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# It does happen to a vet

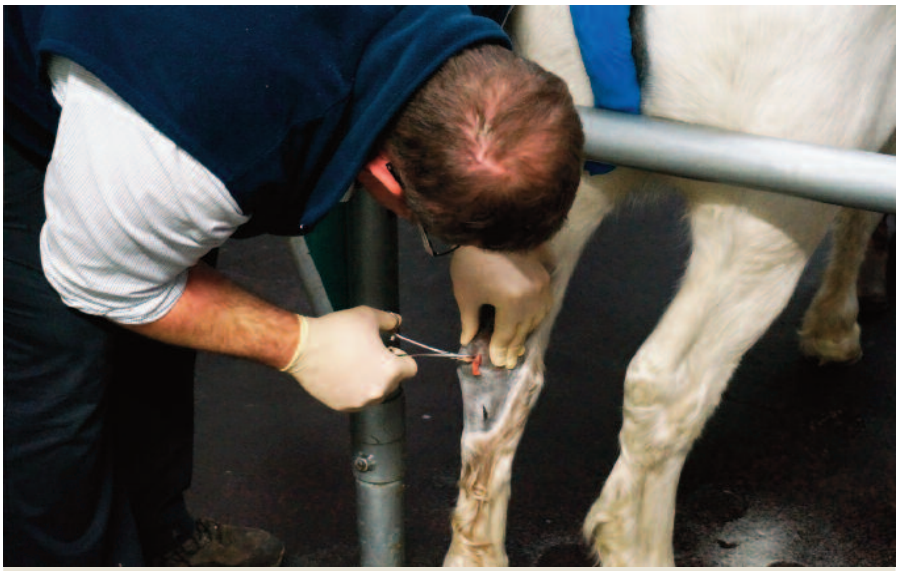
## Examining and treating horses can put those on the ground at risk but precautions can be taken through sensible handling and protective wear

Horses are, by nature, flight animals. Their size, speed and unpredictable nature provide some of their unquestionable appeal and challenge but also present risk of serious injury and even death for those people who choose to work with them.

Given the choice when faced with an unpleasant, painful or frightening situation, most will turn and run or at least whip round, jump sideways, run backwards or lunge forwards into any available open space. In the process they might kick out or run into or over anyone or anything in their way. In circumstances where they cannot escape, many will react in an uncontrolled and unpredictable way. These reactions can easily result in injury to themselves or the people around them. If well handled, older horses have usually learned to temper their reactions based on their training and trust in the humans around them, as well as familiarity with the procedure being undertaken. Some horses, however, never seem to understand how we would like them to behave.

Foals and yearlings usually tend to react instinctively to any threat or fright and some stallions can remain aggressive and more difficult to handle throughout their lives. Any horse at any time can behave in a way that is hazardous to humans. Unfortunately for horse vets, we are often performing procedures which cause pain or are outside the horse's previous experiences. The owner/handler may be inexperienced or simply not physically capable of preventing the horse's unwanted behaviour and the vet is more vulnerable because he/she is concentrating on the job at hand or in a 'compromising' position, for example bending down to look or work underneath the abdomen or having to stand behind the horse.

There is some information available on injuries to people working with horses but most of this relates to riders rather than people on the ground. Injuries to riders include a significant proportion of head injuries, although the number of significant head injuries has decreased since the improvement in the safety standards in riding hats and increase in their use. Other frequently seen injuries include fractures, bruises and internal injuries. Of the injuries seen in hospitals, head injuries are the most common – about 20% of the total. A report from the 1980s suggested that horseriding is 20 times more dangerous than motorcycling.



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*Treating a wound on a hindlimb can put the vet in a precarious position*

In 2013, the British Equine Veterinary Association (BEVA) commissioned a survey on injuries within the profession, conducted by leading professionals at the Institute of Health and Wellbeing and the School of Veterinary Medicine at the University of Glasgow. The results of over 600 responses were included in a report entitled 'Work related injuries in Equine Practitioners', by Judith Brown and co-authors.

I won't bore you with too many figures or tables but the results were quite sobering, particularly for an equine vet! According to the authors, being a horse vet in the UK carries the highest risk of injury of any civilian occupation.

