



EMERGENCY POLICIES AND PROCEDURES

These emergency plans are established by the management for the safety of our horses and guests shall be strictly followed. Revisions to the emergency plans will be posted on the stable message board and a new list of emergency plans will be made available to all of our clients and guests. Constructive suggestions are welcomed and encouraged.

EMERGENCY AND GOOD-TO-KNOW PHONE NUMBERS

911	Catch-all emergency number
651-430-8800	Stillwater Police Department, non-emergency
651-430-6000	Washington County, MN, government – in event of evacuation

When calling in an emergency, it is important that you be able to communicate where we are, so that the emergency responders can find us. The address and phone number for Windfall Equestrian Center is:

Windfall Equestrian Center
3843 Oakgreen Ave. N
Stillwater, Minnesota 55082
715-864-1536

ONSITE EMERGENCY SHELTER

In the event that staff, guests, and participants need to seek emergency shelter while on the Windfall Equestrian Center property, the designated emergency shelter is our Landlord, Kathy Norton's, home.

FIRE

In the event of a fire, call 9-1-1 immediately. Fire extinguishers are located in several areas throughout the barn, on both the first floor and on the second floor. It is imperative that you make sure that you are aware of their exact locations and that you know how to use a fire extinguisher. You will be shown the location of each fire extinguisher and exit, and will be provided with instructions on how to use one.

Do not put your own personal safety at risk.

A map of the location of each exit on the first floor can be found below:



A map of the location of each fire extinguisher on the first floor can be found below:



((The following images are placeholders and will be updated ASAP. We will also include locations of 2nd story exits and fire extinguishers in the next version of the Emergency Procedures and Policies.))

SEVERE WEATHER

In the event of a tornado, severe thunderstorm, or other dangerous conditions wherein it becomes unsafe for the horses to remain outside, the stable staff will make an attempt, if possible, to bring all of the horses inside the barn without sacrificing the safety of the stable staff. Management monitors the weather daily, and will be responsible for initiating response protocols should they judge it necessary. If management is not available, it is up to stable staff to use their best judgement, and err on the side of caution.

Cell phones will typically be available to monitor the weather, but in the event that the cell towers are down due to weather-related complications, the stable keeps a weather radio on-site that may be used to monitor the weather and other potential disaster information.

EXTREME HEAT: if the heat index is 100° Fahrenheit, the horses will be brought inside for the hottest part of the day and remain inside until it is cool enough for them to safely go back out. The danger zone is between 90°F and 100°F, and a judgement call will be made based on the factored humidity percentage.

