (A) on the head, flanks or on any other part of its body other than the shoulders or hind quarters except when necessary to control a horse;
 - (B) during the post parade or after the finish of the race except when necessary to control the horse;
 - (C) excessively or brutally causing welts or breaks in the skin;
 - (D) when the horse is clearly out of the race or has obtained its maximum placing;
 - (E) persistently even though the horse is showing no response under the riding crop; or
 - (F) striking another rider or horse.
- (h) After the race, horses will be subject to inspection by a racing or official veterinarian looking for cuts, welts or bruises in the skin. Any adverse findings shall be reported to the stewards.
- (i) The giving of instructions by any licensee that if obeyed would lead to a violation of this rule may result in disciplinary action also being taken against the licensee who gave such instructions

ARCI-011-010 Veterinary Practices

A. Veterinarians under Authority of Official Veterinarian

Veterinarians licensed by the Commission and practicing at any location under the jurisdiction of the Commission are under the authority of the official veterinarian and the stewards. The official veterinarian shall recommend to the stewards or the Commission the discipline that may be imposed upon a veterinarian who violates the rules.

B. Treatment Restrictions

- (1) Except as otherwise provided by this subsection, no person other than a veterinarian licensed to practice veterinary medicine in this jurisdiction and licensed by the Commission may administer a prescription or controlled medication, drug, chemical or other substance (including any medication, drug, chemical or other substance by injection) to a horse at any location under the jurisdiction of the Commission.
- (2) This subsection does not apply to the administration of the following substances except in approved quantitative levels, if any, present in post-race samples or as they may interfere with post-race testing:
 - (a) A recognized non-injectable nutritional supplement or other substance approved by the official veterinarian;
 - (b) A non-injectable substance on the direction or by prescription of a licensed veterinarian; or
 - (c) A non-injectable non-prescription medication or substance.
- (3) No person shall possess a hypodermic needle, syringe or injectable of any kind on association grounds, unless otherwise approved by the Commission. At any location under the jurisdiction of the Commission, veterinarians may use only one-time disposable needles, and shall dispose of them in a manner approved by the Commission. If a person has a medical condition which makes it necessary to have a syringe at any location under the jurisdiction of the Commission, that person may request permission of the stewards and/or the Commission in writing, furnish a

letter from a licensed physician explaining why it is necessary for the person to possess a syringe, and must comply with any conditions and restrictions set by the stewards and/or the Commission.

(4) Veterinarians shall not have contact with an entered horse on raceday except for the administration of furosemide under the guidelines set forth in ARCI-011-020 F.) unless approved by the official veterinarian.

(5) Any horse entered for racing must be present on the grounds [4]* 5 hours prior to the post time of the race they are entered in.

C. Veterinarians' Reports

(1) Every veterinarian who treats a racehorse at any location under the jurisdiction of the Commission shall, in writing on the Medication Report Form prescribed by the Commission, report to the official veterinarian or other commission designee at the racetrack where the horse is entered to run or as otherwise specified by the commission, the name of the horse treated, any medication, drug, substance, or procedure administered or prescribed, the name of the trainer of the horse, the date and time of treatment and any other information requested by the official veterinarian.

(2) The Medication Report Form shall be signed by the practicing veterinarian.

(3) The Medication Report Form must be filed by the treating veterinarian not later than post time of the race for which the horse is entered. Any such report is confidential and its content shall not be disclosed except in the course of an investigation of a possible violation of these rules or in a proceeding before the stewards or the Commission, or to the trainer or owner of record at the time of treatment.

(4) A timely and accurate filing of a Medication Report Form that is consistent with the analytical results of a positive test may be used as a mitigating factor in determining the nature and extent, if any, of a rules violation.

ARCI-011-015 Prohibited Practices

The following are considered prohibited practices:

(1) The possession or use of a drug, substance or medication on the premises of a facility under the jurisdiction of the Commission for which a recognized analytical method has not been developed to detect and confirm the administration of such substance; or the use of which may endanger the health and welfare of the horse or endanger the safety of the rider; or the use of which may adversely affect the integrity of racing; or,

(2) The possession or use of a drug, substance, or medication on the premises of a facility under the jurisdiction of the Commission that has not been approved by the United States Food and Drug Administration (FDA) for any use in (human or animal) is forbidden without prior permission of the Commission or its designee.

(3) The possession and/or use of blood doping agents, including but not limited to those listed below, on the premises of a facility under the jurisdiction of the Commission is forbidden:

- (a) Erythropoietin;
- (b) Darbepoetin;
- (c) Oxyglobin®; and
- (d) Hemopure®.

