

## HHK VOLUNTEER AND STAFF MEETING

### Volunteer Meeting

Sunday, Dec 10· 2:30 – 3:30pm

Google Meet joining info

Video call link Part One: <https://meet.google.com/dzx-fmgr-ubq>

Part Two: <meet.google.com/hmw-pdrb-owq>

**In Person:**

**Online:**

**\*New information in bold or highlighted - -**

**PUT ALL TACK AWAY IN ITS PROPER LOCATION! DO NOT MIX AND MATCH GROOMING KITS - - NO MORE FAVORITE TOOLS (if you must purchase 10 of that tool) - THAT SPREADS GERMS.**

### 1) Participant Counts (Nov 1 - Nov 30 , 2023):

113 lessons ( 30 therapeutic = 26 %) in weeks - 6 new riders -1 interisland, 4 mainland, international  
Plus 1 week holiday off and 1 week of workshop  
½ day of # rainouts

#### **NEXT CAMP PREP:**

Need to collect, peel bark, and soak another 45+ Hau sticks 2-3" thick - - - this week to start soaking

Need 45' 2 liter soda bottles

Need 45+ cleaned horseshoes and soda boxes cut to be back of picture frame

Need to collect 45 straight HAU sticks 4' in length skinny enough to fit in soda bottle (week prior to camp)

**To update annual records: looking for volunteers to bring each horse to wash rack (firm level surface) and get accurate height and weights on all horses.**

Make sure the demographic section of your volunteer/employee packet is complete...the more demographic information- the better we can compete for grants.

All staff/volunteer rides/lessons are on your own personal time....not considered work.

#### **DRIVING WORKSHOP has been completed.**

**In fact we all need to remember our mission statement**, "Our mission is to enrich the lives of people of all abilities through **Equine Assisted Activities and Therapies** (EAAT), improving their physical, cognitive, social and/or emotional well-being." We are not a competition barn. We are not a free recreation center. Our horses are sentient beings who are so responsive to our energy levels they make great therapy partners. They are not machines nor toys..

EVERY TIME YOU WORK WITH A HORSE YOU ARE TRAINING A HORSE. PLEASE DO NOT DO ANYTHING THAT WILL MAKE OUR HORSE'S UNSUITABLE FOR USE WITH ALL.

Ginger, Karin, Sam, and Andrea are the lead instructors incharge and responsible for signing off lesson plans and horse usage- -please approve all activities through them prior to conducting said activity. We need to improve communication of what each team is doing, and where to avoid accidents and making spooky/unsure/less confident horses.

Think through how your activities will affect everyone else.

**My last day as Executive Director will be Dec 8th:** I will finish up all but 1 open grant. Need to focus on my health for a bit - as it has been a challenging last few months and I need to quite the brain for a few months.

**Need new board members:**

- President of the Board
- Vice president

**Looking for new counselors/therapists to billing "office" clients:**

- rider financial support through the office (See Sept. Agenda for possible billing codes)

ALSO NEED A RIDER AND VOLUNTEER DRIVE. PLEASE BRING ONE OF EACH.

**FOLLOW FACEBOOK & SUBSCRIBE TO OUR WEBSITE TO GET ALL MAILINGS and read prior meeting agendas on the volunteer tab (scroll to the bottom)**

Ground Programs: practicing lunging on the circle & staying out but not with 5 carriage horses until January

Mounted Program: bring more riders - no jumping or cantering 5 carriage horses until Jan.

Carriage Program: need to order race halter

**Now we need to make sure the new arena is root and rock free with a pack dirt surface. If everyone could spend some time each week cleaning that space that would be great.**

**LETS ALL PICK UP ROCKS - IN THE ARENA AND IN THE FIELDS**

**Next CAMPS Dec 26-29 (4 days) & Jan 2-5 (4 days)**

**3 stations . 1hr 15 min per station. Need commitments from station leaders and aids ASAP.**

\*December A: Healthy Horse & Evolution of the equine

\*December: B : Ratios/Hoof/Skull/ Gait Cues

\*Spring: Spring Cleaning

\*June A: Groom & Tack - External Landmarks (need to design this side yet)

\*June B: Gaits & Skeletal

\*July A: (not scheduled this year) Balanced Seat - Leading & Mounts

\*July B: Colors of the Horse & Emotions

\*October: Mythical horse-like creatures & International Horses (need to photoshop this side)

MAKING LESSON PLAN BINDER IN 2023- DETAILED SO NO MORE RECREATING THE WHEEL

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**2) Paid Staff Updates & Refresh:**

**UNTIL FURTHER NOTICE: THERE WILL BE NO TROTGING, CANTERING OR GALLOPING OUTSIDE OF THE ARENA. No CANTERING when riders of lower ability are in the arena. HORSES ARE TO BE KEPT AT A WALK ON THE POND TRAILS.**

**UNTIL FURTHER NOTICE: THERE WILL BE NO STAFF/VOLUNTEER RIDES WITHOUT GINGER or ANDREA PRESENT/UNDER THE GUISE OF A LESSONS, STAFF TRAINING, OR HORSE SCHOOLING.**

**PATH FACILITY ACCREDITATION** N/A

**Next PATH submission deadlines:**

CTRI: Applications accepted through March 17, 2023 for June 3-18, 2023 testing.

**PLEASE READ IT AGAIN**

**NEW [EMPLOYEE MANUAL](#) AVAILABLE ON WEBSITE > VOLUNTEER > ALL THE WAY AT BOTTOM -- ALL VOLUNTEERS & PAID STAFF SHOULD READ IT - - NEED TO SIGN LAST PAGE THIS IS DIFFERENT THAN THE VOLUNTEER MANUAL located on our website [www.healinghorseskauai.org](http://www.healinghorseskauai.org) > VOLUNTEER > VOLUNTEER MANUAL and make sure that you submit a new 2023 Volunteer Application to Ginger -- updated manual with PATH policies coming January...last page must be signed and submitted to Ginger**

**Instructor Staff:** is expected to have the horse groomed and tacked, and horse leader and sidewalker **debriefed** prior to the arrival of their student for mounted lessons. Tardiness is unprofessional and no longer acceptable.