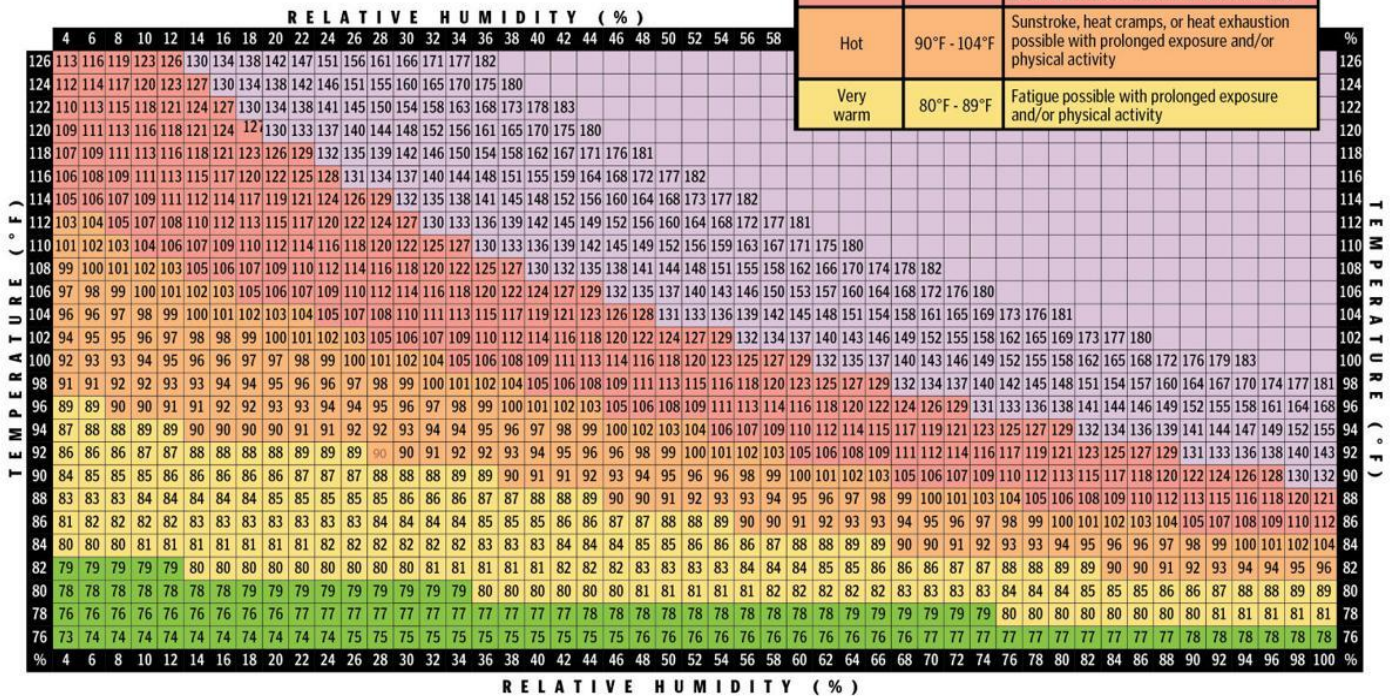
EXTREME COLD: if the temperature falls below 0° Fahrenheit, the horses will be brought inside and remain inside until the cold abates.

HEAT INDEX CHART

HEAT INDEX

The Heat Index is a measure of how hot weather feels to the body. This table uses relative humidity and air temperature to produce the apparent temperature or the temperature the body feels. These values are for shady locations only. Exposure to full sunshine can increase heat index values by up to 15°F. Also, strong winds, particularly with very hot, dry air, can be extremely hazardous as the wind adds heat to the body.

Classification	Heat index	General affect on people in high risk groups
Extremely hot	≥ 130°F	Heat/sunstroke highly likely with continued exposure
Very hot	105°F - 129°F	Sunstroke, heat cramps, or heat exhaustion likely, and heatstroke possible with prolonged exposure and/or physical activity
Hot	90°F - 104°F	Sunstroke, heat cramps, or heat exhaustion possible with prolonged exposure and/or physical activity
Very warm	80°F - 89°F	Fatigue possible with prolonged exposure and/or physical activity



SOURCE: www.srh.noaa.gov/srh/jetstream/global/hi.htm

HEAT ILLNESS TERMS

1. Heat Cramps – Muscular pains and spasms due to heavy exertion. Although heat cramps are the least severe, they are often the first signal that they body is having trouble with the heat.
2. Heat Exhaustion – Typically occurs when people exercise heavily or work in a hot, humid place where body fluids are lost through heavy sweating. Blood flow to the skin increases, causing blood flow to decrease to the vital organs. This results in a form of mild shock. If not treated, the victim’s condition will worsen. Body temperature will keep rising and the victim will suffer heat stroke.

3. Heat stroke – Also known as *Sun Stroke*, this is a life-threatening condition. The victim’s temperature control system, which produces sweating to cool the body, stops working. The body temperature can rise so high that brain damage and death may result if the body is not cooled quickly.

SIGNS/SYMPTOMS OF HEAT STROKE IN HUMANS
Increase in core body temperature, usually above 104°F (rectal temperature) when the child falls ill
Central nervous system dysfunction, such as altered consciousness, seizures, confusion, emotional instability, irrational behavior, or decrease mental acuity
Nausea, vomiting, and/or diarrhea
Headache, dizziness, and/or weakness
Hot and wet or dry skin
Increased heart rate, decreased blood pressure, or fast breathing
Dehydration
Combativeness

This is a serious medical condition. 911 must be called immediately, while attempts are made to cool the person down.

