

Thoroughbred  
Race Day Injury  
Management  
Guidelines



# AAEP THOROUGHBRED RACE DAY INJURY MANAGEMENT GUIDELINES

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AAEP Thoroughbred Race Day Injury Management Guidelines

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# OVERVIEW

While one of AAEP's highest priorities is to reduce the occurrence and severity of equine injuries, accidents and injuries in the sport of horse racing still occur. Providing the best management for the affected horse should be of utmost importance at all racetracks.

This document outlines improvements for the emergency management of the injured thoroughbred racehorse on race days. Our equine athletes deserve the fastest response; the quickest, most accurate assessment; and the best immediate injury management possible. In those

cases of catastrophic injury, euthanasia should be performed in a professional and humane manner. Before euthanasia occurs, however, every effort should be made to load an injured horse into the equine ambulance.

A meeting to review injury management plans should occur at all racetracks. The injury management plan should include all emergency personnel and detail specific duties and locations. Track management should be involved and dedicated to instituting the best possible plan.

# PERSONNEL

## Veterinarians<sup>1</sup>

Veterinary staffing should be sufficient to accomplish the following tasks: observing horses in the paddock, observing warm ups on the track, being present at the starting gate, and observing horses post-race until they exit the track. A minimum of two veterinarians for the track on a race day is recommended. Veterinarians should be appropriately staged to respond to an incident during the running of the race.

## Horse Handler

It is preferable that an experienced horse handler be present and available to accompany the veterinarian to an equine injury.

## Screening Personnel

Adequate personnel should be available to man screens under the direction of the veterinarian. Screens need to be placed in the paddock, near the finish line, and in the equine ambulances. Placing screens around the racetrack is also recommended unless a chase vehicle and/or a utility vehicle such as a John Deere Gator are employed, in which case screens should be part of their equipment. Personnel should be trained as part of the overall injury management plan to rapidly respond in case of an incident. Training should include how and when to open the screens, how to properly place the screens, and how to hold the screens so that horses are not scared and a proper barrier is formed.

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<sup>1</sup>The Veterinarian in this document refers to the on track veterinarian responsible for equine emergency management titled as either commission, official, track or regulatory veterinarian.

# EQUIPMENT

## Chase Vehicle

The ideal injury management plan places a chase vehicle on the racetrack to follow the field during the running of the race. It is preferred that it be staffed with a driver who is also capable of handling an injured horse. Almost all of the equipment listed below for the equine ambulance can be placed in the chase vehicle allowing for the most rapid response to an incident.

On days when the truck cannot be navigated because of sloppy conditions, the vehicle should be staged at a location suitable for a prompt response.

In the absence of a chase vehicle, a truck and/or utility vehicle is needed to transport the on-track veterinarian to the incident as quickly as possible. It is not acceptable for the veterinarian to travel on foot unless the injury occurs close to the veterinarian's current position.

Using the human ambulance to transport the veterinarian is not recommended. In an incident, the injured horse often will not be closely located to the jockey, presenting an unacceptable delay in the veterinarian's ability to help the injured horse.

## Equine Ambulances

The equine ambulance should be staffed with a driver at all times when horses are on the track. This designated driver must be proficient in maneuvering and operating the ambulance. When responding to an emergency, the driver should position the ambulance between the horse and the viewing public, acting as a visual barrier.

The equine ambulance should have the ability to lower the chassis for easy loading and unloading of the injured horse. It should also have a sliding center partition to stabilize a horse if needed and a barrier in the front to provide a safe area for personnel. The ambulance should be equipped with a winch to pull

in a mat with a recumbent or deceased horse.

It is recommended that racetracks have a back-up equine ambulance in case of a dual incident or mechanical failure of the primary ambulance. A horse trailer with a winch is suitable and at some tracks may be needed to reach some locations like the paddock. Locations of the ambulances should be determined by the physical layout of the track.

The equine ambulance or chase vehicle should be stocked with the following items:

1. Medication box
2. Kimzey legsaver splints (distal limb-short, carpal-long)
3. Compression boot(s)
4. Bandage material (disposable leg cottons, sterile non-adhesive pads, elastic support wraps, sheets)
5. Tourniquet
6. Halters and lead shanks
7. Ice, water, buckets, sponges and sweat scrapers
8. Blanket or tarp for covering a deceased horse until transport
9. Curtain, screens or portable barrier
10. Mat or rescue sled for transport of recumbent horse
11. Bolt cutters

## Emergency bags/boxes

It is recommended that paddock and on track veterinarians carry an emergency bag at all times, permitting the most rapid response. An emergency box containing bandages, a halter, and shank should also be placed in the paddock. Screens and a tarp or blanket should be readily accessible in the paddock.

