



T.H.E. FARM
Where Special Horses Help Special PeopleSM

Volunteer Training Manual

Our Mission...

To enrich lives through the healing power of horses

Revised January 2011



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Addenda— Forms to be signed:

Confidentiality Agreement

HIPPA Grid

Volunteer Contact and Availability

Workshop Evaluation



T.H.E. FARM

Lesson Volunteer Workshop Outline

Welcome and Introduction

Please share with us:

Your name

Why do you want to volunteer at T.H.E. FARM

Any experience you have had working with horses and/or people with disabilities

Video

Overview of Therapeutic Horseback Riding

Value

Types

Other types of Volunteer Opportunities

Discussion of Lesson Formats

Overview of the needs of the riders and the type of help they may need

Take your lead from the instructor

Working as a team with the instructor and the horse

Emergency situations and dismounts

Important reminders about working with therapy horses

Overview of Confidentiality—HIPPA form

Barn Rules and Safety Procedures

Tour of the Barn

Overview of Types of Equipment Used

Meet the Horses

Leading and horse handling demonstration with hands on practice

Grooming demonstration with hands on practice

Tacking demonstration with hands on practice

Leading and Sidewalking Demonstration with hands on practice

Review / Questions & Answers

Complete Volunteer Application, Contact Availability, and Evaluation Forms



T.H.E. FARM

NOTES TO T.H.E. FARM VISITORS

Welcome to the Tewksbury Hospital Equestrian FARM!

You are welcome to visit the Barn any time a FARM Staff member or Volunteer is here. If you have any questions, please feel free to ask them or give the Barn a call at 978-851-5540, and someone will get back to you with the information you need.

The following are some rules that we need all visitors to follow so that your time at the Barn and with the horses is safe and enjoyable.

- If you bring children to T.H.E. FARM, you must stay with them at all times. Children often find the farm environment a wonderful place to run. They can easily get so excited to see the horses that they forget any rules you may have given them before they came.
- Please do not feed the horses. If you have brought treats (apples or carrots) you are welcome to leave them with us and we will put them in their feed tubs at mealtime. While hand-feeding animals is an enjoyable experience for people, it encourages nipping from horses. (That's not so enjoyable!). This also applies to hand feeding grass out in the paddocks.
- For your safety, visitors must stay out of the stalls and paddocks when the horses are occupying them.
- Horses need to have their "space" at feeding times. While the horses are eating, please stay away from their stall openings/windows. Save petting for another time.
- Please do not allow children to put their faces up to a horse's mouth. They can save their kisses for you.
- And finally, a little lesson in horse body language. Even the friendliest horses have times when they are not in the mood for "attention". If a horse pins his ears, he's telling you that he needs to be alone for a while. Please be mindful of their warning. Try another horse. He might be begging for an affectionate pat!

Once again, we hope you enjoy your time here. Please come again.



T.H.E. FARM's Barn Policies

We'd like to take this opportunity to thank everyone for their consistent efforts towards making the barn a place of enjoyment for both people and horses alike. The horses are well cared for thanks to the continued efforts of staff and volunteers. In order to keep them and the barn safe and enjoyable environment for all, we need everyone's cooperation in adhering to the following policies:

- 1.** Children must be accompanied by a parent in the barn. It should not be anyone's responsibility to watch other people's children.
- 2.** As the barn visitors come more frequently, they tend to get more comfortable with the horses without the knowledge to keep them safe. Please be vigilant and comfortable in communicating safety policies as well as asking if they assistance.
- 3.** Please ask visitors not to hand feed horses (including out in the paddocks), They may leave treats with you and we will put them in their feed tubs at an appropriate time.
- 4.** Under no circumstances are visitors (including guests of the staff and volunteers) allowed in the stalls or paddocks with the horses.
- 5.** If you (volunteers and staff) bring family or guests to T.H.E. FARM please understand that they are your responsibility. Do not expect that they will notice or understand when a horse does not want attention.
For example, your guest may not realize that a horse that pins his ears is warning that a nip might be next. Horses are like all animals - they use their bodies to communicate. (including biting)
- 6.** At feeding time, the horses need to eat in peace. It is not an appropriate time to pet them. When your children or guests come with you to feed, teach them to respect the horses' "space". And then enforce this rule. Even the friendliest horses can have an "off" day.
- 7.** If you are a "feeder" and have filled out a volunteer liability form for one of you children so that they may assist you in caring for the horses you are responsible for keeping them safe. Under no circumstances are you to allow them to enter a stall or be "with" a horse without you by their side. If you are not completely confident that you know how to be safe around horses, do not expect to be able to keep your child safe!

Thank you!



T.H.E. FARM

General Volunteer Information:

Volunteers Must: Attend a Workshop

Be 14 years old or accompanied by an adult

Sign a Release form

Sign a Confidentiality form

Wear sensible and comfortable clothing and dress for the weather:

Professional attire

Long pants or shorts

Hat to protect from the sun, rain or snow.

Sturdy shoes or boots

Rain coat or jacket, Gloves

No dangling jewelry (could become entangled in the rider or tack).

No open-toe shoes, ripped jeans, shirts showing midriff, etc.

Bring bottled water, especially in hot weather.

Typical Shift Outline:

Plan to arrive 15 minutes before your scheduled shift and to stay 15 minutes after your shift.

Sign-in at the Volunteer Communication Table.

Locate your instructor. This is a good time to ask any questions you may have about the upcoming lesson(s).

Remember...the Instructor is in charge

The instructor may ask you to walk the horse down to the mounting ramp or arena. Wait for the instructor and student near the ramp or outside the arena

Assist with mounting

Listen to the instructor. Help the rider only when needed. The instructor will direct you on leading and sidewalking strategies

Dismounting can take place in the arena, at the mounting ramp or in front of the barn. The instructor will direct you on the planned dismount. You may then be asked to return the horse to the barn where a Working Student will take the horse to be un-tacked and turned out.

At the end of your shift please remember to sign out.

Volunteers are not allowed to bring visitors, family or friends into the stalls, paddocks or riding arena



Understanding Therapeutic Riding

Therapeutic riding uses equine oriented activities for the purpose of contributing positively to the cognitive, physical, emotional and social well-being of people with disabilities. Therapeutic riding provides benefits in the areas of therapy, education, sport, and recreation & leisure.

