

HHK VOLUNTEER AND STAFF MEETING

Volunteer Meeting

Sunday, Sept 10· 2:30 – 3:30pm

Google Meet joining info

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

In Person: Sam, Jim, Ginger, Jodi, Danise, Koa, Moana,
Online:

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

****NOTES: Natalie and Danise to Auto Insurance**

**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 (Aug 1 - Aug 30 , 2023):

176 lessons (50 therapeutic = 28 %) in 4.5 weeks - 23 new riders -3 interisland, 18 mainland, 0 international
rainouts- 0 full days,

Time to submit your 2023 volunteer/employee packet. Volunteers & Staff: Please sit with SAM or GINGER to update packets & demographic information on the spreadsheets so we can qualify for more funding

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

Karin's RETIREMENT: in April distribution of tasks

- Mini to long term care weekly (groom, load,) Natalie / Jodi / Danise
- Mini program billing (KVMH, Hale Kapuna, HI care, Mahelona) Ginger
- Mini's at camp - - Chris & Sam
- printing the fliers, rider application, volunteer application
- distribution of flier to Aloha feed & Kawamura— ?????? everyone
- laundry (towels & liners) bi annually saddle pads— liners ginger - - -saddle laundromat assigned to Danise
- Banking (check book, signing checks, deposit) - -monthly pictures of register to sent to treasurer - - -Ginger
- GET tax 2x/yr — Roxy/Sam
- Garbage and Recycling - - Shendon
- Birthday Party set up - - -Danise
- shaving the minis and Ivan (Oct & March)- 3 person Moana, Danise
- clean feed/tack room - Jodi
- clean the bathroom - Danise (Friday)
- chicken feed and water - n/a
- President of the Board
- rider financial support through the office

FIRE discussion

Dirt lot

OR open gates

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

Mounted Program: bring more riders

Carriage Program:

The certification workshop will be pushed back so as to allow time to get Ivan and his cart up and running and staff time to get their hours. I do encourage incorporating "showmanship" (utilizing the SAME WORDS and getting solid "STANDS" every time they are handled) and ground driving for all.

The new arena rails have been installed. **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

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 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 > 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

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
Sept	Spinal Cord Injury, fall prevention, seeing eye dog	Suspected Head/Neck Injury	Mount & Dismount

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

First Aid Refresher: Suspected Head/Neck Injury

Head/Neck/Spine Injuries: Call 911. Minimize movements---Stabilize head and neck.

Therapeutic Riding can be part of a an integrated fall prevention strategy for older adults through increased balance/postural control and strength:

<https://commons.und.edu/cgi/viewcontent.cgi?article=1030&context=cat-papers>

Recommended read:

Surviving the unexpected : fall safety training for horse riders

Author: Nylund, Lindsay.

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.

Medical Conditions Review: Spinal Cord Injury, fall prevention, seeing eye dog

Definitions:

Central Nervous System: brain and spinal cord

Peripheral Nervous System: The nerves of the body other than those in the brain and spinal cord.

Kyphosis: An abnormal spinal curvature resulting in an excessively rounded upper back. Kyphosis is a precaution or contraindication to riding.

Lordosis: An abnormal spinal curvature resulting in an excessively arched lower back. Lordosis is a precaution or contraindication to riding.

Scoliosis: An atypical lateral (sideways) curvature of the spine. Scoliosis may be a precaution or contraindication to riding.

Hypertonia: Increased resting tension of a muscle. This may make it more difficult to move a part of the body in a particular direction.

Hypotonia: Decreased resting tension of a muscle. This may cause the person to use greater effort to move or hold themselves up against gravity. Hypotonia may cause greater instability of joint(s).

Flaccid: A complete lack of tension in muscles; excessively relaxed or floppy. An individual who has had a spinal cord injury may experience flaccid muscles below the level of injury. Flaccid muscles surrounding a joint can cause instability of the joint.

Paralysis: Loss of movement and/or sensation. May be the result of a brain or spinal cord injury or a progressive disorder such as muscular dystrophy.

Paraplegia: Paralysis or paresis involving the legs.

Paresis: Partial or incomplete

Hemiplegia: Paralysis or paresis involving one side of body, either the right or left side. May be a characteristic of brain injury or cerebral palsy.

Diplegia: Quadriplegia with greater involvement of lower body than upper body. Commonly used with regards to cerebral palsy. An individual who has diplegic cerebral palsy has significant involvement of their legs and trunk with the arms and hands less affected.

Quadriplegia: Paralysis or paresis of the trunk and all four extremities. May be the result of a brain or spinal cord injury, cerebral palsy or a degenerative illness.

