

First Aid for People Around Horses



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My aim is to highlight the need for first aid training, and give a few specific guidelines for certain circumstances.

Accidents may occur to riders when falling, when injuries are caused in various ways; by direct contact with the ground or other obstacle, being crushed by the horse or, rarely by a penetrating injury.

Accidents may occur to grooms and others on the ground, by biting, kicking or crush.

Analysis of equestrian related injuries attending accident units has revealed that 70% - 80% of attendances are due to falling from a horse. Of these 65% were riding for pleasure, 25% were competing.

The distribution of injuries is described in various studies;

Upper limb 22% - 50%, Head and Face 13% - 18%, Spine 10% - 19%, Lower limb 4% - 13%.

Injury prevention is important and may be described as 'active' (training of horse and rider) or 'passive' (personal protective equipment).

First aid training contained in courses such as The HSE Approved First Aid at Work Training includes managing incidents, basic life support, examination of casualty, unconsciousness, control of bleeding, fractures, spinal trauma, burns, heart attacks, eye injuries, dressings and common illnesses. First Aid training is a very practical training and impossible to cover in a short address.

When approaching a serious incident there are certain rules. Safe approach is important, identifying any dangers such as a horse lying or standing next to the injured rider. Scene evaluation can reveal what actually happened in the accident and give clues as to the possible nature of injuries.

A rapid assessment of Airway Breathing and Circulation should be made. If alone, help should be summoned at this stage. Jaw thrust is an effective method of opening the airway, basic life support needs practical tuition.

Level of consciousness should be assessed since changes may indicate worsening/improving in the rider's condition. A simple method is AVPU – alert, responds to voice, responds only to pain, or unresponsive.

Cervical spine (neck) fractures are always a concern and unnecessary movement should be avoided. Some movement is essential, to maintain an airway or stop bleeding.

Broken limbs are often obvious on examination. They must be suspected in anyone who has had a serious fall, crush or kick. If the injured rider or groom complains of severe pain or difficulty moving a limb they must be sent to hospital. 'Wimps' are best diagnosed after X-rays are taken! Fractures should be immobilised, protected and, if open, covered. Check distal pulses and colour of limb, circulation can normally be restored by straightening the limb.

Soft tissue injuries, sprains, strains etc. are best treated by 'RICE';

R – rest

I – ice, frozen peas in a plastic bag, covered by a tea towel and applied to the skin.

C – compression. eg tubigrip for sprained ankle

E – elevation, to reduce swelling

The most important response to injury is to keep calm, summon appropriate help and start first aid care. The best way to keep calm is to have the appropriate training through a recognised organisation such as The British Red Cross or St John Ambulance.

If you are an employer it is important to have a first aid kit as recommended by the Health and Safety Executive.

www.bbc.co.uk/health/first_aid_action

This site has an interactive first aid course as well as details of courses near you, I recommend it to everyone.