Therapeutic Riding Classifications

The following classifications reflect the primary fields of therapeutic riding and its different approaches. An integrated approach to therapeutic riding uses the therapeutic benefits in all four fields; however, each can be practiced as a specialty.

I. Therapy

Equine activities are used as a form of therapy to achieve physical, psychological, cognitive, behavioral and communication goals. The therapy is provided by a licensed/credentialed health professional*. The use of the horse involves a team approach among licensed/credentialed health professionals, therapeutic riding instructors and clients. The client may be treated in a group or on an individual basis directly by the health professional.

Knowledge of the principles of classic hippotherapy is considered essential for all licensed/credentialed health professionals who provide direct therapy treatment using the horse. Such health professionals also integrate the treatment principles of their professions into the equine activities used in a treatment setting.

Several health professions, including Physical Therapy, Occupational Therapy, Speech Pathology and Psychology have developed specialized forms of treatment using the horse within those professions. These include, but are not limited to, Classic Hippotherapy, Hippotherapy Developmental Riding Therapy, and Equine-Assisted Psychotherapy.

II. Education

Equine activities are used to achieve psycho-educational goals for people with physical, mental and psychological impairments as well as to provide the individual with skills in the sport chosen (such as riding, driving, and vaulting). The emphasis is to incorporate cognitive, behavioral, psychological and physical goals into the program plan while teaching adapted riding, driving, or vaulting. The horse is a strong motivator for accomplishing these goals.

Therapeutic riding instructors, educational specialists, and licensed/credentialed health professionals are involved in the design and implementation of the programs. The frequency of consultation with educational specialists and health professionals is determined on an individual basis.



Understanding Therapeutic Riding *(cont.)*

III. Sport

People with physical, mental, and psychological impairments can participate in sport activities - adapted as needed - with the horse. These activities include riding, driving, and vaulting as forms of therapeutic recreation and competition. Activities are directed toward the acquisition of skills leading to the accomplishments of specific horsemanship goals. By learning skills needed for the sport, therapeutic, and recreational goals are also achieved.

Therapeutic riding instructors are primarily responsible for the design and implementation of the program. Licensed/credentialed health professionals, educational specialists, and recreational therapists may assist the instructor in a variety of ways, and they are generally involved on a consultative basis.

Individuals have the option of participating in therapeutic riding programs or pursuing their equine activities independently.

IV. Recreation and Leisure

People with physical, mental and psychological impairments may use equine activities - adapted as needed - as a recreation and leisure experience. The emphasis is on an enjoyable and relaxing experience that provides additional therapeutic benefits in the areas of socialization, posture, mobility, and an overall improved quality of life. Individuals may participate in horse-related activities to their maximum ability in an atmosphere of support, structure, and socialization for the primary purpose of the intrinsic enjoyment of the activity.

Therapeutic riding instructors and recreational therapists are primarily responsible for program development. Licensed/credentialed health professionals and educational specialists are generally involved on a consultative basis.

V. Hippotherapy

Hippotherapy is a direct medical treatment. It literally means “treatment with the help of the horse” from the Greek word hippos, meaning horse.

Medical professionals, primarily physical and occupational therapists, use this medical treatment for their clients who have movement dysfunctions.

With hippotherapy, clients can benefit from improvement in dynamic posture and balance as well as improvement in sensory processing and functional mobility.

**Licensed/credential health professionals “refers to physical therapists, occupational therapists, speech-language pathologists, psychiatrists, psychologists, physicians, nurses and rehabilitation specialists. Health professionals providing direct service “therapy” through equine activities should have additional specialized training in the use of the horse as a component of treatment in their respective area of expertise.*



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Understanding Horse Behavior

EQUINE SENSES:

When developing relationships and working with horses, communication is the key. It is critical when providing a safe, environment in a therapeutic riding setting. Beginning a process of understanding the horse senses, instincts, and implications is a step in predicting behaviors, managing risks and increasing positive relationships.

SMELL:

The horse's sense of smell is thought to be very acute and it allows him to recognize other horses and people. Smell also enables the horse to evaluate situations.

Implications:

- Allow horses the opportunity to become familiar with new objects and their environment by smelling.
- It is recommended that treats are not carried in your pocket since horses may desire to go after them.
- Volunteers should be discouraged from eating or having food in the arena.

HEARING:

The horse's sense of hearing is also thought to be very acute. The horse may also combine their sense of hearing and sight to become more familiar with new or alerting sounds. "Hearing and not seeing" is often the cause of fright/flight response.

SIGHT:

The horse's eyes are set on either side of the head; there is good peripheral (lateral) vision, but poorer frontal vision. A horse focuses on objects by raising and lowering its head. The horse's visual memory is very accurate. Horses are thought to see quite well in the dark, due to the large size of their eyes. There is still some controversy as to whether horses can see in color.

Implications:

- The horse may notice if something in the arena or out on a trail is different. Allow the horse an opportunity to look at new objects. Introduce new props that the horse may be unfamiliar with.
- The horse has better peripheral vision; consider a slightly looser rein, enabling him to move his head when taking a look at objects.
- Although the horse has good peripheral vision, consider two blind spots; directly in front and directly behind. The best way to approach a horse is to his shoulder. It may startle him if you approach from behind or directly in front. The horse may be unable to see around the mouth area, which is a safety consideration when hand feeding.

TOUCH:

Touch is used as a communication between horses and people. Horses are sensitive to soft or rough touch with a person's hands or legs.

Implications:

- Handlers should treat horses gently but firmly
- Each horse has sensitive areas, and it is important to be familiar with them (i.e. flank and belly areas).
- Watch rider leg position. Riders may need appropriate assistance to reduce a "clothes pin" effect with their legs. Ask the instructor/therapist what is the best handling technique.
- Horses will often touch or paw at unfamiliar objects. For example, a horse may paw at a bridge or ground pole before crossing it.



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TASTE:

Taste is closely linked with smell and touch; therefore, a horse may lick or nibble while becoming familiar with objects or people. Be careful, as this could lead to possible biting.

SIXTH SENSE:

Horses do have a “sixth sense” when evaluating the disposition of those around him. Horses can be very hypersensitive in detecting the mood of their handlers and riders. A good therapy horse is chosen for their sensitive response to the rider. At times there may exist a personality conflict between handlers and horses. It is important to the instructor/therapist to know if you're having difficulty relating or getting along with a particular horse.

