

Protocols for a Safe Return to Racing Revised Starting June 19, 2020

EMPLOYEE TRAINING

- Permit Holders shall develop and provide training to all team members, including security and medical personnel on all new procedures and monitoring/reporting requirements.
- Trainers, contractors, and vendors shall develop and provide training to their employees on all new procedures and monitoring/reporting requirements.
- Medical personnel will be trained on procedures to ensure that all suspected or confirmed cases of COVID-19 infection are properly communicated and documented.
- Establish a staff directory of all contacts for Key Personnel which can be accessible with cell phone numbers and emails. Also include the current management chain of command with names of key personnel.
- List of Key Personnel:
 - ❖ Include racing officials as designated by the state and safety staff.
 - ❖ Track employees
 - ❖ Personnel involved with the care, training and racing of horses including but not limited to grooms, hotwalkers, exercise riders, trainers and their assistants, jockeys, drivers, blacksmiths, veterinarians, outriders and pony persons.
 - ❖ Personnel licensed by the commission to ensure horse racing is held in compliance with state statutes and regulations.
 - ❖ Potential back-ups.

PROCEDURES, GUIDELINES AND DIRECTIVES

Medical Screenings

- **All OSRC licensees must wear masks while on the Permit Holders' grounds; this includes frontside and backside.**
- Anyone wishing to enter the backside area(s) must follow all established Ohio Department of Health (ODH) and Center for Disease Control (CDC) guidelines*.
 - ❖ Anyone refusing to comply will be denied entry.
- A valid Ohio State Racing Commission (OSRC) license must be presented at the time of entry to the backside.
 - ❖ If unlicensed the person must go directly to the licensing office.
- Pre-entry procedures include:
 - ❖ Wearing, at minimum, a suitable mask or face covering prior to entering and all times while on the grounds except jockeys, exercise riders and drivers while mounted or seated behind a horse.
 - ❖ All individuals entering the Barn Area(s) will be screened in accordance with applicable public health orders or recommendations.
 - Permit Holder will perform medical screening for all of their employees prior to entering the barn area(s) in accordance with applicable public health orders or recommendations.
 - Trainers, Contractors & Vendors will perform medical screening for all of their employees who wish to enter the barn area in accordance with applicable public health orders or recommendations.
- Individuals living in dormitories shall:
 - ❖ Check in with their employer daily for medical screening by noon each day.
 - ❖ Anyone who does not comply will be asked to leave the grounds.
- Reports of individuals being exposed to or diagnosed with COVID-19 will be addressed in accordance with exclusionary protocols established by any applicable federal, state, or local public health orders, including, but not limited to:
 - ❖ The individual will be denied entry and/or removed from the property
 - ❖ The employer of the individual will follow all reporting requirements established by state or local public health agencies.

Procedures for onsite personnel and horses

- Horsemen shall make hand sanitizer available for their staff, contractors and vendors
- Antibacterial liquid soap will be kept stocked in restrooms and bath houses.
- Personnel are urged to make frequent use of the sanitizers and soap.
- Sharing of barn/horse equipment shall be minimized.

- ❖ If used by multiple horsemen, equipment shall be sanitized by horsemen between each use.

Ship-Ins

- Horses that are shipping in shall:
 - ❖ Proceed to assigned stall in receiving barn and shall not ship into a permanent on-site stall under any circumstances.
 - ❖ The horse must depart the property the same day – no exceptions
- Individuals in the receiving barns must follow social distancing guidelines.
- Horsemen are responsible for daily cleaning of all frequently touched surfaces such as faucets, door handles etc.
- Horsemen shall make hand sanitizer available for their employees working in the receiving barn.
- Permit holders will ensure the receiving barn rest rooms are stocked with soap.

