

**National Thoroughbred Racing Association
Safety and Integrity Alliance
2011
Code of Standards**

Preamble

The health and safety of our human and equine athletes and the integrity of our sport are horseracing's top priorities. To accomplish these important priorities, the National Thoroughbred Racing Association ("NTRA") has organized the NTRA Safety and Integrity Alliance ("Alliance").

Alliance membership includes racetracks, owners, breeders, horsemen, jockeys, sales companies, veterinarians, racing fans, breed registries and the associations that represent these stakeholders who agree to uphold and support the goals and objectives of the Alliance ("Members"). The Alliance's purpose is to establish standards and practices to promote safety and integrity in horseracing and to secure their implementation. Alliance Members individually and collectively are committed to ensure that the sport of horseracing is pursued in a manner consistent with high ethical standards and compliance with applicable laws and regulations.

This Code of Standards ("Code") is intended to set forth for Alliance Members a common minimum set of standards to be followed by Members in their respective roles in the horseracing industry. Members acknowledge and support the Code and will implement measures and/or abide by measures implemented by other Members, as appropriate, to adhere to the Code. Also, since the Code represents minimum standards, Members are encouraged to not only meet but exceed the standards of the Code.

This Code sets forth standards in the areas of: (1) injury reporting and prevention; (2) a safer racing environment; (3) medication and testing; (4) jockey safety and health; (5) aftercare for retired horses; and (6) wagering security. The Code further sets standards with respect to compliance and enforcement. The measures included in this Code represent the collective consideration and work product of key stakeholder organizations and individuals within the horseracing industry. These standards have been formulated through various task forces, working groups and other industry initiatives over the past several years.

This Code represents the second version of the standards adopted by the Alliance and, over time, as new research and recommendations which merit inclusion become available, the Code may be further amended. The 2009 Code will continue to be in effect with respect to all Racetrack Members that received Alliance accreditation in 2009 and will remain so until the expiration or revocation of the applicable twenty-four (24) month accreditation.

Implementation

Alliance Members will use reasonable efforts available to effect reforms, including House Rules, uniform model rule development through the Association of Racing Commissioners International ("ARCI"), uniform model rule adoption at the state level and legislative advocacy. The Alliance will lead these advocacy efforts with the support and cooperation of its Members. Certain components of the reforms will be implemented once definitive conclusions are reached by the Alliance. Except as expressly provided for in this Code, all references to a specific ARCI model rule shall be deemed to include the specific ARCI model rule that existed as of January 1, 2010 and any subsequent modifications to that model rule that are consistent with this Code.

Notwithstanding anything in this Code to the contrary, the inability of a Member to comply with any provision of this Code due to contrary legislative or regulatory enactment shall not be the basis for denial or revocation of accreditation so long as the Member petitions the legislative or regulatory authority and diligently seeks to amend the contrary provision to bring it into conformity with this Code.

Costs

Alliance Members agree that the costs of implementing the reforms should be the collective responsibility of the industry. Each segment of the industry must contribute to the cost of the reforms and such costs should be borne by the elements of the industry that benefit from the reform and/or cause the reform to be incurred. Specific allocation of costs is not addressed in this Code. Costs required for implementation of the Code will differ by location and thus costs must be addressed at the local level through the normal contractual and/or regulatory process.

Utilizing and Adhering to the Code

The horseracing industry and the Alliance Membership are composed of many different constituencies. However, since much of the organized activity in horseracing takes place at the racetrack, some provisions of the Code are addressed specifically to "Racetrack Members." Nonetheless, each Member shall strive to adhere to each of the standards in the Code specifically applicable to that Member and to ensure that its employees, contractors and/or agents adhere to those standards.

Abbreviations and Definitions

AAEP: American Association of Equine Practitioners

Accreditation: The process by which individual Members shall be certified to be in compliance with the Code. The stages of accreditation are as follows:

Full Accreditation: Accreditation without condition or limitation.

Provisional Accreditation: Accreditation conditioned upon the future implementation of specifically identified standards according to a specified timetable in order to attain Full Accreditation.

Probationary Accreditation: Full or Provisional Accreditation subject to revocation in absence of curing specifically identified deficiencies in a specified timeframe.

ARCI: Association of Racing Commissioners International.

Association Veterinarian: A veterinarian employed by the racetrack association.

Horse Handlers: Trainers, jockeys, exercise riders, veterinarians, grooms, outriders, pony people and anyone else who comes into direct contact with a horse within Racetrack Member's racetrack enclosure.