THE HORSE'S LIFESTYLE:

In addition to understanding the horse's sixth sense, we need to appreciate and increase our awareness of the horse's lifestyle. This will assist us in responding appropriately to his reaction to situations.

FLIGHT AS A NATURAL INSTINCT:

Horses would rather turn and run away from danger than face and fight it.

Implications:

- At a sudden movement or noise, the horse might try to flee. Speak to the horse calmly.
- A frightened horse that is tied up or being held tightly might try to escape by pulling back. Relax your hold or untie him quickly and he will usually relax. Be sure not to stand directly behind the horse.
- If flight is not possible, the horse could either turn to kick out or face the problem and rear, especially in a tight area like a stall. A halter with a lead rope may assist with maintaining control while working around the horse in a stall.
- If a horse appears frightened or fearful (note position of the horse's ears in pictures following article), it may be helpful to allow a more experienced horse to lead.
- Most horses chosen to work in a therapeutic riding setting have less of an instinct to flee. The horse may look to you for reassurance. It is helpful if the volunteer remains calm and talks to the horse in a soothing voice.

HERD ANIMAL:

Horses like to stay together in a herd or group with one or two dominant, with a pecking order amongst the rest.

Implications:

- Be aware that a horse may not like being alone. This is a consideration when horses are leaving the arena or a horse loses sight of the others while on a trail ride.
- Be aware that if the horse in front of a line is trotting or cantering, the horse that is following may also attempt to trot or canter.
- If one horse spooks at something, the surrounding horses may also be affected.
- For safety, it is recommended to keep at least one horse's length between horses when riding within a group to respect the horse's space and pecking order.

Being aware of horses behaviors is one of the best safety precautions that can be used in your facility. Knowing how to ready your horse can prevent an accident and increase the quality of your “mutual” relationship.

Reference; RDA (Please note additions or modifications have been made to the original content. Original format of subtitles remains the same).

Appendices included:

- A - Notes on each of the Cranleigh RDA Horses from Hean Stenning – Stable Manager, Cranleigh RDA
- B - Notes from physiotherapists about helping with learning and physical disabilities
- C - Horse with tack for RDA (From RDA Test 3)
- D - Basic Points of the Horse (From RDA Test 3)



Effective Sidewalking

(reprinted from the May/June 1989 NARHA News)

By Susan Tucker and Molly Lingua, R.P.T.

Sidewalkers are the ones who normally get the most hands-on duties in therapeutic riding. They are directly responsible for the rider. As such, they have the capability to either enhance or detract from the lesson.

In the arena, the sidewalker should help the student focus his/her attention on the instructor. Try to avoid unnecessary talking with either the rider or other volunteers. Too much input from too many directions is very confusing to anyone; and to riders who already have perceptual problems, it can be overwhelming. If two sidewalkers are working with one student, one should be the “designated talker” to avoid this situation.

When the instructor gives a direction, allow your student plenty of time to process it. If the instructor says “Turn right toward me”, and the student seems confused, gently tap the right hand and say, “Right”, to reinforce the command. You will get to know the riders and learn when they need help and when they’re just not paying attention.

It is important to maintain a position by the rider’s knee. Being too far forward or back will make it very difficult to assist with instructions or provide security if the horse should trip or shy.

These are two ways to hold onto the rider without interfering. The most commonly used is the “arm-over-thigh” hold. The sidewalker grips the front of the saddle (flap or pommel depending on the horse’s size) with the hand closest to the rider. Then the fleshy part of the forearm rests gently on the rider’s thigh. Be careful that the elbow doesn’t accidentally dig into the rider’s leg.

Sometimes pressure on the thigh can increase and/or cause muscle spasticity especially with the Cerebral Palsy population. In this case, the “therapeutic hold” may be used. Here, the leg is held at the joints, usually the knee or and/or ankle. Check with the instructor/therapist for the best way to assist. In the (unlikely) event of an emergency, the arm-over-thigh hold is the most secure.

Avoid wrapping an arm around the rider’s waist. It is tempting, especially when walking beside a pony with a young or small rider, but can offer too much and uneven support. At times, it can even pull the rider off balance and make riding more difficult. Encourage your students to use their own trunk muscles to the best of their abilities.

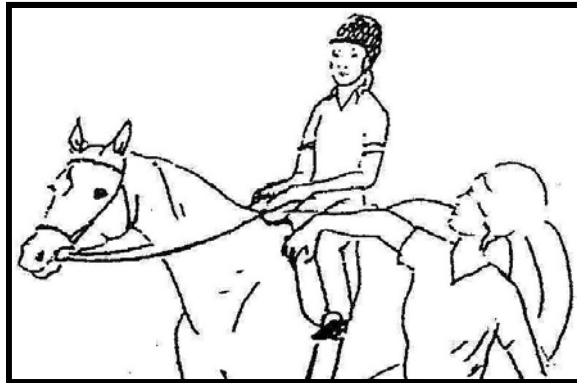


Effective Sidewalking

continued....

If the instructor chooses to use a safety belt on your rider, be very careful not to pull down or push up on it. As your arm tires it is hard to avoid these movements, so rather than gripping the handle firmly, just touch your thumb and finger together around it. This way you are in a position to assist the rider if needed, but you will neither give unneeded support, not pull him off balance. When you are ready for relief for your arm, ask the leader to move into the center to stop and trade sides, one at a time, with the other sidewalker (instructors: if your rider has serious enough balance problems to warrant a safety belt, you should probably be using two sidewalkers).

During exercises pay attention to your student. Sometimes volunteers forget that the riders are to do the exercises and the sidewalkers are to reinforce and assist. The same applies to games. Don't get so competitive that your rider doesn't get to use his skills because you do it for him in an all out effort to win.



The ultimate goal for therapeutic riding is to encourage the rider to stretch and grow to be as normal as he can possibly be. You are right at his side, so help the instructor to challenge him to the best of his ability.

Without you, these programs couldn't exist. We thank you for all you give and challenge you to be the best you can be.



Follow The Leader

*(reprinted from the March/April 1989 NARHA News)
by Susan Tucker, NARHA Accreditation Committee*

As a volunteer one of the most challenging duties you could be assigned is the position of leader. A leader's first responsibility is to the horse, but you must also constantly be aware of the rider, instructor, and any potential hazards in or around the arena. In addition, you must also consider the sidewalkers, making sure there is enough room along the fence and around obstacles for them to pass.

