Outline of 2012 Changes to Standards Manual

Notes:
- Any pages not specifically addressed did not have changes in content.
- Many edits were made to achieve consistent style (punctuation, grammar, layout, capitalization, etc.) These changes are not noted as they do not affect the content of the standards or the manual. Spelling and grammar corrections are also not noted.
- Capitalization of diseases, symptoms, syndromes, medications, etc. is based on search of medical references.
- Reference to policy or procedure in practice has been updated to implemented policy/procedure/practice throughout the manual.
- A complete list of the 2012 standard numbering as compared to the 2011 standard numbering is located at the end of this document and is available on the PATH Intl. website.
- Standard *A14 (emergency medical treatment form) removed from the manual by the PATH Intl. Board of Trustees. Information added to A7. (See details under Section D)

Changes by Page

Section A

A-2 and A-3
- Proposed is removed in reference to field test standards
- Standards process #3: approval by the PATH Intl. CEO replaces approval by PATH Intl. Board of Trustees president
- Standards process #5:
  o presents standard to the Strategic Initiative Review Committee (SIRC) replaces presents standard to the PATH Intl. Board of Trustees.
  o SIRC either replaces the board will make one of the following:
    o Refers the standard directly to the board for immediate action replaces directly approve the proposed standard for implementation
- Standards process #9:
  o inserted after site visits - and by the PATH Intl. membership remitting feedback.
  o After the task force has made the necessary changes to the standard it is presented to the Program and Standards Oversight Committee for approval replaces After the task force has provide input the proposed standard is presented to the Accreditation Sub-Committee, Program and Standards Oversight Committee and the PATH Intl. Board of Trustees for a decision as noted in Paragraph 5
- Standards process #10: removed-the task force will determine the appropriate action to be taken. It will report to the Accreditation Sub-Committee and Program and Standards Oversight Committee. The Program and Standards Oversight Committee will report to the Professional Association of Therapeutic Horsemanship International Board of Trustees.
- Standards process #11: The Accreditation Sub-Committee recommends to the PATH Intl. Program and Standards Oversight Committee that a field test standard is mature enough to be put to the membership to vote. The PATH Intl. Program and Standards Oversight Committee determines if the field test standards are ready for a vote replaces The Accreditation Sub-Committee will determine when sufficient input has been accumulated for the proposed standards in field test. At that time, the proposed standards are put to the membership for a vote.
Standards process #12: replaced with the following-The Program and Standards Oversight Committee is responsible for holding the standards hearing at every possible PATH Intl. regional and international conference in years that there are standards in field test. Representatives from standards development task force(s) or individuals selected to represent the task force(s) are asked to be present to record and report feedback. The standards hearing is a formal event. It is public and open to all who have a vested interest in the proceedings. The procedure at the standards hearing will include the following:

- Officials presiding shall include a reader and a recorder. Other officials may include a moderator and representatives of standards development task forces or special interest groups as determined by the PATH Intl. Program and Standards Oversight Committee.
- All field test standards are heard at PATH Intl. region conferences. Field test standards being voted on in the current year are heard at the PATH Intl. conference. The forum at the international conference may include other standards in field test if time permits.
- All field test standards being heard are available to the audience in printed media (either on paper or displayed to the group on a screen).
- All field test standards being heard are presented orally.
- The reader presents visually and verbally each field test standard individually. Members of the audience are allowed three minutes each to address each field test standard. The recorder documents all discussion in the form of minutes. The hearing may be videotaped or audio recorded.

Standards process #13:
- with seven days replaces with 24 hours
- pass these minutes to the Program and Standards Oversight Committee members replaces pass these minutes to the Accreditation Sub-Committee

Standards process #14: The field test standards are individually read aloud and depicted visually
- replaced The proposed standard will be read

Standards process #16: renumbered to #15 and replaced with the following: The results of the standards votes are presented to the PATH Intl. Board of Trustees for ratification. The PATH Intl. Board of Trustees shall determine final action.

