LOS ANGELES COUNTY
DEPARTMENT OF ANIMAL CARE AND CONTROL
ANIMAL CARE/MEDICAL ASSESSMENT – Animal Center #7,
February 7, 2007
Performed by Animal Legal and Veterinary Medical Consulting Services
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The assessment was conducted at Animal Center #7 located in Agoura. The following staff from the medical, animal care, law enforcement division and management provided input and insight into operational procedures.

Veterinary Medical staff:

Registered Veterinary Technicians (RVT):

Law Enforcement:

Shelter Management:

Observations and recommendations were placed in six categories:

- Licenses/Staffing Issues (LSI)
- Medical Care of Shelter Animals (MCSA)
- Euthanasia Practices (EP)
- Medical Record Keeping (MRK)
- Shelter Cleaning Practices (SCP)
- Employee Safety/Injury and Illness Prevention (ESIIP)

Additional sections:

- Quick Fix Items For The Agoura Shelter
- Long Term Fix Items For The Agoura Shelter

Attachments:
CCR, Title 8, Section 3202, Injury and Illness Prevention Program.
§3203 Injury and Illness Prevention Program and Injury and Illness Prevention Model Program for Non-High Hazard Employers.

Licenses/Staffing Issues (LSI)

LSI – 1 Observation: The Department of Animal Care and Control currently possesses one Controlled Substance Registration Certificate issued by the Drug Enforcement Administration (DEA) to the Chief Veterinarian at her Long Beach administrative office from which controlled substances are distributed to all six shelters.

The Controlled Substance Act, under Title 21 of the United States Code classifies drugs into five major categories in accordance with their abuse potential (Schedule I - highest potential) through V - lower potential), and strictly regulates distribution and dispensing of controlled substances to reduce theft and illegal use of these substances.

Controlled substances utilized at the Agoura shelter include: sodium pentobarbital (Schedule II), Ketamine (Schedule III), and diazepam (Schedule IV).

Each shelter location is required to obtain a separate Controlled Substance Registration Certificate in order to distribute or dispense controlled substances.

The DEA discourages transferring of controlled substances from a designated purchaser to another location after controlled substances are delivered by the supplier to the designated purchaser (address identified on the Controlled Substance Registration Certificate). On a temporary basis, a controlled substance(s) can be transferred to another location, if the second location possesses a current Controlled Substance Registration Certificate. Precise record keeping is mandatory in these temporary transactions where the designated purchaser now becomes the supplier for the second location receiving transferred controlled substances.

LSI– 1 Potential Liability:

Los Angeles County Department of Animal Care and Control is in violation of:

Code of Federal Regulations, Title 21, Volume 9, Chapter 11 – Drug Enforcement Administration, Department of Justice, Part 1301 Registration of Manufacturers, Distributors, and Dispensers of Controlled Substances.

§ 1301.12 Separate registrations for separate locations.
(a) A separate registration is required for each principal place of business of professional practice at one general physical location where controlled substances are manufactured, distributed, imported, exported, or dispensed by a person.
§ 1307.11 Distribution by dispenser to another practitioner or reverse distributor.
(a) A practitioner who is registered to dispense a controlled substance may distribute (without being registered to distribute) a quantity of such substance to
  (1) Another practitioner for the purpose of general dispensing by the practitioner to patients, provided that –

i. The practitioner to whom the controlled substance is to be distributed is registered under the Act to dispense that controlled substance;
ii. The distribution is recorded by the distributing practitioner in accordance with § 1304.22(c) of this chapter and by the receiving practitioner in accordance with § 1304.22(c) of this chapter;
iii. If the substance is listed in Schedule I or II, an order form is used as required in part 1305 of this chapter, and;
iv. The total number of dosage units of all controlled substances distributed by the practitioner pursuant to this section and § 1301.25 of this chapter during each calendar year in which the practitioner is registered to dispense does not exceed 5 percent of the total number of dosage units of all controlled substances distributed and dispensed by the practitioner during the same calendar year.

LSI – 1 Recommendations:

A Department of Animal Care and Control Veterinarian, or Registered Veterinary Technician (RVT) at each shelter or the Chief Veterinarian must obtain a separate Controlled Substance Registration Certificate for use of controlled substances at each shelter location. The registrant from each shelter will order and receive delivery of controlled substances from the distributor directly.

It is not recommended that controlled substances be transferred from one shelter to another. If under emergency situations, controlled substances need to be transferred among shelters (each possessing a separate, current Controlled Substance Registration Certificate), it is permissible, but frowned upon by the DEA due to the potential for inaccuracy in record keeping and additional requirements for utilization of order forms for Schedule I or II substances all which may result in issues of non-compliance. A standardized protocol enumerating specific record keeping and order form requirements should be developed for any intra-shelter transfer of controlled substances.

Options for obtaining Controlled Substance Registration Certificates from the DEA include:

<u>Certificate for sodium pentobarbital only:</u>

1. A California licensed veterinarian at each facility can obtain a practitioner registration for this substance.
2. The Chief Veterinarian can obtain six separate Certificates, one for each shelter.
3. An RVT at each facility can obtain a Certificate for this substance.

California allows for direct licensing of an animal shelter through which the shelter may acquire a DEA license to use sodium pentobarbital for euthanasia purposes without a veterinarian.

Business & Professions Code, Chapter 11, Article 2.5. Registered Veterinary Technicians § 4840. Authorized services by technicians

....(c) Registered veterinary technicians may apply for registration from the federal Drug Enforcement Administration that authorizes the direct purchase of sodium pentobarbital for the performance of euthanasia as provided for in subdivision (d) of Section 4827 without the supervision or authorization of a licensed veterinarian.

§ 4827. Excepted practices
Nothing in this chapter prohibits any person from:
....(d) Administering sodium pentobarbital for euthanasia of sick, injured, homeless, or unwanted domestic pets or animals without the presence of a veterinarian when the person is an employee of an animal control shelter and its agencies or humane society and has received proper training in the administration of sodium pentobarbital for these purposes.

Certificate for controlled substances other than sodium pentobarbital:
Only a California licensed veterinarian at each facility can obtain a practitioner registration for controlled substances other than sodium pentobarbital.

LSI – 2 Observation: RVT and unregistered veterinary assistant do not report to the shelter veterinarian.
The RVT and unregistered veterinary assistant take orders from and work directly with the veterinarian but they are supervised by the sergeant and acting Shelter Manager.

LSI – 2 Recommendations:
Medical staff should be reporting to the veterinarian. Greater effort to increase participation by the shelter veterinarian in decisions regarding medical operations needs to occur. The shelter veterinarian should be overseeing RVTs and unregistered veterinary assistants administering medications and other medical practices in the shelter, monitoring pre and post-surgical activities, and monitoring certified technicians while performing euthanasia.

LSI – 3 Observation: All staff working in shelter animal holding areas do not wear identification and can not easily provide contact information to the public or rescue groups.
Veterinarians, RVTs, and Kennel Attendant (KA) staff do not wear name badges which provide the first and last name of the employee, their division (medical versus kennel staff) and rank (supervisor/manager).

Shelter staff does not have business cards with current contact information that could be distributed to members of the public and rescue groups.

LSI – 3 Recommendations:

All shelter staff should wear name badges which identify them by first and last name and indicate their position and rank within the department.

Members of the public and rescue groups may need to refer to or identify shelter staff when discussing administrative matters (adoptions/redemptions) with clerical staff or shelter managers, or when writing commendations/complaints. In addition, by identifying lead staff and/or supervisors it may help expedite solutions and/or diffuse situations involving members of the public.

Providing business cards to shelter staff would improve and expedite contact with rescue groups and members of the public that could enhance adoptions and claims. Adopters could also contact the veterinary staff and/or RVT regarding medical progress of recently adopted animals that were ill or injured and make it more convenient for those pet owners to schedule free veterinary examinations post-adoption. It also would improve the morale of staff and enhance professionalism among all ranks.

LSI – 4 Observation: Grave shift employee performs kennel and field duties.

As reported to the contractor, grave shift kennel staff are also responsible for covering grave shift field duty. Even though late night emergency calls infrequently occur, when the grave shift is called out to perform field duty he/she is unable to complete the following kennel duties:

- Monitoring the prior day's post-surgical patients that were not picked up by pet owners.
- Re-locating animals from the kennel to the spay/neuter clinic that are scheduled for surgery that day.
- Completing kennel cleaning prior to first day shift KAs coming on duty.
- Performing maintenance/special cleaning assignments that can only be completed during the grave shift.
- Monitoring enclosures that house multiple animals to ensure no animal is injured.
- Monitoring ill animals in isolation areas and identify those that require emergency stabilization and transport to a veterinary emergency hospital.
- Ensure security is maintained on personal property animals and those involved in humane investigations.

By not completing these tasks as required during the grave shift, it has a negative impact on the day shift. Day shift KAs are delegated incomplete grave shift tasks in addition to their delegated duties, which may negatively affect the level of care provided for the animals.

LSI – 4 Recommendations:

With current staffing, KA grave shift should include only animal care work on-site at the shelter. The grave shift employee should not be required to also perform field work

(see LSI – 5 In the absence of Animal Control Officers (ACO), kennel staff are assigned to field duty without adequate training or equipment). Due to the small number of emergency calls during the grave shift, a field officer should be on call for this shift.

LSI – 5 Observation: In the absence of Animal Control Officers (ACO), kennel staff are assigned to field duty without adequate training.
KAs reported to the contractor that they are assigned to limited field duty (prohibited from writing citations) when ACOs are not available and during grave shift. KAs do not receive formal training but do participate in some "ridealongs" with seasoned field officers prior to this assignment.

LSI – 5 Recommendations:

All current ACOs complete training, are assigned a vehicle, and each officer is designated equipment and/or sets up their vehicle with commonly used supplies (i.e., cat traps, transfer cages, paperwork/forms, canned food products, etc.). However, when a KA is ordered to go out on a field call, they have not received official training by the department or a Field Training Officer (FTO).

Prior to sending a KA alone into the field, he/she must have minimally received department training on:

- Operation and maintenance of the vehicle
  - Procedures on operating cooling units for animal holding compartments,
  - Procedures for refueling vehicles,
  - County procedures for obtaining roadside assistance, and
  - Towing capacity of the vehicle.
- Animal handling in the field (including snakes, skunks, and large animals)
- Communication to and from dispatch
- Familiarity with local and state regulations and laws
- Safety
  - Emergency contact with County Sheriff's office,
  - Animal,
  - Public,
  - Entering a property, and
  - Confrontation with the public

Medical Care of Shelter Animals (MCSA)

MCSA – 1 Observation: No established procedures or official location for performing emergency stabilization/triage and physical examination at the time of impound and for animals housed at the shelter.
Medical staff could not identify for the contractor any formal procedures on emergency triage for shelter animals and there are no written procedures in the County of Los Angeles Department of Animal Care and Control Policy and Procedure Manual, Policy

No. OPK140, Maintenance of Animal Health. In addition, there is no official, appropriately equipped location where emergency triage can be practiced.