An effective leader pays close attention to the rider's needs as well as to where the horse is going. This attention reinforces the rider's attempts to control the horse. However, you should not execute an instruction for the rider before he has time to process the information and make an effort to comply. Sometimes it may be appropriate to walk into the corner and stand until the student figures out what to do.

Avoid the temptation to talk to the rider and/or sidewalkers. A rider may get confused by too much input and not know who is in charge (instructors often make terrible leaders because they can't keep their mouths shut!).

Figure A depicts a few faults common among leaders. Here is a leader grimly marching along, head down, one hand on the lead snap, the other inside the coiled end of the rope, dragging a strung-out horse. In a battle with a horse, you lose. You must get the horse to cooperate. Walk alongside the horse, about even with his eye. This position helps keep him in a proper frame, which is more beneficial for everyone.

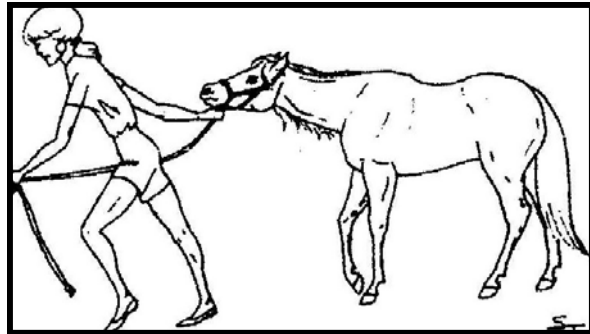


Figure A

Talk to the horse; most of them know "whoa", "walk", and "trot", or can learn the words. Watch where you are going and what's happening around you. **Do not** walk backward to look at the rider. It is dangerous for everyone and the horse isn't eager to follow someone who can't see where he is going.



Follow The Leader

continued...

Figure B shows the correct position for leaders. The lead shank is held with the right hand, 6-12 inches from the snap, allowing free motion of the horse's head. This position is more therapeutic to the ride and less irritating to the horse. The tail end of the lead should be looped in a figure eight in the left hand to avoid tripping on it. Never coil the rope around your hand. A sudden pull could crush or amputate your fingers. Use short tugs rather than a steady pull to keep a lazy horse moving. The horse can set himself against a steady pull, but tugs keep him awake. Move out, about 1,000 steps per 15 minutes to provide the most therapeutic benefit.

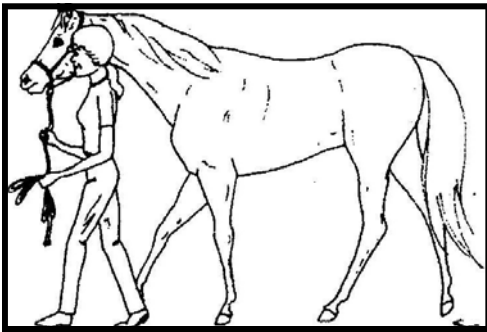


Figure B

When you halt for more than a few seconds, stand in front of the horse with your hands on the halter's cheek pieces (if the horse permits) or loosely hold the lead or reins. Standing in front is a psychological barrier to the horse and he will stand more quietly than if he has an easy chance to move out. Don't put your thumbs through the snaffle or halter rings - they could be broken with a toss of the horse's head.

If the worst happens and there is an accident, stay with the horse. There are other people to care for a fallen rider. The situation could easily become more dangerous if there are loose horses running around the arena. Move your horse as far from the fallen student as possible and keep calm. Listen to the instructor's directions.

These suggestions can help you control your horse, be a good aide to a rider and be a valuable assistant to an instructor. You will provide real therapeutic input to your rider, as well as make it safe for them to have fun riding. In short, if you lead, we'll be happy to follow.



Safety Belts

(reprinted from the January/February 1990 NARHA NEWS)

By Martha Biery

While reviewing videotapes submitted for accreditation, members of the NARHA Accreditation Committee have seen many examples of excellent teaching methods and innovative therapeutic techniques. However, it is evident from the tapes that a few issues need to be addressed, due either to a misunderstanding of accepted techniques or a realization of the effects of these techniques, with respect to the overall picture. One of these issues is safety belts.

For example, back in the dark ages of therapeutic riding, each new rider received a belt to wear during the lesson. The original purpose of the belt was to have something for the volunteer to grab, instead of the rider's clothing, in case of an emergency or to help stabilize a rider with poor balance.

However, we have discovered how detrimental the weight of a volunteer's arm can be when that arm is attached to a belt. Therefore, belts can still be used for emergency purposes; but the recommended technique for assistance is called the "arm-over-thigh" hold, described in an article in the May/June 1989 *NARHA News*, pages 6 and 7. It is further suggested that we try to wean our riders away from belts whenever possible.

This change in technique is a positive sign. It demonstrates a deeper understanding of the effects of the riding experience on the students and it points out how we can make this experience more valuable and therapeutic for all students.

Riding for the handicapped, as a discipline, is evolving as it grows. We must keep our minds open and receptive to the changes that are bound to come as a result of new understandings. As professionals, we should enthusiastically embrace this concept of continuing education.



Now That We've Met, What Do I say?

*General Guidelines for Communicating
With Persons Who Have Disabilities*

A Mid-Hudson Library System
SPECIAL GUIDE

Language Guide

Outdated or Offensive	Reason	Currently Accepted*
<i>The</i> anything: The handicapped. The disabled. The blind.	Views people in terms of their disability. Groups people into one undifferentiated category. Condescending.	People with disabilities. Deaf people. Blind people.
Deaf and dumb. Dumb. Deaf-mute.	Implies mental incapacitation.	Deaf. Hearing-Impaired.
Confined to a wheelchair. Wheelchair-bound.	Wheelchairs don't confine; they make people mobile.	Wheelchair-user. Uses a wheelchair.
Cripple. Crippled. Handicapped.	From Old English: <i>To creep.</i> Also: <i>inferior.</i> Dehumanizing. Disabilities don't handicap; attitudes and architecture handicap.	Physical disability. Physical disability.
Deformed. Freak. Vegetable.	Connotes repulsiveness, Oddness. Dehumanizing.	Multiple disabilities. Severe disabilities.
Crazy. Insane. Psycho. Maniac.	Stigmatizing.	Behavior disorder. Emotional disability.
Retarded. Retardate. Slow. Simple. Moron. Idiot. Mongoloid(ism).	Stigmatizing.	People with mental retardation. Developmentally delayed. Has Down's syndrome.
*indicates suggested changes in terminology		



Communicating with

Persons Who Have Speech Difficulties

1

Give your complete attention to the person who has difficulty speaking.