DO NOT HAND FEED TREATS - USE BOWLS-AND DO NOT DO IT EVERY TIME--HORSES ARE STARTING TO ANTICIPATE AND GET NIBBLY

Instructors make sure helmets are being put away properly

Please read and follow the arena rules sign

**Reminder to practice emergency dismounts with 1x each client this month, so they are not scared when done for real.**

\*\*\*Train Volunteers in every skill you ask of them- be honest about what is expected, Observe Performance, Provide Leadership, Lead by Example, Engage, Encourage, Educate and Empower, know their motivation, check in with them, show compassion, Let them know that "Yes" is great, but "No" is ok - discourage burnout by making sure they have a positive WORK - HOME/FAMILY - VOLUNTEER balance, Create a Community

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### **3) ALL VOLUNTEER & PAID STAFF -**

**Safe positioning when picking feet** (human hip to horse shoulder/hip, human facing toward horse rear end, bend at waist, continues contact with horse as sliding hand down leg and back up leg down back hip and other leg - - hold hoof at toe)

!!!!!! Do not share grooming tools, always visually check girth areas for dirt/sores

\*\*\*\* Horses should be held during grooming and tacking if not tied

+++ cell phones off, eyes up, focus on task, show on time for briefing and stay for debriefing

**Sidewalking Staff:** there are different holds: over the thigh, cuff, heel/ankle,

\*don't push rider off center or put pressure on the knee; when no hold needed side walker still remains within arm's reach with hands out of pockets and eyes are always on rider;

Allow wait time before repeating instructions to rider; practice emergency dismount at least 1 time with each rider (Make it not scary)

As sidewalkers support the participant's performance and position in the saddle, instruct them to ask the horse leader to bring the equine to the center of the arena and halt if:

- A sidewalker needs to carefully switch sides, one at a time, with another volunteer
- A sidewalker needs to tie their shoe or step away from the equine for any reason
- A sidewalker notices the participant appears to be ill or in pain
- There is a safety concern

\*Role during an Emergency: your rider (if your rider is down keep horse away from your rider - and following commands of the instructor (get medical kits, phone, open gates, etc.) once instructor assume control of rider)

**Horse Leading Staff:** avoid a horse that crowds space (have knuckle at the ready for horse "reprimand" self), stay in the zone- no tugging; how to hold crop, how to turn

Common Mistakes: Leader too far back, lead wrapped around leader's hand, leader holding lead in only one hand, Leader too far forward, leader holding lead too close to the horse's head and putting too much pressure on the lead, leader walking backwards.

\*Role during an Emergency: your horse...get them to a stop and away from downed rider then follow commands of instructor

## Checklist

### - - - instructor make sure your crew knows this before each lesson

Individual has a clear knowledge of

- \_\_\_ Positions & duties of a sidewalker & a horse leader & instructor
- \_\_\_ Proper Helmet fit.
- \_\_\_ Tack check before mounting... girth & helmet check
- \_\_\_ Mounting procedures from mounting ramp (rider waits on ramp) vs. block (rider on ground not block until asked to step up on the block & the horse is standing quietly.)
- \_\_\_ Proper dismount..( both feet out of stirrups before dismount)
- \_\_\_ Mounting procedures from Mounting ramp
- \_\_\_ Safety procedures in the arena, spacing, & awareness
- \_\_\_ Use of cell phones during riding session
- \_\_\_ Safety stirrups, what they are for & how to put them on the saddle
- \_\_\_ Location of first aid kit for Humans & Equine
- \_\_\_ MAKE SURE TACK IS PUT AWAY PROPERLY IN THE CORRECT LOCATION

## Words

Words first - then leg and arm aids : <https://fb.watch/fO-alOzviu/>

### **Please use the following words when working with the horses:**

"Walk on please" - any time you want them to move forward

"Whoa" - any time you want them to stop

"Easy, Easy" - any time you want to slow down

"Back" - any time they are reversing

"Come" - when pulling them into you

"Over" - when moving all 4 feet sideways

"Spin" - when they are moving hind legs in a circle but not the front (as in Parelli "Driving the Hind" or in mounted "Turn on the Fore"

"Turn" - when they are moving the front legs in a circle but not the rear (as in Parelli "Driving the Fore" or in mounted "Turn on the Haunches"

"Trot Trot"- to ask for the trot

"Can - ter" rising up on the "ter" - when asking to canter

“Gee” when turning to the right  
“Haw” when turning to the left  
\*For driving: Name of horse + Words (above)

**THIS MONTH FOCUS:**

Month	Awareness Month	Skill	Pedagogy
Dec	Epilepsy	Seizure	SMART GOALS

**\*\*\*FIRST AID KIT - was it check? (Ginger, Andrea)?**

## First Aid Refresher:

**What is Epilepsy:** Epilepsy is a central nervous system (neurological) disorder in which brain activity becomes abnormal, causing seizures or periods of unusual behavior, sensations and sometimes loss of awareness.

