

## HHK VOLUNTEER AND STAFF MEETING

Volunteer Meeting  
Sunday, Oct 8· 2:30 – 3:30pm  
Google Meet joining info  
Video call link: <https://meet.google.com/dzx-fmgr-ubq>

**In Person: Sam, Karin, Ginger, Peter, Amber, Danise**  
**Online: Shiela**

\*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 (Sept 1 - Sept 30 , 2023):

187 lessons (41 therapeutic = 21 %) in 4 weeks - 10 new riders -3 interisland,8 mainland, 0 international  
# rainouts- 0 full days,

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.

**WE ARE IN “BUBBLE WRAP” MODE - there will be NO JUMPING or Un-necessary cantering of Rowdy, Ivan, Bella until Dec. 4th. If you would like to canter or jump - pick another equine.** No lunging Lollipop & Jellybean. No carriages in front pasture. We cannot have these horses or carts break between now and the workshop.

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.

### **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**

Psychotherapy: Possible procedure codes suggested in policies were HCPCS #S8940 (Equestrian/Hippotherapy, per session), CPT #97139 (Unlisted therapeutic procedure) or just regular CPT#90847 (Family Psychotherapy, with patient present, 50 mins).

\*Regular psychotherapy codes can also be used since they are not restricted on place of service—

BUT NOTE these sessions do not look like riding skills acquisition lessons

More on billing codes for OT/PT/SLP: [AHA- Billing Code PPT](#)

The CPT codes that most accurately describe therapy services when hippotherapy/related activities have been included as a tool within the treatment protocol are as follows:

#### Physical Therapy Services:

97110 – Therapeutic Exercise

97112- Neuromuscular Reeducation

97116 – Gait Training

97530 – Therapeutic Activities

#### Occupational Therapy Services:

97110 – Therapeutic Exercise

97112 - Neuromuscular Reeducation

97530 – Therapeutic Activities

97535 - Self Care Management Training

#### Speech-Language Therapy :

92507-Speech/Language therapy activities, individual

92508 – Speech/Language therapy activities, group

92526 – Treatment of swallowing dysfunction and/or oral function for feeding

\*\*\*Note we are all following the progress of Colorado’s Bill HB22-1068 Medicaid Reimbursement For Therapy Using Equines - Subject to federal authorization and federal financial participation, on or after July 1, 2024, medicaid reimbursement is available for therapy using equine movement when provided by a physical therapist, an occupational therapist, or a speech-language pathologist.

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: Nov 29-Dec 3...Need 2 light weight able bodied students & and 2 students with disability (any type) for Dec 2 & 3.

**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 October 9-13**

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

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

\*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

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 TROTTING, 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 November 11, 2022 for February 4-19, 2023 testing.

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

Also Driving Test on 11/29- 12/3

### **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
Oct	Add/ADHD, Brain Injury	Thermal Injury - BURNS	ABC/Functions of Behavior/emotional reg.

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

**First Aid Refresher:** Suspected Head/Neck Injury

Heat Cramps: Cool victim down. Hydrate. Stretch & Massage.

Heat Exhaustion: Cool/wet/fan victim down. If awake - hydrate.

Heat Stroke: Call 911 - ABC's - COOL VICTIM DOWN!

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<b>Heat Exhaustion</b>
Normal or slight temp
Dehydration
Dizzy/ Lightheaded/Weakness
Syncope
Headache
Nausea/Anorexia
Diarrhea/Intestinal Cramps
Decreased Urine
Persistent Cramps
Pallor
Profuse Sweating
Chills
Cool, clammy Skin
Hyperventilation

<b>Heat Stroke</b>
Mid to end of practice
Increased Body Temperature
Cramps after prodrome of twinges
Excruciating Cramps
<i>Hobbled w/cramped/locked muscles</i>
<i>Writhes &amp; yells/palpable cramps</i>
Tachycardia (HR above 120)
<i>Temp above 104 F/40 C</i>
Dehydration
Dizzy/Drowsy
Irrational Behavior/Confusion
Irritable/Unstable/Hysteria/Apathy
Aggressive/Delirium/Disorientated
Staggering
Seizures
Loss of Consciousness/Coma
Weak
Vomiting/Diarrhea
Hot, dry skin
Hypotension
Slow recovery needs rest, ice, stretch
High sodium not enough water

<b>Exertional Hyponatremia</b>
<i>Temp less than 104 F/40 C</i>
Nausea/Vomiting/Lethargy
<i>Swelling Hand/Feet</i>
Progressive Headache
Confusion/Apathy/ Altered State
Seizures/Spasm/Cramps
Pulmonary & Cerebral Edema

Low Blood Sodium Level
Low sodium too much water

Frostbite: Remove jewelry/tight clothes. Soak part in warm water. Cover with dry, sterile gauze. ABC's. DO NOT RUB!  
DO NOT REFREEZE!

