



COVID POLICY & PROCEDURES

The Shane Center will be adhering to all policies and procedures required by the State of Ohio, the Knox County Department of Health, and the federal government. Our goal is to do our part to help stop the spread of COVID 19. As you know the policies and procedures CHANGE quickly and we will do our best to stay informed and implement procedures as required.

When you sign up for riding at The Shane Center you are AGREEING that you will:

1. SELF-MONITOR

BEFORE you and anyone accompanying your rider head out to The Shane Center take your temperature, and ensure you and the people you live with are feeling healthy.

2. BE ON THE LOOKOUT FOR SYMPTOMS OF ILLNESS.

The most common symptoms of Covid 19 include:

Fever

Dry cough

Tiredness

Less common symptoms include:

Aches and pains

Sore throat

Diarrhea

Conjunctivitis

Headache

Loss of taste or smell

a rash on skin, or discoloration of fingers or toes

3. EVERYONE EXITING THE VEHICLE MUST **WASH YOUR HANDS** AT OUR HANDWASHING STATIONS IMMEDIATELY UPON ARRIVAL and JUST PRIOR TO DEPARTURE. Volunteers and staff are also asked to wash in between classes.

4. REGARDING FACE MASKS:

AS of July 23 per State orders there is a statewide mask mandate that reads as follows:

REGARDING FACE MASKS:

“All individuals in Ohio must wear facial coverings in public at all times when:

- At an indoor location that is not a residence
- Outdoors, but unable to maintain six-foot social distance from people who are not household members
- Waiting for, riding, driving, or operating public transportation, such as a taxi, a car service, or a private car used for ride-sharing.

The order only requires those 10 years old or older to wear a mask. Additional exclusions include:

- **Those with a medical condition or a disability or those communicating with someone with a disability;**
- Those who are actively exercising or playing sports;
- Those who are officiants at religious services;
- Those who are actively involved in public safety; or
- Those who are actively eating or drinking.”

5. STATEWIDE TRAVEL WARNING

If you travel to/from one of the states on the Governor of Ohio's list of travel warning, you are asked to self-quarantine for a minimum of 14 days. The self-quarantine recommendation applies to those who live in Ohio and to people who are traveling into Ohio from any of these states.

GENERAL LESSON INFORMATION:

- It is highly recommended that riders purchase and use their own helmet. Helmets must be ASTM/SEI certified for equestrian sports and on the current list of approved helmets: <https://www.seinet.org/search.htm> The Shane Center will need the name, model, date of manufacture, and numbers found inside the helmet. IF a rider cannot afford the cost of a helmet or does not wish to purchase one he/she may use one of ours. Our helmets will either be "single use" for that day and then disinfected with Lysol spray at the end of the lesson day by the instructor, trained volunteer, or lesson aide OR assigned to a rider for the entire session.
- Please know that you may encounter other people who are not wearing face masks and if you are not comfortable with that then you will need to excuse yourself from activities at The Shane Center.
- The Shane Center will be using bleach and water, disinfecting spray, antibacterial dish soap, and/or disinfecting wipes to clean and sanitize common surfaces including reins, grab straps, saddles, helmets, door knobs, snaps, etc.

DURING THE LESSON:

- The rider's person should wait either in the picnic shelter (if riding outside), in their car close enough to observe and ensure the instructor has their cell phone number, or inside the office/observation room, or inside the white chains in the riding arena.

AFTER THE LESSON:

- Riders/ lesson helpers should immediately wash their hands or sanitize with hand sanitizer.
- Instructor (and volunteer) will disinfect any surfaces the rider has made contact with including the reins, grab straps, helmet, and saddle pad strap if saddle pad has one. Then the instructor AND volunteers should wash/sanitize their own hands before preparing for the next lesson.
- At the conclusion of the last lesson of the day, staff and volunteers will follow the existing Shane Center Compliance Checklist and disinfect all common surfaces that were utilized (door knobs, snaps, gates, etc.)

**The Shane Center for Therapeutic Horsemanship Inc.
COVID-19 Acknowledgement of Risk and Acceptance of Services**

I attest that:

1. I am aware of the risks of contracting COVID-19 while receiving face to face services from The Shane Center. I agree to hold harmless The Shane Center, it's employees, volunteers, and all other individuals I may come into contact with during this interaction and receiving of services.
2. I acknowledge that The Shane Center is a FARM and I will be exposed to things like, dust, dirt, birds, chemicals used to control flies, domestic animals, residue from cleaning supplies, etc. The Shane Center is not and cannot maintain a sterile environment, but it will engage in the cleaning and disinfecting protocols and procedures outlined here.
3. I AGREE TO FOLLOW THE ABOVE GUIDELINES. I ACKNOWLEDGE THAT I UNDERSTAND THE GUIDELINES AND THAT THEY MAY CHANGE AT ANY TIME AND THE SHANE CENTER WILL NOTIFY ME IMMEDIATELY OF ANY CHANGES.
4. I agree to cancel my services should I have within the previous 36 hours to 2 weeks personally exhibited and or have been in contact with someone who has presented with illness including: cough, sneezing, fever, chest congestion or additional signs of potential spread of any virus or bacteria/disease.

I am signing under my own free will and choice and agree to follow these and hold harmless all individuals associated with or through my services acquired from The Shane Center. After assessing the risks and benefits specifically for _____, I agree that the benefits outweigh the risks of the services offered by The Shane Center. I also understand that The Shane Center can refuse services if the Executive Director believes the risks for said client outweighs the benefits or if the client is not able to comply with the safety measures.

Client Name: _____ **Date:** _____

Client Signature: _____

Parent/Guardian Name: _____ **Date:** _____

Parent/Guardian Signature: _____