House Rules: Rules promulgated by racetracks concerning activities on racetrack grounds, including, without limitation, any interim measure consistent with the Code adopted by a Racetrack Member in advance of the promulgation of regulations and or legislation in racing jurisdictions.

InCompass Solutions: Technology solutions company that provides centralized software applications and systems that serve North American racetracks and simulcast outlets. Its central database also serves as a platform for several industry safety initiatives, including the Jockey Health Information Systems.

Non-Race Day: Any day or period of time not part of a Race Day

Non-Race Period: Any day or period of time not part of a Race Period

Official Veterinarian: A licensed veterinarian employed by the state regulatory body who is qualified to objectively and competently perform the regulatory duties as detailed by the Model Rule **ARCI-006-070**. Some duties of the Official Veterinarian, as indicated by an asterisk (*) in the Model Rule **ARCI-006-070** may be performed by an Association Veterinarian as long as the Association Veterinarian has no employment history or business relationship that could constitute a conflict of interest or impede in the performance of official duties.

Phase II: Refers to the implementation of certain standards set forth in the Code upon the commencement of live racing at a Racetrack Member's track, no sooner than calendar year 2012.

Post-Mortem Veterinary Examinations: Examinations conducted following the fatality of a horse substantially in conformity with the recommended protocols of the AAEP including, but not limited to the identification of drugs, shoes and any pre-existing conditions; however, such examinations shall not require full veterinary necropsies.

Race Day: The period of time twenty-four hours prior to post time of a race in which a horse is entered to run through the release of a horse from post-race testing

Race Period: The period of time from the entry of a horse in a race through release of the horse from post-race testing

Racing Participants: People who engage in and derive income directly from horseracing activities at Racetrack Member facilities. This includes, but is not limited to racehorse owners, trainers, jockeys and breeders.

RMTC: Racing Medication and Testing Consortium.

Wagering Incident: Any incident that might reasonably affect the public's confidence in Member's wagering pools including, but not limited to suspicious wagering patterns, totalisator and data communications malfunctions, substantial late ticket cancelations, and failures to stop betting after the official start of a race.

Code of Standards

1. Injury and Fatality Reporting and Prevention. Timely and accurate reporting of injuries and fatalities is critical to the creation and maintenance of a national database concerning horse injuries and fatalities. This national database will be invaluable to the epidemiological study of the causes of horse injuries and fatalities as well as the determination of precautions necessary to lessen the incidence and severity of horse injuries. The individual participation in the database will be kept confidential but nationwide statistics will be made available publicly from time to time for the purpose of promoting public confidence in the injury reporting process. Injury prevention must also be accomplished by thorough pre- and post-race exams conducted by qualified Regulatory or Association Veterinarians with the authority to keep horses from running in any race until that horse is determined to be medically fit to run. In furtherance of these important objectives, each Alliance Member shall be required to do the following:

A. Reporting of Injuries and Fatalities

Member shall participate in The Jockey Club's Equine Injury Database ("EID"). Upon adoption of this Code, Member shall immediately commence reporting injuries sustained and fatalities suffered during any Race Period and any fatalities suffered during any Non-Race Period at a Member's racetrack(s). Efforts to facilitate EID data collection and reporting of all injuries sustained at a Member's racetrack(s) during a Non-Race Period will be required in Phase II of the Code.

B. Pre-Race Veterinary Examinations

Pre-race veterinary examinations shall be performed by Official Veterinarians on all horses entered at Racetrack Members' racetrack(s). Regulators shall be petitioned to adopt a mandatory protocol for pre-race veterinary examinations of horses substantially similar, in form and substance, to the RCI model rule identified as **ARCI-011-030(A)**. In addition, so long as such model rule has not been adopted in any racing jurisdiction, Racetrack Members in such jurisdictions shall adopt a House Rule substantially similar, in form and substance, to **ARCI-011-030(A)** and make provision for an Official Veterinarian to perform such pre-race examinations, record the examination information in the electronic database that is available from InCompass Solutions, and promptly submit the information to the racing commission and/or the stewards

C. Post-Race Veterinary Inspections

Post-race inspections shall be performed by Official Veterinarians on all horses at the conclusion of every race run at Racetrack Members' racetrack(s) to determine if horses are injured or return lame or unsound. To the extent the regulatory authorities do not so regulate post-race veterinary inspections, Members shall advocate the adoption of a mandatory protocol for post-race veterinary inspections. In addition, so long as such a rule has not been adopted in a racing jurisdiction, Racetrack Members shall adopt a House Rule and make provision for an Official

Veterinarian to perform such post-race inspections, record the examination information, and promptly submit the information to the racing commission and/or the stewards.

