

2.1.1 SAFETY PROTOCOLS (ACCIDENTS/FALLS/INCIDENTS)

Terminology used in this section is explained further in Section 3.0 (for example, Safety Managers, etc.).

It is <u>required</u> to have clearly identifiable people trained and certified in Human Emergency Medical Treatment, and/or have First Responder training, on the showgrounds for the duration of the event.

It is required that show organizers post an Emergency Action Plan (EAP) in high traffic area(s) visible to all competitors. See **APPENDIX C.2** for sample EAPs.

In the event of an emergency, competitions must have, in addition to first aid personnel and equipment, at least one human first aid kit, and one horse first aid kit available at all times on show grounds. Appointed C.Co. Safety Managers are to work alongside first aid personnel to deploy these kits and/or safety measures if necessary.

- Horse first aid kits are to have basic supplies for injury mitigation in or around the competition spaces, such as for bandaging, and wound care/triage.
- It is strongly recommended that a tarp be available in case of injury to horse or competitor to provide privacy by shielding them from public view.
 - o It is recommended that a tarp/shroud be available for both competition rings and warm up rings.

If a person is rendered unconscious, or complaining of back or neck pain, under no circumstances should that person be moved. Wait until qualified medical help is present prior to moving such a person.

TERMINOLOGY:

- Fall (athlete) An athlete is considered to have fallen when, either voluntarily or involuntarily, separation from the horse occurs in such a way that said athlete touches the ground or finds it necessary to seek support or assistance to regain a seated position.
- Fall (horse) A horse is considered to have fallen when at the same time both its shoulder and quarters have either: touched the ground, or an obstacle and the ground.
 - o In the event of a fallen horse, even if the horse regains ambulatory function, the PR(h) are to be contacted by the competitor (PR), PR(c) or the C.Co. if not on show grounds, to make them aware of the incident and for further guidance on how to proceed.

If absolutely necessary in the event of a fall/accident/incident, any competitor that may, in the opinion of the judge, be considered riding at risk of injury to themselves and/or their horse will be advised they are henceforth withdrawn from further competition, regardless of medical assessment and/or medical clearance by qualified medical personnel and/or veterinarians.

If an athlete falls, competitions must follow the return to sport guidelines below. Equestrian Canada provides additional guidelines if necessary – refer to the Concussion Policy and Concussion Code of Conduct for more information. Link: https://equestrian.ca/wp-content/uploads/2023/09/CONCUSSION-POLICY-AND-CONCUSSION-CODE-OF-CONDUCT.pdf

Every fall, accident, and/or incident that occurs on show grounds is to be taken seriously and handled professionally for all individuals involved. For any and all competitor-related falls, accidents and/or incidents, the following safety protocols are mandatory:



1. Falls:

All competitors that have had a fall anywhere on competition grounds <u>must</u> be **assessed and cleared** by onsite qualified medical personnel before they can return to the competition. Competitors must not re-mount until this assessment has been completed.

In the event of a fall/accident where a concussion can be reasonably suspected (not limited to a direct blow to the head or loss of consciousness), the athlete is to be immediately removed from any further participation by qualified medical personnel, and/or officials. Protocols must follow Concussion and Return to Report guidelines in item 2.

If the competitor refuses to be evaluated, they are immediately and unequivocally disqualified from the event.

<u>Ultimately, the judge has final authority on whether a competitor can re-enter "their" show ring.</u>

After any fall/accident, the following items must be actioned by designated C.Co. authorities:

- **a.** The "Person Responsible for competitor on show grounds" (or the Emergency Contact) must be contacted and informed of the incident, including that the participant is required to undergo a medical assessment by onsite first aid personnel before possible return to competition.
- **b.** Submission of a NLEA Accident/Incident Report Form (APPENDIX C.3). Must be submitted within 48 hours of fall/accident.
 - Multiple reports for the same accident/incident are encouraged to be submitted.
 - For example, the judge, steward, and first aid personnel submit their own NLEA Accident/Incident Report Form three total submitted for the same incident.

2. Concussion & Return to Sport:

In the event of a suspected concussion where there are observable signs of a concussion, symptoms of a concussion, or a failure to correctly answer memory questions, the athlete is to be immediately removed from any further participation by qualified medical personnel and calling 9-1-1 should be considered.

Athletes who have a suspected concussion and who are removed from participation should:

- **a.** Be isolated in a dark room or area and stimulus should be reduced.
- **b.** Be monitored.
- **c.** Not be left alone (at least for the first one to two hours).
- **d.** Have any cognitive, emotional, or physical changes documented.
- e. Not drink alcohol.
- **f.** Not use recreational/prescription drugs.
- g. Not be sent home by themselves; and
- **h.** Not drive a motor vehicle until cleared to do so by a medical professional.



Recognizing Concussions:

- Neck pain or tenderness.
- Loss of consciousness.
- Double vision.
- Deteriorating conscious state.
- Weakness or tingling/burning in arms or legs.
- Vomiting more than once.
- Severe or increasing headache.
- Increasingly restless, agitated, or combative; or getting increasingly confused.
- Seizure or convulsion.

A concussion may result in the following symptoms:

- Headache or "pressure in head."
- Balance problems or dizziness.
- Nausea or vomiting.
- Drowsiness, fatigue, or low energy.
- Blurred vision.
- Sensitivity to light or noise.
- More emotional or irritable.
- "Don't feel right."
- Sadness, nervousness, or anxiousness.
- Neck pain.
- Difficulty remembering or concentrating; or
- Feeling slowed down or "in a fog."

The following observable signs may indicate a possible concussion:

- **1.** Lying motionless on the playing surface.
- **2.** Slow to get up after a direct or indirect hit to the head.
- **3.** Disorientation or confusion/inability to respond appropriately to questions.
- 4. Blank or vacant look.
- **5.** Balance or gait difficulties, motor in-coordination, stumbling, slow labored movements; or
- **6.** Facial injury after head trauma.

<u>Failure to correctly answer any of these memory</u> questions may suggest a concussion:

- "What barn are we at today?"
- 2. "What city are we in?"
- **3.** "What is your coach's name?"
- **4.** "What is your horse's name?" or
- 5. "Who owns your horse?"

Re-evaluate & Return to Sport:

A participant with a suspected concussion should be evaluated by a licensed physician who should conduct a comprehensive neurological assessment of the participant and determine the participant's clinical status and the potential need for neuroimaging scans, even if the symptoms of the concussion resolve.

Refer to Equestrian Canada's Concussion Policy and Concussion Code of Conduct for more information on concussions and return to sport guidelines. Link: https://equestrian.ca/wp-content/uploads/2023/09/CONCUSSION-POLICY-AND-CONCUSSION-CODE-OF-CONDUCT.pdf