Standards process #17: Removed

A-4

- Content of Standards Administration Standards:
  - inserted-And Business
  - inserted-business practices

- Content of Standards Facility Standards: inserted-equipment storage and maintenance and activity area

- Content of Standards Program Standards:
  - replaced with Equine Welfare and Management Standards
  - and care replaces volunteers, participants, instructors and health professionals

- Content of Standards Specialty Standards:
  - replaced with Activity Standards
  - inserted-Mounted and Ground
  - removed-Hippotherapy and Equine-Facilitated Psychotherapy

- Inserted: Service Standards
  - Equestrian Skills (the goal/outcome of a session is for the participant to gain equestrian skills)
o Medical/Mental Health (the goal/outcome for the participant is achieved by a licensed/credentialed health care professional. This section includes standards relating to hippotherapy, equine-facilitated psychotherapy and direct service health care providers)

- **Removed**: Professional Association of Therapeutic Horsemanship International Mandatory Standards section
- **A-6**
- **Membership requirements #3: removed**-(for more information on recommended insurance coverage see interpretation in Standard A4)
- **A-9**
- **Inserted** brand policy for PATH Intl. Equine Services for Heroes

**Section B**

- **Section Standards as They Apply to Centers replaces section Premier Accredited Center Program**

**Section C**

A complete list of the 2012 standard numbering as compared to the 2011 standard numbering is located at the end of this document and is available on the PATH Intl. website.

**D-1**

- **Title Administration and Business Standards replace Administration Standards**
- **A4 is now A2: removed from interpretation- Additional insurance is strongly recommended by Professional Association of Therapeutic Horsemanship International:**
  Excess accident medical coverage is recommended by PATH Intl. as a separate policy providing accident medical coverage to participants, instructors and volunteers on an excess basis. PATH Intl. recommends excess accident medical policies that provide at least $10,000 per person and $5,000 per person Accidental Death benefits. The purpose of the excess accident medical policy is to provide medical benefits on an excess basis (excess above the limits of the individual’s personal policy) in an effort to deter lawsuits under the center’s commercial general liability policy.
  Worker’s compensation insurance is mandated by each State or Commonwealth in the United States. Each center is responsible for meeting the laws of their jurisdiction. Worker’s compensation insurance pays benefits to employees for job-related illnesses, injury or death.
  Fire and extended coverage on owned buildings and equipment in each building. Each center should address its need for property coverage on owned buildings and for equipment located on the center’s premises.
  Motor vehicle insurance. Each center should address the need for vehicle insurance on owned or borrowed or leased vehicles used in support of the center’s operation.
  Directors and officers liability insurance. D & O insurance protects the center and its directors and officers from suits alleging breach of corporate duties such as mismanagement of funds and employment practices claims. Each center’s Board of Directors should address the need for fiduciary coverage.
A2 is now A3:
  o Standard changes-
    1. A designated leader replace identifies designated leader
    2. Relationships within the organization replaces delineates all personnel
       relationships
    3. organization replaces the center
  o Interpretation replaced with the following- The organizational chart reflects the
    organizational structure and roles within.
A3 is now A4:
  o Standard changes-identified in A3 replaces identified in A2
  o Interpretation replaced with the following- There should be a job description for all
    persons and personnel as reflected in any applicable organizational chart.
P32 is now A5
P22 and P26 are now A11
A13 is now A16
A15 is now A17: Standard replaced with the following:
Does the center require the following for each participant:
  1. A signed and dated medical clearance form for equine-assisted activities from a health care
     provider.
  2. For participants with Down syndrome, an annual medical clearance form from a licensed
     physician that includes a neurologic exam that specifically denies any symptoms consistent
     with atlantoaxial instability (AAI).
3. The completed forms are available on-site.

