

## MOUNTING AND DISMOUNTING



A disabled rider should be able to mount at the beginning and dismount at the end of a riding lesson in a dignified manner that is safe for the rider, the horse and the helpers.

### A. GOVERNMENT REGULATIONS

1. In recent years there has been great emphasis on manual handling of people and on work related stress injuries. The Manual Handling Operations Regulations (1992) came into force in Great Britain on 1 January 1993. These regulations come under the Health and Safety at Work Act (1974) and implement the European Directive on manual handling of loads.

#### a. The Health and Safety at Work Act (1974)

(1) The aim of the 1974 Act is to promote and achieve standards of health and safety in the work place. The message is that everyone, whether employer, employee or volunteer, is responsible for safety.

(2) The specific duties of employers (Section 2.2) can be summarised as:

(a) Providing and maintaining equipment and safe systems of work.

(b) Ensuring safety in the use, handling, storage and transport of articles and substances.

(c) Providing information, instruction, training and supervision of employees.

(d) Maintaining a safe place of work with safe access and egress.

(e) Providing maintaining a safe and healthy working environment.

(3) RDA volunteers have the same duties as employees (Section 7), namely to cooperate to ensure their own safety and that of other people at all times and to be willing to receive any training necessary to carry out their work safely.

#### b. Manual Handling Operations Regulations (1992)

(1) These regulations, of which assessment is the key part, establish a clear hierarchy of measures.

(a) Avoid hazardous manual handling.

(b) Make a suitable and sufficient assessment of any manual handling operation that cannot be avoided.

- (c) Reduce the risk of injury from these operations as far as is reasonably practical.

## **B. RISK ASSESSMENTS FOR MOUNTING AND DISMOUNTING**

1. A risk assessment of the mounting and dismounting process (a careful examination of all the factors that could cause harm to those involved.) must be carried out in every case by the Instructor, Physiotherapist or other trained, knowledgeable person. Risks must be reduced to a practical minimum for every situation. If the risk cannot be reduced to an acceptable level the rider must not be allowed to mount.
2. The risk assessment enables the Group Instructor to:
  - a. Identify high risk factors and take steps to reduce the risk;
  - b. Plan and record a mounting procedure for each rider to reduce risks to a practical minimum;
  - c. Reassess the procedure and modify it as necessary.
3. Risks can be reduced by:
  - a. Providing suitable equipment - blocks, ramps, hoists etc.
  - b. Training helpers (specialised help is available from the Coaching Committee or ACPTR).
  - c. Getting specialist help and advice for particularly difficult or unusual riders.
  - d. Liaising with carers, teachers and physiotherapists about normal practice for moving and handling particular riders.
4. Social Services, Education Authorities and Health Services now insist that detailed written risk assessments should be done for every activity that involves moving and handling their clients. As a result, some riders have had to stop riding, because they have 'failed' a risk assessment, and some RDA Groups have been asked to provide a written risk assessment for each rider. However, the Manual Handling Operations Regulations (1992) state that **'only those activities carrying a significantly high risk need be recorded'**. They give guidelines for carrying out and recording risk assessments as follows:
  - a. **The Task (the mount)**
    - (1) Does the mount involve the helper in any of the following factors that could pose a risk of injury ?
      - (a) Holding/manipulating the rider at a distance from their body.
      - (b) Twisting or stooping.
      - (c) Reaching upwards.
      - (d) Excessive lifting or lowering distances.
      - (e) Excessive carrying distances.
      - (f) Excessive pushing or pulling.

**b. The Load (the rider)**

(1) Can the rider be described in any of the following ways ?

- (a) Heavy, bulky, unwieldy or difficult to grasp.
- (b) Likely to move suddenly or unpredictably.
- (c) Uncooperative or frightened.
- (d) In pain.

**c. The Environment (mounting area and facilities)**

(1) Does the mounting area have any of the following characteristics ?

