

HHK VOLUNTEER AND STAFF MEETING Sept. 4

Volunteer & Board Meeting
Sunday, Sept 4 · 2:30 – 3:30pm
Google Meet joining info

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

In Person: Anrea, Michelle, Danise, Jim, Jade, Manny, Mary, Chrissy, Karin, Jamie, Sam, Ginger, Dusty, Koa
Online: Moana, Shiela, Mary Z

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

1) Participant Counts (Aug 1- Aug 31, 2022):

186 lessons (119 therapeutic = 64 %) in 4 weeks - 23 new riders -0 interisland, 8 mainland, 0 international
(46.5 average per week)

Fundraisers on hold until after the United Way Campaign 10/31

But PLEASE HELP SPREAD THE WORD ON OUR :

Amazon Smile: "Equine Therapy Inc, Lihue HI"

UNITED WAY DONATION DRIVE

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

HAVE YOU TURNED IN YOUR 2022 volunteer/employee packet?? We need all these paperworks as we aim for premiere level accreditation this fall.

Carriage for Chip and Rowdy is being built and shipped from PA. DRIVING WORKSHOPS will be held Thanksgiving and President's Day Weekends. IT IS TIME TO LEARN TO GROUND DRIVE/LONG LINE Need to construct 130 x 260 arena in front acreage in addition to another bridge, several pastures (with water lines) and trails before then—**PLEASE COME TO THE NEXT WORK DAY Nov 5** to help make sure the new arena location is hazard free. AND NEXT SUNDAY

*Harnesses are here. Time to ground/long line train Chip, Rowdy, Lollipop and Jellybean Should cut bridle paths on Lollipop and Jelly Bean
To Learn How to Hitch the Mini's <https://youtu.be/SCLIEaMjEI> (14:39 minutes long)

CAMP October 3-7

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

*October camp t-shirt: mythical horse-like creatures & evolution of the equine

*December camp t-shirt: horse colors & body types & signs of a healthy horse

*June: gaits of the horse & grooming and tack

*March: spring cleaning - - any of the above

*July Camp t-shirt: Emotions of the Horse, and conformation of the the horse (with skull and hoof)

Halloween Photoshoot October 31

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 PRESENT/UNDER THE GUISE OF A LESSONS, STAFF TRAINING, OR HORSE SCHOOLING.

PATH FACILITY ACCREDITATION ANDREA - Do you have anything to report?

Next PATH submission deadlines: Accepting applications through September 17, 2022 for December 10-17, 2022 testing. We have grant funding to pay for 1 more CTRI. (We also have funding to pay for Driving cert in Nov/Feb)

***Lesson Plans- **THIS MONTH FOCUS:**

Month	Awareness Month	First Aid Review	Pedagogy Review
Sept	Spinal Cord Injury, fall prevention, seeing eye dog	Suspected Head/Neck Injury	Mount & Dismount

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 2021 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

*****Looking for a volunteer to check the First Aid Kit each month— Jamie & Shakti & Ginger**

Words

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

First Aid Refresher:

Month	Awareness Month	First Aid Review	Pedagogy Review
Sept	Spinal Cord Injury, fall prevention, seeing eye dog	Suspected Head/Neck Injury	Mount & Dismount

Eye Injury: Water rinse (bad side down). Close both eyes/ If irritant won't come out or extreme pain call 911
 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.

WHAT DO WE DO at HHK...rehearse emergency dismounts and know the above

Medical Conditions Review: fall prevention and spinal cord injuries/conditions

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.

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

Emergencies and Emergency Plans

Natural Hazards or Disasters

Flooding

Flooding is the most likely emergency, as the facility is located on a flood plain. Floods occur every year to varying degrees. The following actions are to be taken in case of a flood: All riding or other activities must be canceled. All non-critical Staff and Volunteers must evacuate. All vehicles must be evacuated from the facility. In the case that water tops the ditches, pond, and/or the bridge over the culvert pipes, the horses will be let loose from their paddocks. Attempts may be made to get them to the top of the hill close to the stalls, but experience has shown that they will make their way to high ground within the enclosure of the field on their own.

Falling Trees

Our facility has many aging ironwood trees that occasionally come down or lose branches. We have been removing the trees as they become dangerous and as our budget allows, but sometimes they fall without warning. In the case of a falling tree, the following procedure must be followed; ● Get out of the way if possible; ● Secure any horses that are in use or otherwise not in their paddocks; ● Make sure all Participants and personnel are safe and out of danger; ● Assess any damage the fallen tree may have caused; ● Contact ambulance or fire department if anyone is injured; and ● Repair any damage to paddocks or move horses to another paddock, if needed.