(5) The use of Extracorporeal Shock Wave Therapy or Radial Pulse Wave Therapy shall not be permitted unless the following conditions are met:

- (a) Any treated horse shall not be permitted to race for a minimum of 10 days following treatment;

- (b) The use of Extracorporeal Shock Wave Therapy or Radial Pulse Wave Therapy machines shall be limited to veterinarians licensed to practice by the Commission;
- (c) Any Extracorporeal Shock Wave Therapy or Radial Pulse Wave Therapy machines on the association grounds must be registered with and approved by the Commission or its designee before use;
- (d) All Extracorporeal Shock Wave Therapy or Radial Pulse Wave Therapy treatments must be reported to the official veterinarian on the prescribed form not later than the time prescribed by the official veterinarian.
- (6) The use of a nasogastric tube (a tube longer than six inches) for the administration of any substance within 24 hours prior to the post time of the race in which the horse is entered is prohibited without the prior permission of the official veterinarian or his/her designee.

ARCI-011-020 Medications and Prohibited Substances

Upon a finding of a violation of these medication and prohibited substances rules, the stewards shall consider the classification level of the violation as listed in at the time of the violation in the Uniform Classification Guidelines of Foreign Substances as promulgated by the Association of Racing Commissioners International and impose penalties and disciplinary measures consistent with the recommendations contained therein. The stewards shall also consult with the official veterinarian to determine if the violation was a result of the administration of a therapeutic medication as documented in a veterinarian’s Medication Report Form received per ARCI-011-010 (C). The stewards may also consult with the laboratory director or other individuals to determine the seriousness or the laboratory finding or the medication violation. Penalties for all medication and drug violations shall be investigated and reviewed on a case by case basis. Extenuating factors include, but are not limited to:

- (1) The past record of the trainer, veterinarian and owner in drug cases;
- (2) The potential of the drug(s) to influence a horse’s racing performance;
- (3) The legal availability of the drug;
- (4) Whether there is reason to believe the responsible party knew of the administration of the drug or intentionally administered the drug;
- (5) The steps taken by the trainer to safeguard the horse;
- (6) The probability of environmental contamination or inadvertent exposure due to human drug use;
- (7) The purse of the race;
- (8) Whether the drug found was one for which the horse was receiving a treatment as determined by the Medication Report Form;
- (9) Whether there was any suspicious betting pattern in the race, and;
- (10) Whether the licensed trainer was acting under the advice of a licensed veterinarian.

As a result of the investigation, there may be mitigating circumstances for which a lesser or no penalty is appropriate for the licensee and aggravating factors, which may increase the penalty beyond the minimum.

A. Uniform Classification Guidelines

The following outline describes the types of substances placed in each category. This list shall be publicly posted in the offices of the official veterinarian and the racing secretary.

- (1) Class 1
Opiates, opium derivatives, synthetic opioids, psychoactive drugs, amphetamines and U.S. Drug Enforcement Agency (DEA) scheduled I and II drugs. Also found in this class are drugs which are potent stimulants of the nervous system. Drugs in this class have no generally accepted medical

use in the racehorse and their pharmacological potential for altering the performance of a race is very high.

(2) Class 2

Drugs in this category have a high potential for affecting the outcome of a race. Most are not generally accepted as therapeutic agents in the racehorse. Many are products intended to alter consciousness or the psychic state of humans, and have no approved or indicated use in the horse. Some, such as injectable local anesthetics, have legitimate use in equine medicine, but should not be found in a racehorse. The following groups of drugs are in this class:

- (a) Opiate partial agonists, or agonist-antagonists;
- (b) Non-opiate psychotropic drugs, which may have stimulant, depressant, analgesic or neuroleptic effects;
- (c) Miscellaneous drugs which might have a stimulant effect on the central nervous system (CNS);
- (d) Drugs with prominent CNS depressant action;
- (e) Antidepressant and antipsychotic drugs, with or without prominent CNS stimulatory or depressant effects;
- (f) Muscle blocking drugs which have a direct neuromuscular blocking action;
- (g) Local anesthetics which have a reasonable potential for use as nerve blocking agents (except procaine); and
- (h) Snake venoms and other biologic substances, which may be used as nerve blocking agents.

(3) Class 3

Drugs in this class may or may not have an accepted therapeutic use in the horse. Many are drugs that affect the cardiovascular, pulmonary and autonomic nervous systems. They all have the potential of affecting the performance of a racehorse. The following groups of drugs are in this class:

- (a) Drugs affecting the autonomic nervous system which do not have prominent CNS effects, but which do have prominent cardiovascular or respiratory system effects (bronchodilators are included in this class);
- (b) A local anesthetic which has nerve blocking potential but also has a high potential for producing urine residue levels from a method of use not related to the anesthetic effect of the drug (procaine);
- (c) Miscellaneous drugs with mild sedative action, such as the sleep inducing antihistamines;
- (d) Primary vasodilating/hypotensive agents; and
- (e) Potent diuretics affecting renal function and body fluid composition.

