

# Equine Emergency Veterinary Emergency Response Plan Catastrophic Injury

**Guidelines for creating a plan for a rapid, coordinated veterinary response to a catastrophic or breakdown injury at an equine event, including the acutely recumbent horse during competition**



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**Disclaimer:** While a concerted effort is made to ensure that all of the information in this book is correct, the contents may not reflect the final methods used for performing the procedures contained in this guidebook. The information is not specific recommendations. Furthermore, the authors/publisher assume no responsibility or warranty for results obtained from the techniques, approaches, methods, or medication use concurrent with the information provided here which is for educational purposes. Working with horses that are impaired enough to require rescue intervention or movement assistance of any kind is very dangerous. It could result in injury or death to the horse and those persons attempting to aid an injured horse. It is essential to attend further instructional training in large animal and equine technical rescue before using any of the materials or approaches in this document for a live animal response. The authors, inventors, and publishers assume no risk for injury to a horse or persons using the information provided here.

## Introduction

Organized equine events require planning which includes risk assessment and measures for the safety of horses. One important area is preparing for a catastrophic or severe equine injury during competition occurring on and off the field of play. A coordinated effective, rapid humane response to an acutely severely injured horse or recumbent horse is essential for equine welfare. Emergency response groups use the incident command system (ICS) to assign duties and conduct a coordinated response. We have utilized portions of the ICS system here for a coordinated response. There is also a need for clear compassionate communications associated with such an incident. It is the expectation of both the public attending these events as well as those associated with the horses in the event, that the event organizers have such a response system in place.

**The purpose of this booklet is to serve as a source of information for planning a rapid coordinated response to a catastrophic or breakdown injury at an equine event including response to the acutely recumbent horse during competition. See Disclaimer**

Organization such as the American Association of Equine Practitioners have created several guideline documents for approaches to injuries occurring during organized equine events. These include the Veterinarians Guide to Equestrian Competition Official Duties and Thoroughbred Race Day Injury Management Guidelines. With the permission of the AAEP, we have included in the Appendix relevant material as it relates to emergency response for acute severe injuries to horses at equine events. Additionally, FEI has created a crisis management template for equine events which can be found here: <https://inside.fei.org/system/files/Crisis%20management%20document%202016.pdf>

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AAEP Thoroughbred Race Day Injury Management Guidelines

## Planning

- Create an emergency incident response plan for a catastrophic injury event in the arena or on the grounds prior to the start of the event

### Components:

- Communicate a plan clearly with show officials/ and appropriate personnel
- Establish radio or phone communications for response team members
- Have specific emergency equipment – skid, tarp, Loops Rescue™ kit
- Establish a place to park emergency response truck and trailer and veterinary vehicle for prompt deployment to the site including show arena
- Assign a driver and horse handler for truck and trailer deployment
- Assign a veterinarian and assistant to attend the horse
- Assign individuals for implementation of screening of the incident from the public if necessary
- Be able to rapidly move a down horse into a trailer using the portable loops rescue™ system
- Establish a private working area for the acutely injured horse on the grounds or a previously established local referral equine clinic for transport of the injured horse
- Create a master list of the personnel who will be involved in the response of the acutely injured horse for each day of the event (see below)
- Practice a team emergency response for a catastrophic event prior to the event or minimum once yearly

## Operations

### Veterinarian Duties and Equipment

- Assemble medications and verification of equipment for response
- Responds to incident and determines if horse can move (walk) safely or if emergency trailer movement indicated
- Is prepared to sedate, stabilize, and move the patient to a private area or anesthetize the patient at the scene if necessary
- Is prepared for emergency immediate euthanasia
- Veterinary emergency drug bag -

Emergency Field Guide Sedation and Anesthesia booklet  
(Loopsrescue.com)

Sedative (Detomidine, Xylazine, Butorphanol)

Anesthetic – Two vials of Ketamine

Lidocaine 50 cc

Euthanasia solution (Pentobarbital +/- 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.