The impound process occurs in the RVT office. However, there is no examination table at this location and animals are either placed on the floor or the counter to be examined by the RVT.

If an animal becomes ill during the holding period, the RVT examines the animal at their cage or enclosure.

MCSA – 1 Recommendations:

One of the main functions of the medical division is to perform emergency stabilization and triage of animals that are impounded at the shelter.

A protocol needs to be developed that discusses how medical staff will assess animals at impound based on their degree of injury, criteria for establishing a treatment order, provide a listing of common medical emergency presentations at animal shelters, general clinical presentations of those emergencies, and veterinary recommended initial treatment regimens.

RVT staff will need training on established emergency stabilization and triage procedures and any additional equipment or pharmaceuticals needed should be ordered so that a "crash kit" can be assembled and available for emergencies.

Regulations that apply to RVTs rendering emergency animal care include:
Title 16, California Code of Regulations.
2069. Emergency Animal Care.

Emergency animal care rendered by registered veterinary technician. Under conditions of an emergency as defined in Section 4840.5, a registered veterinary technician may render the following life saving aid and treatment to an animal:

(1) Application of tourniquets and/or pressure bandages to control hemorrhage.
(2) Administration of pharmacological agents to prevent or control shock, including parenteral fluids, shall be performed after direct communication with a licensed veterinarian or veterinarian authorized to practice in this state. In the event that direct communication cannot be established, the registered veterinary technician may perform in accordance with written instructions established by the employing veterinarian. Such veterinarian shall be authorized to practice in this state.
(3) Resuscitative oxygen procedures.
(4) Establishing open airways including intubation appliances but excluding surgery.
(5) External cardiac resuscitation.
(6) Application of temporary splints or bandages to prevent further injury to bones or soft tissues.

(7) Application of appropriate wound dressings and external supportive treatment in severe burn cases.
(8) External supportive treatment in heat prostration cases.

Not only does the shelter need a specific location to perform emergency triage, but a location to perform general physical examination of animals at the time of impound and/or examination of animals identified as ill post-impound, needs to be identified. Currently, these assessments are being performed either on the floor of the RVT office, the counter in the RVT office, or at the animal's enclosure. In determining where emergency triage and examination will take place, consideration must be given to developing a separate euthanasia room. In order to accommodate these needs, the following recommendations are being presented for five rooms that will require modifications.

Current Habikat:
- This room is being used for public viewing of available, altered, behavior compatible cats in open housing.
- This is a very large room that could be split in half.
  - Half of the room could remain as open housing.
  - The second half of the room could become traditional cage housing for stray and available cats.
  - The room split should contain the stray cat cages closest to the door entrance of the RVT office (see below for more detail on new occupants of RVT office).

Current Stray/Adoptable Cat room:
- Relocate the cats currently housed here to the Habikat, once the room is split in half as discussed above. The rabbits will be relocated as discussed below under RVT Office.
- This room due to its large size could become an emergency triage/examination room, RVT office, impound area, and cat isolation with caging along the perimeter of the room.
  - A sink, counters, and cabinets would have to be installed to accommodate the room's new functions.
  - A new refrigerator (see Shelter Equipment/Supplies section) and an examination/wet table would need to be purchased.
  - The current small bathroom off of this room could be converted into a storage area.

Current RVT Office:
- This is the location where impound procedures are performed, the RVT has a desk, and pharmaceuticals are kept.
- Feral cats, rabbits, and exotics could be relocated to this room.
- The public could gain access to this room through the Habikat area.

- There would be no public access to the new emergency triage/examination area (former stray/adoptable cat room) from the RVT office without a KA escort when requesting to view isolation cats.

Current Sick Cat room:
- Sick cats in this room would be relocated to the new RVT office/examination room (former stray/adoptable cat room).
- This room could now house injured (not ill) animals, nursing moms, and neonates.
- The large cabinet currently in this room needs to be removed (see Record Keeping/Security section below for more details on disposal of pharmaceutical contents in the cabinet) which would open up more housing space in this room.

Current Feral Cat room:
- The cats in this room would be relocated to the RVT office (see above).
- This room could be used for the euthanasia room.
  - It is easily accessible from the washrack area, the new cat isolation area (former stray/adoptable cat room), the Special Care Ward, and the feral cat housing area now located in the former RVT office.
  - A stainless steel examination table and improved lighting would need to be relocated to the room.
  - A safe to secure controlled substances would need to be installed.

Additional attention to other minor details in the rooms mentioned above may also include additional equipment, security, lighting, computer access, etc.

MCSA – 2 Observation: Improvement is needed for basic disease prevention practices in isolation areas.

The Sick Cat room has an entry door that is locked, preventing free access by the public to animals that may have contagious diseases. However, other disease prevention practices have not been implemented.

There currently are three designated isolation kennels in the Special Care Ward for dogs with contagious diseases (i.e. kennel cough). Once these kennels are filled, dogs are kept at the far end of the Kennel building along with dogs under rabies quarantine.

However, during the site visit, the contractor observed "Jake" in Kennel #8 that was being treated for kennel cough and was located in the middle of the general population and not isolated at the end of the building.

MCSA – 2 Recommendations:

Regardless of where isolation areas are located, basic disease prevention practices should be implemented and enforced. Minimally, anyone who exits the Sick Cat room should be washing their hands with soap and warm water (using hand sanitizers is not acceptable) prior to handling any other animals outside of the hospital (including ill

animals awaiting veterinary examination) or prior to moving through any main animal population holding areas.

Utilizing higher level disease prevention practices will substantially lower the opportunity of disease transmission and should be instituted. These practices include:

- Providing disposable booties or shoe covers for all people entering isolation rooms,
- Providing disposable gloves inside isolation rooms,
- Providing disposable gowns to be worn over uniforms of KAs (when cleaning enclosures) and RVT staff (when handling ill animals),
- Staff should accompany members of the public and/or rescuers in this room and limit touching or handling of these animals,
- Copies of photos from cage cards of animals located in this room should be posted in the front lobby to lower the amount of public traffic in the hospital to only those that may suspect their lost pet is in that room based on the photograph or are interested in adopting a special needs animal,
- Cages need to be thoroughly disinfected once they are vacated, and
- Supplies and equipment should be dedicated to isolation rooms and not removed from the rooms for use in other areas of the shelter.

Ill dogs can not be interspersed throughout the main population without risking a disease outbreak. Dogs could be doubled up in isolation kennels that have the same illness (i.e., kennel cough) when necessary when the facility is heavily populated. All staff will need training on which areas are specifically designated to house ill, contagious dogs.

Incorporating the higher level disease prevention practices should help lower disease transmission throughout the facility.

MCSA – 3 Observation: <u>Delivery of medical care at the shelter requires improved procedures and supervision.</u>

- Five days per week the RVT arrives at the shelter at 7:00 a.m., and commences morning rounds of all animal holding areas.
  - The veterinarian does not participate in the morning rounds conducted by the RVT and does not perform his own rounds of the facility.
- The RVT administers morning treatments previously prescribed until completion of a treatment regimen.
  - In the absence of the RVT, the unregistered veterinary assistant (assigned to the spay/neuter clinic) administers treatments.
- The RVT commences treatment on ill animals not yet examined by the veterinarian based on his experience (seventeen years working with the County) of similar case presentations, not on written orders for treatment of common clinical presentations (see below, Policy No. OPK140) developed by the veterinarian.
  - The RVT reported to the contractor that he is not aware of the Manual section which outlines treatment orders for certain clinical presentations to be

administered by RVTs when the veterinarian is unavailable or under indirect veterinary supervision.

- The RVT completes a Pink medical card for all animals that are under medical treatment which is placed on their cage door and identifies the date, type of treatment and staff administering the treatment.
- When the RVT or unregistered veterinary assistant administer daily treatments, they do not work from a Daily Medical Treatment Log.
- Medications administered to animals currently under treatment are stored in plastic sleeves attached to the animal's cage door or kennel gate.
- When KA staff identify ill animals in the shelter that require veterinary examination or ACOs transport ill animals from the field to the shelter:
  - The RVT is contacted and he initially performs the examinations and treats the animals that have common presentations.
  - Once the veterinarian is available, he will examine the animal and concur or modify treatment plans.

Liability:

Title 16. CCR § 2036 Animal Hospital Health Care Tasks for R.V.T.

(a) Unless specifically so provided by regulation, a R.V.T. shall not perform the following functions or any other activity which represents the practice of veterinary medicine or requires the knowledge, skill and training of a licensed veterinarian:

1) Surgery;
2) Diagnosis and prognosis of animal diseases;
3) Prescription of drugs, medicines or appliances;

(b) An R.V.T. may perform the following procedures only under the direct supervision of a licensed veterinarian and when done so pursuant to the direct order, control and full professional responsibility of the licensed veterinarian:

a) Anesthesia induction by inhalation or intravenous injection;
b) Application of casts and splints;
c) Dental Extractions;
d) Suturing of existing skin incisions.

(b) Subject to the provisions of subsection(s) (a) and (b) of this section, an R.V.T. may perform animal health care tasks under the direct or indirect supervision of a licensed veterinarian when done pursuant to the direct order, control and full professional responsibility of the licensed veterinarian. The degree of supervision by a licensed veterinarian over a R.V.T. shall be consistent with standards of good veterinary medical practices.

Title 16. CCR § 2036.5 Animal Hospital Health Care Tasks for Unregistered Assistants

a) Unregistered assistants shall be prohibited from performing any of the functions or activities specified in subsections (a) and (b) of Section 2036 of these regulations.
b) Subject to the provisions of subsection (a) of this section, unregistered assistants in an animal hospital setting may perform under the direct or indirect supervision of a licensed veterinarian or the direct supervision of a R.V.T. auxiliary animal

health care tasks when done pursuant to the order, control and full professional responsibility of a licensed veterinarian. The degree of supervision by a licensed veterinarian over an unregistered assistant shall be higher than or equal to the degree of supervision required when a R.V.T. performs the same task and shall be consistent with standards of good veterinary medical practices.