D-10

- EFP4 is now A18:
  - **Inserted** DNA If the center does not provide medical/mental health treatment
  - **Inserted** for written permission to be obtained prior to the release
  - **Removed** psychotherapy or mental health counseling
  - participant receiving equine-assisted activities or therapies **replaces** client receiving equine-facilitated psychotherapy and/or mental health counseling
  - Interpretation: Centers may receive requests from outside sources requesting release of information. All client information is considered confidential and must be treated as such. The center needs to have a written procedure for handling such requests as well as a standardized form (center forms should comply with HIPAA requirements when applicable) to facilitate the request. Such outside sources could include judicial officers and caseworkers or other therapists/medical practitioners or educators **replaces** The mental health professional providing treatment to a client in equine-facilitated psychotherapy or mental health counseling may receive requests from outside sources requesting release of information. This information is considered confidential and must be treated as such. The mental health professional and the center need to have a procedure both written and in practice for dealing with such requests as well as a form (these forms should be HIPAA compliant) to facilitate the request. Such outside sources could include probation officers, other therapists or child and family caseworkers.
  - Compliance Demonstration: Visitor observation of WRITTEN procedures and standardized forms randomly selected that includes appropriately completed forms. Interview of personnel **replaces** Center explanation of procedure; visitor observation of randomly selected WRITTEN release forms.

- A16 is now A19

D-11

- A18 and A20 are now A20
- A19 is now A21:
  - **Standard replaced** with the following: Is there written documentation that includes the following:
    1. A **written** and implemented policy that defines participant and volunteer information required to be reviewed and updated annually?
    2. A **written** record of the annual review and update?
  - **Removed** from interpretation- This policy should define information that will be required to be updated annually.
  - In compliance demonstration:
    - **Inserted** the center’s
    - **Inserted** of randomly
    - **Inserted** containing annual updates
    - **Inserted** Interview of personnel

D-12

- A17 is now A22: **inserted** to #2-documentation
- A7 is now A23
D-13
• P18 is now A24: **removed** from interpretation-volunteer
• P19 is now A25
D-14
• P31 is now A26
• D13 is now A27: **inserted**-DNA If the center does not offer driving
D-15
• V5 is now A28: **inserted**-DNA If center does not offer interactive vaulting
• A9 is now A29: **inserted**-on-site
D-16
• *P12 is now *A30
• *V8 is now *A31: **inserted** to DNA-or if the center does not offer interactive vaulting
D-17
• P23 and H10 are now A32
• P15 is now A33:
  o **inserted**-DNA if center does not use equipment
  o **inserted** to interpretation-(if applicable)
D-18
• P24 is now A34: PATH Intl. credentialed individual **replaces** instructor/equine specialist in mental health and learning (ESMHL)
• P16 is now A35
D-19
• EFP9 is now A36
D-20
• F1: **Inserted** to #2-maintained throughout
• F2: jurisdictional **replaces** state and local
D-21
• F4: meets the Americans with Disabilities Act (ADA) requirements **replaces** is handicapped accessible
• F9 is now F5:
  o **inserted**-DNA If center does not have designated parking area
  o disabled **replaces** handicapped
D-22
• F10 is now F6
• F27 is now F7
• F21 is now F8: **inserted**-indoor
D-23
• F5 is now F9
• *EFP7 is now *F10:
  o **inserted**-DNA If the center does not offer equine-facilitated psychotherapy or have mental health participants
  o participant **replaces** client
• F30 is now F11
D-24
• F23 is now F12
• F25 is now F13
• F8 is now F14
• F15, D10 and V10 parts 1-4 are now F15

D-26
• F13 and D11 are now F16
• V10 parts 5 and 6 are now F17

D-27
• *F6 is now *F18
• F7 is now F19

D-28
• A8 is now F20: **removed**-optional equipment and supplies may be categorized as the following:

Items to care for wounds:
• sterile gauze pads (2” x 2” and 4” x 4”)
• self-adhering roller bandages in 4” and 6” widths
• sterile non-porous occlusive dressing
• adhesive tape
• antiseptic spray
• safety pins for securing bandages/slings
• bandage scissors
• adhesive strip bandages for minor wound care (individually packaged)

Items to safeguard personnel administering first aid:
• disposable gloves
• disinfectant cleaner
• plastic garbage bag for waste
• CPR mask

Items to protect the injured (such items serve not only to protect the injured and keep them warm, but also to reduce the possibility of contamination):
• linens
• pillows
• blankets

Items to provide for the injured’s personal needs:
• emesis bags/basins
• tissues
• towels
• disposable drinking cups
• unbreakable containers of drinking water
• wet wipes