D. Post-Mortem Veterinary Examinations

To facilitate accurate and complete reporting as part of EID, Post-Mortem Veterinary Examinations shall be performed on all horses that die or are euthanized during a Race Period or a Non-Race Period at Racetrack Members' racetrack(s), based on the protocols detailed in the *AAEP Guidelines for Necropsy of Racehorses*.

To the extent the regulatory authorities do not adopt a mandatory protocol for Post-Mortem Veterinary Examinations consistent with the *AAEP Guidelines for Necropsy of Racehorses*, Members shall advocate for the adoption of protocols for Post-Mortem Veterinary Examinations. In addition, so long as such protocols have not been adopted in any racing jurisdiction, Racetrack Members in such jurisdictions shall adopt a House Rule and provide appropriate veterinary personnel to perform such Post-Mortem Veterinary Examinations, record the examination information, and promptly submit the information to the EID.

E. Veterinarians' List

Racetrack Members shall maintain a Veterinarians' List under guidelines established by the RCI Model Rule **ARCI-011-030(B), Veterinarians' List**, which states that the Official Veterinarian shall maintain the Veterinarians' List of all horses that are determined to be unfit to compete in a race due to illness, physical distress, unsoundness, infirmity, non-permitted medication or any other medical condition. Members must adhere to ARCI model rules, which state that a horse may be removed from the Veterinarians' List when, in the opinion of the Official Veterinarian, (1) the condition which caused the horse to be placed on the Veterinarians' List is resolved and (2) the horse's status is returned to that of racing soundness.

Further, Members shall require Official Veterinarian participation in InCompass Solutions' Veterinarians' List Module. Members participating in the Veterinarians' List module shall share their Veterinarians Lists with other jurisdictions participating in the module. Participating Members will honor each other's list through a system of reciprocity.

2. Safety Equipment and Safer Racing Environment. The horseracing industry as a whole must collectively invest in an infrastructure that is needed to make a safer racing environment. Alliance Members shall adopt the following safety measures:

A. Shoes and Hoof Care

Regulators shall be petitioned to adopt rules pertaining to the elimination of toe grabs greater than 4mm and other traction devices on front horse shoes in Thoroughbred racing. So long as such rules have not been adopted in a racing jurisdiction, Members in such jurisdictions shall adopt and/or adhere to a House Rule pertaining to the elimination of toe grabs greater than 4mm and other traction devices on front horse shoes in Thoroughbred racing.

B. Riding Crop

Regulators shall be petitioned to adopt the ARCI Model Rule **ARCI-010-035(E)(7)**, pertaining to the use of crops and the ARCI Model Rule **ARCI-010-035(A)(1)(a-b)**, pertaining to the specifications of crops to be utilized. So long as such rules have not been adopted in a racing jurisdiction, Members in such jurisdictions shall adopt and/or adhere to House Rules consistent with the ARCI Model Rule **ARCI-010-035(E)(7)**, relating to the use of crops and the ARCI Model Rule **ARCI-010-035(A)(1)(a-b)**, pertaining to the specifications of crops to be utilized.

C. Safety Helmet and Safety Vest

Regulators shall be petitioned to adopt the ARCI Model Rule **ARCI-008-010(Z)(1-2)**, pertaining to the wearing of Safety Helmets and Safety Vests. So long as such rule has not been adopted in a racing jurisdiction, Members in such jurisdictions shall adopt and/or adhere to a House Rule consistent with the ARCI Model Rule **ARCI-008-010(Z)(1-2)**, pertaining to the wearing of Safety Helmets and Safety Vests.

ARCI 008-010(Z)(1)

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 of his/her helmet meeting one of the following minimum safety standards: American Society for Testing and Materials (ASTM 1163); UK Standards (EN-1384 and PAS-015); or, Australia/New Zealand Standard (AS/NZ 3838).

ARCI 008-010(Z)(2)

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; or, (e) Australian Racing Board (ARB) Standard 1.1998.

D. Safety Equipment

1. Padded Starting Gate

Regulators shall be petitioned to adopt the ARCI Model Rule **ARCI-007-020(F)(1)**, pertaining to padded starting gates. So long as such rule has not been adopted in any racing jurisdiction, Racetrack Members in such jurisdictions shall adopt a House Rule consistent with the ARCI Model Rule **ARCI-007-020(F)(1)**, relating to padded starting gates.