Title 16., California Code of Regulations § 2034. Animal Health Care Task Definitions. . . . . (f) "Indirect Supervision" means (1) that the supervisor is not physically present at the location where animal health care job tasks are to be performed, but has given either written or oral instructions ("direct orders") for treatment of the animal patient; and (2) the animal has been examined by a veterinarian at such times as good veterinary medical practice requires, consistent with the particular delegated animal health care task and the animal is not anesthetized as defined in Section 2032.

MCSA – 3 Recommendations:

The veterinarian as well as the RVT should be performing morning rounds as a team in order to provide optimum care for the shelter animals and to ensure accurate communication about prescribed treatments.

When the veterinarian is not on duty or not immediately accessible, the RVT can commence treatment on an animal not yet examined by the veterinarian per written orders (see County of Los Angeles Department of Animal Care and Control Policy and Procedure Manual, Policy No. OPK 140, Maintenance of Animal Health) developed by the veterinarian that direct the RVT to administer specific medications based on an animal's clinical presentation.

The Manual of Policy & Procedure, Policy No. OPK140, Maintenance of Animal Health, includes a short section on written treatment instructions on four clinical presentations as listed below:

TREATMENT AND EMERGENCY CARE

All animals that are sick or injured must be treated or, if suffering, euthanized. Shelter staff will not delay in obtaining medical care for suffering or contagious animals. Treatment will be initiated immediately and follow-up treatment will be given by the RVT.

When the veterinarian is unavailable, the RVT shall contact the animal control manager or officer in charge (OIC) for instructions for pending medical treatment, including transport to a private veterinary emergency hospital. All animals that are not severely ill or injured shall be treated as follows:

- Skin Problem/Wound (medical care instructions included)
- Nasal Discharge (medical care instructions included)
- Bleeding (medical care instructions included)
- Diarrhea (medical care instructions included)

The Manual should be supplemented with the categories for written treatment protocols on common illnesses of shelter animals listed below:

- Infectious diseases of dogs (Distemper, Kennel Cough, Parvovirus type 2),
- Infectious diseases of cats (feline upper respiratory illness, feline parvovirus (panleukopenia), feline leukemia virus (FeLV),
- Zoonotic diseases found in dogs (rabies, ringworm, sarcoptic mange, salmonella, campylobacter),
- Zoonotic diseases found in cats (plague, rabies, ringworm, toxooplasmosis), and
- Zoonotic diseases found in other animals (psittacosis in birds, Q-fever in pregnant/parturient goats and sheep).

Once an animal has been examined by the veterinarian and a treatment has been prescribed, the treatment regimen should be transferred to a Daily Medical Treatment Log. Development and implementation of the log is discussed in MRK – 1 Medical division does not utilize a Daily Medical Treatment Log to organize administration of medical treatments to shelter animals.

Medications to be administered to animals should not be stored in plastic sleeves attached to cage or kennel doors that are readily accessible to the public. There is the potential for small children to remove and ingest the medication or that medications could be stolen. All medications should be secured in the RVT office until administered to patients.

Kennel staff and/or unregistered veterinary assistants are expected to identify ill animals at the shelter and notify medical staff and administer prescribed treatments in the absence of the RVT. In order to ensure this occurs consistently and accurately, non-licensed medical staff will require the following training:

- Recognition of common clinical presentations of ill shelter animals that require medical examination.
- Informing the medical division that an animal requires examination.
    - Chameleon has a function termed the Vet Check List where non-medical staff can place an animal on the list that they feel requires a medical examination.
        - Currently, non-medical staff speaks directly to the RVT about an ill animal in the shelter. However, if the RVT is not available or off duty, there is not a formal method for reporting animals that require medical examination. The Vet Check List provides a more reliable reporting method for identification of these animals when medical staff is on and off-site.
    - The RVT and veterinarian could periodically throughout the day download the list and identify new animals that require medical examination rather than walking through the facility in hopes of discovering any new Pink Treatment cards.
- Pharmaceutical identification and appropriate dosages to treat common illnesses per the direction of the veterinarian.
- Medication administration, and

- Maintaining documentation of care provided on each animal's medical record and Chameleon record.

MCSA – 4 Observation: Vaccinating shelter animals.

Currently at the time of impound, the RVT is tasked with vaccinating animals. However, when the RVT is not immediately available (but on duty) when an animal is impounded, the animal is placed in the main population unvaccinated. It was reported to the contractor that in the absence of the RVT, the unregistered veterinary assistant has been trained by the RVT to administer wellness vaccinations and performs this task as her schedule allows, in addition to her spay/neuter clinic assignments.

In order to identify animals that have not received initial vaccinations at the time of impound, the RVT physically walks through the kennels and administers vaccine at the animal's enclosure.

The County of Los Angeles Department of Animal Care and Control Policy and Procedure Manual, Policy No. OPK140, Maintenance of Animal Health states that animals remaining at the shelter for more than fifteen days must be given a second dose of approved vaccines. There is no official record keeping system to ensure this is being completed.

MCSA – 4 Recommendations:

Vaccinations are administered in order to protect animals as soon as possible from the high potential of exposure to disease once an animal is placed in the main population of a shelter. This must be done at the time of impound, prior to animals being integrated with the main population.

In order to ensure animals are vaccinated at impound and save time currently spent locating unvaccinated animals in the main population, administering vaccine and returning to the RVT office to record the immunization in the animal's Chameleon record, all impounders (KAs and field officers) should be trained to administer vaccine at the time of impound. Also at this time, since a Chameleon record has just been created and is open for that particular animal, the impounder can easily enter the vaccine administration into the animal's record.

Some animals may require additional restraint (two employees to administer vaccine) at the time of impound and the impounder should make every attempt to request assistance from a coworker in order to ensure the vaccine is administered prior to the animal moving to main housing. If the animal can not be safely immunized at the time of impound, that animal should be added to a list (i.e., RVT Check List) that can be kept in the RVT office.

In addition to a manual RVT Check List, Chameleon can be queried to produce a list of animals that have not received vaccination at impound which can be used by the RVT

to ensure no animals have been missed when administering follow up wellness vaccinations.

Regarding administration of the booster vaccine, Chameleon should be programmed to generate a separate treatment list from the list of animals that have been impounded for over 15 days which require a booster vaccination.

MCSA – 5 Observation: Health monitoring of all animals housed at the shelter, including quarantine animals.

It was reported to the contractor that the veterinarian from the Los Angeles County Veterinary Public Health division assigned to the Agoura shelter consistently conducts rounds at the shelter to assess the animals housed in the rabies quarantine section. As a result, the Agoura shelter veterinarian and RVT do not include quarantine animals in their daily rounds of the shelter.

MCSA – 5 Recommendations:

The Los Angeles County Veterinary Public Health division is responsible for enforcing quarantine holding periods for rabies observation on specific animals housed at the shelter in the quarantine area and for approving their release.

However, animals in the quarantine area are still part of the Agoura shelter population and the veterinarian and/or RVT should include these animals in their daily morning rounds. Any observations of clinical illness in these animals should be documented in the animal's Chameleon medical record and the public health veterinarian should be contacted on the day the observation was made. No medical treatment should be administered by the Agoura shelter medical division unless instructed by the county public health veterinarian.

A procedure should be put in place for contacting the public health veterinarian (by the Agoura veterinarian) when animals that have completed the required quarantine period have not been released within two days of the release date. This will help expedite moving these animals out of the shelter in order to open up additional holding space (especially during highly populated periods) and decrease the chance that a quarantined animal will become ill with common shelter infectious diseases such as kennel cough or feline upper respiratory infections.

MCSA – 6 Observation: Behavior assessments conducted on dogs and cats.

As reported to the contractor, behavior assessments are conducted by three employees (including the unregistered veterinary technicians, but not the RVT) and some volunteers that have completed training and certification in behavior assessment.

Formal assessments are performed on specific dogs that meet certain criteria.

Two criteria are used to determine if a dog will undergo a behavior assessment:

- Any dog identified as a "dangerous breed" (no list of what is considered to be a dangerous breed could be found in the County of Los Angeles Animal Care and Control Dog Behavior Assessment Manual), and
- Dogs that may cause "concern" to staff (based on subjective observation) in regards to public safety if the dog is adopted.

The written portion of the assessment consists of nine pages that are to be completed during the "hands-on" behavior assessment that takes from 30-50 minutes per animal to complete.

Informal assessments on cats are performed by all KAs without an established protocol to determine which animals will be placed in the Habikat.

MCSA – 6 Recommendations:

Non-county employees should not be making the final determination if an animal (i.e., dangerous breed or dog that may cause concern) should be placed in adoption and whether or not it is a public safety concern. It was unclear to the contractor whether volunteers independently perform behavior assessments of dogs or in cooperation with county employees.

The criteria used to determine if a dog requires a behavior evaluation needs to be incorporated into the County of Los Angeles Animal Care and Control Dog Behavior Assessment Manual. It should include a specific list of the breeds the County considers as "dangerous breeds" and objective standards for staff to utilize to determine if an animal may be a public safety concern.

A standardized temperament evaluation for relocating cats into the Habikat should be established and staff should be trained on the process.

MCSA – 7 Observation: Foster Program oversight by medical staff.

As reported to the contractor, the volunteers manage the foster program. The medical division has occasional involvement with the foster program when asked to evaluate animals that become ill that are enrolled in the program.

MCSA – 7 Recommendations:

Formal foster programs can provide assistance to sheltering agencies by enlisting volunteers to temporarily take unweaned animals off-site and provide nursing care for them until they can be returned to the shelter when they become of age to be placed in adoption and scheduled for spay/neuter.

It is recommended that a more formal program be established through the volunteer division in order to maximize recruitment of foster parents to provide additional support

for shelter animals and provide continuity between all county shelters. The program should include:

- A foster program coordinator,
- An official training program for interested, but inexperienced foster volunteers,
- Registration for veteran foster parents and for new volunteers who have successfully completed the training,
- Availability of supplies for volunteers to use (i.e., milk replacers, syringes for feeding),
- Supportive shelter medical assistance in selection of foster candidates and during the foster care period, and
- Monitoring of county property animals off-site to ensure they are returned to the shelter for adoption and altering when they are of appropriate age and health status.

MCSA – 8 Observation: Level of Veterinary Involvement in Animal/Abuse Cruelty Investigations.

It was reported to the contractor, that the shelter veterinarian does not generally participate in large scale humane investigations. The chief veterinarian is responsible for the medical portion of the investigation and testimony if a trial occurs.