(4) Class 4

This category is comprised primarily of therapeutic medications routinely used in racehorses. These may influence performance, but generally have a more limited ability to do so. Groups of drugs assigned to this category include the following:

- (a) Non-opiate drugs which have a mild central analgesic effect;
- (b) Drugs affecting the autonomic nervous system which do not have prominent CNS, cardiovascular or respiratory effects
 - (A) Drugs used solely as topical vasoconstrictors or decongestants
 - (B) Drugs used as gastrointestinal antispasmodics
 - (C) Drugs used to void the urinary bladder
 - (D) Drugs with a major effect on CNS vasculature or smooth muscle of visceral organs.

- (E) Antihistamines which do not have a significant CNS depressant effect (This does not include H1 blocking agents, which are listed in Class 5);
- (c) Mineralocorticoid drugs;
- (d) Skeletal muscle relaxants;
- (e) Anti-inflammatory drugs--those that may reduce pain as a consequence of their anti-inflammatory actions, which include:
 - (A) Non-Steroidal Anti-Inflammatory Drugs (NSAIDs);
 - (B) Corticosteroids (glucocorticoids); and
 - (C) Miscellaneous anti-inflammatory agents.
- (f) Anabolic and/or androgenic steroids and other drugs;
- (g) Less potent diuretics;
- (h) Cardiac glycosides and antiarrhythmics including:
 - (A) Cardiac glycosides;
 - (B) Antirhythmic agents (exclusive of lidocaine, bretylium and propranolol); and
 - (C) Miscellaneous cardiotoxic drugs.
- (i) Topical Anesthetics--agents not available in injectable formulations;
- (j) Antidiarrheal agents; and
- (k) Miscellaneous drugs including:
 - (A) Expectorants with little or no other pharmacologic action;
 - (B) Stomachics; and
 - (C) Mucolytic agents.

(5) Class 5

Drugs in this category are therapeutic medications for which concentration limits have been established as well as certain miscellaneous agents. Included specifically are agents, which have very localized action only, such as anti-ulcer drugs and certain anti-allergenic drugs. The anticoagulant drugs are also included.

B. Penalties

- (1) In issuing penalties against individuals found guilty of medication and drug violations a regulatory distinction shall be made between the detection of therapeutic medications used routinely to treat racehorses and those drugs that have no reason to be found at any concentration in the test sample on race day.
- (2) The stewards or the commission will use the Racing Medication and Testing Consortium's penalty category and schedule as a starting place in the penalty stage of the deliberations for a rule violation for any drug listed in the *Association of Racing Commissioners International Uniform Classification Guidelines for Foreign Substances*.
- (3) If a licensed veterinarian is administering or prescribing a drug not listed in the *RCI Uniform Classification Guide lines for Foreign Substances* or shown in the *RMTC Penalty Guideline Listing*, the identity of the drug shall be forwarded to the official veterinarian to be forwarded to the Racing Medication and Testing Consortium for classification.
- (4) Any drug or metabolite thereof found to be presenting a pre- or post-race sample which is not classified in the most current *RCI Uniform Classification Guidelines for Foreign Substances* shall be assumed to be a RCI Class 1 Drug and the trainer and owner shall be subject to those penalties as set forth in schedule "A" unless satisfactorily demonstrated otherwise by the Racing Medication and Testing Consortium, with a penalty category assigned.
- (5) The penalty categories and their related schedules, if applicable, shall be on the following criteria:

- (a) Whether the drug is approved by the U.S. Food and Drug Administration for use in the horse;
 - (b) Whether the drug is approved by the U.S. Food and Drug Administration for use in any species;
 - (c) Whether the drug has any legitimate therapeutic application in the equine athlete;
 - (d) Whether the drug was identified as “necessary” by the RMTC Veterinary Advisory Committee;
 - (e) Whether legitimate, recognized therapeutic alternatives exist, and;
 - (f) The current RCI Classification of the drug.
- (6) The penalty categories “A”, “B” and “C” and their related schedules for Trainers and Owners are shown in the following tables. (Found on Pages ___, ___, and ___)
- (7) The recommended penalty for a violation involving a drug that carries a Category “D” penalty is a written warning to the trainer and owner. Multiple violations may result in fines and/or suspensions
- (8) Any licensee of the commission, including veterinarians, found to be responsible for the improper or intentional administration of any drug resulting in a positive test may, after proper notice and hearing, be subject to the same penalties set forth for the licensed trainer.
- (9) The licensed owner, veterinarian or any other licensed party involved in a positive laboratory finding shall be notified in writing of the hearing and any resulting action. In addition their presence may be required at any and all hearings relative to the case.
- (10) Any veterinarian found to be involved in the administration of any drug carrying the penalty category of “A” shall be referred to the State Licensing Board of Veterinary Medicine for consideration of further disciplinary action and/or license revocation. This is in addition to any penalties issued by the stewards or the commission.
- (11) Any person who the stewards or the commission believe may have committed acts in violation of criminal statutes may be referred to the appropriate law enforcement agency. Administrative action taken by the stewards or the commission in no way prohibits a prosecution for criminal acts committed, nor does a potential criminal prosecution stall administrative action by the stewards or the commission.
- Procedures shall be established to ensure that a licensed trainer is not able to benefit financially during the period for which the individual has been suspended. This includes, but is not limited to, ensuring that horses are not transferred to licensed family members.