Spinal Cord Injury (SCI)

This is damage to the spinal cord that causes a loss of muscle control and/or sensation. If the injury is in the upper spinal cord, the cervical region, this will affect all four extremities and is called quadriplegia. If the injury is lower, the effect will be on the trunk and/or legs and is called paraplegia. The spinal cord injury may be complete (no function and/or sensation below the level of injury) or incomplete (partial loss of motor control or sensation below the level of injury). The medical history needs to delineate the cause of the spinal cord damage, the level of the insult, the completeness of the spinal cord damage, the method of spinal stabilization and any complications. The sixth thoracic vertebra (T-6) is usually the highest level of injury that still allows independent sitting balance. If the injury is below T-6, and there are no complications, the participant can consider mounted activities. A thorough functional assessment is needed to assess sitting balance, height and weight to decide if the participant can safely ride. A serious condition that may accompany spinal cord injury, particularly quadriplegic injury, is autonomic dysreflexia. This is a dysfunction of the body's ability to regulate itself. Often due to an unrecognized full bladder or injury unnoticed below the level of injury, the participant's blood pressure can go out of control. Other symptoms may include headache, profuse sweating above the level of injury, flushing of the skin and blurred vision. This is a life-threatening emergency. Blood pressure will need to be monitored. Immediately search for any potential causes of the problem such as a kinked catheter or difficulty below the level of injury. Loosen any restrictive clothing to allow blood pooling. If no apparent cause of the condition can be corrected, seek medical help immediately. The PATH Intl. Center staff and the participant need to be familiar with this condition and its treatment.

Precaution:

- Paralysis below T-6 for mounted activities
- Impaired sensation, including pain sensation (see Skin Integrity). Monitor the skin for areas of redness that persist for 15 to 20 minutes after the ride. Instruct the participant/family to do this as well, as they may not be at your facility at that time.
- Impaired temperature regulation, particularly during times of extreme outside temperatures
- Surgically stabilized spine (see Spinal Fusion/Fixation)
- Poor abdominal/respiratory control. May consider an abdominal binder or corset for trunk stabilization and breath support
- Poor joint stabilization below the level of injury (see Hip Subluxation)

Contraindication:

- Complete spinal cord injury above T-6

Spinal Curvature

The spine has three moveable curves to it, one at the neck/cervical, one at the upper back/thoracic and one at the lower back/lumbar. The fourth, or lowest curve, the sacrum/coccyx, has little flexibility. The motion of the three upper curves allows for movement of the body, and the healthy spine provides shock absorption. When these curves become immobile or exaggerated with either an increase or decrease in curvature, it may lead to problems with pain and/or decreased function. Terms used to describe curvatures of the spine include functional and structural. A functional curvature is typically seen only when the participant is upright-sitting or standing. Because the spine is still flexible, the curvature disappears when the participant lies down or voluntarily straightens the spine. A structural curvature is present in all positions, and can be straightened only with surgery. It also causes a decrease in the normal flexibility of the spine. The physician should provide information about the degree and location of the curvature. Contacting the participant's orthopedist may provide useful information. When the mobility of the spine is an issue, the physician or an experienced physical therapist needs to evaluate the participant to determine if there is enough functional mobility to participate in mounted or driving activities.

- **Scoliosis**

Scoliosis is a lateral or sideways curvature of the spine with a rotatory component. It may involve only a few vertebrae or the entire spinal column. The degree, direction and location describe the scoliosis (e.g., a 25-degree right thoracic curve). The cause of scoliosis can be unknown or it can be due to other musculoskeletal abnormalities, such as unequal leg lengths.

- **Kyphosis**

Kyphosis is an excessive rounding of the upper back (hunchback) when viewed from the side.

- **Lordosis**

Lordosis is an excessive forward curve (swayback) of the low back when viewed from the side.

Precaution:

- The spine should have enough flexibility to accommodate the movement of the equine activity.
- Activities should be monitored and adjusted to not further exaggerate the curvature.
- Specialized training of staff to understand curvature and effects of equine movement

Contraindication:

- If the activity produces lasting pain
- If there is not enough spinal mobility to accommodate to the movement of the equine
- If the spinal curvature is getting worse over time
- Aggravation to compromised pulmonary function, heart function, circulation and/or skin breakdown (see related topics including Respiratory Compromise, Skin Integrity, Equipment, Spinal Fusion/Fixation, Surgery)
- Moderate or severe scoliosis or inability to achieve a full upright posture

Spinal Fusion/Fixation

Participants with spinal fusion have one or more segments of their spinal column structurally joined. Bony abnormalities, disease or surgical intervention may result in fusion. Spinal fixation or internal stabilization is when the spine is stabilized surgically with hardware (e.g., Harrington rods, Luque sublaminar wiring) or by other procedures. The participant's medical history should delineate the area involved, when the fusion/fixation occurred, how it occurred and the current status. Some fusions are created surgically to correct scoliosis. Some fixations accompany spinal cord injury and there will be muscular weakness of the trunk as well. When some spinal segments are immobilized, the movement of the equine causes increased relative movement at the spinal segments immediately above and below. Thus, these non-fixed segments can be hypermobilized or moved too much. The excessive movement could create or contribute to the degeneration of the spine. Additionally, the vertical concussion and compression forces that occur during vigorous walking, trotting or riding in a carriage may increase the risk of dislodging internal rods or wiring. A fall from four to six feet may have greater impact than the immobilized spine can withstand. Therefore, it is essential to consult with the physician regarding riding/driving activities.