2

Be patient. Don't correct and don't speak for the person. Allow extra time.
Give help when needed.

3

Keep your manner encouraging.

4

Ask questions that require short answers or a nod or shake of the head, when necessary.

5

If you have difficulty understanding, don't pretend. Repeat as much as you do understand.
The person's reaction will clue you in.

Recommended Books, Films and Videos

The following materials are available through your local public library.

“My Left Foot” (videocassette)

Autobiographical story about Christy Brown, Irish painter and writer, who was born with cerebral palsy. Brown emerges as a wholly realized person. Won Academy Awards in 1990 for Best Actor and Best Supporting Actress.

The Painted Bird by Jerzy Kosinski (Fiction)

Confronted with extreme irrationality and brutality, a six-year-old boy in German occupied Poland during World War II elects to become mute. His silence, loss of innocence and hatred become his means of survival.

The Night of the Bozos by Jan Slepian (Fiction)

Story about a young man who stutters and his thirteen-year-old nephew who is reclusive. Together they leave their self-imposed isolation for the possibilities of relationships in the real world. For young adult readers.



Communicating with

Persons Who Have Hearing Loss

1

Get the person's attention. Wave your hand, tap the person's shoulder or bang on the table, if necessary.

2

Speak clearly and slowly. Don't shout or exaggerate lip movements. Keep sentences short.

3

Be flexible in your language. If the person has difficulty understanding you, rephrase your statement using simpler words. Don't keep repeating. If difficulty persists, write it down.

4

Provide a clear view of your face and keep the light source on it. Keep hands, food, etc. away from your mouth when talking.

5

Be a lively speaker. Use facial expressions that match your tone of voice, and use gestures and body movements to aid communication.

Recommended Books, Films and Videos

The following materials are available through your local public library.

“Across the Silence Barrier” (16mm film)

Explores the world of deaf people. Part of the NOVA series.

Deaf Like Me by Thomas Spradley and James Spradley (nonfiction)

True story about a family's struggle to raise their deaf daughter.

The Hunchback of Notre Dame by Victor Hugo (Fiction)

Classic story of a man whose multiple disabilities, not the least of which is his deafness, make him a target of inhumane treatment.

A Button In Her Ear by Ada Litchfield (Fiction)

Illustrated, unsentimental story about a girl who needs a hearing aid. For ages 6-8.



Communicating with

Persons Who Use Wheelchairs or Crutches

1

Don't lean or hang on a person's wheelchair. It is part of that person's body space.

2

Sit, squat or kneel if conversation continues for more than a few minutes. Don't be a "pain in the neck."

3

Ask a wheelchair occupant if he or she wants to be pushed *before* you do so.

4

Allow a person who uses a wheelchair or crutches to keep them within reach. Many wheelchair users can transfer to chairs, car seats, etc. Some wheelchair users can walk with crutches part of the time.

5

Consider distance, weather conditions and surfaces such as stairs, curbs or inclines when giving directions.

Recommended Books, Films and Videos

The following materials are available through your local public library.

"Who Are The DeBolts?" (16mm film)

Academy Award-winning documentary about the DeBolt family and their nineteen children – all but five of whom have multiple disabilities.

Move Over, Wheelchairs Coming Through! By Ronald Roy (Nonfiction)

Takes a brief look into the lives of seven young people who use wheelchairs. Includes photographs, index and bibliography of related reading. For ages 8-13.

A Good Man Is Hard To Find by Flannery O'Connor (Fiction)

Short story collection. Of special interest is *Good Country People*, about a young woman whose prosthetic leg is stolen by a bible salesman.



Communicating with

Persons who Have Mental Retardation

1

Speak slowly and distinctly. *Show* might be more effective than *tell*.

2

Tell the person what to do, *not* what not to do.

3

Help the person feel comfortable. Maintain nonthreatening voice and facial expressions.

4

Treat the adult person who has mental retardation as an adult.

5

Base Exceptions to rules on reason, not pity.

Recommended Books, Films and Videos

The following materials are available through your local public library.

“Clockworks” (16mm film)

Short story about a boy with Down’s syndrome. All the actors are amateurs; the boy who plays the lead actually has Down’s syndrome.

The Alfred Summer by Jan Slepian (Fiction)

The setting is Brooklyn in the 1930s. The major characters, who have various physical and emotional disabilities, learn and grow but are not portrayed as superhuman. For young adult readers.

The Sound and the Fury by William Faulkner (Fiction)

The reader enters the thoughts of three members of a genteel southern family, one of whom is a person with mental retardation, in this chronicle of decay and continuum.



Communicating with

Persons Who Have Disabilities

1

See the person who has a disability as a person, not as a disability.

2

Don't "talk down." Avoid responding to persons with disabilities out of "gratefulness" for not having a disability yourself.

3

Speak directly to the person who has a disability, not to a companion or an interpreter.

4

Treat adults as adults. Don't use first names unless that familiarity is extended to everyone present.

5

Be considerate. It might take extra time for the person with a disability to say or do things.

6

Relax. Don't worry about using common expressions like "See you later" or "I've got to be running along" when talking to persons with physical or visual disabilities.

Statistics

Figures for disabilities in the U.S. vary widely, from 30 million to 50 million people. The number of persons who fall into more than one category has been estimated at 35 million.

11.7 Million Physically People with disabilities. This includes wheelchair users, people who use crutches, canes or walkers, mobility impaired older people, etc.

2.4 Million People with auditory problems.

11.0 Million People with hearing impairment.

10.Million People with vision impairment.

6.8 Million People with mental disabilities.

1.7 Million Homebound People. This includes people with chronic health disorders, people with wasting diseases like multiple sclerosis.

2.1 Million Institutionalized People. This includes people with mental disturbances, people with mental retardation, people with terminal illness.



Communicating with

Persons Who Have Vision Loss

1

Introduce yourself and any others who may be with you. Use a normal tone of voice.

2

Use the person's name when starting conversation so he or she knows you are speaking to them.

Let the person know when you are ending a conversation or moving away.

3

Ask the person if he or she wants help. When giving assistance, allow the person to take your arm, which helps you to guide. Warn the person of any steps or changes in level. Use specifics such as *left* and *right*.

4

Offer seating by placing the person's hand on the back or arm of the seat.