C. Medication Restrictions

- (1) A finding by the commission approved laboratory of a prohibited drug, chemical or other substance in a test specimen of a horse is prima facie evidence that the prohibited drug, chemical or other substance was administered to the horse and, in the case of a post-race test, was present in the horse's body while it was participating in a race. Prohibited substances include:
- (a) Drugs or medications for which no acceptable threshold concentration has been established;
 - (b) Therapeutic medications in excess of established threshold concentrations;
 - (c) Substances present in the horse in excess of concentrations at which such substances could occur naturally; and
 - (d) Substances foreign to a horse at concentrations that cause interference with testing procedures.
- (2) Except as otherwise provided by this chapter, a person may not administer or cause to be administered by any means to a horse a prohibited drug, medication, chemical or other

substance, including any restricted medication pursuant to this chapter during the 24-hour period before post time for the race in which the horse is entered.

D. Medical Labeling

(1) No person on association grounds where horses are lodged or kept, excluding licensed veterinarians, shall have in or upon association grounds which that person occupies or has the right to occupy, or in that person's personal property or effects or vehicle in that person's care, custody or control, a drug, medication, chemical, foreign substance or other substance that is prohibited in a horse on a race day unless the product is labeled in accordance with this subsection.

(2) Any drug or medication which is used or kept on association grounds and which, by federal or state law, requires a prescription must have been validly prescribed by a duly licensed veterinarian, and in compliance with the applicable state statutes. All such allowable medications must have a prescription label which is securely attached and clearly ascribed to show the following:

- (a) The name of the product;
- (b) The name, address and telephone number of the veterinarian prescribing or dispensing the product;
- (c) The name of each patient (horse) for whom the product is intended/prescribed;
- (d) The dose, dosage, duration of treatment and expiration date of the prescribed/dispensed product; and
- (e) The name of the person (trainer) to whom the product was dispensed.

E. Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)

(1) The use of one of three approved NSAIDs shall be permitted under the following conditions:

(a) Not to exceed the following permitted serum or plasma threshold concentrations which are consistent with administration by a single intravenous injection at least 24 hours before the post time for the race in which the horse is entered:

- (i) Phenylbutazone (or its metabolite oxyphenylbutazone) – 5 micrograms per milliliter;
- (ii) Flunixin – 20 nanograms per milliliter;
- (iii) Ketoprofen – 10 nanograms per milliliter.

(b) These or any other NSAID are prohibited to be administered within the 24 hours before post time for the race in which the horse is entered.

(c) The presence of more than one of the three approved NSAIDs, with the exception of Phenylbutazone in a concentration below 1 microgram per milliliter of serum or plasma or any unapproved NSAID in the post-race serum or plasma sample is not permitted.

The use of all but one of the approved NSAIDs shall be discontinued at least 48 hours before the post time for the race in which the horse is entered.

(2) Any horse to which a NSAID has been administered shall be subject to having a blood and/or urine sample(s) taken at the direction of the official veterinarian to determine the quantitative NSAID level(s) and/or the presence of other drugs which may be present in the blood or urine sample(s).

F. Furosemide

(1) Furosemide may be administered intravenously to a horse, which is entered to compete in a race. Except under the instructions of the official veterinarian or the racing veterinarian for the purpose of removing a horse from the Veterinarian's List or to facilitate the collection of a post-

race urine sample, furosemide shall be permitted only after the official veterinarian has placed the horse on the Furosemide List. In order for a horse to be placed on the Furosemide List the following process must be followed.

(a) After the horse's licensed trainer and licensed veterinarian determine that it would be in the horse's best interests to race with furosemide they shall notify the official veterinarian or his/her designee, using the prescribed form, that they wish the horse to be put on the Furosemide List.

(b) The form must be received by the official veterinarian or his/her designee by the proper time deadlines so as to ensure public notification.

(c) A horse placed on the official Furosemide List must remain on that list unless the licensed trainer and licensed veterinarian submit a written request to remove the horse from the list. The request must be made to the official veterinarian or his/her designee, on the proper form, no later than the time of entry.

(d) After a horse has been removed from the Furosemide List, the horse may not be placed back on the list for a period of 60 calendar days unless it is determined to be detrimental to the welfare of the horse, in consultation with the official veterinarian. If a horse is removed from the official Furosemide List a second time in a 365-day period, the horse may not be placed back on the list for a period of 90 calendar days.

(e) Furosemide shall only be administered on association grounds.

(f) Upon the request of the regulatory agency designee, the veterinarian administering the authorized bleeder medication shall surrender the syringe used to administer such medication which may then be submitted for testing

(2) The use of furosemide shall be permitted under the following circumstances on association grounds where a detention barn is utilized:

(a) Furosemide shall be administered at the direction of the official veterinarian no less than four hours prior to post time for the race for which the horse is entered.