Over a 30-year working life, equine vets can expect to sustain seven to eight injuries of variable severity. Most common were bruises, fractures and lacerations and most were caused by a kick with a hindlimb, a strike with a front leg or a crush injury. Eighty per cent of those who replied had been injured at least once and 45% of those had suffered a head injury.

Obviously, anyone who might have died as a result of such an injury was not included in the survey, but some of these injuries were life changing or career limiting, with 8% having had to take alternative work as a result of their injuries. Almost a third of vets also said they suffered chronic illness or injuries as a result of their work.

The activities that were most likely to result in a serious injury (fracture, hospitalisation, concussion, unconsciousness and head trauma) included lower limb nerve block or intra-articular (joint) medication, minor surgical procedures, female reproductive procedures/foaling examinations and endoscopy or gastroscopy. Most of the horses were being held by owners at the time of the vet's injury but around a third had been sedated for the procedure.

These results have been compared to those for other industries and professions, and one health and safety consultant said to a meeting of BEVA members that in any other field of activity, anything that was as dangerous as a horse would be banned! Those of us who love horses cannot imagine a world where people can't work in close proximity to them, but we do need to pay more attention to the risks associated with working with horses – not only so that we don't lose more good equine vets to work-related injuries, but to keep everyone associated with horses safer and healthier and able to enjoy a life centred around, or at least involving, horses.

A vet friend has told me that he took one >>

>> single significant step towards improving his safety as an equine vet and that is to avoid working at yearling sales any more! Unfortunately, that is not an option for many horse vets.

Difficulties arise because horses are horses. They bite, kick, lunge, barge, strike out, rear, head-butt, lean, stand on feet and hands, cow kick and metaphorically explode. We can't prevent these behaviours but we can handle and educate horses in a way that reduces the incidence of these behaviours.

I am not an equine behavioural specialist but I regularly see people mishandle and mistreat horses through ignorance, fear or temper. There are horses out there that are born with a predisposition to be difficult or nasty – I have seen a foal of only a couple of days of age put her ears back and kick out at an experienced stud groom and she remained a total witch to handle up to the day she went to the sales as a yearling. I have also seen nervous horses remain frightened of their own shadow into old age, despite good handling.

The public sales provide an absolute cauldron of ingredients to produce high risk of injury: young horses, well fed and under-exercised in a strange environment with lots going on around them. They are pulled into and out of their stables, taken for x-ray and possibly scoped. The situation is almost as bad at store horse sales – and these animals are bigger and stronger and often require a full five-stage pre-purchase examination prior to sale. Kick and strike injuries, back injuries and those due to the horse panicking or barging are very common in vets working at sales and their support staff, not to mention the stud and stable staff working on site.

However, we do work with horses – and most wouldn't have it any other way – and there are jobs that need to be done on a daily basis as we are working. We can all be less complacent and more careful without becoming precious or overcautious. There is without doubt a place for using stocks for many procedures – especially female reproductive examinations – but there are definitely some horses that 'freak out' in stocks and these can be more dangerous in stocks than standing loose. Owners must be more willing to allow their horses to be sedated and to accept that in some horses certain procedures such as hindlimb nerve blocks are just not going to be possible. In the latter cases, it might be necessary to arrange for referral to a centre where there are more facilities and less invasive imaging/diagnostic equipment, such as MRI, CT or nuclear scintigraphy.

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*A handler sensibly wearing a riding helmet while a horse in training is scoped*

There have been enormous advances in understanding equine behaviour and learning processes and there are experts who are available to offer help and advice both with difficult horses and with training to avoid problems. Gemma Pearson from Edinburgh University has produced for BEVA members a webinar outlining basic 're-education' for certain difficult behaviours. These techniques can be adopted and used by anyone working with horses.

More and more people are wearing protective hard hats when working on the ground with horses, for example in covering barns, microchipping foals and lungeing. Many of the head injuries which are seen in people working on the ground with horses would not have been prevented by wearing a cap, but shouldn't vets and handlers at least consider wearing them when scoping or holding for dental treatment?

Many foot injuries occur in people wearing inappropriate footwear, although this is less common in the thoroughbred industry than in other equestrian activities. Sensible use of protective equipment is not being 'soft'. It is simply common sense. Do you criticise your farrier for wearing leather chaps?

Improving health and safety for those working with horses, including vets, involves education and training of horses and people, the use of appropriate protective equipment and effecting a change in attitude away from the view that taking appropriate precautions is simply not cool!