

## **IFHA Principles of Good Practice for Racecourse and veterinary equine emergency care procedures**

### **Preamble**

1. Although the incidence of equine emergencies occurring on a racecourse, whether during training or competition, is generally quite low, racing authorities and racecourses must have in place equipment, procedures and suitably qualified personnel to ensure the management of such emergencies in a prompt and humane manner.

### **Personnel**

2. Official veterinarians should be accredited by the racing authority or racecourse and have received training and be proficient in the identification and management of equine emergencies occurring during racing and other competition.
3. The relevant authority should ensure that an appropriate complement of trained, rehearsed and licenced or approved personnel are available at all times when horses are present on the racing and/or training facilities. There should be clear lines of command and control for any incident.

### **Equipment**

4. The racecourse must provide horse ambulance/horse rescue vehicles that can be configured to transport off-course an injured horse that can still stand, and transport a recumbent horse, whether dead or alive.
5. Privacy screens to shield injured horses from public view must be provided and be located at strategic locations on-course and/or in support vehicles.
6. The official veterinarian must carry an appropriate range of drugs and equipment to deliver smooth and humane euthanasia, and to provide appropriate first aid or treatment in cases where referral to an equine hospital is indicated.

### **Emergencies during competition**

7. Unless the nature of the injury and/or condition of the horse reasonably necessitates more urgent and immediate action, injured horses should be humanely and expeditiously transported from the track to a secluded area for thorough clinical assessment.
8. The racing authority should ensure that there are clear lines of responsibility allowing the official veterinarians appointed by the racecourse or racing authority to make any necessary decision for immediate euthanasia or referral for further assessment and treatment. Whenever practicable, clinical assessment and case management should occur in collaboration with the owner and/or trainer, with the attending veterinarian observing appropriate confidentiality. For cases where immediate euthanasia is not required, where practicable, arrangements should be made with nearby equine referral hospitals to ensure the seamless transport of emergency cases to these facilities.
9. Acceptable methods of euthanasia include appropriate chemical methods, or where considered acceptable in particular jurisdictions, the humane use of firearms, all administered by trained and competent personnel.
10. Euthanasia should be shielded from the view of the public and performed in an area of seclusion as is reasonably possible or using temporarily erected screening. The deceased

horse should be handled in a respectful, dignified manner and removed to a secure secluded site until arrangements are made to transport it off-course.

11. It is desirable that post-mortem examinations be performed on all horses that die or are euthanased as a result of a racing incident. Racing authorities should develop protocols for decision-making as to whether or not a necropsy should be conducted, taking into account the nature and location of the racecourse, the proximity of a facility capable of conducting an equine necropsy, and whether or not there was associated human injury or death.
12. Protocols should be developed for the collection of post-mortem blood and/or urine samples or other body fluids or tissues for the analysis for the presence of prohibited substances.
13. The official veterinarian and racing authority should keep records of all racetrack equine emergencies, and should make inquiries into the veterinary and treatment records of the horses concerned, with a particular focus on determining whether or not there were any predisposing injuries or conditions.

#### **Emergencies during training**

14. Racing authorities and racecourses should develop protocols for the management of equine emergencies during training hours, including:
  - the management of horse and personnel movements while the emergency is attended to;
  - deployment of the official veterinarian if in attendance, or otherwise, nearby on-call local veterinary practitioners to manage the emergency.
15. The racecourse manager must inspect the site of the equine emergency to ascertain if there are any issues with the safety or suitability of the training surface and whether it is safe for training to resume.
16. It is desirable that post-mortem examinations be performed on all horses that die or are euthanased as a result of a training incident. Racing authorities should develop protocols for decision-making as to whether or not a necropsy should be conducted. Post-mortem blood and/or urine samples or other body fluids or tissues should be collected for the analysis for the presence of prohibited substances where circumstances dictate.
17. The official veterinarian and racing authority should keep records of all equine emergencies occurring during training, and should make inquiries into the veterinary and treatment records of the horses concerned, with a particular focus on determining whether or not there were any predisposing injuries or conditions.

#### **Management of infectious disease**

18. Racing authorities and racecourses should have protocols in place for the management of an outbreak of infectious disease, either in the training facility or during the course of a racing event. Such protocols should complement and be consistent with any guidelines developed for such outbreaks by the relevant government animal health agencies.