Needles (14G, 16G, 18G, 20G) - IV catheter for short term use

31/2-inch needle for intrathecal lidocaine

Syringes 3cc, 6cc, 12cc, 60cc syringes  
 Non-adhesive pads and vet wrap  
 Stethoscope  
 Vacutainer tubes, needles, and needle collars

### **Activate a coordinated team response**

Team members receives communication to come to the aid of a horse which suffers a catastrophic injury in the arena or on the grounds

- Coordinate activation with show announcer or via radio or cell phones
- Each day assign personnel to positions listed below

### **Team Members and Duties**

- **Veterinarian**- Evaluates horse and determines extent of injury, stabilizes, treats
  - Be prepared to provide immediate sedation or general anesthesia of an acutely injured horse by having specific emergency drug doses For the excited horse. Carry this guide in veterinary medication kit



- Coordination of placement of horse in transport trailer and movement to facility
- Be able to administer humane euthanasia including the AVMA approved lidocaine intrathecal approach for rapid humane end of life.

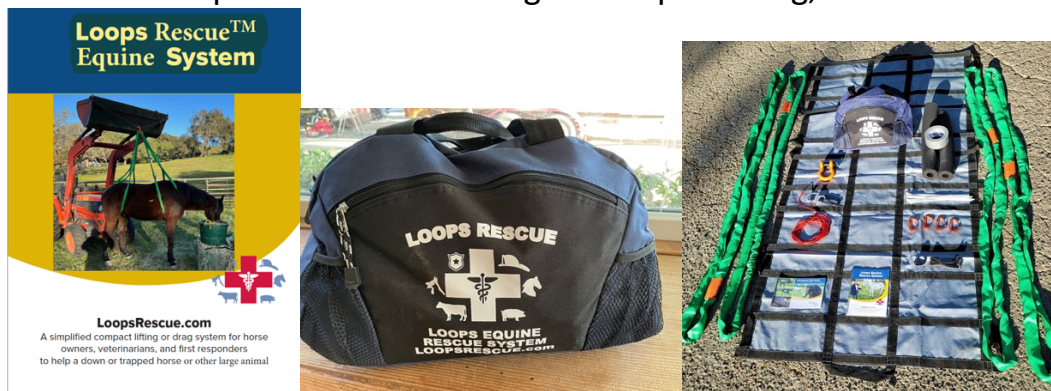
Methods and illustrations in Loops Rescue<sup>tm</sup> Equine System booklet

○



- **Veterinarian assistant** – brings essential emergency drugs and supplies to site of incident, draws medication as directed by veterinarian

- Horse handler- brings halter, lead shank, and controls horse's head
- Trailer driver – Has a horse trailer hooked up to a truck that is positioned on grounds close to central activities – ensures truck has fuel, keys are in his/ her possession. Brings horse trailer to incident upon team activation. in radio contact with DVM.
- Screen team – brings and positions visual barriers for horse with significant injury. Screens should be portable and team should have several members to position and hold screens in place.
- Loops Rescue team – 2 members –for a recumbent horse or deceased horse, place loops as directed as determined by veterinarian to move horse by rolling, drag, forward assist, rear assist. Place loops and pull horse on drag or tarp into trailer using human personnel.
  - a. Prior to the event, locate of the Loops Rescue™ kit and skid or tarp and conduct a practice session using the loops to drag, roll or lift a horse



- Safety Officer – helps keep scene safe for those aiding the patient. Prevents unauthorized volunteers from attempting involvement in the emergency. Advises veterinarian if observes risky posing of team members. Can halt the response and restart after correcting risk to horse or personnel.

### **Communications -Public Information Officer**

- The Public Information Officer is responsible for interfacing with the public and media and with other agencies with incident-related information. The show or event announcer may be the appropriate person for this position
- This person is assigned to provide communications to the public that emergency care has been implemented and provide updates as needed
- Has hard copy of suggested wording for activation of team and communication to the public
  - i. "Emergency response team please report to . . . . ."
  - ii. "We have in place a team to provide immediate assessment and stabilization of the injured horse and if needed transport to a referral clinic for emergency care"

- iii. “We do everything possible to prevent injury and as in any sporting event, the unexpected can occur and we are prepared to do the best for the horse in a coordinated manner.”
- iv. “Our team here at . . . has practiced the emergency response and I will keep you informed of the situation”

## Equipment

### Loops Rescue Kit –

Why this kit? It's highly portable with all contents in a duffel bag. It has everything needed for a forward assist, rear assist, horizontal drag, rear drag and ability to quickly place on a down horse, place the horse on a skid or tarp and pull recumbent horse into a trailer using personnel.