MCSA – 8 Recommendations:

The County Policy and Procedure Manual contains a small paragraph in Policy No. OPK 140 stating the veterinarian shall examine all cases and complete a medical evaluation report for the investigating officer and manager. The RVT, in the absence of the shelter/senior veterinarian shall examine the animal and administer emergency care as needed.

Each shelter veterinarian in addition to the chief veterinarian should be trained in proper humane investigative medical procedures and documentation of medical findings. The shelter veterinarian will be directly supervising the medical care at the shelter of animals involved in a humane investigation which may involve supportive care for up to one year post-impound on certain cases. Especially in long-term holding situations, the shelter veterinarian will have greater direct knowledge of the case and should be the medical expert working with the county counsel and providing expert witness testimony.

RVT staff should also receive training on humane investigation procedures in case the veterinarian is unavailable and the RVT is needed at the commencement of the investigation. However, it is recommended that the veterinarian become the lead medical person with the investigation as soon as possible and review/approve all RVT participation, including observations, physical examinations, and documentation they may have conducted at impound.

Euthanasia Practices (EP)

EP – 1 Observation: Euthanasia Certification.

On the day of the assessment, the RVT was on vacation and because he is the primary euthanasia technician, no euthanasias were performed. RVTs are certified euthanasia technicians due to their educational background and training and are not required to complete additional specific euthanasia training.

There are some occasions when euthanasia is performed when the RVT is not on duty (RVT designated days off and during swing or grave shifts). Euthanasia is performed under those circumstances by certified euthanasia technicians which includes KAs, or field officers.

In addition, euthanasia technicians other than RVT staff, upon receiving their certification, often do not continue to perform euthanasia and improve or maintain these specific skills. As a result, when called upon to perform euthanasia unassisted by an experienced technician and/or RVT, they may be unable to perform at the level of competency that is necessary and required.

The shelter veterinarian has no designated responsibility for oversight of the euthanasia process, does not perform euthanasia, and does not train or evaluate competency of euthanasia technicians at the Agoura shelter.

Upon discussing with staff the training received in order to become certified to perform euthanasia, the sergeants commented that some staff need re-training. The contractor observed that not all of the training meets certification requirements in state regulation (training must include at least eight hours with five hours of the curriculum consisting of hands-on training in humane animal restraint techniques and sodium pentobarbital injection procedures) and in the County Policy and Procedure Manual (technician must demonstrate competency in the performance of intravenous and intraperitoneal injections on at least ten animals of varying sizes and physical conditions, the shelter veterinarian shall determine such competency, and re-certification requirements).

Liability:

The current euthanasia training and certification of some non-RVT staff at the Agoura shelter does not follow state regulation (Title 16, CCR § 2039. Sodium Pentobarbital/Euthanasia Training) and County Policy and Procedure Manual, Policy No. OPK 120, Euthanasia Policy.

CCR § 2039. Sodium Pentobarbital/Euthanasia Training.

(a) In accordance with section 4827(d) of the Code, an employee of an animal control shelter or humane society and its agencies who is not a veterinarian or registered veterinary technician (RVT) shall be deemed to have received proper training to administer, without the presence of a veterinarian, sodium pentobarbital for

euthanasia of sick, injured, homeless or unwanted domestic pets or animals if the person has completed a curriculum of at least eight (8) hours as specified in the publication by the California Animal Control Directors Association and State Humane Association of California entitled "Euthanasia Training Curriculum" dated October 24, 1997, that includes the following subjects:

(1) History and reasons for euthanasia
(2) Humane animal restraint techniques
(3) Sodium pentobarbital injection methods and procedures
(4) Verification of death
(5) Safety training and stress management for personnel
(6) Record keeping and regulation compliance for sodium pentobarbital

At least five (5) hours of the curriculum shall consist of hands-on training in humane animal restraint techniques and sodium pentobarbital injection procedures.

(b) The training curriculum shall be provided by a veterinarian, an RVT, or an individual who has been certified by the California Animal Control Directors Association and the State Humane Association of California to train persons in the humane use of sodium pentobarbital as specified in their publication entitled, "Criteria for Certification of Animal Euthanasia Instructors in the state of California" dated September 1, 1997.

County Policy and Procedure Manual, Policy No. OPK 120, Euthanasia Policy.

CERTIFIED EMPLOYEES

Veterinarians and Registered Veterinary Technicians (RVTs) are, due to their training and education, authorized to perform euthanasia without further department training. All other employees who will perform euthanasia must first become certified pursuant to California Code of Regulations Section 2039. To become certified, an employee must:

1. Be at least 18 years of age.
2. Complete a curriculum of at least eight hours, five of which shall consist of hands-on training in humane animal restraint techniques and sodium pentobarbital injection procedures.
3. Have been employed by the department for at least three months.
4. Be able to assess animal behavior and safely handle frightened, fractious, aggressive, and unruly animals.
5. Have spent at least 40 hours restraining animals for euthanasia and be familiar with all aspects of the euthanasia process.
6. Have thorough knowledge of all department paperwork and computer systems, and be able to recognize possible errors that may lead to the incorrect euthanasia of an animal.
7. Demonstrate competency in the performance of intravenous and intraperitoneal injections on at least ten animals of varying sizes and physical conditions including

aged, injured, sick, and unweaned. The shelter veterinarian shall determine such competency.

Each employee in the classification of Manager, KA, ACO I, ACO II, ACO III, and ACO IV must be certified to perform euthanasia. Managers will be re-certified every three years. Employees in the other classifications with less than two years' service shall be re-certified annually. Employees in the other classifications with more than two years' service will be re-certified every two years.

EP – 1 Recommendations:

All employees that are required to be trained and certified to perform euthanasia must successfully complete a state approved curriculum. Certification of current non-RVT staff should be reviewed and a determination made whether they have been properly trained and certified. Those employees who have not met the requirements should be enrolled in a state approved training and certification program. Once an employee has received official certification, his/her personnel file should document the type of training, date of completion and County requirement for future re-certification that will need to be scheduled.

All euthanasia technicians (RVTs and certified non-RVT technicians) should be performing daily euthanasias on a rotating basis. This allows all technicians to maintain a high level of competency in performing humane euthanasia and helps protect employees from euthanasia fatigue.

The euthanasia process is technically a medical procedure and should have veterinary oversight. The shelter veterinarian should take the lead in monitoring all euthanasia technicians while performing euthanasia, assessing the competency of technicians and providing additional training and guidance for those who do not meet minimum standards, and making observations of technicians who may be experiencing euthanasia fatigue and direct them to County support services.

EP – 2 Observation: <u>The washrack area serves as the location for performing daily euthanasias.</u>

A corner section of the unenclosed washrack area serves as the location where euthanasias are performed and has the following issues:

- The area designated for euthanasia is separated from the grooming area by a shredded shower curtain.
- The euthanasia technician must relocate euthanasia solution, pre-euthanasia anesthetic drugs, needles, syringes, microchip scanner, controlled substance logs, euthanasia log, and sharps container from the RVT office to the washrack area.
- Because the washrack is not enclosed, there is an enhanced opportunity for animals to escape from the area that are not properly restrained.
- There is no protection from the weather in the washrack.

- There is open access to the washrack area by volunteers (adjacent grooming room frequently used by volunteers) and members of the public who can walk into the area through the open rolling gates bordering both sides of the washrack, and
- The following issues are discussed in greater detail in EP – 3, More attention needs to be directed to staff safety and humane animal handling in the washrack area when performing euthanasia:
  - There is no eye wash station installed in the industrial sink in the washrack,
  - There is no control pole in the washrack area for staff to utilize in emergencies,
  - There is no outside communication (telephone, radios) to contact staff in the administration building in case of an emergency, and
  - The washrack is a high traffic area continually used by KA and ACO staff creating a distraction for euthanasia technicians and is stressful for animals creating a potential safety hazard.

EP – 2 Recommendations:

The current washrack area that is designated for performing euthanasia is unacceptable. A designated enclosed room to perform euthanasia needs to be identified. In MCSA – 1, No established procedures or location for performing emergency stabilization/triage and physical examination at the time of impound and for animals housed at the shelter, the Habikat, Stray/Adoptable Cat room, RVT Office, Sick Cat room, and Feral Cat room have been reassigned in order to designate the current Feral Cat room as the new Euthanasia room.

Once a specific room is identified as the euthanasia room, the issues identified in the Observations above are resolved in the following manner:

- Relocation eliminates the close access of the euthanasia area to the grooming area in the washrack area.
- Establishing lockable cabinets and a controlled substance safe in the room where euthanasias are to be performed eliminates the need for relocation of euthanasia and pre-anesthesia drugs and supplies from the RVT office to the washrack area.
- Eliminating the issue of animals escaping during the euthanasia process by performing the procedure in the enclosed room.
- Ensuring the room is properly climate controlled for the comfort of the technicians and the animals.
- Ensuring the room is lockable, secured, and an "employees only" area to prevent accidental access by volunteers or the public during the euthanasia process.
  - Limiting staff traffic through this room to only employees performing euthanasia to decrease distractions and the possibility of injury.
- Ensuring the room is in compliance with all safety recommendations identified in EP – 3 More attention needs to be directed to staff safety and humane animal handling in the washrack area when performing euthanasia.

EP – 3 Observation: More attention needs to be directed to staff safety and humane animal handling in the washrack area when performing euthanasia.

Safety Issues:

- The washrack area has an industrial sink that could be utilized if there is an accidental needle stick of staff or squirting of euthanasia or tranquilizing solution in an employee's eye, but there is no eye wash station set up at this sink.
- There is no control pole permanently located in the washrack area.
- There is no emergency telephone or outside telephone line in the washrack area.
- Shelter employees, including veterinary medical staff, are not supplied with radios.
- The washrack is a high traffic area continually used by KA and ACO staff creating a distraction for euthanasia technicians and is stressful for animals creating a potential safety hazard.
- There is no Material Safety Data Sheet (MSDS) notebook located in the washrack area.

Humane Animal Handling Issues:

- The RVT reported to the contractor that KA staff do not receive formal training in humane animal handling as they once did during his tenure with the county (he is a 17 year employee).
- Staff reported to the contractor that they do not have squeeze cages to humanely restrain animals for pre-euthanasia tranquilization or euthanasia by intraperitoneal injection for cats.
- There are no feral cat dens for all of the feral cats housed at the shelter.

Liability:

The department has the potential for liability if it is not in compliance with the mandated Injury and Illness Prevention Program (IIP Program) stated below and complete details of the program can be found in the final section of this report titled, Employee Safety/Injury and Illness Prevention (ESIIP).

