

CORONAVIRUS EMERGENCY PLANNING FOR EQUIDS

With the ongoing uncertainty around the spread of the coronavirus there are many possibilities for how this may affect our RDA centres. Further social restriction seems inevitable at this point and with this in mind we have compiled the below to assist you in planning for the care of your horses and ponies should there be more stringent restrictions in the future.

We would recommend the creation of a 'basic regime' document to ensure your equids basic requirements are met in the event of large numbers of your staff and volunteers needing to self-isolate or being identified as infected with coronavirus. This basic regime should be widely circulated as none of us can predict who may become infected and it could a variety of people who end up caring for the horses. The document should be clear and written in laymans terms so anyone could follow it.

A basic regime should include the following;

Basic horse information:

- Name
- Age
- Breed
- Sex
- A photograph of each so they can be readily identified by anybody
- Any medical conditions
- Any medications that are absolutely necessary including the name, dose and a picture of the drug/box
- Any personality traits which would be relevant to someone unfamiliar handling them

For example



Carrot is a 10 year old black cob gelding. He has 3 white legs up to his knees. He has no medical conditions and is on no medication. Carrot is quiet to handle and good to catch. He may nip if he thinks you have food. He does not like being injected by the vet. He sometimes gets a skin condition on his legs called mud fever so you may see scabs on his heels.

Safety of carers

Human safety is the absolute priority. Thought should be given to ensuring carers have a buddy system and lone working with horses is not recommended. Where lone working is totally unavoidable there should be significant safeguards in place (eg. Phone contact on arrival and departure from RDA centre). Lone working should be ratified by RDA centre trustees. The exclusion of vulnerable people (eg elderly or immune compromised) from the care of horses should be seriously considered to best enable them to socially isolate themselves.

Teams of carers

It may be appropriate to consider splitting carers into teams with no contact between teams. For example 4 rotating teams of 2/3 people who care for the horses on a one week on 3 weeks off basis. Care should be taken when putting teams together to ensure key people are not in the same team.

For example

Week one – Alan, Karen and Sharon

Week two – Tess, Jess and Bess

Week three – Charlie, Chardonnay and Charlene

Week four – Will, Nell and Belle

Management

The ideal situation is that healthy horses would be turned out to minimise the requirement for the use of stables, tools etc by carers. This helps prevent spread of the virus by shared contact with surfaces. Forage (hay/haylage) can be put out for them on an adlib basis in a feeder or by daily nets/forage onto the ground.

For example

The horses will be turned out in the big field and hay will be put into the ring feeder by farmer Giles on a weekly basis. Bring the hose to the fence and fill the big black buckets with water. You do not need to go into the field.

Checks

Outline how to check the horses and include any individual peculiarities.

For example

Look over fence and make sure all horses look bright and well, observe them for a few minutes paying particular attention that none are limping, have bad eyes, are rolling on the ground, have any wounds on their legs and that they are bright and interacting with the rest of the herd. It is normal for Carrot to stand at the back in the mornings and for Parsnip and Turnip to lie down for a sleep in the early afternoon.

Feeding information

This should include the absolute basic feed required for your equids. Hard feed should be stopped unless absolutely necessary. There are 2 reasons for this; handling buckets/scoops etc could spread the virus and secondly taking buckets into a field of horses could be unsafe.

For example

Hard feed has been stopped. Do not take buckets or treats into the field with the herd as this could lead to them fighting amongst each other or hurting you.

Medication

You should consult your local vet and discuss the necessity of the medications your horses are on. All prescribed medications are important and should not be stopped without consulting your veterinary surgeon however it may be appropriate to stop/reduce the dose/requirement for dosing multiple times a day etc without detriment to your horses health. An example would be a horse who received a low dose of bute daily for mild arthritis; this could be stopped if the horses were being cared for by people who do not know the horses.

For example

The following people can administer medications (Alan, Tess, Charlie and Will). Any changes in medications should be discussed with Bob who is the centre manager. Turnip should be let into the small electric fence paddock and then given his pill in a carrot. If at any point you feel this is not safe then do not give the medication and call Bob. Potato and Parsnip do not need to receive their bute (white powder).

Veterinary treatment

Ensure the telephone numbers of your vets is on your basic regime document so anyone can call in an emergency. Your local vet will be formulating a plan for the emergency care of the animals under their care so keep an eye out for any communications from them. Consider postponing routine veterinary visits and discuss vaccination appointments with your veterinary surgeon who will help you to risk assess this type of visit. You should continue to call your own veterinary surgeon in the event of an emergency.

Contact numbers

Include in your document emergency contact numbers for example; vet, local doctor, group manager/chairperson, a named trustee and anyone else who can make decisions for the horses.

Decision Makers

Include a section that makes it clear who can make decisions about the management of the horses and any emergency veterinary decisions to avoid confusion where normal routines are not in place.

For example

Bob is the Centre Manager and he can make management and veterinary decisions for the horses.

Charlene is a trustee and can make veterinary decisions for the horses.

Bess is our handywoman and can make decisions about the buildings and fields.