It is ideal to secure an emergency box at the finish line area, especially if a chase truck is not being used. It should include all of the items listed for the emergency bag as well as bandage

material. If track configuration necessitates transport for the veterinarian observing horses returning for unsaddling, it should be provided to enable the veterinarian to help at an equine emergency and drive the trainer or groom to the injured horse. The emergency box, ice bucket, cooling blanket, Kimzey splint, recovery helmet, halter and shank may be loaded on the utility vehicle for the races.

Screens should also be available at the finish line area.

*Emergency Bags* should contain the following:

1. Sedative (Detomidine, Xylazine, Butorphanol)
2. Short-acting corticosteroid (Solu Medrol)
3. Euthanasia solution (Pentobarbitol/ Phenytoin and Succinylcholine). Note: Euthanasia solution should be segregated and distinctly marked without obscuring the manufacturer's label. A large bore needle is recommended for rapid delivery.
4. Needles and syringes (14G,16G, 18G, 20G needles & 3cc, 6cc, 12cc, 60cc syringes)
5. Non-adhesive pads and vet wrap
6. Stethoscope
7. Vacutainer tubes, needles, and needle collars to collect blood samples

The track veterinarian must be well versed regarding the conventional doses and routes of administration for all the emergency medications.

# COMMUNICATION

## Radios

Racetrack personnel (veterinarians, stewards, outriders, and horse ambulance personnel) should all have two-way radios on the same channel for communication about incidents on the racetrack. Veterinarians may ideally have a separate channel for private conversation. Communication over radios near public areas should be short and avoid discussing details of an injury.

## Cell Phones

Veterinarians also should have a group listing of cell phone numbers needed in emergency situations to enable private conversations. It is helpful to be able to contact the private attending veterinarian to affect appropriate transfer of the case. It may be appropriate to contact private practicing veterinarians for assistance on scene in some incidents.

## Media

On race days, a veterinarian should be appointed to speak to the media regarding any inquiries about an incident. The veterinarian should follow the recommendations in the AAEP On Call document *Key Messages for Serious Equine Injuries*.



# INJURY MANAGEMENT

It should be noted that while the injured horse is on the racetrack, the regulatory veterinarian is in charge of all operations related to the health and safety of horses and humans. Once the injured horse is removed from the track via ambulance, the care and custody of the injured horse should be immediately referred back to the horse's attending veterinarian for further care.

## Racetrack

### Main Track

When an injury occurs on the track, the regulatory veterinarian should call the equine ambulance by radio and report the horse's number and location. The veterinarian should formulate the proper response regarding medications and splinting. The equine ambulance response should be as quick as circumstances allow. The veterinarian should establish control of the horse by chemical and physical restraint to mitigate public perception and protect personnel and the horse from further injury. The regulatory veterinarian should be in charge and direct activities of any individuals assisting in the care of the injured horse. Arrangements should be in place with private practitioners should more elaborate equipment or supplies be needed on the track. For example, a heat stroke situation may require fluids.

The injured horse should be loaded into the horse ambulance and additionally supported by the center partition. Track personnel may help load a reluctant or unsteady horse. The regulatory veterinarian may stay with the affected horse until the case is transferred to the practicing veterinarian.

### Starting Gate

A track veterinarian should observe horses in the post parade and at the starting gate. If a horse misbehaves and physically strikes the gate, or breaks through the gate, the track

veterinarian must examine the horse. Evidence of injury such as wounds or lameness would warrant a recommendation to scratch the horse. In addition, suspicion of injury, as in the case of head trauma, can also warrant a scratch recommendation. The track veterinarian must exercise his or her professional judgment in these situations, erring on the side of caution when a horse's condition is not readily apparent. If an injury at the starting gate requires the ambulance to be summoned, care must be taken to protect the safety of the other horses on track. The regulatory veterinarian, in cooperation with the starter, should undertake measures to prevent injury to any other horses or personnel.

### Turf

Incidents on the turf may present more difficult access for the equine ambulance. The ambulance driver should proceed to the appropriate gap when informed of incident location by the regulatory veterinarian. The ambulance should be positioned as close to the horse as possible. It may be helpful for the veterinarian to have transportation (utility vehicle) in the infield for a quick response if a chase truck is not being used.

### Catastrophic Injury Management

Prompt response to a catastrophic injury is mandatory. The regulatory veterinarian should make EVERY effort to load the injured horse into the ambulance before euthanasia. If loading is not possible, screens should be deployed. Tall screens are preferable and personnel should be trained in proper placement. The ambulance may also be used as a visual barrier. Veterinarians should engage in professional and humane conduct at all times.

Chains or cables placed around the neck or limbs should never be used to load deceased

horses. Horses should be rolled onto a mat and the mat then winched into the horse ambulance. Horses that expire on the racetrack should be screened from public view and covered, if necessary. Additionally, the designated area for deceased horses should be enclosed, totally screened, and secured.