**Rescue glide (skid) or people mover nylon tarp** ( 1800 lb capacity tarp in loops kit)

**Truck and trailer** – Trailer has a ramp – and front exit for personnel

**AAEP equipment suggestions – (see below)**

### Optional - Additional trainings available in the following

- Be able to lift a horse or aid a horse to rise if indicated for assessment or recovery



- Practice approach and placement of loops system to be able to rapidly extract a horse trapped in water or mud

## Appendix

### Why the loops rescue system

One component of the catastrophic injury response which may be useful is the Loops Rescue system. There are occasions where a simplified lifting or drag system is urgently needed at an equine event. Recumbent horses can be placed in the loops and on a tarp or skid and rapidly pulled into a horse trailer to be taken to a secure location for further evaluation and medical care. It can also be used to move a deceased horse after field emergency euthanasia.

This simplified system came from needs identified by Drs. John Madigan and Monica Aleman. at UC Davis. We have used the system in live horses and found it to be a rapid, practical and easy to use system. Peer-review publications of this work can be accessed here: <https://www.mdpi.com/2076-2615/9/8/511> and <https://www.mdpi.com/2076-2615/9/8/529>.



It is designed for short term field use situations and does not replace prior full body lifting systems including the Anderson Sling and the Large Animal Lift. The advantages to this system is that it lifts and pulls by the skeletal system, there are no knots, no J hooks, no metal bars and it fits in a small size duffel bag which can be carried to the site of the equine incident.

### **DISCLAIMER AND CAUTION**

Working with any horse that is injured, recumbent or trapped is DANGEROUS and can result in further injury to the horse or injury or death to the person attempting to help the horse. Please review the disclaimer. Always seek and obtain veterinary involvement and supervision for safety for yourself and horses and to determine if sedation or anesthesia is needed for a particular rescue situation. This document is not intended to replace the need for in-person training for response to a catastrophic incident at an equine event.

AAEP – Veterinarians Guide to Equestrian Competition Official Duties – w/permission  
AAEP- Thoroughbred Race Day Injury Management Plan -w/permission

## **SUGGESTED VETERINARY EQUIPMENT AND MEDICATIONS**

### **Emergency Equipment:**

- Imaging equipment to include digital radiography and ultrasound
- Kimzey splint
- PVC Pipe splint
- Large Combi-roll bandages x 6
- 4" Elasticon x 6
- Duct Tape
- Cast material
- Sterile Surgipads
- Large brown gauze
- 4" Conform gauze
- Blue Towels (to cover eyes)
- Flashlight
- Ear plugs for horses
- Additional syringes / needles
- Clippers
- Vet wrap
- Bandage scissors
- White Tape
- Stethoscope
- Euthanasia solution (250 to 300 ml Pentobarbital; alternatively, MgSO<sub>4</sub> and a short-term anesthetic)
- Lidocaine: Pre-loaded 3 ml syringe, 25/27 ga needle (block for catheter or tracheotomy)
- 14 gauge 6" catheter
- Injection cap
- Super Glue
- Needle holders already loaded with 2-0 PDS to secure catheter
- Heparinized saline: 12 cc
- 60 ml syringes
- 20 ml, 12 ml, and 3 ml syringes
- 18-, 14- and 20-gauge needles, 1.5 inches in length
- Scalpels
- Tracheotomy tube
- Exam gloves
- Sterile gloves
- Halter, lead rope & lead chain
- Scrub & alcohol
- Steel bucket
- Plastic bucket
- Dry, pound cotton
- Twitch
- Nasogastric tube and pump
- Access to clean water
- Hose & spray nozzle (if access to clean water is within proximity)

### **Medication Bag (consider two):**

- Xylazine
- Ketamine
- Detomidine
- Butorphanol
- Diazepam
- Flunixin meglumine
- Dexamethasone