- (a) Space restraints that prevent good posture.
- (b) Uneven or slippery surfaces.
- (c) Variations in levels.
- (d) Mounting facilities at the right height for the horse being used.
- (e) Affected by weather conditions (e.g. in a windy area of the yard).
- (f) Poor lighting that makes handling of the riders difficult.
- (g) Excessive local distraction and disturbance.

(2) What mounting facilities are available ? Are they the right size and in good condition ?

- (a) Blocks.
- (b) Ramps/platforms.
- (c) Pits.
- (d) Hydraulic lifts.
- (e) Hoists.
- (f) Naturally occurring features.

**d. Capability of Helpers**

(1) Does the mounting/dismounting process

- (a) Require unusual strength or height?
- (b) Create a hazard for those who with a health problem or pregnant?
- (c) Require specialised training? (The mounting team MUST be suitably trained).

(2) Are the helpers involved well trained? Do they have a positive attitude?

(3) Is the mounting/dismounting process well supervised?

e. **Other Factors**

- (1) Are horses well trained, in good condition and suitably matched to riders?
- (2) Is there a frequent turnover of horses in the Group?
- (3) Is the working atmosphere in the Group efficient, effective and well-led ?

**C. METHODS FOR MOUNTING**

Riders may mount from either side of the horse.

1. **Direct lift from wheelchair to pony.** This method should not be encouraged. It is only suitable for mounting very small children on small ponies.
2. **Conventional mount from a mounting block or other raised surface.** If possible all riders should be taught by a riding instructor to mount in the conventional manner, perhaps with assistance or modification.
3. **Rider unable to put their foot into a stirrup and spring up into the saddle in the conventional way.** The rider can turn with their back to the horse and then sit on the saddle and swing their right leg over the horse's neck
4. **A direct wheelchair transfer from a platform or other raised surface onto the saddle through standing.** A turntable can be used to assist this transfer.
5. **A direct transfer from a wheelchair to the saddle for a non weight-bearing rider.** This is usually done with the use of a sliding board and is only suitable for riders who are independent in other areas of their life.
6. **Hoist from wheelchair to horse.** An access or toileting sling or handimove is best for easy removal once the rider is mounted.

## **E. METHODS FOR DISMOUNTING**

Riders should normally dismount directly to the ground  
**(not onto blocks, ramps, etc.).**

1. **Conventional dismount.** The rider leans forward to the off-side of the horse, swings their right leg over behind the saddle and then slides down into standing facing the horse.
2. **The rider swings their right leg over the horse's neck, rolls onto their front and slides down facing the horse.** The horse takes the weight and the rider is leaning against something solid.
3. **The rider lifts their right leg over the horse's neck and, if unable to roll over, slides down to standing between two helpers.** In this type of dismount the rider's weight can go onto the helpers and they can stumble forwards on landing, putting themselves and the helpers at risk. Riders should be taught (and assisted) to roll over whenever possible.
4. **A direct transfer from the horse to a wheelchair for a rider who is unable to stand.** In this case dismounting to a platform or other raised surface will be necessary and a sliding board might be needed.
5. **A direct manoeuvre off the horse using a hoist.**
6. Advice on mounting and/or dismounting - If you want help or advice you should contact any of the following.
  - a. RDA Regional or County Physiotherapist or Instructor.
  - b. RDA Coaching Committee (contact via RDA National Office).
  - c. The Physiotherapist or Occupational Therapist connected with the rider in their school/hospital/home.

## **F. RECOMMENDED READING**

1. HSE (1992). Manual Handling Operations Regulations 1992: Guidance on Regulations HMSO - available from good book-shops.
2. Handling people: equipment, advice and information (1994) - available from The Disabled Living Foundation, 380-384 Harrow Road, London W9 2HU.
3. Code of Practice for Patient Handling - available from the Royal College of Nurses.
4. Charity and Voluntary Workers - a Guide to Health and Safety at Work (1999) - available from HSE Books, PO Box 1999, Sudbury, Suffolk CO10 6FS.