Additional equipment considerations:
• equipment for warning and signaling, such as flashlights
• equipment to extinguish fire
• communications equipment
• written reference materials, such as basic emergency and first aid pocket guides

D-29
• P9 is now F21: **inserted** to #4- inside the kit
• *P14 is now *F22
D-30
• D4 is now F23: inserted-DNA If the center does not offer driving
• F26 is now F24

D-31
• F22 is now F25: is not responsible for equine care and stable maintenance replaces does not have a stable area
• *D6 is now *F26: inserted-DNA If the center does not offer driving

D-32
• D26 is now F27:
  o inserted-DNA If the center does not offer driving
  o standard change-turnout replaces vehicle
  o inserted in interpretation-The signaling device can be on the able-bodied whip.

D-33
• F16 is now F28
• F17 is now F29

D-34
• F14 is now F30
• F11 is now F31

D-35
• F24 is now F32:
  o inserted-DNA If equines are not groomed or tacked
  o inserted in interpretation-participant, volunteer and personnel
• F12 is now F33: activity/treatment area replaces arena

D-36
• F19 is now F36
• V7 is now F37: inserted-DNA If the center does not have a vaulting barrel

D-37
• Title Equine Welfare and Management Standards replaces Program Standards
• P1, D2 and V1 are now EQM1

D-38
• P2 is now EQM2
• P6 is now EQM3

D-39
• D2 is now EQM4: inserted-DNA If the center does not offer driving
• P4, D3 and H7 are now EQM5

D-40
• *V2 is now *EQM6:
  o inserted-DNA If the center does not have interactive vaulting
  o Does the equine replaces Is there a policy and procedure in practice
  o for replaces specific to the equine involved in

P5 is now EQM7

D-41
• P7 is now EQM8
- H5 is now EQM9: **inserted**-DNA If the center does not offer hippotherapy
  D-42
- *V3 is now *EQM10: **inserted**-DNA If the center does not offer interactive vaulting
- *H13 is now *EQM11
  D-43
- P8 is now EQM12
- P10 is now EQM13
- P11 is now EQM14
  D-44
- F28 is now EQM15

**Section E**

Section title Activity Standards **replaces** Specialty Standards

E-1
- *P20 is now *MA1
  - Standard **rewritten** to match wording in *DA1, *VA1 and *GA1
  - Standard **rewritten** for mounted work as a PATH Intl. Certified Riding Instructor
- P27 is now MA2

E-2
- *P13 is now *MA3
- H14 is now MA4

E-3
- H16 is now MA5

E-4
- *D1 is now *DA1: Standard **rewritten** to match wording in *MA1, *VA1 and *GA1
- *D5 is now *DA2: Lead ropes should be removed before driving commences. When the lead rope is not in use the equine should be unattached **replaces** Unless the header is leading the equine, lead ropes should be removed before driving commences. At no time should the lead be left attached around the equine’s neck.

E-5
- D8 is now DA3: or be otherwise supported **replaces** on the floorboards
- *D9 is now *DA4

E-6
- *D15 is now *DA5: Standard **rewritten** adding sub-parts
- *D19 and *D20 are now *DA6

E-7
- D22 is now DA7
- *D23 and *D24 are now *DA8

E-8
- *D21 is now *DA9
- D18 is now DA10: **removed**-and to assess the attitude and soundness of the equine in both the standard and interpretation

E-9
- *D17 is now *DA11
• *D25 is now *DA12
  E-10
• D14 is now DA13
• D16 is now DA14
  E-11
• D7 is now DA15
• D12 is now DA16
  E-12
• *V9 is now *VA1: Standard rewritten to match wording in *MA1, *DA1 and *GA1
  E-13
• V4 is now VA2
  E-14
• *V11 is now *VA3
• V6 is now VA4:
  E-15
  - Inserted section Ground Standards
• *P20 is also represented as *GA1: Standard rewritten to match wording in *MA1, *DA1 and *VA1