High Winds

Because of the trees and tents at the facility, high winds are very dangerous. In the case of high winds, the following procedures must be followed. ● All riding and other activities must be canceled; ● All non-critical Staff and Volunteers must evacuate; ● Area and equipment must be secured as much as possible; ● Horses will remain in their paddocks unless a tree comes down and damages them; ● Small animals may remain in their enclosures unless there is another safe place for them to go; and ● Any Staff staying on premises must stay in the tack area, as it has been cleared of most possible falling trees. Hurricane In the case of a hurricane warning: ● All riding and other activities must be canceled; ● Horses must be haltered with phone number (808-634-3896) written on halter and set loose on the field; ● Perimeter of the field enclosure must be checked and verified intact (gates closed, etc.); ● Area and equipment must be secured as much as possible. ● All staff and volunteers must evacuate. ● Small animals must go to the stalls or another safe place.

Tsunami

In the case of a tsunami warning: ● All riding and other activities must be canceled; ● All non-critical Staff and Volunteers must be evacuated; ● All vehicles and equipment must be moved as far inland as possible; and ● If horses cannot be moved inland, they must be haltered (with phone number) and let loose on the field.

Earthquake

Earthquakes have a variety of effects. In most cases, earthquakes don't affect the facility, but in the case that one does, evacuation of personnel, horses, animals and equipment must take place as safely as possible.

Man Made Hazards

Construction or Heavy Equipment Use

Our facility requires constant maintenance, and often it must take place during activity times. In the case that construction or equipment is in use (tractor, lawn mower, Kubota, weed whacker, etc.) precautions must be taken to ensure the safety of all. Many times, our horses are accustomed to these activities, but in the case that an equine is responding negatively to an activity, the lesson may need to be ended or changed to a ground lesson.

Facility Hazards

Water System Break

Due to the construction of our water system, there are occasionally breaks or leaks in the system. If you see a break or leak, and know where the nearest shut-off valve is, shut off water to the area and contact HHK Staff as soon as possible. If you do not know where the nearest shut-off is, alert HHK Staff as soon as possible. In the event that there is a water shut down, attempt to find out for how long the water will be shut down. If it is for an extended amount of time, water must be trucked in from the nearest location for the horses.

Loss of Electrical Power In the case that the facility loses electrical power, the facility manager should be notified and steps taken to restore it. Unless notified otherwise, lessons should be able to proceed.

Equine Hazards

Participant falls from horse

Falls occur from time to time. It is the duty of the Instructor to manage the situation when a fall occurs, but it is beneficial if the other personnel in the lesson are aware of the procedure. The following actions must occur in the event of a fall: 1. Assess the condition of the Participant. If the Participant is injured, seek immediate first aid or contact emergency personnel; 2. Secure the equine involved in the fall and ensure the safety of all other Participants and personnel; 3. Inform the parent or caretaker of the Participant; 4. If the Participant is not injured and it is appropriate to continue the lesson, do so in a safe manner; and 5. Complete an Occurrence Report and file.

Loose horses

From time to time, our horses get loose. Horses by nature will run around when they get loose and other horses want to join them. If a horse or horses get loose, please take the following actions: 1. Secure any horses that are in use, are in the tacking area or being led in between; 2. If horses being used in a riding session are reacting to the loose horses, dismount the Participants safely to the ground, if possible; 3. If Participants do not have a leader, designate personnel to assist the Participants; 4. Once all other horses, Participants and personnel are secured, attempt to catch the loose horse or horses safely and without causing further ruckus; and 5. Remember that if a horse is running straight at you, stand still and they will go around you

Biting or Kicking

Our horses do not usually bite or kick, but they are horses, and these behaviors are possible. If you see a horse bite or kick, please report it immediately to the Instructor in charge of the activity. If the Instructor gives you directions on how to manage the horse in case it happens again, please follow the directions immediately, or let the Instructor know if you are not comfortable with the directions.

Inappropriate Conduct of Personnel, Participants or Guests

In the case that the behavior of personnel, Participants or Guests includes inappropriate actions, failure to follow safety rules, abusive actions or use of drugs or alcohol, mistreatment of animals on the site, please inform the program Staff immediately and appropriate actions will be taken.

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

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?

FALL STANDARDS:

Quick release mechanisms that are effectively deployed by the participant, including those that simply require the weight of the participant to activate (e.g., Velcro® fasteners), are the only mechanisms considered acceptable. In instances where immediate release is paramount to the health and safety of the participant, sidewalkers should never be placed in the position of having to decide when or how to release (and let fall) a participant. Likewise, participants using a quick release mechanism that is not activated by their own weight should be competent to control their own equine. Adaptive tack that is used should allow the participant to fall free of the equine without intervention by another individual. Any tack that does not allow the participant to fall free of the equine is deemed inappropriate.

**In neuro typical individuals there are reflexes that cause individuals to extend their arms (protecting head) when falling. Clients with damage to the nervous system, such as those with cerebral palsy, as well as those who have had a stroke or brain injury, may demonstrate patterns of movement that are stereotyped and interfere with attempts to teach the person motor-based skills, such as how to sit symmetrically on the equine, to maintain good leg position or to use the reins. These movement patterns may be the result of “primitive reflexes” or “abnormal reflexes.”