5

Don't pet a guide dog. Remember to walk on the side of the person away from the dog.

Recommended Books, Films and Videos

The following materials are available through your local public library.

“Finding My Way” (videocassette)

Produced for WGBH-TV, Boston. Focuses on a boy who is blind but learning to become independent in his neighborhood and school. For juvenile and young adult viewers.

The Miracle Worker by William Gibson (Play)

A play in three acts based on the life of the young Helen Keller and her teacher, Annie Sullivan.

Annerton Pit by Peter Dickinson (Fiction)

The author has created a ghost story and psychological thriller through the senses of Jake, a boy who is blind. For young adult readers.

Excerpted in part with permission from the
National Easter Seal Society's "Attitude Campaign" literature.

Mid-Hudson Library System
Outreach services department
103 Market Street
Poughkeepsie, New York 12601
914-471-6006



T.H.E. FARM

EMERGENCY INFORMATION

In case of emergency
Contact 911
Through CAMPUS POLICE
(use black phone in front of office)
DIAL
9-9-1-1

MAKING THE CALL:

- Stay Calm
- Be accurate – give as much information as possible regarding the emergency
- Exact location of emergency (barn, ring, paddocks, etc.)
- We are located at 500 Livingston Street
- Your name
- What happened
- Number of victims
- Victim's condition
- Current help being given

REMEMBER:

DO NOT HANG UP FIRST -

Dispatcher may need more information



T.H.E. FARM

FIRST AID

In case of an emergency requiring First Aid your instructor/barn manager will direct you. Please remain calm and listen carefully.

T.H.E. FARM's Instructors and Barn Manager are certified by the American Red Cross in First Aid and CPR.

First Aid Kits:

Human: Located to the right of the large doors in the front of the barn.

Horse: Located on the floor of the tack room to the left of the door, under the girths in the filing cabinet.



R A C E

**R – Remove Persons in
Immediate danger**

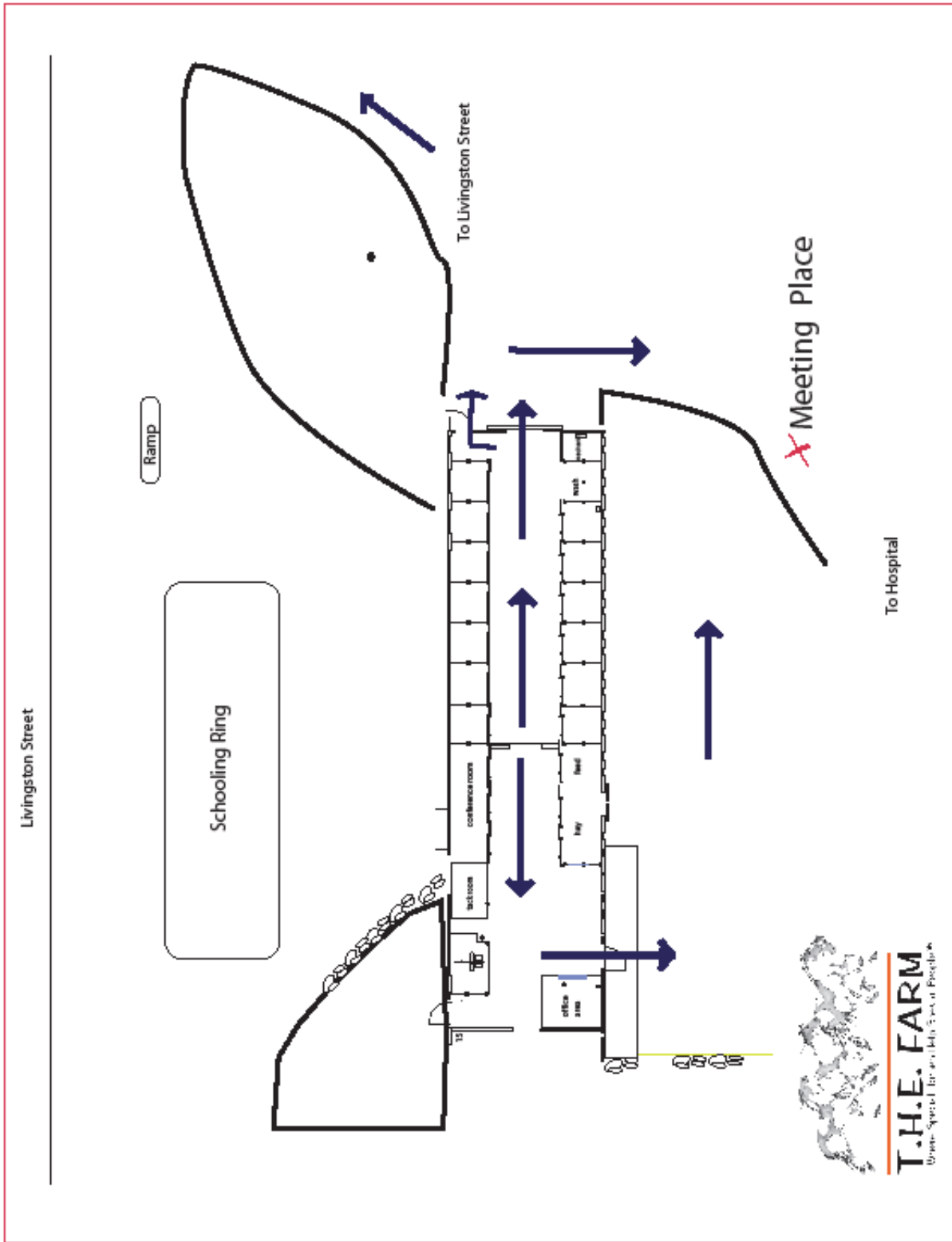
**A – Activate Fire Alarm
(pull red alarm box)
or dial 3-3-3**

**C – Close All Doors and
Windows**

**E – Extinguish the fire with proper
Fire Extinguisher**



T.H.E. FARM





T.H.E. FARM EMERGENCY PROCEDURES

GOAL – The goal of these procedures is to minimize the risk of injury to individuals and horses and to protect property. An emergency may develop from a number of causes including a fall, fire or illness. The number one priority when implementing these emergency procedures is to minimize injuries and protect life. In the event of an emergency, please follow these procedures.