Section F

• Added section titled Service Standards

F-1
• Inserted Equestrian Skills Standards
• P25 is now ESK1
• P22 is now ESK2
  F-2
• Inserted Medical/Mental Health Standards
• *H1, *H2 and *EFP1 part 1 and *P28 are now *MMH1
  F-3
• *H1, *H2 and *EFP1 part 2 are now *MMH2
  F-4
• *H1 and *H2 parts 3 and 4 are now *MMH3
  F-5
• *EFP1 part 3 is now *MMH4:
• *P29 is now *MMH5: an appropriately PATH Intl. credentialed or is assisted by an appropriately PATH Intl. credentialed individual replaces Certified Instructor
  F-6
• EFP6 is now MMH6: inserted-DNA If the center does not offer equine-facilitated psychotherapy
  F-7
• H6 is now MMH7: inserted-DNA If the center does not offer hippotherapy
  F-8
• *H9 is now *MMH: inserted-DNA If the center does not offer hippotherapy
• H15 is now MMH9
F-9
• EFP3 is now MMH10: **inserted**-DNA If the center does not offer equine-facilitate psychotherapy
• H11 is now MMH11
F-10
• H17 is now MMH12
F-11
• H12 is now MMH13
F-12
• P30 is now MMH14
• H8 is now MMH15: **inserted**-DNA If the center does not offer hippotherapy
F-13
• EFP8 is now MMH16: **inserted**-DNA If the center does not offer equine-facilitated psychotherapy
F-14
• *EFP5 is now *MMH17: **inserted**-DNA If the center does not offer equine-facilitated psychotherapy
F-15
• H4 is now MMH18

Section G

G-3
• **Inserted** FTS7
• P5 is now EQM5
  o **Inserted**-for the appropriately credentialed PATH Intl. professional
  o **Inserted**-to conducting
  o **Inserted**-or therapy session
G-4
• **Inserted** EQM1
G-5
• **Inserted** EQM2, EQM3 and EQM4 Combination
G-6
• **Inserted** EQM8, EQM9, *EQM10 and *EQM13 Combination
G-7
• **Inserted** MMH18
• **Inserted** A8 and A9 Combination
G-8
• **Inserted** *A30, *A31 and Alternative Helmet Guideline Combination

Section H

• **Removed** the following forms from section:
  o Associate Visitor Training Course Application
  o Center Accreditation Site Visit Evaluation
  o Core and Specialty Standards Feedback Form
Field Test Standards Feedback Form  
Site Visit Comment Sheet for Core and Specialty Standards  
Immediate Corrective Action Notification Form  
Authorization for Emergency Medical Treatment Form  

H-1  
- **Inserted** Development Director  

H-2  
- **Inserted** Development Director  

H-3  
- **Moved** Membership Field Test Standards Feedback Form from end of section  

H-8  
- **Inserted** If this person has Down syndrome or any other condition that predisposes him/her to Atlantoaxial Instability, please include results of his/her neurologic exam.  

H-9  
- **Inserted** If this person has Down syndrome or any other condition that predisposes him/her to Atlantoaxial Instability, please include results of his/her neurologic exam.  
- **Neurologic symptoms of Atlantoaxial Instability, Present, Absent replaced AtlantoDens X-rays, Date and Results**  
- **Inserted** These conditions may suggest precautions and contraindications to equine activity.  

Section I  
- **Title Sample Service Forms replaces** Sample Specialty Forms  

Section J  

J-2  
- **Inserted** Activity Provider  

J-3  
- **Directly Supervising Credentialed Professional replaces** Certified Instructor or PATH Intl. Certified Equine Specialist in Mental Health and Learning  
- **Driving inserted** Driving Instructor  
- **EFP definition replaced**  

J-4  
- **Inserted** Health  
- **Inserted** Implemented  

J-5  
- **Inserted** Medical  
- **Inserted** Mental Health  
- **Mental Health Professional definition replaced**  
- **Inserted** Organization  
- **Inserted** PATH Intl. Credentialed Professional  
- **Inserted** Policy  
- **Inserted** Practice  
- **Inserted** Procedure
J-8
• **Inserted** Working Session

J-11
• activity or service **replaces** specialty

**Section K**

K-1
• *A30 replaces *P12

K-4
• **Inserted** (with string attached)

K-5
• Guidelines for Providing Equine-Facilitated Psychotherapy PATH Intl.’s Unique Approach **replaces** Psychosocial Safety Guidelines

K-10
• **Inserted** activities and

K-11
• **Inserted** activities, activities,

K-12
• *F22 replaces *P14

K-13
• A33 replaces P15
• *F22 replaces *P14

**Section L**

L-8
• **Inserted** Each participant should be assessed for physical and psychosocial concerns.