Dormitories

- Rooms may have two (2) people if they meet the following criteria
 - ❖ Criteria for two (2) people per room:
 - House families together i.e.-husband and wife
 - Currently room together
 - Work in the same stable
 - All other rooms must be single occupancy
 - ❖ No Guests or unassigned people allowed in rooms
 - ❖ Shower rooms-communal
 - Designated set hours with a minimum of eight (8) hours for shower use
 - Social distancing guidelines must be followed
 - Horseman will provide bathroom attendant who will:
 - Sanitize the showers after each use
 - Sanitize bathroom fixtures while they are attending to the shower room

JOCKEYS' ROOM

- All jockeys must pass the daily medical screening
- The permit holder will ensure that jockeys and staff can maintain spacing within the jockeys' room with the approval of the OSRC.
- Hand sanitizer and liquid soap will be provided for frequent use.
- The jockey's room shall be cleaned and disinfected by the permit holder at the end of each race day and remain closed on other days.
- Frequent use/touch surfaces will be cleaned throughout the day and/or supplies will be provided for additional cleansing.
- Saunas will remain closed.
- Jockeys shall leave the Jockeys' Room following their last race after being given the opportunity to shower.
- The saddle must be sanitized before being brought back to the jockey's room.

DRIVERS' ROOM

- All drivers must pass the daily medical screening.
- The permit holder will ensure that drivers and staff can maintain spacing within the driver's room to comply with proper social distancing guidelines.
- Hand sanitizer and liquid soap will be provided for frequent use.
- The drivers' room shall be cleaned and disinfected at the end of each race day and remain closed on other days.
- Frequent use/touch surfaces will be cleaned throughout the day and/or supplies will be provided for additional cleansing.
- Drivers will be asked to leave following their last race.
- Drivers who are not regular drivers and/or come in from out of state and regular drivers who drive elsewhere and return:
 - ❖ These drivers will be located in a separate room. If there is more than one outside driver they must be provided with a large enough room to allow them to comply with social distancing guidelines and contain restroom facilities.
 - ❖ These drivers will not be allowed access to the backside except for the paddock/driver's room area.

OFFICIALS/RACE-TIME PERSONNEL/PADDOCK

- Race officials, charter(s), announcer(s), video production staff, timer(s), & photo finish staff, collectively known as “Officials & Racing Operations Personnel”, shall follow safe social distancing practices at all times.
- Thoroughbred Paddock access will be limited to officials, the trainer, assistant trainer, groom and horse.
- Standardbred Paddock access will be limited to officials, the trainer, groom, warm up personnel and horse.
- Permit holder will ensure hand sanitizer and/or antibacterial soap is available for all Officials & Racing Operations Personnel.
- Officials & Racing Operations Personnel shall utilize the minimum number of on-site staff to perform required functions.
- Judges/Stewards Hearings should be done via video or conference call when possible. Permit holder will use best efforts to provide space large enough to hold such hearings when a video or conference call is not possible.
- Entries shall be taken by phone or electronic means.
- Draw shall be done in a space large enough so a designated horsemen’s rep may attend. If possible, the permit holder may make a video conferences available for the Draw.
- Licensing:
 - OSRC and Permit Holder shall implement best practices to limit the number of individuals waiting in line for licensing and ensure safe social distancing practices can be followed.
- Racing office staff shall monitor the number of individuals in the racing office area and shall limit the number of individuals allowed in the racing office area if it becomes impossible to follow safe social distancing practices. No unnecessary people allowed.
- Officials and Racing Operations Personnel shall perform as many functions as possible via phone or electronic means.

ACCESS RESTRICTIONS

To limit exposure and prevent the spread of germs and disease the following restrictions shall apply:

- No owners, guests or unlicensed personnel shall access the backside area(s);
 - ❖ No congregating in any backside area;
 - ❖ Official clockers and gap attendants to use their designated space(s) only;
- Only trainers and horsemen with horses stabled at the track or racing that day and others responsible for the care of the horses are allowed in the stable area;
- Horsemen shipping in for a workout or qualifiers will be allowed in the stable area;
- Track kitchen is open to serve authorized, licensed personnel per ODH guidelines
- Individuals under the age of 16 will be prohibited from entering the barn area(s) at any time.