2. Equine Ambulance

Regulators shall be petitioned to adopt the ARCI Model Rule **ARCI-007-020(I)(1-6)**, pertaining to the provision of a horse ambulance. So long as such rule has not been adopted in any racing jurisdiction, Racetrack Members in such jurisdictions shall adopt a House Rule consistent with the ARCI Model Rule **ARCI-007-020(I)(1-6)**, pertaining to the provision of a horse ambulance.

E. Substance Abuse and Addiction

Regulators shall be petitioned to adopt the ARCI Model Rule **ARCI-008-010(H)** pertaining to substance abuse and addiction and testing of licensees.

F. Safety Research

Members shall participate in and/or fund industry safety research in areas including but not limited to racetrack surface studies, epidemiological studies, and other studies which are designed to promote a safer racing environment for humans and horses.

G. Safety Training and Continuing Education

Racetrack Members shall provide periodic training to all racetrack employees having direct contact with the horse, including assistant starters concerning safe practices to be followed in the conduct of their jobs. All Members shall provide periodic training to their employees having direct contact with the horse concerning safe practices to be followed in the conduct of their jobs, e.g. Groom Elite Program, Groom Development Program, Racing Officials Accreditation Program, and the NTRA Track Superintendent Field Days.

Regulators shall be petitioned to adopt the RCI Model Rule **ARCI 008-020(4)** requiring at least four (4) hours annual Continuing Education for trainers, beginning no later than January 31, 2012.

Further, Racetrack Members shall adhere to the RCI Model Rule **ARCI 006-015(A)** requiring accreditation of all stewards employed by the racetrack and, where necessary, shall petition regulators to adhere to RCI Model Rule **ARCI 006-015(A)** requiring accreditation of all stewards employed by regulatory bodies.

Upon application for accreditation, Racetrack Member shall submit its Training and Continuing Education Plan.

H. Uniform National Trainers Test

Racetrack members shall petition their regulatory authority to adopt the use of the Uniform National Trainers Test.

I. Catastrophic Injury Planning and Procedures

Racetrack Members shall plan for and have protocols in place for instances of catastrophic injury to horses during racing and training at Racetrack Members' racetrack(s) and training facilities. Such planning shall include, but not be limited to appropriate means of communication to the public, either through the AAEP On-Call Program or AAEP trained spokespersons. Further, racetrack shall have an operable on-track warning system and operating protocols in place for incidents occurring during training hours designed to sufficiently alert and provide notice to personnel on the racetrack.

J. Infectious Disease Management

Racetrack members shall plan for and have protocols in place for instances of infectious disease outbreak within their enclosures. Such protocols shall be based on guidelines recommended by AAEP's *Guidelines for the Management of Outbreak of Infectious Disease*.

K. Fire Safety Planning and Procedures

Racetrack members shall plan for and have protocols in place for instances of fire within their enclosures. Such protocols shall be based on the RCI Model Rule **ARCI-007-025(B), Fire Prevention**.

L. Paddock Safety

Racetrack Members shall plan for and have protocols in place to manage the safety of their Saddling Paddocks and Walking Rings. Such protocols should include crowd management policies as well as emergency response procedures for human and equine injuries.

M. Safety Committee

Racetrack Members shall establish a standing racetrack Safety Committee. Safety Committees shall include, but not be limited to, representatives of the following stakeholder groups: Track Management, Track Medical Personnel, Jockeys, Horsemen, Veterinarians, and Security. Committees shall meet regularly upon commencement of a Member's race meet and as necessary thereafter.

N. Veterinary Care

Racetrack Members shall make certain that a practicing veterinarian is available for treatment at all times during Racing Periods and training hours. An organized rotation among practicing veterinarians to ensure coverage throughout Racing and training hours shall be considered a best practice.

3. Medication and Testing: Without proper pre- and post-race testing and security procedures, horse health and safety can be compromised. The Alliance believes that the regulation of drugs and therapeutic medications be consistent on a nationwide basis to better facilitate the training and racing of horses in multiple states. Members shall therefore insist on the implementation of consistent rules and penalties regarding medication and testing as follows:

A. Uniform Medication Rules and Penalties

Members shall insist that local regulatory authorities regulate drugs and therapeutic medications consistent with ARCI Model Rules, **ARCI-011-010, ARCI-011-015, and ARCI 011-020** based on RMTC recommendations. Further, Members shall insist that local regulatory authorities adopt uniform minimum penalties consistent with ARCI Model Rules, **ARCI-011-020(B)**, based on RMTC recommendation. To the extent the regulatory authorities do not so regulate drugs and therapeutic medications, the Members shall advocate the adoption of such rules and penalties by the regulatory authority.