(b) A horse qualified for furosemide administration must be brought to the detention barn within time to comply with the four-hour administration requirement specified above.

(c) The dose administered shall not exceed 500 mg. nor be less than 150 mg.

(d) Furosemide shall be administered by a single, intravenous injection.

(e) After treatment, the horse shall be required by the Commission to remain in the detention barn in the care, custody and control of its trainer or the trainer's designated representative under association and/or Commission security supervision until called to the saddling paddock.

(3) The use of furosemide shall be permitted under the following circumstances on association grounds where a detention barn is not utilized:

(a) Furosemide shall be administered no less than four hours prior to post time for the race for which the horse is entered.

(b) The furosemide dosage administered shall not exceed 500 mg. nor be less than 150 mg.

(c) Furosemide shall be administered by a single, intravenous injection.

(d) The trainer of the treated horse shall cause to be delivered to the official veterinarian no later than one hour prior to post time for the race for which the horse is entered the following information under oath on a form provided by the Commission:

(A) The name of the horse, racetrack name, the date and time the furosemide was administered to the entered horse;

(B) The dosage amount of furosemide administered to the entered horse; and

(C) The printed name and signature of the attending licensed veterinarian who administered the furosemide.

(4) Test results must show a detectable concentration of the drug in the post-race serum, plasma or urine sample.

(a) The specific gravity of post-race urine samples may be measured to ensure that samples are sufficiently concentrated for proper chemical analysis. The specific gravity shall not be below 1.010. If the specific gravity of the urine is found to be below 1.010 or if a urine sample is unavailable for testing, quantitation of furosemide in serum or plasma shall be performed;

(b) Quantitation of furosemide in serum or plasma shall be performed when the specific gravity of the corresponding urine sample is not measured or if measured below 1.010. Concentrations may not exceed 100 nanograms of furosemide per milliliter of serum or plasma

G. Bleeder List

(1) The official veterinarian shall maintain a Bleeder List of all horses, which have demonstrated external evidence of exercise induced pulmonary hemorrhage from one or both nostrils during or after a race or workout as observed by the official veterinarian.

(2) Every confirmed bleeder, regardless of age, shall be placed on the Bleeder List and be ineligible to race for the following time periods:

(a) First incident – 14 days;

(b) Second incident within 365 day period – 30 days;

(c) Third incident within 365 day period –180 days;

(d) Fourth incident within 365-day period – barred for racing lifetime.

(3) For the purposes of counting the number of days a horse is ineligible to run, the day the horse bled externally is the first day of the recovery period.

(4) The voluntary administration of furosemide without an external bleeding incident shall not subject the horse to the initial period of ineligibility as defined by this policy.

(5) A horse may be removed from the Bleeder List only upon the direction of the official veterinarian, who shall certify in writing to the stewards the recommendation for removal.

(6) A horse which has been placed on a Bleeder List in another jurisdiction pursuant to these rules shall be placed on a Bleeder List in this jurisdiction.

H. Anti-Ulcer Medications

The following anti-ulcer medications are permitted to be administered, at the stated dosage, up to 24 hours prior to the race in which the horse is entered.

(1) Cimetidine (Tagamet®) – 8-20 mg/kg PO BID-TID

(2) Omeprazole (Gastrogard®) – 2.2 grams PO SID

(3) Ranitidine (Zantac®) – 8 mg/kg PO BID

I. Environmental Contaminants and Substances of Human Use

(1) The following substances can be environmental contaminants in that they are endogenous to the horse or that they can arise from plants traditionally grazed or harvested as equine feed or are present in equine feed because of contamination during the cultivation, processing, treatment, storage or transportation phases:

(2) The following drugs are recognized as substances of human use and addiction and which could be found in the horse due to its close association with humans:

(3) Regulatory thresholds have been set for the following substances.

- (a) Caffeine – 100 nanograms of caffeine per milliliter of serum or plasma
- (4) If the preponderance of evidence presented in the hearing shows that a positive test is the result of environmental contamination or inadvertent exposure due to human drug use it should be considered as a mitigating factor in any disciplinary action taken against the affected trainer.

J. Androgenic-Anabolic Steroids

- (1) No AAS shall be permitted in test sample collected from racing horses except for residues of the major metabolite of **stanozolol**, **nandrolone**, and the naturally occurring substances **boldenone** and testosterone at concentrations less than the indicated thresholds.
- (2) Concentrations of these AAS shall not exceed the following urine threshold concentrations for total (*i.e.*, free drug or metabolite and drug or metabolite liberated from its conjugates):
 - (a) 16 β -hydroxystanozolol (metabolite of stanozolol (Winstrol)) – 1 ng/ml in urine for all horses regardless of sex;
 - (b) Boldenone (Equipose[®] is the undecylenate ester of boldenone) in male horses other than geldings – 15 ng/ml in urine. No boldenone shall be permitted in geldings or female horses.
 - (c) Nandrolone (Durabolin[®] is the phenylpropionate ester and Deca-Durabolin[®] is the decanoate ester)
 - (A) In geldings - 1 ng/ml in urine
 - (B) In fillies and mares – 1 ng/ml in urine
 - (d) Testosterone
 - (A) In geldings – 20 ng/ml in urine
 - (B) In fillies and mares – 55 ng/ml in urine
- (3) Any other anabolic steroids are prohibited in racing horses.
- (4) Post-race urine samples must have the sex of the horse identified to the laboratory.
- (5) Any horse to which an anabolic steroid has been administered in order to assist in the recovery from illness or injury may be placed on the veterinarian’s list in order to monitor the concentration of the drug or metabolite in urine. After the concentration has fallen below the designated threshold for the administered AAS, the horse is eligible to be removed from the list.