Prior to placing staff in potentially dangerous situations that could result in injury due to unsafe working conditions, the department should:

- Provide specific training and instruction on
  - Safety equipment location and use,
  - Shelter emergency communication, and
  - Humane animal handling.

CCR, Title 8, Section 3202, Injury and Illness Prevention Program.

(a) Effective July 1, 1991, every employer shall establish, implement and maintain an effective Injury and Illness Prevention Program (IIP Program).

The IIP Program consists of eight elements:
Responsibility, Compliance, Communication, Hazard Assessment, Accident/Exposure Investigation, Hazard Correction, Training and Instruction, and Recordkeeping.

EP – 3 Recommendations:

Safety and humane animal handling should be monitored in a collaborative effort by the veterinarian, RVT, and sergeant assigned to kennel operations.

Until a separate euthanasia room is developed, the following recommendations are applicable to the washrack area where euthanasia is currently performed.

- An eye wash station needs to be installed at the sink in the washrack area until a separate euthanasia room is established.
  - The eye wash station instructions should include:
    - Staff needs to be informed that when working in this area, the eye wash station is available to them.
    - All current staff (KA, RVT, and ACOs) needs to be trained on how the eye wash station operates.
    - General safety orientation for new staff should include identifying locations and proper operation of eyewash stations, and
    - All eye wash stations located throughout the shelter should be checked monthly by the Sergeant in charge of kennel operations to ensure they are in working order.
  - Eyewash stations also need to be installed in sinks throughout the facility.
- A control pole needs to be permanently stored in the washrack so that it is available to all staff in an emergency who are working in this area.
  - The shelter should be using industry recommended control poles made from light weight aluminum, a bite sleeve, foam handle grip, cable (not rope) that can be easily replaced/changed, and ideally those with an instant release mechanism.
  - The pole can be identified (permanent marker, color coded, etc.) for this designated use. If the pole becomes damaged or is stolen, it is the responsibility of the sergeant in charge of kennel operations or OIC to immediately replace the pole.
  - Extra control poles in good working order need to always be in supply and available when requested by staff.
  - Control poles need to be permanently placed in all animal holding areas of the facility.
- An outside telephone line with speed dial access to the administrative building and 911, needs to be installed in the washrack area.
  - The same safety training for the eyewash stations (above) also needs to be implemented for the emergency phone line.
  - All staff, including veterinarians need to be equipped with radios and be mandated to wear the radios whenever working in the shelter.

- Until a euthanasia room is designated, staff should be instructed to refrain from entering or interacting in the washrack area if they are not assigned euthanasia duty during the hours daily euthanasia is conducted.
- A current MSDS notebook needs to be permanently placed in the washrack area and then transferred to the euthanasia room once it has been established.
- As reported to the contractor, new staff does not receive specific training in humane animal handling techniques and learn how to handle animals and situations by shadowing other KAs who also have not received formal training.
  - A training program needs to be developed which should include at a minimum:

Humane handling of dogs
- Body Language of dogs and safety
- Using a rope lead
- Rope muzzling
- Use of a control pole
- Removing dogs from kennels and cages
- Moving dogs from one area of the shelter to another
- Techniques for carrying/lifting injured animals
- Restraining animals for vaccination
- Restraining animals for euthanasia
- Use of the squeeze gate/cages
- Safety with dogs and the public
- Techniques to avoid dog attacks
- What to do if you are attacked by a dog

Humane handling of cats
- Body language of cats and safety
- How to hold a cat
- Use of restraint equipment (leather gloves, nets, squeeze cages, plexiglass shields)
- Removing cats from cages
- Feral cats
- Moving cats from one area of the shelter to another
- Restraining cats for vaccination
- Restraining cats for euthanasia
- Safety with cats and the public

Humane handling of exotics
- Handling reptiles
- Handling snakes
- Handling ferrets
- Handling birds

Humane handling of equine and large animals
- Handling horses
- Handling cattle
- Handling goats

- Handling pigs
- Handling sheep

EP – 4 Observation: Euthanasia of Feral Cats.

Cats housed in the Feral Cat room do not have feral cat dens in each cage which enable staff to safely confine and transport feral cats to the designated euthanasia area in the washrack. In addition, staff is not provided with squeeze cages, or plexiglass shields for humanely and safely handling cats.

Liability:

County Policy and Procedure Manual, Policy No. OPK120, Euthanasia Policy.

ANIMAL HANDLING

Staff is expected to use various restraint tools as necessary to ensure a safe euthanasia. These include, but are not limited to: towels, come-along poles, nets, muzzles, and squeeze cages.

Tranquilizers should be used whenever an animal is too aggressive or unruly and may pose a safety issue for staff or experience a stressful death.

Potential for staff injury is high when they are not provided with the appropriate humane restraint equipment for cats and are not properly trained on the equipment.

CCR, Title 8, Section 3202, Injury and Illness Prevention Program

(b) Effective July 1, 1991, every employer shall establish, implement and maintain an effective Injury and Illness Prevention Program (IIP Program).

The IIP Program consists of eight elements:
Responsibility, Compliance, Communication, Hazard Assessment, Accident/Exposure Investigation, Hazard Correction, Training and Instruction, and Recordkeeping.

EP – 4 Recommendations:

Feral cats scheduled for euthanasia need to be safely transported to the euthanasia area which includes being placed in feral cat dens. Each feral cat cage should be equipped with a feral cat den. The dens can be lined up in the euthanasia room and cats can be given a dose of pre-euthanasia anesthetic (if necessary) or an IP injection of euthanasia solution and allowed to remain in their dens. After the euthanasia solution is administered, the technicians will within ten minutes check on each individual animal and determine if he/she is unconscious. Conscious animals will be re-dosed within fifteen minutes post-injection. After the animal becomes unconscious, it may take another 5-10 minutes for death to occur. It is acceptable to set unconscious cats on the stainless steel examination table (out of view of other cats not yet unconscious in carriers) and move through each animal to verify death in accordance with standardized methods.

There may be occasions when feral cats can not be coaxed into their dens or need to be relocated to a cage that allows for safe administration of an anesthetic or tranquilizer. Other humane handling equipment such as squeeze cages and plexiglass shields should be made available for staff to use once they have received appropriate training on each piece of equipment.

EP – 5 Observation: Controlled substance security.

The shelter maintains a supply of the following controlled substances: sodium pentobarbital (euthanasia solution – Fatal Plus), diazepam (valium), and ketamine. There are five locations throughout the shelter where controlled substances are stored. These include: central supply of controlled substances in the staff locker room of the administration building, daily supply of controlled substances in the RVT office cabinets, skunk kit storage in a file cabinet in the sergeant's office, central supply of controlled substances in the spay/neuter clinic, and daily supply of controlled substances in the spay/neuter clinic.

The central supply of controlled substances (unopened, sealed bottles) in the administration building is kept locked in an end locker in the staff locker room.

- The door to the staff locker room does not lock and remains open and ajar at all times.
- The combination lock on the designated locker had been changed to a key lock.
  - Both sergeants have access to the key that opens the single lock locker.
- The staff locker room is a high traffic employee room.
- Upon inspection, the locker contained a stock supply of euthanasia solution (Fatal Plus).
- The Inventory Log in the locker does not allow for two signatures.
  - There is no section on the log for a second signature to confirm the contents of the central supply as required whenever the locker is opened (to receive deliveries of controlled substance) or
  - There is no space for a second signature on the log that identifies the employee when a new bottle of Fatal Plus is distributed to replenish the daily supply in the euthanasia area.

The daily supply of controlled substances in the RVT office is located in a single lock wooden cabinet above the sink and countertops.

- Fatal Plus is stored in a portable tackle box.
  - The Fatal Plus log indicating daily use of the controlled substance was inaccurate.
  - The log had not been updated (listing the balance of solution remaining after each use) since September 2006.
- Upon inspection, the cabinet also contained:
  - A bottle of ketamine:xylazine
    - The RVT was on vacation during the inspection and the ketamine log for the substance kept in the daily supply cabinet could not be located.

        - The contractor spoke with the RVT via telephone, post-inspection at which time he stated that there is a separate controlled substance log for the ketamine:xylazine mixture.
    - Two expired vials of opened xylazine.

The skunk kits are stored in a file cabinet in the sergeant's office.

- The skunk kits contain vials of premixed ketamine:xylazine.
- The file cabinet is secured with a padlock.
- The sergeant in charge of field operations has the combination to the lock on the file cabinet.

The spay/neuter (S/N) clinic secures all controlled substances except sodium pentobarbital (ketamine and diazepam). Currently, the only controlled substance distributed from the S/N clinic to the shelter is ketamine. The central supply of controlled substances is kept in a walk-in storage room/closet with shelving in the hallway of the spay/neuter clinic adjacent to the lobby area.

- Security for the storage room is as follows:
    - The unlocked top drawer of the desk in the veterinarian's office contains a key ring with a key to a small lock box affixed to the wall in the room.
    - The lock box contains an envelope with a key to the storage room.
    - Despite the two key protocol described above for the storage room, as reported to the contractor, the storage room remains unlocked all day long and was unlocked at the time of the inspection.
    - The sergeants also have a single key which opens the storage room.
- Upon inspection, there were no inventory logs for either of the controlled substances in the storage room.

The daily supply of controlled substances for the S/N clinic is located in the surgical suite in a glass faced cabinet with a lock.

- The clinic technician reported to the contractor that she thought the lock on the drug cabinet had recently been changed, but she was not given a key. She stated that the veterinarian probably had a key.
    - The technician reported that the cabinet isn't regularly locked.
    - At the time of the inspection, the cabinet contained vials of antibiotics.
- Daily drug usage is maintained on the daily Surgical Log.
    - There are no separate daily use logs for each controlled substance.

Liability:

Code if Federal Regulations 1301.75.

(b) Controlled substances listed in Schedules II, III, IV, and V shall be stored in a securely locked, substantially constructed cabinet.

EP – 5 Recommendations:

There should be one designated person (recommendation for the veterinarian who possesses the DEA registration certificate for the Agoura shelter location) to be in charge of the overall oversight of dispensing and security of all controlled substances at the Agoura shelter. This person or their delegate (officer, RVT) should ensure there is a controlled substance inventory log for each substance and that the inventory matches up with the current inventory at every storage location within the shelter.

The locker room is a high traffic area where the current central supply of controlled substances in the administration building is kept. Rather than use a locker to secure the controlled substances, they should be secured in a floor safe (cemented into the floor); in a safe securely bolted to the floor; or in a safe weighing more than 750 pounds in a room that has limited employee access (i.e., the sergeant's office). This safe should contain all unopened, sealed bottles of Fatal Plus accompanied by an inventory log.