B. Alkalinizing Substances

Racetrack Member shall prohibit and test for the use of alkalinizing substances in the racing of Thoroughbreds, consistent with RMTC recommendations that establish uniform threshold levels, pre-race sampling protocols, and effective testing procedures to detect prohibited levels of carbon dioxide in Thoroughbred race horses. To the extent the regulatory authorities do not so regulate alkalinizing substances, the Members shall advocate the adoption of such rules by the regulatory authority. Upon application for accreditation, Racetrack Member shall submit its plan for prohibiting and testing for alkalinizing substances.

C. Exogenous Anabolic Steroids

Racetrack Member shall prohibit the use of exogenous anabolic steroids in training and in competition in a manner consistent with the ARCI model rule **ARCI-011-020(J)**, based on RMTC recommendations. To the extent the regulatory authorities do not so regulate exogenous steroids, Members shall advocate the adoption of such rules by the regulatory authority.

D. Shock Wave Therapy

Member shall ensure that Extracorporeal Shock Wave Therapy be utilized in a manner consistent with the RCI Model Rule **ARCI-011-015(5)**. To the extent the regulatory authorities do not so regulate Extracorporeal Shock Wave Therapy, Member shall advocate the adoption of such rules by the regulatory authority.

E. Out of Competition Testing

Members shall insist that local regulatory authorities institute out of competition testing for blood and/or gene doping agents in a manner consistent with the ARCI model rule **ARCI-011-022**, based on RMTC recommendations. To the extent the regulatory authorities do not so

regulate out of competition testing, Members shall advocate the adoption of such rules by the regulatory authority.

F. Frozen Sample Testing

Members shall support and promote the participation by state racing commissions in a program for the frozen storage and retrospective super testing of suspect horse racing plasma and/or urine samples.

G. Laboratory Quality Assurance

Members shall support and promote the participation by its official testing laboratory in an external Alliance approved Quality Assurance Program. Programs that qualify include, but are not limited to: the Testing Integrity Program, Interstate Drug Testing Alliance, Racing Medication and Testing Consortium and Association of Official Racing Chemists.

H. Security Assessment and Training

1. Racetrack Members shall participate in a security assessment performed by an Alliance approved qualified security assessment organization.

A security assessment should include, but not be limited to:

- a. A physical review of the facility's perimeter
- b. Backstretch accessibility review
- c. Licensee authentication review
- d. Review of security personnel procedures (including but not limited to: hiring, training and supervision of backstretch security personnel; and review of general security practices
- e. Security Department integration/liaison with outside law enforcement or industry security regulatory resources

2. Racetrack Member may be subject to random on-site inspection and assessment of medication and drug testing standards and protocols as established by RMTC, to include, at a minimum, examination of test barn and chain of custody procedures.

Racetrack Members shall be required to submit a plan to the Alliance for implementing recommendations made as a result of the security assessment or assessment of medication and drug testing standards and protocols.

3. Racetrack Members shall require all security staff to periodically participate in a security training program conducted in conformity with training protocols to be provided by the Alliance.

I. Medication and Testing Education Committee

Racetrack Members, in cooperation with their Stewards and/or regulatory authority, shall coordinate periodic communication with their horsemen and practicing veterinarians regarding medication and testing regulations and protocols. Communications shall be in writing and where practical, include information sessions, and shall include current medication and testing regulations and protocols and – when appropriate – highlight proposed or new, regulatory authority-approved changes to medication and testing regulations and protocols.

4. Safety and Health of Jockeys: The health and safety of human athletes is one of the top priorities of the Alliance. Members must take affirmative steps to assure the public and participants that all human athletes are competing at top form with the benefit of the best medical care readily available. Consequently, Members are required as follows:

A. Jockey Weights

Members shall adhere to the RCI Model Rule **ARCI-010-035(C)(7)(a-b)** regarding the equipment included when weighing jockeys.

B. Jockey Scale of Weights

Racetrack Member shall petition its regulatory body to adopt the ARCI Model Rule, **ARCI-010-020(D)**, pertaining to the jockey scale of weights.