Precaution:

- If Harrington rods or Luque sublaminar wiring are present, the surgeon should make an informed decision regarding participation in riding/driving activities. The physician should base this decision on knowledge of the specific activities in which the participant will be involved, including risk of falls.
- Pain may dictate tolerance.

Contraindication:

- If there is insufficient mobility in the spinal joints above and below the fixation/fusion to accommodate the movement of the equine
- If there is a pre-existing condition of severe degenerative joint disease in the remaining mobile spinal joints
- If there is significant pain
- If physician has not released participant for post-surgical participation, indicating a solid bony fusion/fixation

Participants With Spinal Cord Injury

An injury to the spinal cord results in partial or complete paralysis and loss of sensation below the level of injury. Spinal surgery such as a spinal fusion is often performed shortly after the injury. Individuals with spinal cord injury (SCI) may also experience the following:

- Muscle spasms
- Pain
- Pressure sores
- Temperature regulation problems
- Bladder and bowel problems
- Autonomic dysreflexia. This is a life-threatening emergency situation in which the body has a reaction to a pain or pressure sensation below the level of injury. Tight clothing, a bruise or other injury, sunburn or a full bladder are common causes. Symptoms of autonomic dysreflexia include the following:

- Sweating above the level of injury
- Headache
- Anxiety
- Vision changes
- Goosebumps below the level of injury
- Slow pulse (slower than 60 bpm)

First aid response for autonomic dysreflexia includes loosening clothing, emptying the bladder and bowel, and staying in an upright sitting position with the legs hanging down. Emergency medical care should be sought.

- Syringomyelia, hydromyelia and tethered cord.

Syringomyelia/hydromyelia is a fluid-filled cavity that forms within or around the spinal cord. Tethered cord is a condition that prevents the spinal cord from moving freely within the spinal canal. Symptoms of syringomyelia, hydromyelia and tethered cord are the same and include the following:

- Progressive loss of sensation and strength
- Sweating
- Spasticity
- Pain
- Autonomic dysreflexia
- Circulatory problems:
- Blood pressure instability
- Abnormal heart rhythms
- Blood clots. Individuals may be prescribed anticoagulant medications (blood thinners) to prevent blood clots.
- Heterotopic ossification. This is a medical condition in which bone deposits form in soft tissue, such as around a joint.
- Depression

Considerations for EAA

- An SCI above the level of T6 (the sixth thoracic vertebra) is a contraindication for mounted EAA.
- A spinal fusion is a precaution for riding. An individual must have the ability to accommodate the equine's movement without the spinal segments above or below the fusion becoming hyper-mobilized (moved too much). Be sure that riding is appropriate and safe for the individual before accepting him or her into the EAA program.
- An indwelling urinary catheter is a contraindication for mounted EAA.
- Symptomatic syringomyelia, hydromyelia and tethered cord are contraindications to riding.
- Pain, blood pressure instability, other cardiac conditions and use of anticoagulants are precautions for riding. These conditions must be able to be managed and accommodated in order for the individual to join the EAA program.
- Heterotopic ossification is a contraindication to riding in some situations. Please see the PATH Intl. Precautions and Contraindications for more information.
- Temperature regulation problems must be able to be accommodated if the individual is to ride in a non-temperature-controlled environment.
- Some individuals may not be able to ride safely during periods of extreme temperatures.
- Pressure sores on weight bearing areas (seat, inner thighs, etc.) are a contraindication for riding. A seat saver is recommended. The participant or a caregiver should perform a skin check after dismounting to check for areas of redness or abrasion.
- Consider accessibility of the facility and availability of appropriate mounting supports the individual will need. Work with the individual to select a mounting and dismounting procedure. The individual may be at increased risk for hip instability due to muscle wasting below the level of injury.
- Consider the need for adaptive tack. All adaptive tack needs to meet PATH Intl. Adaptive Tack Guidelines. The rider must always be able to fall free from the equine in an emergency.
- Stirrups or stirrup leathers may need to be secured to the girth to provide stability for the lower leg.
- After mounting, help the participant check to be sure that their skin is not being pinched by stirrup leathers or bunched clothing.
- The individual may be taught to utilize a dressage whip in each hand to substitute for leg aids. The equine will need to be trained to understand this type of cue. An equine trained to respond to voice aids can also be helpful.
- Include the participant in setting goals and making decisions about the horsemanship skills they would like to focus on in lessons.