Every time the central supply safe is opened by an employee, a witness must be present to confirm the drugs were counted. This is documented in the inventory log by the initials or signatures of each employee. This log should remain in the safe and be documented with each new shipment received or bottle removed for use in the shelter. Completion of this log will serve to maintain an accurate inventory of all controlled substances at any time (i.e., in the event a DEA inspector performs a site visit.) The drug log should contain the following entries:

- The drug's shipment lot number and manufacturer/distributor name
- The drug type and name
- The in-house assigned bottle numbers
- The drug's strength, volume, expiration date
- The date and amount of drug (number of bottles in consecutive order) received
- The date and amount of drug (number of bottles in consecutive order) removed

Employees with access to the central supply safe should include: the veterinarian and the sergeants.

The daily supply of controlled substances for the shelter is currently in the RVT office in a locked wooden cabinet. Once a euthanasia room has been designated at the Agoura facility, controlled substances (Fatal Plus and ketamine used in a xylazine:ketamine pre-euthanasia anesthetic) should be secured in a double-locked steel cabinet bolted to the wall (a new cabinet will have to be purchased and bolted to the wall) in this new room. Storing controlled substances in the wooden cabinet of the RVT office can be eliminated once this is established.

For the daily supply of controlled substances in the shelter and the S/N clinic (see below), a separate log of daily use for each controlled substance should be kept in a

bound logbook/notebook with numbered pages. The daily drug log should contain the following entries:

- The in-house assigned bottle number
- The name of the person using the drug
- Species and breed of animal involved
- Animal identification number
- Injection route administered
- Dosage amount of the drug used
- Total amount of the drug on hand after each use
- Reason for euthanasia
- Reconciliation of amount of drug used with drug remaining on-hand

For additional discussion on maintaining a current controlled substance (Fatal Plus) daily supply log, see the Medical Record Keeping section (MRK – 2, Fatal Plus daily use logs are inaccurate).

The skunk kits require that a cocktail of ketamine:xylazine be mixed and placed in the kit for use by the field officers. The skunk kits should be secured with the daily supply of controlled substances in the designated euthanasia room and dispensed by the RVT. In this way, all of the ketamine used for the shelter will be in one designated location after it is dispensed from the central supply of the S/N clinic (rather than the current method of storing ketamine in two locations). In addition, the proposed location for the euthanasia room is in close proximity to the washrack area where officers will be returning from the field and can more easily obtain the skunk kits for their next field calls rather than check them out from the sergeant in the administration building.

The central supply of controlled substance for the S/N clinic needs to be relocated from the current walk-in storage closet. The concept of a central supply safe is that it is not frequently accessed and remains secured. The storage closet contains a variety of items that are needed throughout the day in the clinic and is frequently accessed by employees. The veterinarian's office would be a better location to relocate the central supply of controlled substances. The same recommendations for the type of central supply safe in the administration building are applicable to the S/N clinic location.

Each substance secured in the central supply will have a separate inventory log maintained in a three ring notebook.

Employees with access to the central supply safe in the S/N clinic should include: the shelter veterinarian, the RVT and/or clinic assistant (limited to supervision by the veterinarian). Since there is no storage of euthanasia solution in this safe, there is no need for non-medical employee access.

The current glass faced drug cabinet in the surgical suite should be replaced by a double-locked steel cabinet bolted to the wall and should become the daily supply of

controlled substances for the S/N clinic. All controlled substances used pre-surgically on a daily basis should be maintained in appropriate quantities in this safe. The safe should be locked when surgeries are not being performed and the controlled substances are not being used.

Each substance secured in the daily supply safe will have a separate daily use log maintained in a three ring notebook, in addition to recording amounts of drugs used in each patient's surgical record and the surgical log.

Employees with access to the daily supply safe in the S/N clinic should include the same medical staff as indicated above for the central supply of controlled substances for the S/N clinic.

Disposal of outdated or unwanted controlled substances require completion of DEA Form 41 and delivery of substances to an official redistributor.

EP – 6 Observation: Field Euthanasia/Chemical Immobilization.
Staff reported to the contractor that the department does not currently perform euthanasia in the field and does not have the capability to perform large animal euthanasia in emergency situations (i.e., accidents involving animals that are irremediably suffering).

EP – 6 Recommendations:
The County Policy and Procedure Manual, Policy No. OPK120, Euthanasia Policy, does not include a section pertaining to Field Euthanasia. Regardless if field officers perform euthanasia, there should be a section in this policy that describes who would perform euthanasia in the field (i.e., sheriff's department) and by what method (i.e., gunshot) so that ACO are informed and can summon assistance from the designated agency if an emergency (i.e, car accident involving deer, an overturned cattle truck etc.) necessitates field euthanasia of large animals to prevent further suffering.

The department should consider training and certifying designated ACOs in chemical immobilization. This skill can be advantageous in apprehending roaming dogs that pose a public safety concern and are difficult to catch even with expert roping skills. It enhances the professionalism and ability of the department to promote public safety to those residing in the county.

Medical Record Keeping (MRK)

MRK – 1 Observation: Medical division does not utilize a Daily Medical Treatment Log to organize administration of medical treatments to shelter animals.
Animals are identified in need of medical treatment either through direct observations made by the RVT during morning rounds or by KAs or field officers informing the RVT

that an animal is ill or injured. Once an animal is identified as requiring medical treatment, the RVT initially examines the animal and as reported to the contractor, if he can "handle the case" he begins the treatment regimen. The RVT either discusses the case with the veterinarian or a follow up examination by the veterinarian is performed as soon as he is available. A Pink Treatment card is filled out by the RVT for each animal that is under treatment.

The RVT or the unregistered veterinary assistant (in the RVT's absence) is responsible for administering daily treatments. However, as described in MCSA – 3 Delivery of medical care at the shelter requires improved procedures and supervision, the medical division does not itemize the treatments to be administered. On a daily basis, the RVT identifies animals that are currently under treatment by walking through animal holding areas and locating a Pink Treatment card at the animal's enclosure. If an RVT misses a Pink Treatment card during daily rounds or the card has been mistakenly destroyed, it is possible that the animal may not receive the prescribed treatment for the day. In addition, without an itemization of what treatments (type of antibiotic, ocular drops etc.) are to be administered that day, the RVT may not take all necessary medications/equipment with him from the RVT office to the animal holding areas resulting in inefficiency and the task requiring more time than is necessary for completion. In addition, there is an increased opportunity for disease transmission each time the RVT leaves and re-enters an isolation area.

MRK – 1 Recommendation:

Medical staff must have a system in which they can list new cases that require medical treatment and itemize continuous treatments to ensure they are administered. In order to do this, once a treatment has been prescribed, the treatment regimen should be transferred by the RVT to a Daily Medical Treatment Log which is kept on a clipboard in the RVT office. The prescribed treatment will continue as an entry each day on the log until the regimen is completed, changed or discontinued by the veterinarian. The RVT will identify all treatments from the Log prior to leaving the RVT office, collect all of the medications and supplies and ensure they are on the treatment cart. Once the treatment has been administered, the RVT will place his/her initials on the Log next to the prescribed treatment in order to confirm the task has been completed and by which staff member. At the end of the treatment regimen, the RVT should brief the veterinarian on the status of the animal and release the animal back to the main population at the veterinarian's discretion if he/she has recovered or request veterinary reassessment and additional treatment recommendations for animals that have not recovered.

The Daily Medical Treatment Log should contain the following information:

- Date
- Breed and Color
- Impound Number
- Location in the Shelter

- Medication to be Administered
- Number of Treatments (i.e., day one of seven days)
- Medical Staff Initials administering the treatment
- Release from Treatment (veterinarian initials indicating treatment completion)

Each day, after daily treatments are completed and checked off of the Log, the RVT will then enter all of the treatments listed into the individual Chameleon medical record for each animal.

The RVT commented to the contractor that due to the small size of the shelter, he is aware of every animal under treatment and what treatment is to be given and therefore does not utilize a Daily Medical Treatment Log. However, this does not ensure that in his absence that the veterinarians assigned to the shelter, substitute RVTs, or unregistered veterinary assistants have this same knowledge if daily treatments are not formally compiled in a log. This log will expedite administration of daily treatments and decrease the possibility that some animals may not receive daily treatments.

Once the Daily Medical Treatment Log has been implemented, it may not be necessary to continue using the current Pink Treatment cards because the Log and each animal's Chameleon medical record will provide the medical history on an animal. If staff needs to designate which animals are under treatment that may be housed in areas other than designated isolation areas, color coded stickers (i.e., different colors to differentiate ill from injured animals and zoonotic diseases) can be used and placed on the upper right corner of the cage card.

In addition to the Daily Medical Treatment Log, a separate list should be kept in the RVT office that identifies animals that require an examination when medical staff is not readily accessible at the time of impound or at the time ill animals are identified in animal holding areas. Other shelters in the county utilize a similar list termed a Vet Check List. The Vet Check List form can be kept on a clipboard in the RVT office or a similar list is available in the Chameleon program where any staff member (KA or ACO) can add or enter an animal to the list they feel requires a medical examination by entering the impound number, housing location, and clinical presentation of that particular animal. When the RVT or veterinarian becomes available later that day, they will examine all animals on the list and administer treatments when indicated and add the animal to the Daily Medical Treatment Log.

MRK – 2 Observation: Fatal Plus daily use logs are inaccurate.
The daily supply of Fatal Plus is located in a portable tackle box in the RVT office secured in a single lock wooden cabinet above the sink and countertops. The corresponding daily use log was inaccurate and had not been updated (listing the balance of solution remaining after each use) since September 2006.

MRK – 2 Recommendation:
Whenever a sealed bottle of Fatal Plus is taken from the Central Supply and transferred to the Daily Supply in the RVT office for use, the total volume of cc's in the bottle must be placed on the Fatal Plus log sheet. Each time any amount of the substance is removed from the bottle, that amount must be recorded in one column on the log. A second, separate column on the log indicates the new reduced total volume of solution remaining in the bottle. When the bottle is completely empty, the log should correlate by balancing out at zero cc's remaining in the bottle.

The shelter veterinarian and the sergeant in charge of the kennels should be periodically monitoring these logs prior to dispensing new unopened bottles of Fatal Plus to euthanasia technicians.

MRK – 3 Observation: The storage cabinet in the Sick Cat room contains controlled substances that are not secured and not accompanied by inventory or daily use logs.
A large storage cabinet is located in the Sick Cat room that is filled to capacity with supplies and medication in containers previously prescribed by private veterinarians to patients no longer held at the shelter. Upon inspection of the medication containers, many contained various antibiotics and one contained phenobarbital, a controlled substance.