Template – filled out daily

Veterinarian (1) Name \_\_\_\_\_ phone and radio contact

Veterinary Assistant (1) Name \_\_\_\_\_ phone and radio contact

Truck and Trailer (1) Name \_\_\_\_\_ Phone and radio contact

Screen team (2) Names \_\_\_\_\_

Horse handler (1) Name \_\_\_\_\_

Loops Team (2) Names \_\_\_\_\_

Safety Officer (1) Name \_\_\_\_\_

Public information officer (1) Name \_\_\_\_\_ cell/ radio

Referral Clinic – Contact information \_\_\_\_\_

# Loops Rescue™ System

One component of the catastrophic injury response is the Loops Rescue system. There are occasions where a simplified lifting or drag system is urgently needed at an equine event. Recumbent horses can be placed in the loops and on a tarp or skid and rapidly pulled into a horse trailer to be taken to a secure location for further evaluation and medical care or after in the field emergency euthanasia.

This simplified system came from needs identified by Drs. John Madigan and Monica Aleman. at UC Davis. Peer-review publications of this work can be accessed here:

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It is designed for short term field use situations and does not replace prior full body lifting systems including the Anderson Sling and the Large Animal Lift. The advantages to this system is that it lifts and pulls by the skeletal system, there are no knots, no J hooks, no metal bars and it fits in a small size duffel bag which can be carried to the site of the equine incident.

**CAUTION:** Working with any horse that is recumbent or trapped is DANGEROUS and can result in further injury to the horse or injury or death to the person attempting to help the horse. Please review the disclaimer. You are advised to seek specific training in the safe approach to horses in incidents prior to attempting use of the Loops Rescue System. Always seek and obtain veterinary involvement and supervision for safety for yourself and horses and to determine if sedation or anesthesia is needed for a particular rescue situation.

## What's in the Loops Rescue System Kit

- Four 6-foot loops each rated capacity 5300 lbs vertical
- Small Duffel Bag - Carabiners - instructional guide - laminated
- One D-Ring shackle rated 9000 Lbs
- Cinch straps -
- Portable soft drag (rated 1,500 lbs)
- Rear limbs Comfort foam -
- Duct tape •

More information on the kit can be found at website:

**[www.LoopsRescue.com](http://www.LoopsRescue.com)**

# Tail-tie



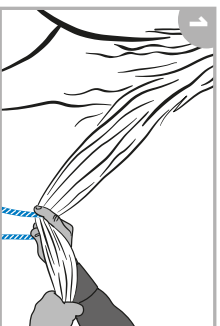
Technique used to assist pulling the down horse backward; often used in combination with the rear drag or rear assist. Used as an aid to assist horses to stand

## TAIL-TIE

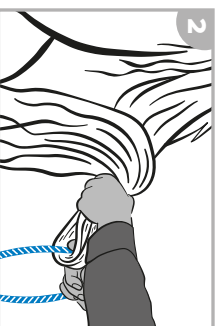
**Precautions:** Identify the tail bones by touching along the tail. Feel for the solid structure, and move your hand down the tail hairs away from the bone. Our research has shown that the strength generated by two strong firefighters (2,200 N) is safe at any angle and does not cause damage to the tail of a horse, if the tail-tie is placed as described here.



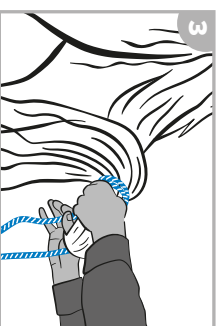
### Steps read out loud



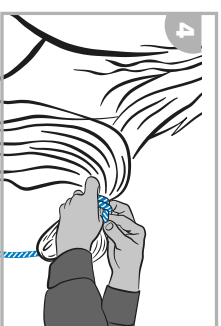
Using only the tail hairs, place the rope over the tail hairs away from the tail bone, leaving one side of the rope longer.



Flip the tail hairs over itself at the point where the rope goes across the tail hairs, still leaving one end of the rope longer than the other.



Wrap the shorter end of the rope around the folded tail hairs, go around twice.



Make a small loop with a portion of the short end of the rope and tuck it underneath the two loops of rope going around the tail hairs (this will be the quick-release).