Seeing Eye Dog/Alert Dog Policy: in development - - any input is welcome

- less busy time of day
- dog in shade, at long stay (caretaker monitors dog)
 - Alert dog in backpack/pouch

Pedagogy Refresher:

Task Analysis

Croup Mount



Stirrups down (if higher than block, if lower - stirrups crossed)
 Offside support counterweights stirrup
 Rider grabs reins and places both hand on pommel
 Rider places left foot in stirrup
 *Stabilize/block rider's left leg as needed
 Rider pushes up and swings right leg over equine's croup *if needed assist rider's leg (at calf) over croup to prevent bumping
 *Offside support receives rider's right calf
 Rider sits down gently
 Check rider is centered, secure

Crest Mount



Rider backs to edge of ramp (back to horse)
 Rider places 1 hand on instructor's shoulder
 Other hand reaches back to saddle
 Offside assistant guides rider's hips, as instructor slowly lowers rider to seated position on saddle (rider now sideways)
 Depending on rider ability:
 -rider can swing right leg over equine's neck as turns to face forward
 - assistant supports riders hips with right arm while slowly pivoting rider's knees with right arm turning rider's body to face forwards - lifting right leg over crest, offside assist should support hips and back
 slowly leg legs down saddle flap (*keep raised until clears ramp as needed)

*Used when high tone, limited hip ROM, limited weight on 1 leg, abdominal equipment
 Leaders and off side assistants should be used

Leg Up Mount



Tie reins up at neck
 Leader holds horse
 Instructor stands to left of rider
 Rider reaches over horse back and looks at offside, bends left knee and stands on right
 Instructor squats, cupping left hand on rider's left knee, right hand holds right knee
 Rider jumps up as instructor stands up,
 Rider hands to offside of saddle
 Rider looks to horse's ears, swings right leg over croup,
 Rider sits gently

Croup Dismount



Leader holds horse
 Rider releases reins
 Rider feet out of stirrups
 Rider hands forward on withers
 Rider leans forward, slowing swings right leg over croup
 *offside supports calf as needed

Rider pauses with belly on saddle seat to bring both legs together *near side supports as needed
 Rider slides on belly
 *Nearside ensures both legs are directly under body

Crest Dismount



Leader holds horse
 Rider Releases reins
 *reins removed/moved out of way
 Rider feet out of stirrups
 Offside supports rider's back/hips
 Offside & Nearside guide rider's legs up to crest simultaneously
 Offside continues back/hip support, as instructor and offside help rider bring right leg over crest

Pivot rider so rider sits sideways
 Bring legs together
 Rider places hands on neck
 Rider slides down either on right hip or on belly
 *Nearside support guide hips and ensures both legs are directly under body

Emergency Dismount

Leader brings horse to halt if possible
 Rider/Sidewalkers take both feet out of stirrup
 Rider drops reins
 Sidewalker stands directly to side or slightly behind rider's pelvis
 Sidewalker wraps arms around rider trunk/waist
 Sidewalker pulls rider's back to his/her chest - backing up to pull free from the horse
 Gently lower rider to ground, protecting rider's head and neck
 Horse leader moves horse away from rider



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 — 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: 10/21 or 10/22

Trainings : 9/30+10/1

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 with confirmed volunteer days

CAMP BRAINSTORM

Theme: **Colors & emotions**

Focus Plants: **Paper Mulberry (Wauke) & Turmeric (Olena)**

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 Drive: WTW - Serpentine Leaping Tying Roping Racing	Backing Bridle a kid
Oct 12 - Thur Anatomy	Pipe Cleaner Ponies	Ground- Driving a friend - cones (timing the turn) Milo- shade, kamani dye Parelli- Drive/Circle Drive: Circles & Transitions within Gait	Transitions within gait Lunge a friend
Oct 13 - Fri Hoof/Teeth	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-Dayna/Anna	Kaitlyn/Azure
THURSDAY	Nadine	Laura
FRIDAY	Nadine	Christina

SATURDAY	Dayna/Anna - ???	Shendon - Chris - Moana
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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

Wash Rack: YIPPEE Its done

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

Pond trail t-post signage - in process by Alex once all the new t-post are in (Zoophonics)

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- OCT 8 LOOK FOR THE SAVE THE DATE EMAIL / FACEBOOK NOTIFICATION

*Projects:

Sew Helmet Liners: XS - Red; SM - Orange; MD - Yellow; LG - Green; XL- Blue

<https://www.thesprucecrafts.com/helmet-liner-free-sewing-pattern-2978116>

“Sew” Aprons out of feed bags

Prep sew - horse dolls for a camp