C. Jockey Health Information System

Members, through cooperative efforts with Jockeys' Guild, Inc., shall require participation by members of their jockey colony in the InCompass Solutions' Jockey Health Information System, to the extent it is consistent with HIPAA guidelines, which allows confidential access to a rider's detailed medical records by authorized medical personnel.

D. Jockey Qualifications

Regulators shall be petitioned to adopt the ARCI Model Rule, **ARCI-008-030(A)(2) and (3)**, pertaining to the qualifications for licensing jockeys.

E. Ambulance Support

Racetrack Member shall adhere to the RCI Model Rule **ARCI-007-020 (A)(6), (8) and (9)** regarding a properly equipped and staffed ambulance on the racetrack during training and racing hours.

F. Medical Care

Racetrack Members shall plan for and have protocols in place for instances of injury to jockeys and other racetrack personnel. Such planning and protocols shall be based on *Medical Care Recommendations of Jockeys' Guild, Inc. and the NTRA Safety and Integrity Alliance Medical Care Committee*.

G. Insurance

In racing states where workers compensation benefits are not afforded jockeys by statute or regulation, Racetrack Members shall maintain a minimum standard of \$1,000,000, per incident, worth of accident medical expense coverage for all jockey participants.

H. Jockey Disability Support

As advocates for jockey health and safety, the Alliance and the horseracing industry as a whole share in the responsibility for providing care for disabled jockeys. Racetrack Members shall encourage participation by all Racing Participants in funding jockey disability support programs such as the Permanently Disabled Jockeys Fund.

5. Aftercare and Transition of Retired Racehorses: As advocates for the thoroughbred racehorse, the Alliance and the horseracing industry as a whole share in the responsibility for providing care and/or retraining of racehorses after they can no longer compete on the racetrack

Racetrack Members shall affiliate with recognized placement/adoption program(s) that meet AAEP criteria. Member Tracks shall help facilitate the transfer of horses to its affiliated recognized placement/adoption program(s) by doing such things as: Providing owners and trainers with contact information for recognized placement/adoption program(s); promoting placement/adoption program(s); cooperating with state funded programs; providing stalls and/or staff to help facilitate the transfer of horses to affiliated recognized placement/adoption facilities; or other means intended to assist with the placement of horses in transition. Racetrack Members shall participate in and facilitate a funding strategy that shares the costs of funding among Racing Participants through mutually agreed upon methods.

6. Wagering Security

A high degree of wagering security is vital to ensure public confidence in pari-mutuel wagering. Accordingly, Racetrack Members shall adopt uniform protocols relating to Wagering Incidents.

A. Wagering Incident Prevention Protocols:

1. Member shall adhere to the ARCI Model Rule **ARCI 004-014(A)(2)(d)** regarding stop wagering devices and the chain of command for responsibility for stop wagering;
2. Member shall add language to its simulcast sales contracts that stipulates that the Member has the right to request and receive transactional data (tickets sold, cashed, canceled, and time verifications), including Inter-Tote System Protocol ("ITSP") logs from each guest site and each guest site's respective totalisator provider;
3. Member's totalisator provider shall either (a) provide proof that the totalisator provider meets the standards set forth in the Statement on Auditing Standard 70 ("SAS 70") concerning in-place internal controls; or (b) provide proof that the totalisator provider's equipment has been tested, reviewed and reported on favorably by a mutually agreed upon equipment certification provider;
4. To minimize pool transfer delays, the practice of cancel delays shall be discontinued, unless cancel delays are allowed by statute or regulation, in which case Member shall advocate for adoption of regulatory action disallowing the practice of cancel delays;
5. To minimize pool transfer delays, the practice of double hops shall be discontinued, unless double hops are allowed by statute or regulation, in which case Member shall advocate for adoption of regulatory action disallowing the practice of double hops;
6. Member shall have protocols in place which mandate exclusion of any guest's wagering pool when the Racetrack Member cannot verify that all wagers in the guest's wagering pool were received prior to the official start of the race;
7. Member shall have protocols in place and shall publicize its policies to its wagering customers when, as a guest, it is excluded from a host's wagering pool;
8. Timing systems associated with the video broadcast and recording and with totalisator record keeping shall be synchronized with atomic time in a Hours, Minutes, and Seconds format (HH:MM:SS). Time stamps shall be placed on final totalisator transactions to assist in the validation of the official time of pool closing. Member shall record the date and time (in hours, minutes, and seconds) of the official start time of every race;

9. Member shall conduct regular compliance checks with its totalisator and audio-visual provider to confirm compliance with time stamp protocols required in Subsection 6.A.6. above;
10. Member shall require its totalisator provider to operate using the most current version of ITSP, as adopted by the 2020 Committee of the Thoroughbred Racing Associations of North America.