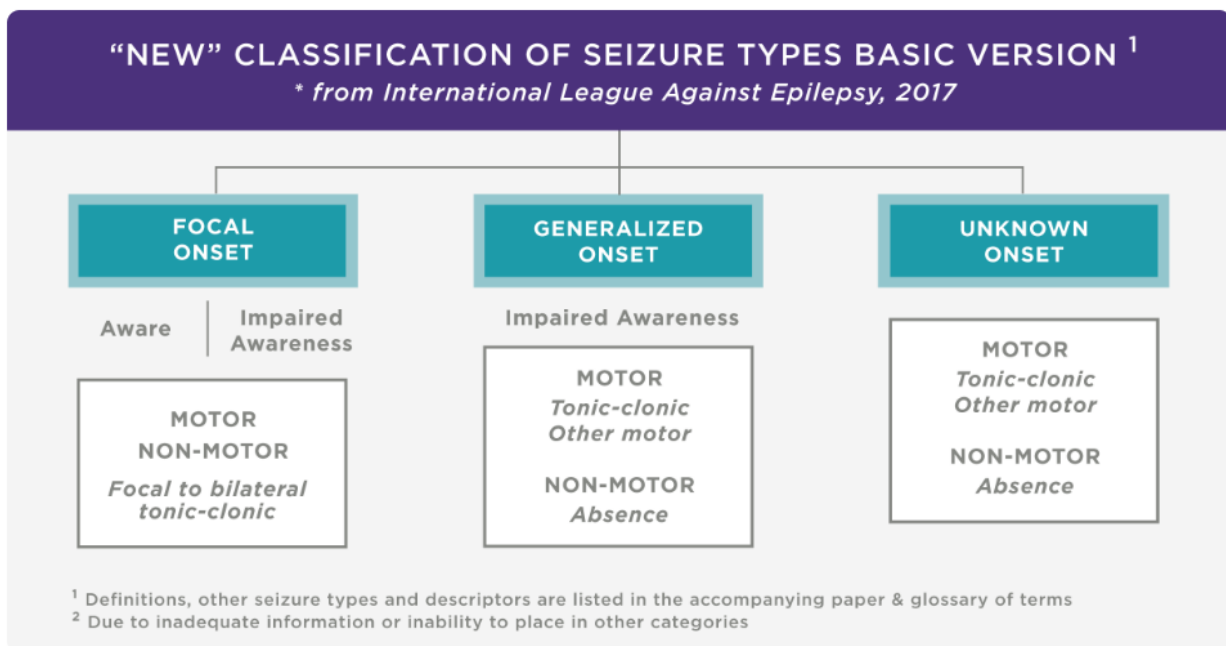
**What is a Seizure:** From the Mayo Clinic :”A seizure is a sudden, uncontrolled electrical disturbance in the brain. It can cause changes in your behavior, movements or feelings, and in levels of consciousness. Having two or more seizures at least 24 hours apart that aren’t brought on by an identifiable cause is generally considered to be epilepsy. There are many types of seizures, which range in symptoms and severity. Seizure types vary by where in the brain they begin and how far they spread. Most seizures last from 30 seconds to two minutes. A seizure that lasts longer than five minutes is a medical emergency.

Seizures are more common than you might think. Seizures can happen after a stroke, a closed head injury, an infection such as meningitis or another illness. Many times, though, the cause of a seizure is unknown. Most seizure disorders can be controlled with medication, but management of seizures can still have a significant impact on your daily life. The good news is that you can work with your doctor to balance seizure control and medication side effects.”

Some common triggers: Stress and lack of sleep are common triggers. Others include strobe lights, excessive heat, and even menstrual cycles.

\*Not all seizures are caused epilepsy.

Types of Seizures: from <https://www.epilepsy.com/what-is-epilepsy/seizure-types#How-are-seizures-classified-now?>



There are now 3 major groups of seizures.

**Generalized onset seizures:**

These seizures affect both sides of the brain or groups of cells on both sides of the brain at the same time. This term was used before and still includes seizure types like [tonic-clonic](#), [absence](#), or [atonic](#) to name a few.

**Focal onset seizures:**

The term focal is used instead of partial to be more accurate when talking about where seizures begin. Focal seizures can start in one area or group of cells in one side of the brain.

- **Focal Onset Aware Seizures:** When a person is awake and aware during a seizure, it’s called a focal aware seizure. This used to be called a simple partial seizure.
- **Focal Onset Impaired Awareness:** When a person is confused or their awareness is affected in

some way during a focal seizure, it's called a focal impaired awareness seizure. This used to be called a complex partial seizure.

Unknown onset seizures:

When the beginning of a seizure is not known, it's now called an unknown onset seizure. A seizure could also be called an unknown onset if it's not witnessed or seen by anyone, for example when seizures happen at night or in a person who lives alone.

- As more information is learned, an unknown onset seizure may later be diagnosed as a focal or generalized seizure.

How are different symptoms during a seizure described?

Many different symptoms happen during a seizure. This new classification separates them simply into groups that involve movement.

**For generalized onset seizures:**

- **Motor symptoms** may include **sustained rhythmical** jerking movements ([clonic](#)), muscles becoming weak or limp ([atonic](#)), muscles becoming tense or rigid ([tonic](#)), brief muscle twitching ([myoclonus](#)), or epileptic spasms (body flexes and extends repeatedly).
- **Non-motor symptoms** are usually called [absence seizures](#). These can be typical or [atypical absence seizures](#) (staring spells). Absence seizures can also have brief twitches ([myoclonus](#)) that can affect a specific part of the body or just the eyelids.

**For focal onset seizures:**

- **Motor symptoms** may also include jerking ([clonic](#)), muscles becoming limp or weak ([atonic](#)), tense or rigid muscles ([tonic](#)), brief muscle twitching ([myoclonus](#)), or epileptic spasms. There may also be automatisms or repeated automatic movements, like clapping or rubbing of hands, lipsmacking or chewing, or running.
- **Non-motor symptoms:** Examples of symptoms that don't affect movement could be changes in sensation, emotions, thinking or cognition, autonomic functions (such as gastrointestinal sensations, waves of heat or cold, goosebumps, heart racing, etc.), or lack of movement (called behavior arrest).

**For unknown onset seizures:**

- **Motor seizures** are described as either [tonic-clonic](#) or epileptic spasms.
- **Non-motor seizures** usually include a behavior arrest. This means that movement stops – the person may just stare and not make any other movements.