K. Alkalinizing Substances

The use of agents that elevate the horse’s TCO₂ or Base excess level above those existing naturally in the untreated horse at normal physiological concentrations is prohibited. The following levels also apply to blood gas analysis:

- (1) The regulatory threshold for TCO₂ is 37.0 millimoles per liter of plasma/serum or a base excess level of 10.0 millimoles, and;
- (2) The decision level to be used for the regulation of TCO₂ is 37.0 millimoles per liter of plasma/serum plus the measurement uncertainty of the laboratory analyzing the sample, or a base excess level of 10.4 millimoles per liter of plasma/serum.

ARCI-011-022 Out of Competition Testing for Blood and/or Gene Doping Agents

- (1) Any horse on the grounds at a racetrack or training center under the jurisdiction of the commission; or under the care or control of trainer or owner licensed by the commission is subject to testing for blood and/or gene doping agents without advance notice. This rule does not apply to therapeutic medications approved by the FDA for use in the horse.
- (2) Horses to be tested may be selected at random, with probable cause, or as determined by the commission;

- (3) The Commission Veterinarian, or any licensed veterinarian or licensed veterinary technician authorized by the commission, may at any time, take a urine, blood or hair sample from a horse for this purpose.
- (4) Prohibited substances, practices and procedures are defined as:
 - (a) Blood doping agents including, but not limited to Erthropoietin (EPO), Darbepoetin, Oxyglobin, Hempure, Aransep or any substance that abnormally enhances the oxygenation of body tissues.
 - (b) Gene doping agents or the non-therapeutic use of genes, genetic elements, and/or cells that have the capacity to enhance athletic performance or produce analgesia.
- (5) Cooperation with the Commission Veterinarian, or any licensed veterinarian or licensed veterinary technician authorized by the commission, includes:
 - (a) Assisting in the immediate location and identification of the horse selected
 - (b) for out of competition testing;
 - (c) Providing a stall or safe location to collect the samples;
 - (d) Assisting the veterinarian in properly procuring the samples;
 - (e) Split samples will be collected as per PMRMR-025-023-C.
- (6) Out of competition samples will be sent to the official laboratory of the commission, or other laboratory as designated by the commission with reports made in accordance with the provisions of these medication rules and the penalty provisions thereof.

ARCI-011-030 Physical Inspection of Horses

A. Assessment of Racing Condition

- (1) Every horse entered to participate in an official race shall be subjected to a veterinary inspection prior to starting in the race for which it is entered.
- (2) The inspection shall be conducted by the official veterinarian or the racing veterinarian.
- (3) The agency or the association employing the examining veterinarian(s) should provide a staffing level of not less than 2 veterinarians.
- (4) The trainer of each horse or a representative of the trainer must present the horse for inspection as required by the examining veterinarian. Horses presented for examination must have bandages removed; the legs must be clean. Prior to examination horses may not be placed in ice nor shall any device or substance be applied that impedes veterinary clinical assessment.
- (5) The assessment of a horse's racing condition shall include:
 - (a) Proper identification of each horse inspected;
 - (b) Observation of each horse in motion;
 - (c) Manual palpation and passive flexion of both forelimbs;
 - (d) Visual inspection of the entire horse and assessment of overall condition;
 - (e) Clinical observation in the paddock and saddling area, during the parade to post and at the starting gate, during the running of the race, and following the race until the horse has exited the race track; and,
 - (f) Any other inspection deemed necessary by the official veterinarian and/or the racing veterinarian.
- (6) The official veterinarian and/or the racing veterinarian shall maintain a permanent continuing health and racing soundness record of each horse inspected.
- (7) The official veterinarian and/or the racing veterinarian are authorized access to any and all horses housed on association grounds regardless of entry status.
- (8) If, prior to starting, a horse is determined to be unfit for competition, or if the veterinarian is unable to make a determination of racing soundness, the veterinarian will recommend to the Stewards the horse be scratched.

(9) Horses scratched upon the recommendation of the official veterinarian and/or the racing veterinarian are to be placed on the Veterinarian's List.