Hypothermia: Move victim to warm place. ABC's. Remove wet clothes. Cover with blankets. WARM SLOWLY  
HANDLE CAREFULLY!

**WHAT DO WE DO at HHK**..Check with client and support staff about how they are feeling  
Be aware of clients who are sensitive to environmental conditions (such as with SPI, TBI, medical conditions that make thermoregulation difficult- certain medications can also alter thermo regulation)

**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.

FROM THE STANDARDS MANUAL

**Brain Injury (BI)**

The term brain injury may include vascular, acquired brain injury, formerly known as traumatic brain injury (TBI), near drowning syndrome (or near fatal submersion syndrome), shaken baby syndrome and tumors. A brain injury may be primary, the result of a trauma or disease that directly affects the brain; or secondary, a result of another condition or treatment that in turn affects the function of the brain. A thorough medical history is necessary so that the cause and location of the brain damage is understood, in addition to other related problems. Because the brain controls all of our body functions, a brain injury can result in a variety of difficulties. Commonly seen are difficulties with movement, balance, communication, cognition, perception, sensation, vision, emotion and/or behavior. Acquired related medical problems may be seizures, heterotopic ossification, incontinence, contractures, skin integrity, fatigue/poor endurance, communication or behavior difficulties, to name a few. Surgeries are used to treat some of these problems. Be aware of medications participants may be taking.

Precaution/Contraindication:

- Behavioral impulsivity
- Changes in consciousness
- Poor judgment
- Dependent on the specific dysfunction(s) or treatment methods. See topics such as Heterotopic Ossification, Cranial Defects, Hydrocephalus, Stroke, Behavior, Skin Integrity, Medication, Communication Disorders, Surgery and/or Equipment for related information.

FROM THE PATH ED BOOK

Participants With Brain Injury

A traumatic brain injury (TBI) is caused by external head trauma, such as hitting the head during a car accident. Brain injury can also be caused by internal incidents such as a stroke or lack of oxygen to the brain. Depending on the area(s) of the brain that were damaged, an individual with a brain injury could exhibit a variety of characteristics, which may include the following:

- Muscle weakness, often worse on one side of the body than the other
- Spasticity
- Difficulty with balance and coordination
- Changes in sensation
- Vision impairment
- Hearing loss
- Seizures
- Communication disorders
- Attention and memory challenges
- Poor judgment
- Difficulty with emotional regulation
- Depression, anxiety and other mental health challenges

There is an extremely wide range in the severity levels of brain injuries; some individuals require assistance for all daily activities while others earn college degrees and live independently.

Considerations for EAA

- Behavior concerns or poor judgment may result in a precaution or contraindication for EAA for some individuals.
- Carefully investigate any other possible precautions or contraindications before accepting the individual to participate. Heterotopic ossification, cranial defects, hydrocephalus, decreased skin integrity, severe communication disorders, medical equipment, hypertension, impaired sensation, seizures, poor balance, blood pressure fluctuations, body temperature regulation problems, medications (blood thinners, blood



pressure medications, seizure medications, etc.) and recent surgeries all need to be ruled out or assessed and accommodated.

- Carefully select an equine whose movement does not increase the participant's spasticity. Select a narrow equine for riders with tight adductors (inner thigh muscles).
- Make thoughtful, informed decisions about tack as well as mounting and dismounting procedures. Consultation with a therapist trained in hippotherapy is recommended regarding individuals with significant physical or motor needs.
- For participants with spasticity, increase mounted warm-up time to allow muscles to stretch and relax.
- For a participant with poor balance, the horse leader may need to be instructed to avoid sudden transitions and small circles to reduce the chances of the participant becoming unbalanced.
- Participants who have AFOs or SMOs (ankle/foot braces) should generally wear them while riding. Consult with a physical therapist if needed. Take breaks during the lesson to avoid fatigue. One way to do this is to alternate activities with high and low energy demands when lesson planning. This also helps to improve attention and engagement in the class. In addition, it can be helpful for the rider to sit in a chair and rest immediately after dismounting.
- Decrease any unnecessary distractions in the arena.
- Break tasks down into small, manageable steps.
- Be watchful for a rider who is beginning to become agitated. Make adjustments to the lesson to provide choices and increase the rider's level of success at these times. The rider may function differently from day to day. Have a plan in place for any intense behaviors (see pedagogy above)