Glossary of new and old types of seizures

There are many different types of seizure, but the following glossary can help you understand the difference between some of the more common terms:

**New and old terms**

**Generalized absence seizure (new term) > Petit-mal (old term)**

**Description:** You lose consciousness for a few seconds, but don't fall over (read more about [absence seizures here](#))

**Focal atonic or generalized atonic (new term) > Drop attack (old term)**

**Description:** Your muscles suddenly go limp.

**Generalized onset tonic clonic (new term) > Grand mal (old term)**

**Description:** You lose consciousness, fall to the floor and experience convulsions (read more about [tonic clonic seizures here](#))

**Focal or generalized myoclonic (new term) > Myoclonic (old term)**

**Description:** You jerk briefly (read more about [myoclonic seizures here](#))

**Focal or generalized tonic (new term) > Tonic or drop attack (old term)**

**Description:** You stop what you're doing, your body goes stiff and you may fall over

### **Focal impaired awareness (new term) > Complex partial (old term)**

**Description:** You become unaware of your surroundings, examples include picking at your clothes or smacking your lips (read more about [focal impaired awareness seizures here](#))

### **Focal aware (new term) > Simple partial (old term)**

**Description:** You are fully aware of what is going on around you, but may feel 'frozen' or unable to move

### **WHAT DO WE DO at HHK..**

If the client has an emergency action plan: follow the steps.

If the client has no emergency plan: Call 911. Cushion heads. Remove hazards. Monitor ABC's. Do not give anything to eat or drink.

#### **If someone is having a seizure, DO:**

- *TIME* the seizure with your watch (or phone stopwatch)
- *LOOK* for medical identification
- *PROTECT* from nearby hazards
- *LOOSEN* ties or shirt collars
- *PLACE* folded jacket under head
- *TURN ON SIDE* to keep airway clear

#### **If someone is having a seizure, DO NOT:**

- *DON'T* put anything in the mouth
- *DON'T* restrain
- *DON'T* try to hold the tongue (it cannot be swallowed)
- *DON'T* try to give liquids during or just after a seizure
- *DON'T* use artificial respiration, except in the unlikely event that a person does not start breathing again after the seizure has stopped
- *IN INDIVIDUALS WITH A DIAGNOSED SEIZURE DISORDER CALL* an ambulance *ONLY* if the seizure lasts longer than 5 minutes or another starts soon after the first

#### **Q: What should I do after someone has a seizure?**

Reassure the person when consciousness returns. Allow them space until they begin to become reoriented with their surroundings.

Rescue medication such as Ativan may be required in some instances.

## **Medical Conditions Review:**

### **FROM THE STANDARDS MANUAL, PATH ED CTRI BOOKS -**

#### **Participants With Seizure Disorder**

Epilepsy is another name for seizure disorder. Seizures are caused by abnormal electrical activity in the brain. There are several types of seizures including tonic-clonic, absence and atonic seizures, among others.

Tonic-clonic seizures, previously known as grand mal seizures, involve loss of consciousness as well as full-body convulsions.

Absence seizures, previously known as petit mal seizures, do not involve loss of postural control. The individual may stare into space and may not respond to questions or directions.

An individual who experiences an atonic seizure, also called a drop seizure, suddenly loses consciousness and falls but does not convulse.

Seizure medications cause side effects for many individuals, including double or blurred vision, dizziness, nausea, drowsiness, fatigue, headache, weight gain and tremors as well as mood and behavior changes.

Uncontrolled seizures over a period of time may result in brain injury, which can be characterized by difficulties in the areas of motor, cognitive, socialemotional and/or communication skills.

#### **Considerations for EAA**

- An individual with an uncontrolled seizure disorder cannot ride, for safety.
- An individual with a controlled seizure disorder should be monitored carefully if they are accepted to ride. An emergency plan should be prepared in case the participant does have a seizure in the equine setting, and all personnel should be trained in the emergency plan and appropriate first aid measures. The participant will be at increased risk for seizures any time seizure medications are adjusted or reduced.
- Be aware of any seizure medication side effects that the participant may experience. • An individual who has recently had a seizure may be inappropriate to ride that day. An appropriate recovery period must be provided after a seizure.
- Incorporate the participant's choices into the riding session when possible.



• For more information about working with participants who have sustained a brain injury as a result of an extended period of uncontrolled seizures, see the section titled "Participants With Brain Injury" (PATH ED page 68).

#### STANDARDS MANUAL

##### Seizure Disorders/Epilepsy

Seizures are a disruption of brain function manifested as impairment by loss of consciousness, abnormal motor activity or sensory disturbances. Seizures may arise as a primary disorder (e.g., epilepsy), or seizures may be secondary to brain insults (e.g., brain injury, stroke, cerebral palsy, disease, tumor).

The severity of seizures ranges from extremely mild and barely noticeable, to moderate or severe with complete loss of control. Seizures may have specific triggers such as sounds, light or smells that precipitate the seizure activity. Frequency of seizures varies widely and cannot always be predicted. If a seizure disorder is noted on the Health or Medical History form, the Professional Association of Therapeutic Horsemanship International Center should obtain additional information as to the following:

- Type of seizure
- Typical aura (pre-seizure sensations or behaviors)
- The typical motor activity during seizures
- The post-seizure behavior and duration
- The average duration of seizures
- The current frequency of seizures
- What to do should a seizure occur at the center

If the medical form indicates a history of seizures, determine how long it has been since the last seizure. The longer it has been since a seizure occurred, the less likely it will re-occur, but it can.

Consult with the participant's MD to determine the likelihood of seizure recurrence, particularly if the seizure activity was of the 'atonic' or 'drop' kind. Know the tolerance of the equine, staff and participant in case seizures should occur, and have an emergency plan in place with rehearsals as necessary. Center staff should be trained in the correct first-aid procedures for a seizure.