B. Veterinarian's List

(1) The official veterinarian shall maintain the Veterinarian's List of all horses which are determined to be unfit to compete in a race due to illness, physical distress, unsoundness, infirmity or any other medical condition. Horses so listed are ineligible to enter to race in any jurisdiction until released by an official veterinarian or racing veterinarian.

(2) A horse may be removed from the Veterinarian's List when, in the opinion of the official veterinarian, the condition which caused the horse to be placed on the veterinarian's List is resolved and the horse's status is returned to that of racing soundness.

(3) Horses working to be released from the Veterinarian's List are to be in compliance with ARCI-001-020 and are to be subjected to post-work biologic sample collection for laboratory confirmation or compliance.

(4) Horses may be released from the Veterinarian's List only by authorization of an official veterinarian or the racing veterinarian.

(5) Horses having generated a "positive" post race test for an RCI Class I, II, III, or IV substance shall be required to generate a negative test at the expense of the current owner prior to being entered for the first start following the positive test

AAEP Guidelines for Necropsy of Racehorses

General Guidelines

The AAEP recommends that all horses that die or are euthanized at a licensed racetrack or training facility undergo a complete necropsy by a board certified veterinary pathologist at an accredited veterinary diagnostic laboratory. Necropsy findings should be entered into the Jockey Club Equine Injury Database.

It is recommended that regular communication and interaction between the on-site regulatory veterinarian(s), practicing racetrack veterinarians, and the pathology staff at the diagnostic laboratory be established. This will enhance the necropsy process and the resultant information. It will also facilitate collaborative efforts when specific research interests are identified.

Transportation options for necropsy cases should be identified prior to need. Storage, pending transport, and transportation of the body should be managed in such a way that tissue degradation and the development of post-mortem artifacts are minimized. Care should also be taken to employ good infection control practices with respect to equine infectious and/or zoonotic disease.

If time or distance constraints preclude the transport of a deceased horse to the veterinary diagnostic laboratory, a field necropsy is recommended.

Field Necropsy

It is recommended for racetracks where field necropsy will be performed that a dedicated facility be available for performing necropsies. This facility should be located in a secluded area and be enclosed and covered for both privacy and protection from the elements. (A temperature controlled environment is recommended in areas where extreme weather conditions may exist.) Facility design should allow an equine ambulance to drive through. The enclosure should contain a large, well-drained concrete or asphalt slab with a rough finish providing adequate traction. Ample hot and cold water supply and hose are required to clean the area. Disinfection and/or sanitization protocols should be employed following each necropsy.

Field necropsy requires advance communication with carcass removal companies to determine requirements to insure that necropsied remains can be removed. Carcass removal and disposal should be performed by a licensed animal disposal company and in compliance with local, state, and federal regulations.

Regulatory veterinarians are encouraged to seek guidance from veterinary pathologists to establish field necropsy protocols. Minimum standards for field necropsy are as follows:

For appendicular injuries the affected limb at the site of the injury should undergo gross dissection (+/- diagnostic imaging, toxicology, histopathology) and appropriate documentation of findings (written description and photography). The necropsy report should include identification of the affected anatomical structure(s) including a

description of gross lesions found in bones, joints, ligaments, tendons, skin and blood vessels.

For non-appendicular conditions, reasonable effort should be made to determine and document the cause of death. For sudden death occurring during or immediately after a race, the cardiovascular and respiratory systems warrant as comprehensive an examination as is possible.

Race related

For race-related fatalities, a 'best practice' inquest protocol is recommended that incorporates ante-mortem information (examples include: interviews with personnel relevant to the horse and/or the incident, exercise history, race replay video, medical history) and post-mortem findings.

Ante- or immediately post-mortem blood samples (and urine, when available) should be collected, maintained under chain of custody protocols, and submitted to the official racing laboratory.

AAEP Guidelines for the Management of Outbreak of Infectious Disease

Developed by the AAEP Infectious Disease Task Force. Task Force Members: Mary C. Scollay, DVM, Chair; William Bernard, DVM, Dip. ACVIM; Brian S. Carroll, DVM; Roberta M. Dwyer, DVM, MS, Dip. ACVPM; Robert E. Holland Jr., DVM, Ph.D.; Daniel G. Kenney, VMD, Dip. ACVIM; Maureen T. Long, DVM, Ph.D.; Paul Lunn, BVSc, MS, Ph.D., MRCVS, Dip. ACVIM; and Josie L. Traub-Dargatz, DVM, MS, Dip. ACVIM.

These guidelines were written for use by veterinarians who encounter contagious infectious disease in horses. In the event of an equine infectious disease outbreak, veterinarians are expected to promptly implement measures to contain and treat the affected population and to prevent disease in the unaffected. The purpose of these guidelines is to promote an effective first response by providing a clear, concise action plan proceeding from generalized signs to specific diagnosis of contagious disease.

The veterinarian on scene is the most qualified person to initiate the outbreak control plan and is critical to effective outbreak control. Each infectious disease outbreak is unique and an existing plan may require modification for specific situations. If necessary, clinical observations, laboratory results and epidemiologic data, once properly collected, may be evaluated by infectious disease experts off-site.

