

15 Hands & Hearts
Evacuation Procedures

In the event of any emergency, therapist and/or horse handler will be in charge. Designated emergency evacuation areas for: fire, thunderstorms earthquake, tornado, etc. will be designated and staff will receive instruction in appropriate locations on the property. The property address is 12180 N Copeland Dr. Flagstaff, AZ

Therapy at Sacred Peaks Equine Sanctuary occurs in the lower arena at the Southeast end of the property, close to the main ingress/egress of the property. In case of need for evacuation, the horse handlers, will be in charge of the horse's safety. The therapist will be responsible for the evacuation and safety of the patient and their family if present. Side walkers may be called upon by either horse handlers or therapists for assistance. Evacuation should occur through the closest exit i.e. the drive at north East of property.

If clients choose to leave the facility during an emergency evacuation, they are required to inform the therapist BEFORE leaving. To prevent emergencies from occurring everyone must follow the Barn Rules. For everyone's safety those not adhering to these rules and policies will be asked to leave the facility and may be discharged from therapy.

Therapists have training and certification in CPR and basic first aid

All staff including volunteers will have participated in emergency dismount training and will be able to demonstrate competency.

The Authorization for Emergency Medical Treatment form (that is included) will be signed and kept on file for all patients/riders.

Outdoor Therapy sessions will be cancelled during high winds, thunderstorms/lightning, snowstorms, and when temperatures are below 20° F or above 90° F. All are encouraged to NOT attend in unsafe weather conditions.

ASTM/SEI Equestrian helmets will be worn by each rider and helmets will be provided unless patient/rider has their own approved equestrian helmet. Transfer gait belts will be worn by all riders during a therapy session.

All parents/guardians, volunteer, staff will sign off on the attached Authorization for Emergency Medical Treatment and all other documents.

Parking – some weekends there are clinics in the upper arena and parking is very limited. In that case, please park on the street outside the entrance to the property.

**15 HANDS & HEARTS
AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT**

Name: _____ Date of Birth: _____

Address: _____

Health Insurance Co. _____

Primary Care Physician: _____

Preferred Medical Facility: _____

Medical Conditions: _____

Medications: _____

Allergies: _____

In the event of an emergency, contact:

Name: _____

Phone: _____

Name: _____

Phone: _____

In the event emergency medical treatment is required due to illness or injury during the process of receiving services, or while on the property, and the above cannot be reached, I authorize 15 Hands & Hearts to:

1. Secure and retain medical treatment and transportation, if needed.
2. Release this medical record upon request to the authorized individual or agency involved in the emergency medical treatment.

CONSENT:

This authorization includes x-rays, surgery, hospitalization, medication, and any treatment procedure deemed "lifesaving" by the physician. This provision will only be invoked if the above person(s) are unable to be reached.

Consent signature: _____ Date: _____