- **MEDICAL EMERGENCIES**

- *Human Emergency Procedures – In the event of an emergency involving a person:*

- *Major Medical Emergencies:*

- CALL 911. If no one is available to do so, call 911 yourself after providing immediately necessary assistance. Note: when calling 911 do not hang up the phone until the operator tells you to do so.
- When dialing 911, direct the ambulance to horse barn. If an accident happens at the Strongwater site, direct the ambulance to the Strongwater site.
- If possible, have someone meet the emergency medical unit and bring them to the victim.
- After a 911 call requesting an emergency ambulance, a call will be made to Tewksbury Hospital switchboard to notify them of the pending arrival of the ambulance.
- Do not move the victim unless he/she is in danger of further injury.
- If the individual is a patient of the Tewksbury Hospital, contact the patient care unit or DPH Nursing Supervisor.
- If the person is not a patient of the Tewksbury Hospital, contact the emergency contact person listed on the individual's release form.

- *Minor Medical Emergencies:*

- The Human First Aid Kit is located next to fire extinguisher at end of stall area.
- If the person is a patient of the Tewksbury Hospital, contact the patient care or DPH Nursing Supervisor. If the individual is not a patient of the Tewksbury Hospital and so requests, contact the emergency contact person listed on the individual's release form.



T.H.E. FARM

- **Horse Emergency Procedures** – *In the event of an emergency involving a horse:*
 - **Major Medical Emergencies** (such as arterial bleed or broken leg):
 - If no one is available to do so, call the VETERINARIAN. Numbers are located on the table in the volunteer sign-in desk. Information gained at workshop “What to do Until the Vet Comes” may be of use at this time. See the Equine Emergency Procedure Manual.
 - If an ambulance is required call Nevins Farm Horse Ambulance at 978-687-0056 and then Mary Ciancetta at 508-826-6702.
 - **Minor Medical Emergencies:**
- The Horse First Aid Kit is located in last **stall on the right.**
- **FIRES AND EVACUATIONS – 10/21/02**
- **Fires – In the event of a fire RACE:**
 - **R – Remove persons in immediate** danger.
 - A – Activate Fire Alarm (pull Red Alarm Box) or Dial 911.
 - C – Close all doors and windows.
 - E – Extinguish fire if possible with proper available equipment.
 - Pull stations are located next to all exits.
 - Always assess safety before putting out the fire yourself .
 - Only attempt to extinguish small fires (no larger than a basketball), if you will not be endangering yourself or others in the process (be aware of combustibles).
 - Always allow yourself a clear route of escape from the fire should it get out of control. See *Evacuation Procedures* below SEE EVACUATION ROUTE.
 - In the event of fire or evacuation of barn, Tewksbury Hospital staff will coordinate the evacuation of all Hospital Patients and Staff to safe area and account for all patients and staff.



T.H.E. FARM

Evacuation Procedures – Some emergencies may require evacuation from the barn. In such event, please follow the below procedures:

- ***Barn Evacuation Procedures:***
 - Fire alarms will be used to sound the evacuation (also evacuate if instructed to do so by emergency personnel or when danger is imminent).
 - Proceed towards the nearest emergency exit. Remain calm and orderly; walk quickly but do not run.
 - If time permits, turn off power to electrical equipment and close doors.
 - Seek out and give assistance to disabled persons.
- ***Non-ambulatory Persons:*** Always consult the person about the following: [to be discussed]
 - Preferred way of being removed from a wheelchair, if required.
 - Whether to extend or move extremities when lifting because of pain, catheter, leg bags, spasticity, braces, etc.
 - Whether a seat cushion or pad should be brought along with the person if he or she is removed from the wheelchair.
 - After-care if removed from the wheelchair.
- ***Visually Impaired Persons:***
 - Tell the person the nature of the emergency. Offer to guide him or her to safety.
 - As you walk, say where you are and advise of any obstacles.
- ***Hearing Impaired Persons:***
 - Write a note explaining the nature of the emergency.
 - Include a “Go to _____ exit – NOW,” or turn light switch on and off to gain attention, then indicate through gestures or writing what is happening and what to do.
 - When safety is reached, help orient the person and ask if additional assistance is needed. Do not leave them alone, if possible.
 - Assembly Area – In the event of an evacuation, please proceed down the hill to Livingston Street where T.H.E. FARM’s sign is located.
 - Wait for instructions from emergency personnel.



- ***Evacuation of Horses:***
 - In the event of an emergency that requires evacuation, horses should be evacuated and brought to the paddock furthest from danger.
 - Remove horses in the order of those closest to the danger, if possible.
 - Note: Halters and lead lines should always be left next to each stall's entrance to help assist in quick evacuation. Extra halters and lead lines are hanging just inside the "*grooming box stall*".
- ***Evacuation Drills:***
 - Evacuation Drills will be conducted at least once a year.
 - Advanced notice will be given and all persons present in the building will be expected to participate.



General Procedures for Handling Body Fluids / Injuries / First Aid

The following guidelines are meant to provide simple and effective precautions against the transmission of disease for all persons potentially exposed to the blood or body fluids of any other person(s).

Good hygiene practices should be used when handling body fluids or blood to prevent the spread of disease and infectious agents. All situations, no matter what bacteria or virus is present, should be treated the same.

Contact with body fluids presents a low risk of infection with a variety of germs. In general, however, the risk is very low and dependent on a variety of factors, including the type of fluid with which contact is made and the type of contact made with it. Use disposable equipment whenever possible.

- Ensure that your First Aid kit is accessible during program activity hours.
- Direct skin contact with body fluids should be avoided. Disposable gloves are recommended when direct contact with body fluid is anticipated.
- Hands should be washed as soon as possible after any body fluid contact is made, with or without gloves. Hands should be washed for a minimum of 15-20 seconds with soap and warm water. Antiseptic towelettes should be used in the absence of running water.
- Encourage the person to self manage their own injury whenever possible through the use of paper towels and/or pressure to bleeding wounds or bloody noses.
- Place soiled towels or towelettes in a lined waste container. Urge the rider to do as much of this as possible (this may not always be a practical solution).
- If practical, remove soiled clothing and place in a closed plastic bag for laundering.



T.H.E. FARM

Lesson Volunteer Coordinator Contact Information

In the event that you are unable to volunteer for a scheduled shift, please contact the Instructor you are working with as soon as possible, followed by a call to the Volunteer Coordinator. We will need to schedule a substitute in order not to disrupt the flow of lessons. Many of our therapeutic lessons cannot take place without the generosity of our volunteers.