##### Precaution:

- If the motor activity, change in postural tone, loss of motor control or alteration in consciousness is minor and is unlikely to frighten or injure the equine, participant or staff
- Seizure medications may cause drowsiness or photosensitivity (see Medication).
- Sensitivity of the equine to seizure activity
- Availability of appropriate equine

##### Contraindication:

- Recent seizure activity accompanied by strong, uncontrollable motor activity or atonic or drop attack seizures due to their sudden and complete loss of postural muscle tone
- A change of frequency or type of seizure until the condition is evaluated
- Inability to manage a participant during an emergency dismount should a seizure occur

### **Why might working with Horses for good for Seizure Disorders:**

Exercise helps people to stay fit and healthy. If you have epilepsy, this may help to reduce the number of seizures you have. Exercise can also improve mood and relieve stress. As stress is a common trigger for seizures, exercise may help to prevent seizures for some people. (EpilepsySociety.org)

But must partner with suitable horse, use safety equipment (helmet, safety stirrups, \*inflatable air vest), dismount at onset of "aura".

\*Some horses are intuitive and can sense the rider's impending seizure - similar to an alert dog.

Also see Chapter 7 "Cognitive and Learning Disabilities" of the Comprehensive Guide pg.160 for even more types and classification

**A small bit on the tremors from Parkinson's** research with bicycles (substitute working walk or trot): exercise triggers an optimal environment in the brain—by increasing factors that support the development of brain cells called neurons, activating your immune system, and improving the function of the power-producing mitochondria in your cells...exercise causes the brain to be 'smarter' in how it uses dopamine, a chemical responsible for transmitting signals between the nerve cells of the brain. The researchers found that the brain learns to use the dopamine in a more efficient way...complex and variable sensory input during dynamic cycling increases sensory feedback from the periphery and subsequent activation of the basal ganglia circuits. Activation of these circuits could enhance central motor processing. Accurate voluntary movement requires somatosensory input from the periphery. Peripheral receptors, such as joint receptors, golgi tendon organs, muscle spindles, and cutaneous receptors, send information from the limbs to the cortex. Several studies have identified proprioceptive impairment in PD, specifically in muscle spindle responses, load sensitivity, and kinesthesia (12, 32–35). This suggests that deficits in peripheral afferent input or sensorimotor integration likely contribute to abnormal motor output in individuals with PD.

### **Pedagogy Refresher:**

Set goals : these can include physical, cognitive, social/behavioral, life skill and other goals.

Create steps to achieve goals = objectives

Lesson Plan your objectives with WHATS-WHYS-HOWS (broken down with more task analysis into component parts)

Select Teaching strategies to support learning styles

Start lesson with the known and build/progress to the novel with practice and progression