#### FROM THE STANDARDS MANUAL

##### **Attention Deficit Hyperactive Disorder (ADHD)/Attention Deficit Disorder (ADD)**

The essential feature of ADHD/ADD is a persistent pattern of inattention and/or hyperactivity and impulsivity that is more frequent and severe than is typically observed in individuals at a comparable level of development. (see Medication—Psychostimulants)

Precaution:

- Unpredictable behavior resulting from the disorder or the effects of medication

Contraindication:

- Any behaviors that make participation in the equine environment unsafe. Consider the size of the older child or adult who may be difficult to physically remove from an emergency situation. Consider the effects of the participant's behavior on the equine and the safety of the staff.

#### FROM THE PATH ED & CTRI BOOKS

There are three types of attention deficit/hyperactivity disorder (ADHD):

1. Primarily inattentive type, in which the individual has difficulty maintaining focus. Participants may appear to be frequently daydreaming or thinking about things other than what they are doing at the time. A participant may miss directions or seem to forget things. This type of ADHD was previously known as attention deficit disorder (ADD).
2. Primarily hyperactive-impulsive type. An individual with this type of ADHD may be constantly moving and may make impulsive choices without thinking about the consequences. They may seem impatient, be easily frustrated or frequently interrupt others.
3. Mixed type, characterized by inattention, hyperactivity and impulsivity. Inattention, hyperactivity and impulsivity may also be observed in program participants with other diagnoses, such as a sensory processing disorder or autism spectrum disorder.

#### Considerations for CTRIs in EAA Programs

- Extreme impulsivity may lead to unsafe choices in some cases. Participants who are very impulsive may require additional monitoring and closer supervision for safety.
- Consultation with a therapist trained in hippotherapy is recommended to carefully select a horse whose movement may help to meet the rider's sensory needs.
- Bring the rider's attention to you before giving directions. Check for understanding and attention by asking the rider questions after stating the instructions.
- Use a quick pace for instruction with frequent changes in activity to keep the rider's attention.
- Redirect the rider's attention to the horse and the task at hand. If the rider has sidewalkers, train the

sidewalkers to give nonverbal cues to redirect the participant without distracting them.

- Increase independence as soon as it is safe to do so.
- Decrease any unnecessary distractions in the arena.
- Be aware that the rider may have difficulty waiting, and plan lesson activities accordingly.
- Maintaining closer proximity to the rider may be helpful in supporting the participant to sustain focus on the instructor.

\*\*\*Note the medication they are taking may alter sleep/wake, and hunger cycles.

Pedagogy Refresher: ABC/Functions of Behavior/emotional reg.

**Antecedent:** environment, action, circumstances, and/or biological factors that precede/trigger

**Behavior:** witnessed action (negative or positive)

Why: 1- Gain attention

ask to comply, praise when warranted, move quickly, ignore undesired, redirect (don't make a fuss, dwell, or bring behavior up at later time)

2- Attain a tangible item or activity

Ask to comply, provide opportunities to earn, only give when earned (Don't just give it without earning, or give too much attention)

3- Avoid or escape something undesired (see thinking traps)

Calm and ask to comply, allow break after compliance, plan breaks, appropriate level of challenge, incorporate rider preferences (don't allow them to quit, or break before complying, pay too much attention)

4- Automatic of sensory based outcomes

Try to find replacement behavior, consult therapist, (Don't give lots of behavior)

REFRAME Negative Ideas - use positive statements (see thinking traps)

**Consequences** (see the specific behavior consequences under the why's, problem solving and conflict resolution below)

Problem Solving: "Ounce of prevention is worth a pound of cure" - TRY TO PREVENT/ANTICIPATE POTENTIAL PROBLEMS

ID the problem

Develop a Plan

Evaluate the Plan

Implement the Plan

If problem is due to conflict → Conflict Resolution

***Compromise*** One or both people agree to give up a little of what they originally wanted but are okay with it in order to resolve the conflict.

***Agreement*** Both individuals decide on a resolution or plan.

***Agree to disagree*** Both people decide this is something they will likely not agree on and they will accept this fact. Having differing perspectives is okay!

***Friendly rivalry/leave it to chance*** People decide to play a game to resolve the conflict, or they just do not do anything and see how things turn out.

**Seeking guidance from an adult** Ask an objective, outside party or someone you trust who can help give responsible suggestions.