To view detailed video,  
scan QR code

For more information visit:  
[www.LoopsRescue.com](http://www.LoopsRescue.com)

# Thoroughbred Race Day Injury Management Guidelines



VETERINARIAN'S GUIDE TO  
Equestrian Competition  
Official Duties



# VETERINARIAN'S GUIDE TO Equestrian Competition Official Duties

Revised by AAEP Performance Horse Committee in 2019  
Board approved January 2020

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# AAEP POLICY ON OFFICIAL VETERINARY SERVICE

The role and responsibility of the official veterinarians for competitions established as official policy by the American Association of Equine Practitioners is as follows:

- The official veterinarian will serve as a professional consultant on veterinary matters to advise competition management, the stewards and the judges.
- The official veterinarian will advise the management, cooperating persons and agencies concerning the care and welfare of the horses present at the show or event and will provide veterinary care to affiliated horses when the need arises.
- The official veterinarian will utilize their professional training to advise associated personnel on veterinary-related matters. These consultations will align with immediate medical needs of the horse, the spirit of competition and fairness of sport.
- The official veterinarian will not assume, nor be expected to assume the role, responsibilities or prerogatives of the management, judges, stewards or other regulatory agencies. To this extent, the official veterinarian will serve as an unbiased advocate for the horse, with the horse's best interest at the center of their decision-making process.

# COMPETITION VETERINARIAN RESPONSIBILITIES

1. The official competition veterinarian is contracted by and responsible to the show management. Their principal function is to serve as a professional consultant on all veterinary matters pertaining to the show. With respect to shows sanctioned by one of the governing bodies, the rule books outline the various duties of the competition veterinarian.
2. The competition veterinarian may be asked to treat sick and injured horses on the show grounds. In doing so, they are hired by and responsible to the horse owner. The show veterinarian should function as a first line of defense and will refer cases to a hospital facility as needed.
3. Except for competitions sanctioned by the International Federation for Equestrian Sports (FEI), most competition veterinarians are expected to function as both the treating veterinarian and officiating veterinarian. It is important to note that these two roles are, at times, in conflict with each other and the veterinarian must be ethically prepared for this scenario.
4. The competition veterinarian has a responsibility to understand the regulations of the U.S. Department of Agriculture (the Horse Protection Act and interstate travel requirements) and the regulatory requirements of the state where the competition is held (a valid state license is required).
5. Drug testing is performed by most associations and breed organizations. Blood and urine samples are gathered by or under the supervision of a veterinarian. Contractual agreements govern the services required of veterinarians serving in this capacity. They are responsible to the organization providing the testing procedure. Rules governing the collection of samples vary between organizations and are outlined when a veterinarian's services are contracted. The official competition veterinarian is, in most cases, not the drug testing veterinarian.
6. Veterinary responsibilities are outlined in the rule books of governing bodies. These rules may vary from show to show. Consequently, the competition veterinarian must have a thorough understanding of the competition rules. Membership in the governing body for which one is officiating is highly recommended and is important to help the veterinarian stay abreast of the rule changes that occur from time to time.

# GUIDELINES FOR OFFICIAL COMPETITION VETERINARIANS

1. Familiarize yourself with the sanctioning organization governing the competition. Understand and strictly adhere to all applicable rules of the organization, especially all drug and medication rules. The United States Equestrian Federation (USEF) outlines veterinarians' responsibilities under GR1204. (<https://www.usef.org/forms-pubs/Txh5en10Fpk/gr12-competition-officials-employees>)
2. Arrive at the competition before the official starting time. Competitions that require a veterinarian to be on the grounds cannot start the event until the official competition vet is there. Being late is unacceptable.
3. Determine how you will communicate with the competition officials. Many shows will provide a two-way radio; others will contact you via your mobile phone.
4. Do not accept duties or responsibilities that are not specifically those of a veterinarian or of the veterinary position in which you are serving. It is important to cooperate with all competition officials and exhibitors, but not assume or accept responsibilities other than those assigned to your position as the competition veterinarian.
5. When called into the show ring to observe a horse for soundness, it should be done inconspicuously. It is important that the competitors and spectators not know which horse is being questioned for soundness. Erroneous conclusions based on your actions can be detrimental for the owner of the horse.
6. Decisions about a horse's soundness should never be discussed with anyone other than the owner/agent or show management for both professional and legal reasons. The competition steward should be notified of an exhibitor who becomes unnecessarily argumentative.
7. Discuss the soundness of competing horses only with the judge and then, only when requested. It is likely you will be misquoted by any statement you make regarding a horse's condition. In the event that a public statement is requested, provide only factual veterinary information related to the event.
8. As the treating veterinarian, provide appropriate treatment for all horses with conditions that affect their wellbeing and their ability to compete.
9. "Scratch Certificates" should be issued only when a horse for reasons of injury or health is not in satisfactory physical condition to show. There are no other considerations.
10. Promptly provide care for horses with fractures, freak accidents, acute colic and other emergency situations in the show ring and on the show grounds.
11. If responsible for after-hours emergency service, provide the competition management with contact information for the practice providing this care.
12. Veterinarians officiating at competitions are entitled an appropriate level of compensation based on the scope of their services. The terms