MRK – 3 Recommendation:
All medications should be secured in one place (currently the RVT Office) and dispensed per directions from the medical division. Allowing medications to be readily available (as in the unlocked cabinet of the Sick Cat room) may induce their administration by non-medical staff without being prescribed by a veterinarian. Medications prescribed by private veterinarians for specific animals should not be reused on other animals housed at the shelter.

All controlled substances (i.e., Phenobarbital) kept at the shelter must be secured and accurately monitored through an inventory and use log.

Shelter Cleaning Practices (SCP)

SCP – 1 Observation: Cleaning and safety practices of areas of the shelter that do not permanently hold/house animals.

Cabinet in the Sick Cat Room
As described in MRK – 3 The storage cabinet in the Sick Cat room contains controlled substances that are not secured and not accompanied by inventory or daily use logs, the cabinet in this room is filled to capacity with supplies and partially used medications.

Barn/Large animal equipment storage area
At the entrance to the narrow storage corridor of the barn there is a large barrel with rakes and other sharp equipment that extend out of the barrel directly at eye level.

SCP – 1 Recommendation:

Cabinet in the Sick Cat Room
All previously prescribed medications for animals no longer held at the shelter that are being stored in this cabinet, need to be disposed of properly. All equipment that is damaged and unusable should be discarded.

If relocation of cat isolation is implemented per MCSA – 1 (No established procedures or official location for performing emergency stabilization/triage and physical examination at the time of impound and for animals housed at the shelter) to a new emergency triage/examination and cat isolation room (the current location of the Stray/Adoptable Cat room) then supplies can be stored in cabinets to be installed in this room. The former tall cabinet in the current Sick Cat room can then be discarded.

Barn/Large animal equipment storage area
Sharp equipment should not be stored in a barrel at eye level which could cause injury to an employee's eye or face. All sharp equipment should be safely stored at the rear of the barn (not at the entrance) with all sharp edges aimed toward the floor, not the ceiling.

SCP – 2 Observation: Cleaning and safety practices of animal holding areas of the shelter.

Overall cleaning practices were very good. Staff has paid special attention to the play yards where each enclosure has a designated bucket with Triple Two ® for soaking poop scoopers to decrease cross contamination between yards.

Sergeant Denise Rosen has successfully engaged the community to make donations which contributed to purchasing Kuranda Dog Beds at discounted prices for each kennel. These new beds not only improve the comfort level for the dogs at the shelter, but they also contribute to decreasing disease transmission.

Staff has also instituted extra comforts such as classical music piped into the kennel building during hours the facility is open to the public.

Kennels

- The contractor observed that many dogs in the play yards had their cage cards transferred from their kennels to the gate of the play yard enclosure, but the dogs were not wearing external identification.
- The Special Care Ward
  - Kennels were unlocked upon inspection,

  - Water hoses recently used to wash down the kennels were left unrolled and sprawled over walkways, and
  - The kennel drainage system is located exterior to the enclosure parallel to the kennel on the side the public views these animals.
    - Upon inspection, this trough had not been flushed with water during the morning kennel cleaning and had an accumulation of dog food and feces.
- It was reported to the contractor that Brutus, the permanent "shelter dog" that resides at the shelter (his bed is situated behind the clerical area in the lobby) is allowed to wander through the kennels with the grave shift. Brutus also has the potential to come in contact with employee's personal pets (i.e., other personal pets were observed in administrative offices) and animals that are photographed at impound in the clerical area when the camera is down in the regular impound area.

Cat Stray/Adoption room

Current morning cage cleaning protocols as reported to the contractor consist of:

- Cats are temporarily relocated to a carrier during the cage cleaning process.
  - Once the cat is relocated to a carrier, the entire cage is sprayed with Triple Two ® and wiped dry with a rag or paper towels.
    - The same temporary carrier is used for each cat and not cleaned in between new cats being placed in the cage.
    - KAs may use the same rag for more than one cage cleaning.

Feral Cat room

Current morning cage cleaning protocols as reported to the contractor consist of:

- Feral cats are generally housed in large cages on the bottom level of the cage rack. Each of these cages can be divided in half and cats are moved to one half while the opposite half of the cage is cleaned.
  - Feral cat cages do not contain feral cat dens.
- The entire cage is sprayed with Triple Two ® and wiped dry with paper towels.

SCP – 2 Recommendation:

Kennels

- Every animal impounded at the shelter should be wearing external identification for the duration of their holding period.
- It is difficult for staff to read tab bands on dogs from outside of kennel enclosures and tab bands need to be replaced frequently.
  - Every time a staff member for any reason enters a kennel (i.e., to re-affix or replace external identification of an animal) there is an increased opportunity for staff injury (especially when each kennel houses more than one dog).
  - By implementing external identification that is readable from outside of the kennel and that stays affixed to the animal is a factor in decreasing staff kennel entry.
    - Tab bands should continue to be used as external identification for cats, kittens, puppies, small dogs and some exotics.

    - Tab bands should be replaced by chain collars and large numbered plastic, non-destructive kennel tags for dogs.
        - The tags can be reused (resulting in cost saving as compared to one-time use tab bands) and easily cleaned and disinfected between animals by soaking chain collars and tags in a bucket of Triple Two ® and then allowed to dry.
        - Tags can be color coded as a secondary safety reminder. For example, quarantine or aggressive animals can be assigned yellow tags when it is possible to place external identification on these animals.
- Special Care Ward
    - A hose reel needs to be installed in the Special Care Ward and staff instructed to store water hoses on the reel when they are not in use. This will help prevent an employee tripping over the hoses in the walkway and prevent employee injury.
    - KA staff should be instructed to completely flush any debris and feces completely down the drainage system in the Special Care Ward to maintain sanitary conditions and to lower disease transmission.
- By allowing Brutus to wander through the kennels he has the potential for exposure to a variety of diseases that can cause Brutus to become ill or to transmit disease to other animals that he comes in contact with such as over the counter impounds, as well as other employee's personal pets kept in the administration area. It is recommended that Brutus and employee's personal pets not be allowed to wander through the kennels.

Cat Stray/Adoption room

A new protocol should be developed to ensure that cats are placed in clean carriers while their permanent cages are being cleaned and disinfected. When cages are cleaned one at a time, the single, temporary carrier must be disinfected each time after a cat has been placed in it.

Either a new rag or paper towel must be used when each cage is cleaned. The same rag must not be used for cleaning or drying multiple cages.

Feral Cat room

The current procedures for daily cleaning the feral cat room are adequate as long as the population does not exceed the large, dividable cages. If cats are housed in the standard cat cage, the use of nets and/or leather gloves for transferring the animal to a temporary holding cage during cleaning can be stressful and increase the opportunity for injury to staff. Feral cat dens should be made available so that the cats can readily crawl into them, be humanely confined, and safely removed from a cage during cleaning or for relocation.

During certain seasons of the year, the number of feral cats impounded can become very high causing overcrowding. The shelter should consider utilizing the three day

legal holding period in order to maintain recommended cleanliness standards and reduce stress levels.

Food and Agriculture 31752.5

(a) (5) It is cruel to keep feral cats caged for long periods of time; however, it is not always easy to distinguish a feral cat from a frightened tame cat.

(c) Notwithstanding Section 31752, if an apparently feral cat has not been reclaimed by its owner or caretaker within the first three days of the required holding period, shelter personnel qualified to verify the temperament of the animal shall verify whether it is feral or tame by using a standardized protocol. If the cat is determined to be docile or a frightened or difficult tame cat, the cat shall be held for the entire required holding period specified in Section 31752. If the cat determined to be truly feral, the cat may be euthanized or relinquished to a nonprofit, as defined in Section 501(c)(3) of the Internal Revenue Code, animal adoption organization that agrees to the spaying or neutering of the cat if it has not already been spayed or neutered.

In order to implement the reduced holding period for feral cats, a simple evaluation system would need to be developed and used to verify the temperament of the cats in the feral cat room.

The feral cat temperament evaluator training and certification could be incorporated as an additional section of the department's standardized euthanasia training. By combining the training, it would result in dual certification in euthanasia and feral cat temperament evaluation for staff.

Employee Safety/Injury and Illness Prevention (ESIIP)

ESIIP – 1 Observation: <u>The Material Safety Data Sheet Notebook needs to be updated.</u>

The shelter needs to update the Material Safety Data Sheets (MSDS) on pharmaceuticals, laboratory solutions (test reagents for parvovirus tests), cleaning agents, or other products that staff utilizes on a daily basis.

Liability:

California Code or Regulations Title 8, Section 5194. Hazard Communication.

(h) Employee Information and Training.

(1) Employers shall provide employees with effective information and training on hazardous substances in their work area at the time of their initial assignment, and whenever a new hazard is introduced into their work.

(2) Information ad training shall consist of at least the following topics:

(C) Employees shall be informed of the location and availability of the written hazard communication program, including the list(s) of hazardous substances and **material safety data sheets** required by this section.

(E) Employees shall be trained in the physical and health hazards of the substances in the work area, and the measures they can take to protect themselves from these hazards, including specific procedures the employer has implemented to protect employees from exposure to hazardous substances, such as appropriate work practices, emergency procedures, and personal protective equipment to be used.
(F) Employees shall be trained in the details of the hazard communication program developed by the employer, including an explanation of the labeling system and the **material safety data sheet**, and how employees can obtain and use the appropriate hazard information.

ESIIP – 1 Recommendations:

Obtain MSDS for all pharmaceuticals, laboratory reagents, cleaning solutions and other potentially hazardous products used in the shelter. Locate the product manufacturer by contacting the warehouse or distributor of these products (found by reviewing prior shipping receipts or invoices for the County) and request a hard copy of the appropriate MSDS. Many large scale distributors will have the MSDS for products they sell on hand and be able to fax or mail the MSDS directly to the County. Once this information is collected, it should be organized with a Table of Contents in an MSDS notebook. Copies of the notebook should be made and permanently placed in the office, designated euthanasia room, chemical storage area, the RVT office/examination room, and the Spay/Neuter clinic.

All staff should be formally trained and made part of the department's Injury Illness Prevention (IIP) Program. Employees need to know what an MSDS is, how it can be used (for treatment/management in the event of an exposure to these chemicals), and where the notebooks are located throughout the facility. As additional hazardous products are introduced and used by the department, the MSDS should be added to each of the notebooks in the shelter.