Post Lesson Reflection

# Goals and Objectives



## Specific

Involves a clearly defined, observable skill



## Measurable

Includes quantitative mastery criteria



## Attainable

Presents an optimal degree of challenge



## Relevant

Relates to horsemanship and builds upon current skills



## Time Bound

Includes a date for expected mastery

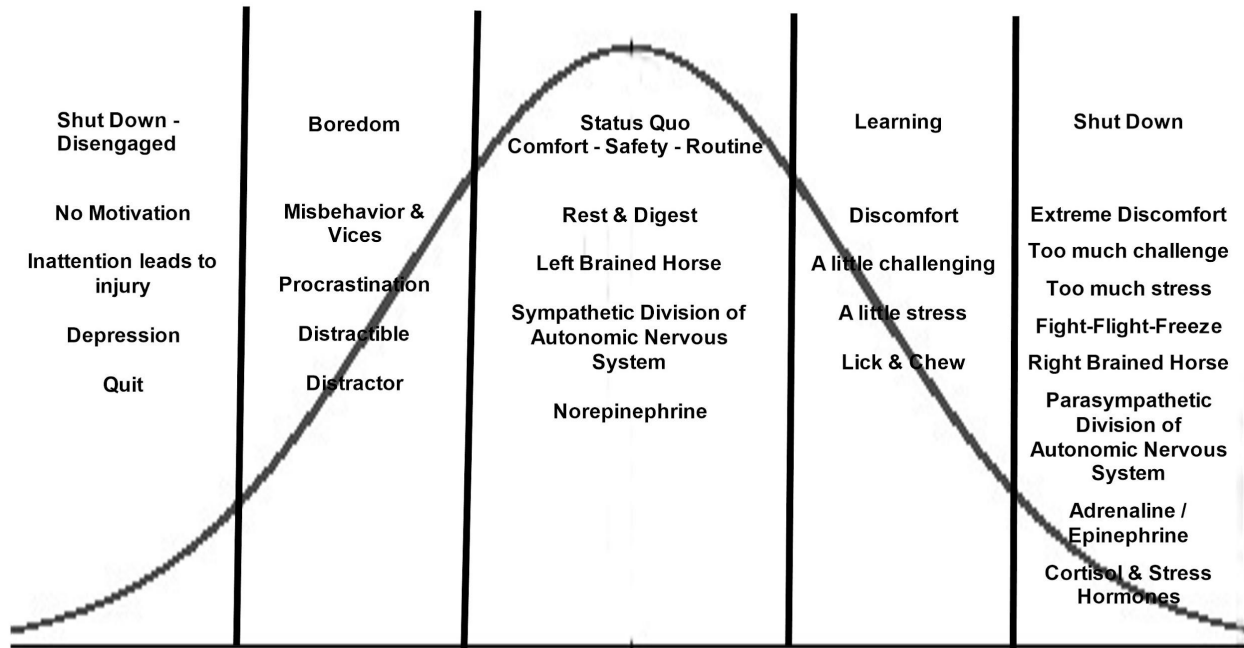
FIGURE 5.4

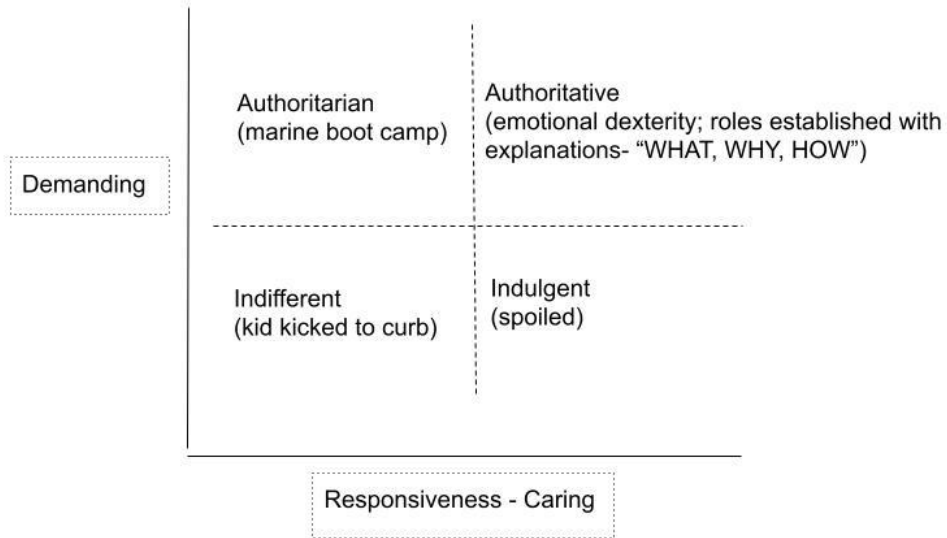
Attainability think of the following graphics:



FIGURE 5.5 THE ZONE OF PROXIMAL DEVELOPMENT

# ANIMAL & HUMAN BEHAVIOR, PHYSIOLOGY, & THE LEARNING CURVE





## Emergency Dismount

During riding sessions, the instructor performs rider mounts and dismounts. However, in certain situations, the instructor may ask volunteers to perform an emergency dismount as follows:

- When an instructor calls for an emergency dismount, the horse leader halts and heads the horse.
- The sidewalker(s) informs the rider of the emergency dismount and makes sure the rider has removed their feet from the stirrups.
- To perform the dismount, the sidewalker places their arms around the rider's waist and gently guides the rider off by bringing the rider's hips to the sidewalker's hips while bringing the rider safely away from the horse.
- Horse leaders must keep the horse a safe distance from the rider.
- Once the rider is dismounted, the sidewalker awaits further direction from the instructor.



### Emergency Dismounts

All activities incorporating equines involve risks. It is the responsibility of each instructor to take steps to reduce risks and prevent emergency situations. This may involve changing the lesson plan, ending the class early or taking other precautions when a potentially unsafe situation arises. Even with every precaution, however, emergencies can occur on occasion. PATH Intl. standards indicate that each program needs written emergency procedures. There are a variety of different types of emergencies that may occur in an equine setting, including the following:

- Environmental and weather-based emergencies; such as fire, power outage, high winds and earthquake
- Participant emergencies, such as sudden medical needs or unsafe behaviors
- Equine emergencies, such as a loose horse, sudden medical needs, startle or flight responses and intense behaviors
- Other emergencies; such as those involving volunteers, visitors or staff

In many unexpected situations, a rider can remain mounted on the equine. Sidewalkers can provide thigh holds to help stabilize the participant, and the horse leader can halt or walk the equine calmly until the situation can be resolved. In some situations, however, the participant may need to dismount. When this is the case and the equine can be halted, the participant may be able to perform their typical dismount procedure. In other scenarios, there is a need to remove the participant more quickly, or the rider may be unable to participate in their usual dismount procedure. In these cases, an emergency dismount needs to be performed by the instructor or a trained volunteer. An emergency dismount should be performed at the halt when possible; however, it can be performed while the equine is in motion if needed. This process can be completed on either side of the equine. Equines and volunteers should have opportunities to rehearse and become accustomed to the emergency dismount procedure. The following steps encompass an emergency dismount. This example explains an emergency dismount to the nearside of the equine, shown in Figures 8.21-8.25. 1. The horse leader or rider brings the equine to a halt if possible and if it is safe to do so. 2. The rider sets down the reins and removes her feet from the stirrups if there is time to do so. Sidewalkers assist if they are present and can do so safely. 3. Approach the nearside of the equine. Stand with your body facing the participant's left side. Align yourself so that you are standing directly to the side or slightly behind the rider's trunk and pelvis. 4. Wrap your arms around the rider's hips or waist. 5. Hug the rider's body toward your body so that her back is pulled against your chest. As you do so, back up until the rider is pulled free from the equine. 6. If you are able, continue to pull the rider away from the equine as an additional safety measure. Gently lower the rider to the ground if she is unable to stand, being careful to protect her head and neck. 7. The horse leader leads the equine away from the rider, being careful to steer the equine in such a way that the participant is not in danger from the equine's hooves. 8. Proceed with the center's plan to resolve the emergency.

When an instructor performs an emergency dismount to remove a large or heavy rider, the instructor may fall during this process. In this case, the instructor's goal is to remove the rider from the unsafe situation, slow the rider's descent and protect the rider's head and neck, even if the instructor is not able to significantly distance the rider from the equine in this process. The ability of the instructor to perform an emergency dismount for each rider is a consideration in setting participant weight limits for the program. An emergency plan needs to be in place that will allow the instructor to support the safety of every rider.

### Fallen Rider or Medical Emergency

In the event the rider falls from a horse, becomes injured or has a medical emergency during a lesson, all activity will stop. The instructor is responsible for managing the incident, including applying any first aid needed. Designated volunteers may be asked to assist by retrieving a first aid kit, calling for emergency medical assistance (911) and/or locating the rider's emergency medical form. Where this is a fallen rider, the horse leader will move the rider's horse away from the rider and then halt and head the horse. All other horse leaders are to halt their horses and head them. The sidewalker(s) of the fallen rider remain with the rider until directed otherwise. All other sidewalkers are to apply arm-over-thigh support and stay with their riders, waiting for further direction from the instructor. No one, including parents of the riders, should enter or leave the arena without direction from the instructor.