B. Wagering Incident Investigation Protocols

Member shall adopt the following protocols relating to any Wagering Incident:

1. Member shall promptly conduct a thorough investigation of any and all suspected Wagering Incidents. If, after conducting its investigation, a Member reasonably suspects that a Wagering Incident may have occurred, Member shall immediately inform its jurisdictional regulatory authority of the occurrence of a suspected Wagering Incident;
2. After notifying the appropriate regulatory authority of the occurrence of a suspected Wagering Incident, Member shall promptly provide transactional data and video of the race to the regulatory authority and/or to other investigatory entities where reasonably requested;
3. Public Communication regarding Wagering Incidents which the Member has determined may potentially impact wagering security shall be coordinated with the regulatory authority investigating the potential Wagering Incident. Prompt and detailed public notification is encouraged in all circumstances except those when an ongoing investigation may be compromised;
4. Member shall implement a Wagering Incident reporting mechanism that is easily accessible to the wagering public and employees who might have knowledge of the occurrence of a Wagering Incident.

C. Wagering Pool Due Diligence

Members shall adopt minimum requirements for wagering entities to be permitted access into their simulcast wagering pools. These requirements include, but are not limited to, disclosure of licensing and regulatory supervision of the entity, identification and review of all officers, directors, partners and shareholders with a five percent or greater share of ownership or beneficial interest and all top level management personnel, where business is conducted (country, state/province of wagering hubs, and jurisdictions from which wagers are accepted), technology and vendors utilized, and registered website addresses. Member or its agent shall verify the aforementioned information.

III. Adherence and Enforcement

A. Compliance Program

Members shall implement an effective compliance program to ensure adherence to this Code. The Alliance shall develop a guidance document for use by Members to assist them in their program development. Implementation of an effective compliance program consistent with Alliance guidance shall be required for accreditation.

B. Condition for Accreditation

Members shall adhere to this Code including any house rule promulgated and implemented pursuant to this Code as a condition for maintaining Alliance accreditation.

Members shall be subject to periodic audit and/or review at Member's expense (but such expense to be agreed to by the Alliance and Member in advance) by the Alliance (or its designee) for purposes of certifying the Member's accreditation status under the Alliance.

C. Enforcement

Members satisfying substantially all conditions for certification shall receive full accreditation for a period of twenty-four (24) months, provided Member continues to adhere to Alliance standards during that time period. Members satisfying substantially all conditions for certification except for specifically identified standards may receive provisional accreditation for a period of twenty-four (24) months provided Member satisfies unmet conditions in a specified timeframe and further adheres to all other Alliance standards during that time period. Should a full or provisionally accredited Member be found to be in breach of Alliance standards, such Member may be entitled to a probationary accreditation subject to curing the deficiency or deficiencies in a specified time frame. Any Member who has been found to have materially breached this Code may have its accreditation revoked by the Alliance after notice of and reasonable opportunity to cure such breach. Further, the Alliance may publish on its website the names and accreditation status of all Members.

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 of Arizona and Louisville and be in good standing with all racing jurisdictions.

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

(2) A jockey shall pass a physical examination given within the previous twelve months by a licensed physician affirming fitness to participate as a jockey. The stewards may require that any jockey be reexamined and may refuse to allow any jockey to ride pending completion of such examination

(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. (Tables can be found at end of model rules referenced)

(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 (Equipoise® 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

**Medical Care Recommendations of Jockeys' Guild, Inc. and
The NTRA Safety & Integrity Alliance Medical Director Committee**

The NTRA Safety and Integrity Alliance is committed to ensuring that its accredited facilities observe high standards of medical care for those who are injured or become ill on racetrack grounds. The following recommendations and guidelines are designed to ensure the Alliance members address all aspects of medical care, particularly the care that is afforded to riders and others who sustain traumatic injuries. However, the Alliance does not advocate or endorse a “one-size-fits-all” approach. Our goal is simply to ensure that accredited facilities demonstrate a clear, comprehensive plan to provide timely, quality medical care to those who are injured or become ill on racetrack grounds.

1) Medical Director/Staff Oversight

It is strongly recommended that tracks have a designated Medical Director who is a licensed, insured, board-certified physician trained in family practice (minimum), or specialty areas such as internal medicine, emergency medicine or surgical specialties such as orthopedics, neurosurgery or trauma.