CATASTROPHIC EVENTS AND EVACUATION PLANS

In the event of a wildfire, flood or other catastrophic event in the area, we will make every reasonable and safe attempt to keep the horses safe without putting the stable staff at risk. If there is time to prepare or an emergency evacuation, all efforts will be made to move the horses to a safe location. If that is not possible, the horses may be left inside, or outside, or possibly even set loose depending on the situation, preferably with enough food and water to last several days.

IDENTIFICATION – Every reasonable attempt will be made to give each horse an identifier by either braiding a luggage tag with the stable’s phone number into the horse’s mane, or by putting the stable name on the horses’ breakaway halters. If time is of essence and we are unable to do these things, we will mark horses with the stable contact information using a weather-proof cattle stick. While microchipping is becoming more popular and at times mandatory, this is not a reliable form of identification in times of emergency.

EVACUATION PLANS? – The difficulty with planning for every kind of possible emergency is that no emergency situation is exactly the same, and there’s no way to plan for every single contingency. That said, we have a general idea of what needs to happen, and how to make it happen.

In the event of an evacuation, we will have a list of:

- People we would call for extra trucks and trailers to haul horses out
- Pre-arranged evacuation destinations

In the event of a barn fire, horses will be kept in the fields as far away from the barn as possible.

In the event of a catastrophic tornado, horses will be turned loose with their identification attached to them (if possible.)

In the event of an approaching wildfire, whether by evacuation order by a government entity or by on-site management judgement call, every attempt will be made to evacuate horses to a safe location. If there is not enough time, horses will be turned loose with their identification attached to them (if possible.)

Folders with current information on every horse – including copies of their coggins papers and vaccination records – are kept in the office. If possible, staff should grab these and send them off with the horses. They will be sealed in a waterproof and fireproof container. Additional copies will be stored securely up in a private cloud network.

All horses will have a halter and lead rope that belongs to them kept near them at all times – whether on the gate in the pasture where they live, or on their stall door if they are inside. Halters and lead ropes are replaced as needed to ensure that they are quick and easy to put on in the event of an emergency.

Current exit routes: 1) Main driveway 2) Through the woods/trails 3) Through the fields behind the barn 4) Through the tree line to the Circle C Ranch neighbor's place.

EQUINE FIRST AID

Windfall Equestrian Center maintains A well-stocked First Aid Closet, but in the event of an emergency, it is not feasible to carry a whole room with us. Thus, it is essential that we maintain an Equine First Aid kit that is easily portable and houses all the essentials that may be needed in an immediate emergency situation. A kit will include:

Petroleum Jelly
Digital Thermometer
Liniment or Body Wash
Isopropyl Alcohol
Antibacterial or Antimicrobial or Antiseptic Scrub
Topical Antibacterial or Antimicrobial or Antibiotic Agent
4" Sterile Wound Dressing
1 Roll Gauze (2" min. width)
2 Flexible Stretch Adhesive/Cohesive Bandages
1 Lb. roll 12" Absorbent Cotton
Bandage Scissors (capable of cutting bandages)
1 Roll Adhesive Tape (1" min. width)
4 Leg Bandages with appropriate padding for 4 stable wraps

We will maintain two Equine First Aid kits. One is located in the horse trailer, and the other is located inside the First Aid Closet.

HUMAN FIRST AID

The health and safety of the staff and guests of Windfall Equestrian Center are of paramount importance, and we require that a human first aid kit be maintained on-site. This kit is kept in Viewing Room. A human first aid kit should consist, on minimum, of the following items:

Required:	Recommended:
<ul style="list-style-type: none"> ✓ Band-aids ✓ Triple Antibiotic Cream or Ointment, with its expiration date current ✓ 3 pairs of synthetic protective gloves ✓ Sunscreen ✓ Bugspray ✓ Concussion recognition document ✓ Parent handout on returning to riding ✓ Emergency contact form 	<ul style="list-style-type: none"> ✓ Tweezers, pointed or flat ✓ Instant cold compress ✓ Human digital thermometer ✓ Antiseptic wipes ✓ Hand sanitizer ✓ Aloe Vera cream/sunburn cream ✓ Blister bandages ✓ 1 dozen 4" x 4" sterile gauze pads, individually wrapped ✓ 2 rolls of 3" wide conforming gauze ✓ 2 large triangular bandages (2 can be made from a 3 foot square of cloth cut diagonally) ✓ 4 oz or more of Betadine or other antiseptic cleanser ✓ 6 large safety pins (diaper pins generally don't rust and have safe heads) ✓ 2 chemical cold packs ✓ 1 roll of 1" wide tape ✓ Bandage shears ✓ Anti-sting or other analgesic preparations to ease the sting of wasps, bees, etc.