### Interesting Videos regarding importance of EVEN YOUR FORM WILL AFFECT the HORSE'S FUNCTION.

If your hips are tilted forward at the trot or canter - you will block the horse's ability to rise up.  
So remember HEELS DOWN sit with a following seat  
(Bracing back against the stirrups (toes down - stirrups behind the girth), pushes hip back in the saddle forcing rider to lead with the chest (lean forward) forward to rise up. Now on the forehand, with every stride they crash into back of saddle which will hurt the horse's back.  
(Bracing stirrups forward

<https://www.youtube.com/watch?v=-wLj9GbFbXc> - - - how your posture affect the successful trotting (0:00-3:00)

[https://www.youtube.com/watch?v=hRry\\_90nxHg](https://www.youtube.com/watch?v=hRry_90nxHg) — how your skeletal alignment affects the successful canter

\*\*\*

In horses born with Bad Conformation Issues, if the muscles are not trained well, and feet correctly trimmed & shod and/or back/withers padded to correct for the boney differences, the conformation issues will lead to injuries over time. As the parts that get the most stress will wear down faster and develop swelling, sprains, strains, or boney changes like arthritis.

### PATH Standards Review:

Must have policy for the purpose of risk management planning, is there written evidence that general health and safety concerns have been identified and that there are established written procedures to respond to possible accident and emergency situations unique to the center and its services, related to each of the following categories:

These are available in our Policy Manual on our website - VOLUNTEER TAB - in fine print here

Other Standards: must complete application with liability and sign handbook; must wear ASTM-SEI helmet while mounted, driving or vaulting & proper clothing and footwear; assessed for ability to work with particular client/equine; oriented to role and needs, offer guidance and don't assume they understands or are familiar with the methods, but validate prior knowledge, what to do at our facility with manmade, and environmental hazards; fall standards and adaptive tack, age related concerns

Training to include

1. Orientation to the facility, specialty programs and equine-assisted services in general?
2. Volunteer and personnel responsibilities?
3. Emergency procedures?
4. Confidentiality issues?

- 5. Safety rules and regulations?
- 6. Introduction to population served in program?

**We do not mount individuals under the age of 4, individuals with atlantoaxial instability (certain clients with Down’s Syndrome, arthritis, etc); and spinal fusions/cervical ossification due to risk of catastrophic injury.**

Driving Standards:

Know and implement 4 Golden Rules of Driving:

- 1) never remove the bridle from an equine while still hitched to the vehicle
- 2) never remove reins from the bridle of an equine still hitched to a vehicle
- 3) never leave an equine that is still hitched to a vehicle tied up by itself
- 4) always have the able-bodied whip enter the vehicle first and be the last to leave the vehicle
- \*) never leave the gate open
- \*) never drive without a helmet

All lessons supervised by PATH Intl certified instructor...All participants wear a helmet...All personnel who mount and dismount have documented training...There must be a means of attaching a lead line...horse must be put to prior to anyone entering the vehicle...ABW mounts first - holding reins before participant enters and after exit and has a second set of reins to take control if needed... one client at a time... all personnel must understand emergency procedures...wheelchairs must be off, secured with quick releases and appropriate for horse and hitch...ABW must have 50+ hours experience be age 18 and trained on second reins.... Vehicle must be regularly maintained.

4) Events:

**Upcoming Events:**

- Private Event/ Birthday Parties : 12/23 2:45
- Trainings :12/9-10 (2:30-4:30)
- Camp: 12/26-30 & Jan 2-5
- Clean Up: Weekly in New Arena - Sundays 9:30
- Fundraiser :
- Photo Event: Xmas 12/17 (2:30-4:30)

**Daily Topics:** Need 10 different activities for 3 different stations (3 groups of 15). Please email [hhkwebsite@gmail.com](mailto:hhkwebsite@gmail.com) with confirmed volunteer days

**CAMP BRAINSTORM**

Theme: **Healthy Horse / Ratio & Gait Cues**

Focus Plants: **Hau (Noni/Kava), Taro ('Ape, Pia)**

<b>Theme:</b>	ART & CRAFT	MINI & GAMES	ARENA & BARN
Dec 25 - Mon Vocabulary & Marking	n/a	N/a	N/a
Dec 26- Tue Body Language, Herd Dynamics, Communication	Soda Bottle/Hau Stick Ponies	Games - Hau Cordage Rope halter  Vocab: *Pin the Parts on the magnetic PUZZLE	W-H-W  Tack improv  Steer - Direct rein (vs neck vs open)

		Parelli-Friendly/Porcupine (back/hind/fore) Drive- WHW - change midline/center/diagonal	Rein board communicating with hands
Dec 27- Wed Gait, Leading, Tie	Horseshoe picture frame Or ORIGAMI	Games:horse tracks in plaster of paris Parelli - Porcupine (hind & fore) Drive: WTW - Serpentine Leaping Tying Roping Racing	Backing Bridle a kid
Dec 28 - Thur Anatomy	Xmas Ornaments	Game: Rodeo barrels & cutting on stick ponies Ground- Driving a friend - cones (timing the turn) Parelli- Drive Drive: Circles & Transitions within Gait	Transitions within gait Lunge a friend
Dec 29 - Fri Hoof/Teeth	Fabric Marker & Dye Spray Ratios/ Hoof/S kull/Gait Cues	Ground: paint animal mimics Parelli- Circle Drive: Dressage course	Trot - seated/posting Bathing
Jan 1- Mon Vocabulary & Marking	n/a	N/a	N/a
Jan 2- Tue Body Language, Herd Dynamics, Communication	Silhouette Drawing in Chalk Or (paint the plaster of paris figurines - - but I cannot seem to locate a suitable mold)	Games - Horse Treats Vocab: *Pin the Parts on the magnetic PUZZLE Parelli-Friendly/Porcupi ne (back/hind/fore) Drive- WHW - change midline/center/diagonal	W-H-W Tack improv Steer - Direct rein (vs neck vs open) Rein board communicating with hands
Jan 3- Wed Gait, Leading, Tie	Yarn Art (mock quilting)	Games:Leg wrapping - lunging the gaits Parelli - Porcupine	Backing Bridle a kid