of compensation should be negotiated in advance of the competition. If it is preferred to donate the veterinarian's services, it is recommended that the competition management compensate the veterinarian in full and that the veterinarian, or their practice, donate back to the competition. This recognizes the value of the veterinarian's time and service and meets the requirement of donating to a charitable organization.

13. The veterinarian will not drink alcoholic beverages or use any medication that might impair judgment. Doing so affects how the veterinarian is perceived while officiating and may affect medical decision-making skills.
14. The competition veterinarian will be well-served by keeping the horse's welfare as the highest priority. This upholds the values of the owner, rider, trainer and sanctioning body.

## BIOSECURITY

Whenever large groups of horses assemble, it is an eventuality that an infectious and contagious threat will occur. The best way to deal with this is to have a biosecurity plan in place in advance of the event. The following sites offer advice for formulating such a plan:

[AAEP General Biosecurity Guidelines](#)

[CDFA Biosecurity Toolkit for Equine Events](#)

[EDCC Biosecurity for Events](#)

[USEF Biosecurity Guidelines](#)

# TREATMENT OF THE ACUTELY INJURED HORSE

While veterinarians are well trained in handling horse-related emergencies, a quick review of procedures and protocols is recommended before assuming the role of the official competition veterinarian. More information on emergency preparedness can be found at [FEI Crisis Management Plan](#).

## **Develop a pre-emptive emergency plan prior to the start of the event:**

- Communicate clearly with show officials/ appropriate personnel to pre-emptively establish an emergency plan that includes:
  - A place to stand or park emergency vehicle near arena
  - An ambulance and driver to remove an injured or deceased horse accompanied by a protocol to do so.
  - Drawing samples for drug testing before medicating and the chain of command for such samples.
  - A private working area
  - plan for communicating with media, including identification of spokesperson
- List the personnel who be involved in the care of the acutely injured horse and delegate specific tasks to be accomplished by each person in the event of an emergency

- Have your vehicle or medication bag readily accessible\*
- Have a list prepared with local contacts:
  - Closest referral hospital
  - A service to remove or transport a deceased horse
  - Local laboratory and arrangements for sample pickup

## **Goals:**

- Be prepared to work quickly to attend to a horse's needs: stabilize and remove the horse from the public eye as quickly as possible.
- Evaluate the surroundings: Is the horse safe? Limit offers of help from bystanders.
- Sedate, stabilize, remove and treat.
- Can the horse move safely or is an ambulance necessary?
- Move the horse to a quiet work area.
- Establish ownership of horse and a responsible person for decision making as soon as the horse is stable.

# SUGGESTED VETERINARY EQUIPMENT AND MEDICATIONS

## Emergency Equipment:

- Imaging equipment to include digital radiography and ultrasound
- Kimzey splint
- PVC Pipe splint
- Large Combi-roll bandages x 6
- 4" Elasticon x 6
- Duct Tape
- Cast material
- Sterile Surgipads
- Large brown gauze
- 4" Conform gauze
- Blue Towels (to cover eyes)
- Flashlight
- Ear plugs for horses
- Additional syringes / needles
- Clippers
- Vet wrap
- Bandage scissors
- White Tape
- Stethoscope
- Euthanasia solution (250 to 300 ml Pentobarbital; alternatively, MgSO<sub>4</sub> and a short-term anesthetic)
- Lidocaine: Pre-loaded 3 ml syringe, 25/27 ga needle (block for catheter or tracheotomy)
- 14 gauge 6" catheter
- Injection cap
- Super Glue
- Needle holders already loaded with 2-0 PDS to secure catheter
- Heparinized saline: 12 cc
- 60 ml syringes
- 20 ml, 12 ml, and 3 ml syringes
- 18-, 14- and 20-gauge needles, 1.5 inches in length
- Scalpels
- Tracheotomy tube
- Exam gloves
- Sterile gloves
- Halter, lead rope & lead chain
- Scrub & alcohol
- Steel bucket
- Plastic bucket
- Dry, pound cotton
- Twitch
- Nasogastric tube and pump
- Access to clean water
- Hose & spray nozzle (if access to clean water is within proximity)