Additionally – All staff are required to be first aid and CPR certified in the event of an emergency, as they will end up being the first responders on the scene.

In the event of an incident wherein a guest, client, or staff requires medical attention, the responding staff are expected to fill out an Incident Report Form, which can be found in the back of this handbook.

FALLEN RIDER

In the event that a rider has fallen from their horse, do not make any attempt to move or adjust the fallen rider unless his/her location is life-threatening. Do not risk injury to yourself or any bystanders. It is more important to tend to the fallen rider than the loose horse, but if the rider is uninjured, make an attempt to control the loose horse if possible, and if the fall occurred near a roadway, station someone to stop any nearby traffic a safe distance from the accident site and a safe distance from traffic. One person should take charge and delegate tasks to others.

If the rider is unconscious, follow the simple A-B-C steps:

A – AIRWAY

If the rider has fallen on his/her back, he/she may be in danger of a blocked airway. Gently lift the chin to lengthen the area around the lower jaw. You may need to keep the airway open in this way until help arrives.

B – BREATHING

Listen for 10 seconds. If you can't hear a breath in that time, call 9-1-1 immediately and ask for instructions.

C – CIRCULATION

Any major bleeding needs to be stopped as soon as possible. Apply direct pressure with a pad of clothing, or indirect pressure on an artery. If possible, elevate the bleeding limb to slow down bleeding. Always use protective gloves when handling bloody injuries to prevent accidental transmission of possible infectious diseases.

If the victim is conscious, ask about their injuries and discourage them from getting up too quickly. If there are any suspected broken bones, neck or back pain, headache, shortness of breath, memory loss, nausea, faintness, loss of consciousness, dizziness, pale or bluish skin color, temporary loss of vision or if breathing is shallow and rapid, or if you have any other reason to suspect that the victim may be seriously injured, call 9-1-1 and ask for instructions.

While helmets reduce the risk for head injuries, they can still occur and there is still a chance that they can be serious. It is *required* that staff go through the Center for Disease Control (CDC) “Head’s Up” Concussion Training Module and complete the post-module test. The link to the module can be found below:

<https://www.cdc.gov/headsup/youthsports/training/index.html>

The signs of a concussion include:

SIGNS OBSERVED BY STAFF/OTHER	SIGNS REPORTED BY POTENTIAL VICTIM
Appears dazed or confused	Headache or “pressure” in head
Is confused about an assignment or position	Nausea or vomiting
Forgets an instruction	Balance problems or dizziness
Is unsure of game, objective, location, etc	Double or blurry vision
Moves clumsily	Sensitivity to light
Answers questions slowly	Sensitivity to noise
Loses consciousness (even briefly)	Feeling sluggish, hazy, foggy, or groggy
Shows mood, behavior, or personality changes	Concentration or memory problems
Can't recall events <i>prior</i> to hit or fall	Confusion
Can't recall events <i>after</i> hit or fall	Just not “feeling right” or is “feeling down”

Danger signs of a concussion:

One pupil is larger than the other
Is drowsy or cannot be awakened
A headache that not only does not diminish, but gets worse
Weakness, numbness, or decreased coordination
Repeated vomiting or nausea
Slurred speech
Convulsions or seizures
Cannot recognize people or places
Becomes increasingly confused, restless, or agitated
Has unusual behavior

Loses consciousness (a brief loss of consciousness should still be taken seriously.)

A tool for assessing concussions can be found in the back of this handbook.

In the event that a concussion is suspected, the potentially affected person is strongly recommended to go see and doctor and have a Concussion Returning to Riding Form completed. A handout for Returning to Riding after a concussion can also be found in the back of this handbook.