L-13
• **Inserted** and Developmental
• **Inserted** and evaluated by the instructor/therapist for safety/poor head control
• **Removed** Children with developmental levels below two years of age should only participate in mounted activities with a therapist providing one-on-one treatment.

L-16
• **Removed** X-ray, CT or MRI is needed to determine if AAI is present. An accurate measurement by X-ray is not easy to obtain and should be done by a radiologist familiar with this examination. It should be noted that X-rays done prior to the age of two can be unreliable; therefore, these children may not participate in mounted activities.
• A. A yearly medical examination including a complete neurologic exam, that shows no evidence of AAI **replaces** A recent medical examination including a complete neurologic function.
• **Removed** B. Lateral or side view…
• **Removed** B. Following the initial…
L-19
• The instructor/therapist is unable to evaluate a participant’s pain/distress level replaces Non-verbal and unable to communicate pain
• Extreme tactile defensiveness or gravitational insecurity unless under direct treatment by a therapist with training in sensory integrative dysfunction
• **Inserted** and the program director
• **Inserted** Conduct Disorder and Attention Deficit Disorder with/without Hyperactivity
• **Removed** A lot of anger can build for children with ADD/ADHD or ODD. This can result in the development of Conduct Disorders where rules and the rights of others are often violated. These individuals may be sneaky or hurt animals by pulling whiskers or pinching. Provide close supervision and do not give these individuals the opportunity to get in trouble by being unsupervised.
L-20
• **Inserted** Programs without a mental health professional on site or for consultation available should consider referring a client for assessment of concerning mental health issues if they should arise.
L-21
• A physical/occupational therapist or primary care physician should evaluate persistent primitive reflexes and if present equine-assisted activities and therapies are contradicted replaces Persistent primitive reflexes
L-22
• Speech sound disorder (including articulation disorder, phonological disorders and apraxia speech/verbal apraxia. Difficulty saying sounds in words correctly. replaces Articulation disorder-difficulty with verbal communication
L-22
• **Inserted** Severe difficulty with expressing needs or pain; frequent consultation with parents/caregiver/guardians regarding how a participant expresses feelings and needs is very important.
• **Removed** Contraindication-Poor expressive language in which the participant is unable to express discomfort/pain, needs, wants.
L-24
• Items replaces Food
L-34
• **Inserted** /Low Bone Density/Osteopenia
  o **Removed** Osteoporosis is loss of bone density.
  o and/or people who use wheelchairs and people with a history of eating disorders replaces or those with pathologic fractures.
  o **Removed** (See Spina Bifida, Spinal Cord Injury).
  o **Removed** (See Medication-Steroids)
  o **Removed** (see Fracture, Pathologic Fracture).
  o **Inserted** A potential participant
  o **Inserted** Osteoporosis can increase a person’s risk for pathologic fractures with trauma.
  o **Inserted** osteopenia
  o **Inserted** (BMD between 1-2.5 SD below the mean for young adult women or T-score between -1 and -2.5)
o **Inserted** Should the participant exhibit bone pain or discomfort during equine-assisted activities or therapy, the instructor or therapist may need to promptly end the session

o **Inserted** (BMD 2.5 SD or more below the normal mean for young adult females or T-score at or below -2.5 or Severe or "established" osteoporosis - BMD 2.5 SD or more below the normal mean for young adult females or T-score at or below -2.5)

o **Inserted** If bone pain persists or interferes with functional activities off of the equine

o **Inserted** If bone pain increases in duration or intensity

L-54
- L-20 replaces K-19
- L-20 replaces K-19
- L-20 replaces K-19
- L-27 replaces K-36
- L-24 replaces K-23
- L-16 replaces K-15
- L-45 replaces K-44