The Medical Director or a designated health care professional ensures that all professional medical staff are licensed and certified and oversees all racetrack emergency services, including nursing staff, paramedics/EMTs, facilities, injury treatment protocols, access to the Jockey Health Information System (JHIS), transportation to emergency medical facilities, communication with outside care providers (such as emergency care hospitals or post-op rehabilitation facilities), and compliance with the Alliance Code of Standards. The Medical Director is also responsible for certifying a rider’s fitness to ride or to resume riding after any on-track incident that may impair the rider’s reflexes, decision making or ability to maintain control of his/her horse in a race.

If a track does not retain a Medical Director, it must demonstrate a reasonable strategy for timely provision of comparable services at the levels described above, and a complete chain of command. At minimum, the individual assuming the responsibilities described above must be a licensed, certified Paramedic.

2) On-site Emergency Medical Staff

In addition to Medical Director or comparable physician-in-charge, the following emergency medical staff are recommended for staffing on-site emergency care facilities at racetracks:

Registered, licensed nurse(s) with experience in emergency medicine; Certified paramedic(s) to be present during all races, as required by ARCI Model Rule ARCI-007-020; and Emergency Medical Technician(s) (EMTs) to assist the lead paramedic, nursing team and the Medical Director.

In consultation with racetrack management and the designated lead paramedic, the Medical Director will determine the number of individuals needed to staff each position and establish a

clear chain of command/division of responsibilities for medical staff and other track personnel (e.g., security, outriders or communications team) with a “need to know.”

3) On-Site First Aid Facilities

The track’s first aid facility must comply with Occupational Safety & Health Administration (OSHA) standards, be regularly serviced, inspected and updated and include the following minimum services/features:

Private room(s) equipped with enough trauma beds to handle at least one seriously injured rider, preferably two to three; adequate space/beds/facilities to enable patient triage in the event of simultaneous emergencies (either on track or in other parts of the track’s physical plant, e.g., grandstand); treatment capabilities to stabilize a rider physically and medically and monitor the rider’s vital signs until the rider can be transported to an emergency care facility (Medical Director or physician-in-charge to provide detailed lists of treatment capabilities); and HIPAA-compliant, detailed standards of care for riders.

Participation in the proprietary JHIS to facilitate use of jockeys’ confidential health records by medical care providers in accordance with HIPAA is required. The Medical Director or physician-in-charge is responsible for establishing and enforcing standards for creating, accessing, using, sharing and updating JHIS information in accordance with HIPAA.

4) Transportation of Injured Riders

Any vehicle used to transport an injured rider or patient to an emergency care facility located on or off the racetrack grounds must at minimum accommodate the same level of care as a properly equipped, OSHA-approved emergency care facility. In consultation with track management, the track’s Medical Director or physician-in-charge is responsible for designing a comprehensive transportation plan to:

Transport a rider to the nearest Trauma Level One (TLO) facility or to the track’s own first aid facility for stabilization prior to moving to a TLO or comparable facility; provide direct communication between first responders and first aid staff; facilitate an ambulance following the field in each race, no more than ¼ mile behind the last horse running in the race; develop a plan for races where the ambulance is not directly following the field in each race (i.e., turf races or “off-track” races); enable the timely transportation of riders to appropriate care facilities in the event of a multi-horse accident; enable the timely transport of injured personnel to the appropriate care facilities in situations where track ambulances are prohibited from transport due to local ordinance or regulation, including detailing protocols for communications with municipal resources; field an ambulance in the event of mechanical failures or other equipment problems (i.e., a backup plan); and inform all racetrack and medical care personnel of their explicit duties/responsibilities to provide swift, appropriate care or services in the event of an emergency.

Provision for a helipad or a designated area in which a medical helicopter can safely land and take off from a racetrack is strongly encouraged.

5) Use of Trauma Level One (TLO) Facilities

Tracks are strongly encouraged to develop a working relationship with a Trauma Level One (TLO) facility. The Medical Director or physician-in-charge will provide written protocols for selecting emergency care facilities and addressing the following considerations:

Availability and proximity of TLO (first choice) or other emergency care facilities; the rider's injuries and personal preferences for emergency care; and availability of aftercare – including physical therapy, rehabilitative services and long-term care – to minimize the number of times a rider must be moved to secure the highest quality of care appropriate to his/her injuries.

Tracks are advised to establish communication with area hospitals regarding their readiness to accept injured riders in advance of a race meet (i.e., for general preparation) or a specific medical emergency.