**Making a deal** Both people agree to do one thing in exchange for something else (e.g., "If I do this, will you do that?").

Conflicts are challenging, and it takes patience and creativity to use problem-solving strategies!  
**Sometimes, thinking traps, thinking only of ourselves, or not being able to take others' perspectives can hinder effective problem solving and keep us from achieving a workable compromise.**

**If the problem is due to faulty thought process - Thinking Traps >>>learn to reframe it**

**Binocular vision - Making a Mountain out of a Molehill - Obsessing**

Looking at things in a way that makes them seem bigger or smaller than they really are *Example:* You're invited to a swimming party. It will be lots of fun but you don't want to have to wear a bathing suit, and that is *all* you can think of.

**Black-and-white thinking \*\*note very common for persons on Autism Spectrum**

Looking at things in only extreme or opposite ways (e.g., thinking of things as being good or bad, never or always, all or none, friend or enemy)  
*Example:* You feel irritated because you believe your parents think that your brother never makes mistakes. You feel like you are always the one who messes up.

**Dark glasses**

Thinking about only the negative parts of things  
*Example:* You don't like school. When you think about it, all you can think of is the mistakes you make and the problems you have with your teachers.

**Fortune telling**

Making predictions about what will happen in the future without enough evidence *Example:* You didn't do well on a math test. Now you think you will not do well in math in college.

**Making it personal**

Blaming yourself for things that are not your fault or making things about you when they are not  
*Example:* Your basketball team lost an important game. You think you let everyone down, and you feel like it's your fault.

**Blame game**

Blaming others for things that are your responsibility  
*Example:* You waited until the night before a group project was due to work on the project. Your group members couldn't help you get the materials you needed, and you got a bad grade. You're angry with your group members.

**All alone**

Thinking you have problems that no one else understands  
*Example:* You have difficulty making conversation at parties. You think you are the only one who has difficulty with this.

**Broad brush**

Judging something based on one experience with it  
*Example:* You tried soccer and found it to be difficult. Now, you think that you are bad at all sports and you believe, "I'm just not athletic."

<p><b>What was the thought?</b></p>	<p><b>What is the evidence (for or against)?</b></p>	<p><b>Is it realistic? Or was there a thinking trap (yes or no)?</b></p>	<p><b>What was the thinking trap?</b></p>	<p><b>What is a more realistic way of thinking about it (reframing)?</b></p>
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## 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.

## 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=-wLi9GbFbXc> - - - 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

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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 10/22, 11/4

Trainings :12/9-10

Camp: 10/9-13

Clean Up: Weekly in New Arena - Sundays 9:30 (Community Clean up 11/5)

Fundraiser :

Photo Event: Halloween

**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: **Mythical Horse-Like Creatures**

Focus Plants: **Shampoo Ginger, Milo, Kukui, Kamani**

Theme:	ART & CRAFT	MINI & GAMES	ARENA & BARN
Oct 9 - Mon Vocabulary & Marking	DALA Horse - felt	Games: Bubbles  Parelli-Friendly/Porcupine (back/hind/fore)  Drive- WHW - change midline	W-H-W  Tack improv
Oct 10- Tue Body Language, Herd Dynamics, Communication	PAPER BAG COSTUMES	Games - Kukui Nut Tops *Pin the Parts on the magnetic donkey/PUZZLE  Parelli- Porcupine (back/hind/fore)  Drive - Walk change of Rein Diagonal	Steer - Direct rein (vs neck vs open)  Rein board communicating with hands
Oct 11- Wed Gait, Leading, Tie	???HORSE HEAD MASK	Games: PATO  Parelli - Yo-yo/Drive	Backing  Bridle a kid



		Drive: WTW - Serpentine Leaping Tying Roping Racing	
Oct 12 - Thur <i>Anatomy</i>	Pipe Cleaner Ponies	Ground- Driving a friend - cones (timing the turn) Milo- shade, kamani dye oeoe  Parelli- Drive/Circle  Drive: Circles & Transitions within Gait	Transitions within gait  Lunge a friend
Oct 13 - Fri <i>Hoof/Teeth</i>	Fabric Marker & Dye Spray: mythical beast	Ground: paint animal mimics  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	Kaitlyn/Ginger
THURSDAY	Nadine	Laura-Chris/Ginger
FRIDAY	Nadine	Christina
SATURDAY	Mike-	Shendon - Chris - Moana

## 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- Nov 12 LOOK FOR THE SAVE THE DATE  
EMAIL / FACEBOOK NOTIFICATION**