### **Multiple Incidents in the Same Race**

When there are multiple injuries in a race or an accident involving multiple horses, it is imperative that the track veterinarian take charge and communicate to all emergency personnel. Quick assessment of the situation is needed to provide directions for ambulance response, screening personnel, and emergency management of the injured horses. **Communication is key in these situations.**

### **Paddock**

The paddock veterinarian should be monitoring horses for injury at all times when horses are present in the paddock. The veterinarian should carry the emergency medication bag and have access to the box previously described under equipment.

A plan should be put in place with the stewards, outriders, security staff, screen handlers, the paddock judge and ambulance personnel for any incident requiring the horse ambulance. Practice runs should occur prior to a race meet to ensure that the ambulance can safely and efficiently respond to an emergency. The paddock typically is an area full of people in close proximity to the horses. Security should secure a path for the equine ambulance and direct people to safe locations.

If necessary, the veterinarian should direct screening personnel, who have been previously trained, to adequately screen off the area.

## **Other Incidents**

### **Heat Stroke**

The track veterinarian should perform a racetrack assessment of supplies to assist in the cooling of horses. Hoses, ice tubs, ice on utility vehicles, a water hose on the ambulance, cooling blankets, and rubbing alcohol should be available. The veterinarian should be available to provide assistance to horses suffering heat exhaustion/heat stroke. Solu Medrol and/or detomidine IV administration may be warranted.

In most cases, it is preferable to keep these horses moving to prevent recurrence of symptoms. The horse ambulance may be used to transport an affected horse after its condition is stabilized. The symptomatic horse loaded into an ambulance represents a substantial safety hazard to itself as well as the handlers present.

Veterinarians should be prepared to address questions from the media and the public regarding precautions and management of heat stress.

### **Off Track: Pre- and Post-Race**

Horses can unexpectedly wind up in unpredictable locations on the grounds of the racetrack. It is advisable to evaluate the facility to determine how to manage an injured horse in areas not designated for horses, such as the parking lot and racetrack apron. Track veterinarians may be called to an incident as horses are walking to the paddock. These incidents should be handled under the same guidelines as above. Horses also should be observed as they exit the track. A slow response is not appropriate.

# TELEVISED RACE DAYS

On big event days, it is recommended that extra veterinarians be employed. A team of specialists may also be added to the roster of regulatory veterinarians. This team may include veterinary surgeons and anesthesiologists. They may accompany the horse ambulance, help with splinting, and anesthetize recumbent horses.

**An additional meeting prior to a televised race day should occur to involve all added personnel.**

If a horse hospital is not located on the grounds of the racetrack, arrangements may be made to provide information on suitable surrounding hospitals. A choice of transportation for an injured horse to an equine hospital may also be provided to the connections of any injured horse.

When the AAEP On Call program is present, the track veterinarian should relay pertinent information regarding an incident or equine injury to the designated AAEP On Call spokesperson. Track veterinarians should convey the horse number, the limb involved, and an indication as to the severity of the injury to the On Call veterinarian. The On Call veterinarian can then deliver this information to the broadcast team. One advantage of having two veterinarians attend the horse is that one can convey relevant injury information to the On Call veterinarian while the other is providing emergency care.

# APPENDIX

## Key Messages for Serious Equine Injuries

**If asked about the horse's health status before the race or procedures in place to protect the health of the participants:**

Equine athletes must pass a pre-race veterinary inspection. The inspection consists of an extended observation period during which horses are viewed in motion, given a hands-on exam, and observed in the paddock, the post parade and at the starting gate. The track veterinarian has the authority to scratch any horse at any time before the start of the race.

**If asked about the options for treating serious equine injuries:**

Because of the tremendous advances in equine medicine, more horses than ever before are recovering from serious musculoskeletal injuries that require surgery. Metal fixation plates, wire wraps, pins and screws are used to repair broken bones in horses, just as they are in humans. The major difference between horses and humans is that horses cannot understand or obey a doctor's instructions to "lie down" until an injury heals, so they are not very good patients.

**If the injury is life-threatening and euthanasia has occurred or is probable:**

There are some injuries from which a horse cannot recover, and for humane reasons, the horse must be euthanized. These injuries



include certain types of bone fractures or soft-tissue damage in the legs, which compromise the horse's ability to stand or move. Prolonged use of slings, casts or braces prevents the horse's vital organs from functioning properly. This can produce a second life-threatening situation for an injured horse in the form of laminitis or colic.

**Extraordinary measures are often taken to try to save successful racehorses, such as Barbaro. Is the same done for other horses?**

Advances in veterinary medicine over the last few years have made it possible to save more horses from potentially life-threatening injuries. When a horse experiences an injury, the horse is first stabilized and examined, with the on-site veterinarians assessing the severity of the injury and the horse's prognosis for recovery. Most times, the attending veterinarian is able to consult with the horse's owner before a final decision is made. Sometimes, unfortunately, the most humane decision is to euthanize the horse. When possible, it is a decision made by the owner in consultation with the veterinarian.

*(Material Source: AAEP On Call Training Manual)*



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