In the event of reportable disease, veterinarians are to abide by state regulations. These guidelines do not supersede existing state protocol.

These guidelines are not intended to replace textbooks, scientific literature, or journal articles. Comprehensive information on the management of infectious diseases is widely available and is recommended reading

Pre-Outbreak Considerations

The implementation of a management program before an outbreak will maximize the effectiveness of the response plan should infectious disease occur. An effective program incorporates risk management, resource management, and horse management and is unique to each equine event.

1. Risk Management

Risk aversion: The extent to which one will take action to avoid a negative outcome.

In the context of equine infectious disease, risk aversion may be summarized as:
How badly do you want to keep disease out, and what are you willing to do about it?
Risk aversion is likely disease-specific and should be clearly defined before introduction of horses into a facility. When making this determination, factors to be considered include:

- i. Population
 - Mobility—potential for exposure/infection prior to arrival
 - Susceptibility to pathogen
- ii. Facility
 - Type of housing
 - Population density
 - Isolation capabilities

- iii. Event
 - Duration
 - Presence or absence of centralized regulatory authority—ability to establish and enforce requirements/restrictions/perimeters, etc.
- iv. Disease
 - Awareness of on-going disease outbreaks elsewhere and potential for spread
 - Define intent—to prevent introduction of specific pathogen or prevent occurrence of clinical disease
 - Endemic vs. epidemic disease
 - Determine actionable disease threshold

2. Resource Management

- i. Personnel
 - Establish 'chain of command'
 - Verify contact information for:
 - a. State Department of Agriculture Veterinarian
 - b. USDA Area-Veterinarian-In-Charge
 - c. Area practicing veterinarians
 - Assess personnel resources and skill level:
 - a. Veterinarians
 - b. Veterinary technicians
 - c. Laypersons
 - Assess communications needs and designate specific individuals for communications tasks
- ii. Facility
 - Identify potential isolation facilities on grounds/off grounds
 - Facility prep (if turnover between events is < 7days)
 - a. Disinfection—Biosecurity Guidelines

3. Horse Management

- i. Establish:
 - Criteria for suspected infectious disease reporting
 - Reporting system
 - Notify veterinarians and horsemen of responsibility to report
 - Health requirements for access to grounds and make necessary notifications:
 - a. Health Certificate +/- disease specific disclaimer
 - b. Coggins Test
 - c. Vaccinations (requirements vs. recommendations)
 - Horse tracking system:
 - a. Origin and date/time of arrival
 - b. Location of horse while present at event
 - c. Contact info for individual responsible for horse (s)
 - d. Contact info for attending veterinarian

- e. Destination and date/time of departure
- f. Mode of transport—private van/trailer, commercial carrier or air

When Equine Infectious Disease is Suspected

The Veterinarian's Responsibilities:

- Do No Harm—do not rush into a stall/barn until you have a plan on how to leave it.
- Respond to the 'worst case scenario' until you have a specific diagnosis.

Getting Started

Have an established response plan for control of contagious disease outbreaks—a planned response is the most effective tool for minimizing outbreak impact.

- i. Maintain a log, recording events as they occur, including:
 - Case identification—which horse(s) got sick, where, and when
 - Control measures implemented
 - Horse movement—within facility, entering and exiting facility
 - Diagnostic testing results
 - Communications with practitioners, horsemen, and regulatory veterinarians
- ii. Establish effective communication, including:
 - Regular meetings providing clear information and simple instructions to
 - Facility management
 - Horsemen
 - Veterinarians
 - Media
 - Related industry affiliates
 - Note: Effective communication minimizes speculation and establishes expectations.
- iii. Manage time effectively.
 - Delegate tasks that do not require execution by a licensed veterinarian. (Utilize licensed veterinary technicians for sample collection, physical inspections, temperature recording, etc.)

Using the Guidelines

Refer to clinical sign-based flowcharts and guidelines for response-plan recommendations in the absence of a specific, confirmed diagnosis. Specific flowcharts and guidelines can be found at www.aaep.org.

1. Suspected Case of Infectious:

i. Respiratory Disease

- Respiratory Disease Flowchart
- Respiratory Disease Guidelines

ii. Neurologic Disease

- Neurologic Disease Flowchart
- Neurologic Disease Guidelines

iii. Diarrheal Disease

- Diarrheal Disease Flowchart
- Diarrheal Disease Guidelines

iv. Vesicular Disease

- Vesicular Disease Flowchart

2. Disease specific guidelines may be employed after diagnosis:

- Botulism
- Clostridial diarrhea/enteritis
- Eastern Equine Encephalitis
- Equine Herpes virus
- Equine Viral Arteritis
- Influenza
- Potomac Horse Fever
- Rabies
- Salmonellosis
- Strep equi infection
- Venezuelan Equine Encephalitis
- West Nile Virus
- Western Equine Encephalitis