CLEANING PROTOCOLS FOR BACKSIDE & TRACKSIDE OPERATIONS

- Permit Holders will be responsible for cleaning and maintain restrooms during normal operations provided the permit holder staff is able to follow safe social distancing practices. Cleaning operations will include:
 - ❖ Trash removal
 - ❖ Cleaning of surfaces
 - ❖ Stocking liquid soap
- Horsemen, Trainers and their contractors/vendors/employees shall be responsible for cleaning frequently touched surfaces (e.g. faucets, door handles etc..) throughout the barn areas where they operate and they shall be responsible for making sanitizer available for their contractors, vendors, and employees in the barn areas where they operate.
- Officials and Racing Operations Personnel Offices shall be cleaned by the permit holder and additional disinfecting shall be performed by the permit holder as necessary.

**Per the CDC, symptoms include cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headaches, sore throat, and new loss of taste or smell.*

COVID-19 Racing Screening and Acknowledgement

(Trainers and their Assistants, Grooms, Hotwalkers, Exercise Riders, Jockeys, Drivers, Blacksmiths, Veterinarians, Outriders and Pony Persons)

Date	Licensee Name	OSRC License #	Entering/Shipping In (Yes or No)	Housed/Stabled on Site (Yes or No)

List All Employees by Name, Below: (please print)

To protect the health of employees, horsemen, racetrack employees and their families, as an Ohio business and Employer you must read, review, consent to, and agree to the conditions set out in this document. As a condition of racing you must follow all established Ohio Department of Health (ODH) and Center for Disease Control (CDC) guidelines and Protocols for a Safe Return to Racing (attached). You must also truthfully and accurately respond to all COVID-19 risk-related questions, below.

Yes No Anyone refusing to comply or answering yes to any of the questions that follow will be denied entry.

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | • Have you had a fever of 100.4 or above in the last 72 hours? |
| <input type="checkbox"/> | <input type="checkbox"/> | • Have you taken medications to reduce a fever in the past four hours? |

Do you currently have:

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | • A new loss of taste or smell or a cough? |
| <input type="checkbox"/> | <input type="checkbox"/> | • A sore throat? or difficulty breathing? |
| <input type="checkbox"/> | <input type="checkbox"/> | • Shortness of breath? |
| <input type="checkbox"/> | <input type="checkbox"/> | • Muscle aches or pains? |
| <input type="checkbox"/> | <input type="checkbox"/> | • A headache? |
| <input type="checkbox"/> | <input type="checkbox"/> | • Chills? |
| <input type="checkbox"/> | <input type="checkbox"/> | • Repeated shaking with chills? |
| <input type="checkbox"/> | <input type="checkbox"/> | • Abdominal discomfort? |
| <input type="checkbox"/> | <input type="checkbox"/> | • Diarrhea? |
| <input type="checkbox"/> | <input type="checkbox"/> | • In the past 24 hours have you vomited? |
| <input type="checkbox"/> | <input type="checkbox"/> | • Have you been in contact with anyone in the past 24 hours who is experiencing any of the above symptoms? |

Have you:

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | • Been in contact with anyone in the past 14-days who has had COVID-19? |
| <input type="checkbox"/> | <input type="checkbox"/> | • Been in contact with anyone in the past 14-days who has been experiencing any of the above, or other, symptoms for COVID-19? |
| <input type="checkbox"/> | <input type="checkbox"/> | • Been with other persons in the past 14-days with, other than members currently residing in your household, where you were not able to practice social distancing guidelines (such as on a plane, at a public event, beach, park, etc.)? |

Anyone refusing to comply or specific answers to questions that follow may result in being denied entry.

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <ul style="list-style-type: none"> • Have you been tested for COVID-19, by an approved FDA testing measure, and: • (i) if so what result; and (ii) when did you receive the results of the test, (note, below)? |
| <input type="checkbox"/> | <input type="checkbox"/> | • Have you received a fitness for duty certification from a health care provider, or similar medical documentation related to COVID-19? |

By signing below, I certify that I have completed a daily symptom assessment in accordance with the applicable public health orders in effect, including taking temperatures with a thermometer or thermal screener (without use of fever-reducing medication). My signature below acknowledges compliance on the date(s) listed for myself and my employees listed.

Signature: _____