		(hind & fore) Drive: WTW - Serpentine Leaping Tying Roping Racing	
Jan 4 - Thur <i>Anatomy</i>	Bead Key chains	Game: Vet Lab Stations: immunizations, fecal testing, etc  Ground- Driving a friend - cones (timing the turn)  Parelli- Drive  Drive: Circles & Transitions within Gait	Transitions within gait  Lunge a friend
Jan 5 - Fri <i>Hoof/Teeth</i>	Fabric Marker & Dye Spray Healthy Horse/evolution	Ground: Vital Signs Lab stations/ Horse dental lab  Parelli- Circle  Drive: Dressage course	Trot - seated/posting  Bathing

??Ideas for collaborations with other non-profit organizations - please share.

If you are involved in other organizations, how can we collaborate? "It takes a Village"

KORE Surf, Easter Seals, Rotary Club (West Kauai, Poipu, Kauai, Kapaa, Hanalei), Lions Club (North Shore, Koloa, Kauai, East, West), Kiwani Club, Key Club, Kauai Veterans Assoc/Ad/Council, Business Associations (Lihue, Kapaa, West), United Way/HTLA Charity Walk, Neighborhood Centers, YMCA, YWCA, Assisted Living Facilities, County Council, Hawaii Community Foundation, Kauai Area Agency on Aging - RSVP, Master Gardener, Humane Society, Kauai Path, Canoe Clubs, Hina Mauka, Habitat, Heart Assoc., Red Cross, Salvation, Children's Theatre, Historical Society, Food Bank, Scouts

## 5) Feeder Update / Volunteer Update

SEE NEW FEEDER AND VOLUNTEER CHECKLIST EACH TIME YOU COME

	MORNING	EVENING
SUNDAY	Jim-Jodi	Shendon
MONDAY	Candice	Laura
TUESDAY	Nadine	Mike
WEDNESDAY	Jim-Sophia	?????? Alexis
THURSDAY	Nadine	Laura-Chris/Dusty

FRIDAY	Nadine	Christina
SATURDAY	Mike	Shendon - Chris - Dusty

## 6) Horse Update

### **NO HAND FEEDING TREATS WITH CLIENTS - USE BOWLS - DISCOURAGES NIPPY BEHAVIOR**

**Grazing:** What to get them to graze the opened front acreage. Need to run temporary hot tape and truck water to the front.... More land clearance help requested. Any volunteers to run tape?

## 7) Public Relations Update:

**Events:** First Saturday: back on - Ana; Kress- Chris

**Media:** how do we increase followers

**Website:** videos to match the words posted under VOLUNTEER on website

**Facebook:** need 2 posts a week (auto scheduled is fine) Wed at noon and Friday afternoon - Tara

**Instagram:** need 3 posts a week (M/W/F) - Tara

**Twitter:**

Those in picture must have a signed photo release on record

**LOOKING FOR CARPENTERS/ENGINEER to reroof the horse stalls & the put a roof on the art and tack container.**

## 8) Projects

**'Stall'port Project:** person stall, and carriage stall on the arena ends

2nd Wash Rack:

**Front acreage pastures:** Volunteers to clear hot tape & run new tape on front pasture areas

**Pond trail t-post signage -**

**Container Project:** still need a coat of GacoFlex and/or a new roof placed on top

**Gravel Stall and Drive:** time for a new load

**Bridge across Canal -** on hold for now

**Compost:** needs now to be spread into medicine wheel

**Please dump manure only in active pile... the one without the cones**

**Sensory Riding Trails:** looking to clear 15+ wide path around entire perimeter, lay wood chips on trail with bermuda grass seed mixed in to establish soft footing not muddy trail & then plant trees and hedges and separate from pastures with interior pastures (Hawaiian, canoe, horse safe edible, and botanically interesting: variety of colors, shapes, textures, smells) for riders to enjoy --- Jim has planted 2 Lonomea and many Loulu palms already (and had to fence them off) and several more palms

**Medicine Wheel:** looking for gardeners to come on regular basis, a few plants (red ground cover, white/silver ground cover), aerial photo to HTML to create a meet the plants page on website, plant labels (ideally with QRL codes that link to website plant page)-- need to spread composted manure

**PATH & Other Certifications: NEED TO RECRUIT A FEW MORE INSTRUCTOR PROSPECTS**

**CPR & First Aid** - looking to put together a small (2-4 person course), cost \$30, time 7 hrs (combination of online and in person)----videos are uploaded and ready to go...

## 9) Hopes and Dreams: need list/ wish list/ to do list

Volunteers: Side-walkers, Horse-leaders, Feeders, Facility Maintenance Crew (with regular hours)  
Lightweight Tack-- for Chip and Rowdy

**STALL PANELS & CARPORT - get them painted and installed**

Tree & Rubbish Removal on all fencelines in last piece of forest--- in progress - - need a trailer to dump  
convoy - - any takers

Native Hawaii Trees and Shrubs to Border Cleared Trails - in progress

Fencing - in progress

Off-Grid Solar System to Power Office --- working on grants to create a stellar system but grants are  
never a sure thing--- we have a lead on KIUC wired in

Clear Span Building to Cover Arena and Stalls --- price jumped to about a million - - - we will back burner  
this one for a bit

**Tractor Attachments --- working on grants as we speak**

Solar Powered Pond Aerators--- any teachers out there want to make this a long term school project

**10) Next Volunteer Meeting- Jan 14 LOOK FOR THE SAVE THE DATE  
EMAIL / FACEBOOK NOTIFICATION**