## Medication Bag (consider two):

- Xylazine
- Ketamine
- Detomidine
- Butorphanol
- Diazepam
- Flunixin meglumine
- Dexamethasone

# DEFINITION AND CLASSIFICATION OF LAMENESS

With such extremes of lameness possible, a lameness grading system has been developed by the AAEP to aid in both communication and record-keeping. The scale ranges from zero to five, with zero being no perceptible lameness, and five being most extreme.

The AAEP guidelines explain the grading system this way:

- 0 Lameness not perceptible under any circumstances.
- 1 Lameness is difficult to observe and is not consistently apparent, regardless of circumstances (e.g. under saddle, circling, inclines, hard surface, etc.).
- 2 Lameness is difficult to observe at a walk or when trotting in a straight line but consistently apparent under certain circumstances (e.g. weight-carrying, circling, inclines, hard surface, etc.).
- 3 Lameness is consistently observable at a trot under all circumstances.
- 4 Lameness is obvious at a walk.
- 5 Lameness produces minimal weight bearing in motion and/or at rest or a complete inability to move.



# THE COLLAPSING AND FALLING HORSE

*Definitions: A collapse is defined as a fall to the ground with no apparent cause at any time.<sup>1</sup> A horse has fallen when, ridden or unriden, the shoulder and haunch on the same side have touched the ground or an obstacle and the ground.<sup>2</sup>*

Competition management, the steward or technical delegate, must be informed of a collapsing horse within three hours of the event. The competition veterinarian may be asked to examine the horse who has collapsed. If so, the veterinarian will be hired and compensated by the governing body and will be required to submit a report about the condition of the affected horse. If an approved testing veterinarian is present at the competition, they may be asked to collect and submit samples for drug testing. If a testing veterinarian is not available, the competition veterinarian may be asked to

collect and submit samples in a manner consistent with the governing body's regulations.

A post-mortem on horses who have died while competing or at a competition venue may be required. For USEF-sanctioned events, the competition veterinarian can contact the Chief Administrator of the Equine Drugs and Medication Program at 800-633-2472 to confirm the need for a post-mortem. A post-mortem should be conducted at a veterinary pathology laboratory. Blood and urine samples should be drawn in the event the Federation would like them tested.

More information about the collapsing horse, including recommended treatment, can be found [here](#).

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<sup>1</sup>*Collapse:* [https://files.usef.org/assets/p1\\_rWnrB\\_g0/gr08-conductofcompetitions.pdf](https://files.usef.org/assets/p1_rWnrB_g0/gr08-conductofcompetitions.pdf).

<sup>2</sup>*Fall:* <https://www.usef.org/forms-pubs/enHpt47kbSM/gr1-definitions-governance>.

# COMPETITION ASSOCIATIONS

- [American Cutting Horse Association](#)
- [American Endurance Ride Conference](#)
- [American Paint Horse Association](#)
- [American Quarter Horse Association](#)
- [Appaloosa Horse Club](#)
- [Canadian Equestrian Federation](#)
- [Federation Equestre Internationale](#)
  - [FEI Clean Sport](#)
- [National Cutting Horse Association](#)
- [National Reined Cow Horse Association](#)
- [National Snaffle Bit Association](#)
- [United States Equestrian Federation](#)
  - [USEF Drugs and Medication Guideline](#)
  - **Please note** that many breed and sports associations are members of the USEF. Their rules and regulations are under the umbrella of the USEF
- [United States Polo Association](#)
- [Women's Professional Rodeo Association](#)



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# 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 (Pentobarbital/ 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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