*** Individuals with arm amputation likewise are less able to protect themselves when they fall. This should factor into decisions regarding sidewalker use/height of horse used.

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.

Age and Developmental Related Considerations

Children under two years are inappropriate for mounted activities because their structural and neurologic development is inadequate to organize the sensory input from the equine or to accommodate its movement. While the fontanel is still open, this puts the child at risk similar to those with a cranial defect. Infants and young children often do not have adequate head control to wear a helmet, and/or helmet fit may be a problem. There is research to indicate that because of the immaturity of the young spine, repeated stress such as bobbing of the child’s head while on the equine at a walk may lead to micro trauma of the cervical spine. A quick movement of the equine, even a small misstep, carries the risk of a whiplash type effect for the young child with poorly developed head control. The child without developmental delay will not display mature gait patterns with respect to pelvic movement until the age of three. Working with the equine to influence the child’s gait prior to this age may not be appropriate

4) Events: /

Upcoming Events: Birthday Parties:

Fall Camp 10/3-7

Halloween Photoshoot: 10/31 - - **-need to print new sticker for old banner/ new banner generic so will suffice for any holiday photoshoot. Need to measure old banner**

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

Theme:	ART & CRAFT	MINI & GAMES	ARENA & BARN
October 3 - Mon	Coconut Frond Horse Head	Friendly/Porcupine	W-H-W

	Paint Coconut Fronds	(back/hind/fore) Paint animal mimic	Tack improv
Oct 4 - Tue	Colors of Horses worksheet & paper bag costume	Drive (back/hind/fore) Pin the part on the Donkey	Steer - Direct rein (vs neck vs open) Rein board
Oct 5 - Wed	Toilet tube marionette/shadow puppets/pantomime	Yo-yo/ paint a skeleton/magnet skeleton	Backing Bridle a kid
Oct 6 - Thur	Coconut Sennit	Circle/?????horseshoes/hawaiian games-rolling rock	Transitions within gait Lunge a friend
Oct 7 - Fri	Tie dye	Squeeze/touch it/ ????	Trot - seated/posting Bathing

VOLUNTEER CLEAN UP Nov 5

Training Day OC 8 & 9

Poop Drop Fundraiser - - wrap up

*United Way

**Charity Walk

Next Meeting:

Sunday October 2 - LOOK FOR THE SAVE THE DATE EMAILS in case there are changes

??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	Derrick	Kai
MONDAY	Candice	Chris

TUESDAY	Matthew	Christina
WEDNESDAY	Jim	Mike
THURSDAY	Nadine	Azure
FRIDAY	Theresa	Allison
SATURDAY	Mike	Shakti

6) Horse Update

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

Mini: Conditioning for carriage and camp

Tack: ordering full harnesses sets for CHIP, ROWDY, IVAN

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

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

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

Twitter:

TIKTOK: ???

All posts from official site must have @Hawaiihta, @hawaii, @KauaiVisitorsBureau, @Kauaidiscovery, #VisitKauai, #ParelliFoundation

Those in picture must have a signed photo release on record

New brochures for hotel concierge now need to print...

Applied for loads more grants - cross your fingers. Grants applied for to fund:

Lesson Programs- instructor pay, tack, feed, insurance, vet, farrier,

Mini Program: instructor education, instructor pay, halters, feed, insurance, vet, farrier care

Driving Program: horse and carriage **AND DRIVING WORKSHOPS**

Veteran Program: scholarships/stipend equipment, tack,

Foster Youth Programs: scholarships

3-steps Capital Improvement: 1- Covering: arena & stalls 2- Off-grid Solar powered office with roof 3- pasture and fencing from 10 acres SEE WEBSITE SHARE GO FUND ME LINK

8) Projects

Three Steps Forward Capital Campaign - testimonials spread word

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

Make mini carriage (see last May's agenda) - writing grants for wheelchair accessible carriages for Chip & Rowdy to pull but will need custom build for Lollipop & Jellybean

Pond trail t-post signage - **once all the new t-post are in**(from pallets and wire:e.g. A-Z (w/braille); 0-9 (w/braille); phonetic alphabet (w/Morris); colors w/shapes; Letter & semaphore, etc) --- Does anyone have a GLOWFORGE or similar laser engraver/cutter?- have a lead ...Kelly V...think Zoophonics to start

'Stall'port Project: Maybe two more for parent stall and mini's at end of arena

Container Project: still need a coat of GacoFlex

Gravel Stall and Drive:

Pasture Management: need to get highway acreage fenced/hot taped ASAP -

Bridge across Canal - discussion underway (asking for culvert install so bridge can go over)

Compost: construction - 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

PATH CTRI: awaiting update from testing center on Kauai - did email PATH again and now that they aren't accrediting this year there might be a shot for exemption

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 - replacement (warranty carport) will be here this week

Tree & Rubbish Removal--- 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- October 2 - LOOK FOR THE SAVE THE DATE EMAIL