In the case of inclement weather, either your scheduled instructor or the Lesson Volunteer Coordinator will contact you as soon as we know the status of the lessons.

You can contact the Lesson Volunteer Coordinator with any questions or issues that arise during your time at the barn. We want this to be a fun and rewarding experience for you as well as our special equestrians.

**Barn: 978-851-5540
Ext 7188**

Name: _____

Email: _____



Tewskbury Hopsital's Protecting Patient Privacy

Confidentiality in Practice

Conversations:

All conversations about patients are confidential and should not be conducted in any public place such as an elevator, a hallway, the cafeteria or even off campus.

Conversations with patients are also confidential and should always be conducted in a private area. All patient information-including the fact *that an individual is a patient in this facility* is considered confidential and is not to be discussed with anyone outside the hospital.

Document Handling:

Paper documents containing even minimal patient information must be disposed of in a shredder. Shredders are located on each patient care unit and throughout office and administrative areas.

Any documents, including patient charts, containing personally identifiable patient information must be kept from public view or access.

Any documents containing patient information must not be left unattended even temporarily in public areas such as the cafeteria or the library.

Office Security:

Office areas where PHI is accessible and file cabinets containing PHI must be locked when there is no one in the area.

Computer Use:

If you use a computer or have access to a Meditech HIS, there are some simple practices you must follow to protect against unauthorized access to patient information.

You must not share your Meditech or network password with anyone under any circumstances and you should not post your password anywhere where it can be accessed.

You should position your computer monitor so that it cannot be viewed by the public and you must always log off from your computer after use.

Confidential information should not be transmitted via email except within the state firewall and confidential information should not be stored on any public access computer or on the Common Shared Drive.



Confidentiality in Practice (cont.)

Office Equipment:

When using office equipment, you should always be mindful of confidentiality.

*You must never leave documents unattended at a copy machine and you should immediately retrieve documents sent to a remote printer.

*You should never leave confidential information in a voice message.

*When sending confidential information via fax, you must call ahead to verify the recipient's identity and use a confidential fax cover sheet.

What kind of information is protected?

Protected Health Information (PHI) is any information related to a patient's past, present or future physical or mental health and healthcare provided to the patient.

All information about a client is protected and must be treated as confidential whether written on paper, saved on a computer or spoken aloud.

Protected information includes not just the official medical record, but also a patient's name, address, age, social security number and other personal information.

Who can access PHI?

Access to client information is based on his or her role at T.H.E. FARM.

Anyone directly involved in the care of a patient has full access to clinical information. Patient information can be shared freely among clinicians.

Other administrative and support staff have access to only the minimum amount of information necessary to perform work duties.

Where can I get more information?

For more information about Tewksbury Hospital confidentiality access and release procedures, see Tewksbury Hospital Policies.

If you have questions about a particular confidentiality issue, you should consult your supervisor or contact the hospital Privacy Officer at X2211.

*Remember:
Confidentiality Practices
Are not optional.
Confidentiality is part of our
Commitment to our patients.*



Confidentiality in Practice (cont.)

Your responsibility to protect patient information is mandated by state and federal law as well as by hospital policy. You must report any breach of policy to your supervisor.

Failure to comply with Tewksbury Hospital Confidentiality Policies and Procedures can result in sanctions in accordance with applicable collective bargaining agreements.

The Federal HIPAA regulations provide for penalties for improper disclosure of PHI for financial gain. These penalties can extend to fines of up to \$250,000 and 10 years in prison for each offense.

Maintaining our patient's privacy is
Everyone's responsibility.

Our Commitment

At Tewksbury Hospital, we strive to provide our patients with the highest quality of care. As part of our commitment to our patients, we promise that all health information will be kept private. This promise of privacy helps to promote a safe and trusting environment for our patients.

The Law

We must also protect patient information because of the many laws, which pertain to patient privacy. The Commonwealth of Massachusetts has a number of statutes, which limit access to private health information.

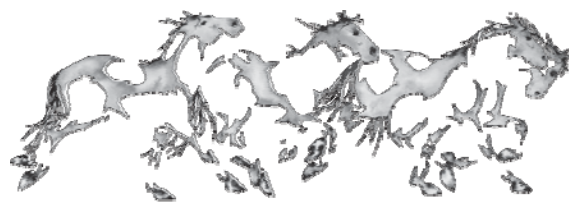
Since April of 2003, there are also strict federal medical privacy regulations, known as HIPAA (Health Insurance Portability and Accountability Act), which guarantee patients certain rights regarding the privacy of their health information.

Your Role

In the course of your employment at Tewksbury Hospital you may come into contact with information about patients which is considered private and must be protected.

Even if you do not work with confidential information on a daily basis, it is still important to understand the basics of protecting patient privacy and confidentiality.

THANK YOU FOR VOLUNTEERING



T.H.E. FARM
Where Special Horses Help Special PeopleSM



T.H.E. FARM

	PRIVACY E-LEARNING**		KEEP IT TO YOURSELF! VIDEO		TEWKSBURY HOSP. HIPAA POLICIES		PRIVACY BROCHURE, ACKNOWLEDGMENT OF TRAINING SIGNOFF***		SECURITY E-LEARNING	
	Initial/date Level I or II Required complete	when complete	Initial/date Required	when complete	Required	Initial/date when complete	Required	Initial/date when complete	Initial/date Level I or II Required complete	when
State Employee*	X		X		X		X		X	
Contract Employee/Consultant *More than 3 days	X		X		X		X		X	
Contract Employee/Consultant *Less than 3 days							X			
Student/Intern or Volunteer* 3 plus months duration	X		X		X		X		X	
Student/Intern or Volunteer* 3 days to 3 months			X				X		X	
Student/Intern or Volunteer* Less than 3 days							X			
Seasonal Employee*	X		X		X		X		X	
External Experts to Meet with Patients, i.e. Smoking Cessation Class sponsored by the American Cancer Soc.										
External Experts who do not meet with patients but have access to PHI, i.e. Record Reviewers.										

*For all individuals who can provide written evidence from a previous employer or University Department Chair, etc. that they have received HIPAA Privacy Training, the Keep it to Yourself Video and Privacy E-Learning will be waived.

**Staff affiliated with the Psychiatric Units participate in either a Basic, Intermediate, or Advanced Privacy Course.

***Acknowledgment of Training Sign-off is for DPH Workforce members only.