An employee should be assigned this project as well as maintenance of the MSDS program. Creating the original notebook will be fairly labor intensive.

ESIIP – 2 Observation: Employee Injury and Safety.

During the assessment there were issues regarding employee injury and safety. The liability listed below, generally blankets these injury and safety issues.

Liability:

CCR, Title 8, Section 3202, Injury and Illness Prevention Program.
(c) Effective July 1, 1991, every employer shall establish, implement and maintain an effective Injury and Illness Prevention Program (IIP Program).
The IIP Program consists of eight elements:
Responsibility, Compliance, Communication, Hazard Assessment, Accident/Exposure Investigation, Hazard Correction, Training and Instruction, and Recordkeeping.

Every California employer must establish, implement and maintain a written Injury and Illness Prevention (IIP) Program and a copy must be maintained at each worksite.

Exception No. 4: Local governmental entities (any county, city, city and county, or district, or any public or quasi-public corporation or public agency therein, including any public entity, other than a state agency, that is a member of, or created by, a joint powers agreement) are not required to keep records concerning the steps taken to implement and maintain the Program.

This program has provisions designed to encourage employees to inform the employer of hazards at the worksite without fear of reprisal, requires scheduling of inspections to identify unsafe conditions, procedures to investigate occupational injury and correct unsafe work conditions. At the shelter many of these will be related to animal handling, dog and cat bites and scratches, building hazards in need of repair, and equipment malfunctions. In the field, these hazards would also include animal handling, vehicle and equipment malfunctions, and communication issues.

Attachments to this report include:
§3203. Injury and Illness Prevention Program and Injury and Illness Prevention Model Program for Non-High Hazard Employers

ESIIP – 2 Recommendations:

Develop an IIP Program and select an IIP Program Administrator.

QUICK FIX ITEMS FOR THE AGOURA SHELTER

1. Have the shelter veterinarian obtain DEA certificate and order forms.
2. Controlled substance security in the shelter and S/N clinic:
   a. Purchase a Central Supply safe for the shelter.
      i. Enforce the requirement of two signatures on the central supply inventory log when receiving delivery or distributing controlled substances from the safe.
   b. Purchase a Daily Supply safe for the shelter.
      i. Install the safe in the designated euthanasia room (to be determined).
      ii. Relocate prepared skunk kits (containing ketamine mixture) to this safe with appropriate controlled substance logs and officer sign out sheets.
         1. Discontinue use of the current file cabinet in the sergeant's office for storage of the skunk kits.
      iii. Distribute keys for this safe to medical staff and/or euthanasia technicians.
   c. Purchase a Central Supply safe for the S/N clinic.
   d. Purchase a Daily Supply safe for the S/N clinic.
3. Controlled substance Logs:
   a. Institute entry of daily use of Fatal Plus into the log as well as total volume remaining per opened bottle.
   b. Develop Controlled Substance Inventory/Daily Use logs for all controlled substances in the S/N clinic.
4. Schedule euthanasia training and certification for KAs not formally trained.
   a. Once certified, schedule KAs to partner with RVTs to gain experience performing daily euthanasia, and
   b. Schedule KAs to share daily euthanasia duties with RVTs when appropriate.
5. Communications
   a. Ensure all staff (including veterinarians) has and wears radios when working in the kennels.
   b. An outside telephone line should be installed in the washrack area and new designated euthanasia room.
6. Change type of external identification used – order large plastic tags and chain collars for dogs.
7. Change reporting structure so RVTs report to the shelter veterinarian who assigns duties and daily responsibilities.
8. Increased veterinary interaction with shelter activities:
   a. Veterinarian should develop, implement, and monitor disease prevention practices recommended for Cat Sick room.
   b. Veterinarian should monitor dog isolation practices.
   c. Veterinarian should provide monitoring over the euthanasia process.
9. Shelter equipment and supplies:
   a. Radios for all staff working in the kennels,
   b. Feral Cat Dens,

c. Disposable shoe covers for isolation areas,
d. Order squeeze cages of various sizes,
e. Order plexiglass shields for restraining cats,
f. Install eye wash stations in all sinks where chemicals or pharmaceuticals are used,
g. Order additional control poles,
h. Hose reel for the Special Care Ward,
i. New lockers for officers in the administration building,
j. Rabbit cages on a rack for easy cleaning
    i. Consider relocating rabbit hutches stored in the barn to other shelters in need of rabbit housing.
k. Medical equipment/supplies:
    i. Stainless steel examination and/or wet table,
    ii. Replace refrigerator in the RVT office,
    iii. Assimilate a "Crash Cart" for use with emergency stabilization/triage,
    iv. New microscope, and
    v. Order Fatal Plus in solution rather than powder form.

10. Cleaning/Disinfecting
    a. Implement a new protocol to ensure cleaning and disinfecting of cat carriers in between cats during morning cleaning,
    b. Implement a new protocol for feral cat cage cleaning when utilizing Feral Cat Dens,
    c. Improve availability of laundry detergent, and
    d. Identify and use on a trial basis a new cat litter with less dust production.
11. Order identification badges for all staff that come in contact with the public to include their name and position/rank.

LONG TERM FIX ITEMS FOR THE AGOURA SHELTER

1. Replace the current washer with a commercial sized unit.
2. Develop and update Material Safety Data Sheet notebooks and have copies available in the RVT office, cat room, and front office.
3. Amend and implement the following protocols:
   a. Expand treatment protocols on common shelter illnesses (written orders by the veterinarian for the RVT).
   b. Amend medical care protocols to include emergency stabilization/triage.
   c. Use of a Daily Medical Treatment Log
   d. Use of a Vet Check List
   e. Behavior assessment protocols:
      i. Ensure all final temperament evaluations on dogs that could potentially pose a public safety risk be conducted by county employees and not volunteers.
      ii. Develop a formal temperament evaluation for cats to be housed in the Habikat, and
      iii. Develop a temperament evaluation for feral cats and train staff in performing the evaluation if the three day legal holding period is implemented.
4. Implement all healthy animals vaccinated at impound (train all staff to administer vaccine and enter into the Chameleon record).
5. Buildings/room renovations (including installation of sinks, cabinets, and countertops):
   a. Create a euthanasia room
      i. Designate the current Feral Cat room to become the euthanasia room
   b. Create a medical room
      i. Designate the current Stray/Adoptable room to become an emergency triage/examination room, RVT office, impound area, and cat isolation (at the far end of the room).
   c. Split the Habikat room in half
      i. One half of the room to continue to be open housing for available cats, and
      ii. The other half of the room to be used for stray/adoptable cats in traditional housing.
   d. Relocate feral cats, exotics, and rabbits to the current RVT office.
   e. House injured, nursing moms, and neonates in the current Sick Cat room.
6. Improve the signage at the entry of the facility for easier visualization from the street.
7. Repair driveway used by ACO vehicles.
8. Staff requested the entry walk through gate at the entrance to the shelter be replaced with a spring loaded or double walk through gate.
9. Provide training for staff in the following areas:
   a. Euthanasia,

b. Humane animal handling,
c. Vaccine administration for ACOs and KAs,
d. Medical protocols and administration of medication for KAs in the absence of RVTs,
e. Emergency triage procedures for RVTs,
f. Utilizing the Daily Medical Treatment Log,
g. Utilizing a Vet Check List,
h. Behavior assessment revisions to the protocol for dominant dog breeds and cats moving into the Habikat,
i. Temperament evaluation for feral cats, and
j. Veterinary training in humane investigation medical procedures and record keeping.

10. Incorporate veterinary participation in the Foster Care Program once the formal protocol is developed and released from administrative offices.
11. Implement annual employee hearing tests.
12. Develop an Injury, Illness and Prevention Program.

ATTACHMENTS

CCR, Title 8, Section 3202, Injury and Illness Prevention Program. §3203 Injury and Illness Prevention Program and Injury and Illness Prevention Model

Appendix D: Title 8, Section 3203 and 1509

Title 8, Section 3203. Injury and Illness Prevention Program.

a. Effective July 1, 1991, every employer shall establish, implement and maintain effective Injury and Illness Prevention Program. The Program shall be in writing and shall, at a minimum:

1. Identify the person or persons with authority and responsibility for implementing the Program.

2. Include a system for ensuring that employees comply with safe and healthy work practices. Substantial compliance with this provision includes recognition of employees who follow safe and healthful work practices, training and retraining programs, disciplinary actions, or any other such means that ensures employee compliance with safe and healthful work practices.

3. Include a system for communicating with employees in a form readily understandable by all affected employees on matters relating to occupational safety and health, including provisions designed to encourage employees to inform the employer of hazards at the worksite without fear of reprisal. Substantial compliance with this provision includes meetings, training programs, posting, written communications, a system of anonymous notification by employees about hazards, labor/management safety and health committees, or any other means that ensures communication with employees.

Exception: Employers having fewer than 10 employees shall be permitted to communicate to and instruct employees orally in general safe work practices with specific instructions with respect to hazards unique to the employees' job assignments, in compliance with subsection (a)(3).

4. Include procedures for identifying and evaluating workplace hazards including scheduling periodic inspections to identify unsafe conditions and work practices. Inspections shall be made to identify and evaluate hazards:

A. When the Program is first established; Exception: Those employers having in place on July 1, 1991, a written Injury and Illness Prevention Program complying with previously existing Section 3203.

B. Whenever new substances, processes, procedures, or equipment are introduced to the workplace that represent a new occupational safety and health hazard; and

C. Whenever the employer is made aware of a new or previously unrecognized hazard.

5. Include a procedure to investigate occupational injury or occupational illness.

6. Include methods and/or procedures for correction of unsafe or unhealthy conditions, work practices and work procedures in a timely manner based on the severity of the hazard:

A. When observed or discovered; and

B. When an imminent hazard exists which cannot be immediately abated without endangering employee(s) and/ or property, remove all exposed personnel from the area except those necessary to correct the existing condition. Employees necessary to correct the hazardous condition shall be provided the necessary safeguards.

7. Provide training and instruction:

A. When the program is first established;

Exception: Employers having in place on July 1, 1991, a written Injury and Illness Prevention Program complying with the previously existing Accident Prevention Program in Section 3203.

B. To all new employees;

C. To all employees given new job assignments for which training has not previously been received;

D. Whenever new substances, processes, procedures or equipment are introduced to the workplace and represent a new hazard;

E. Whenever the employer is made aware of a new or previously unrecognized hazard; and

F. For supervisors to familiarize them with the safety and health hazards to which employees under their immediate direction and control may be exposed.

b. Records of the steps taken to implement and maintain the Pro-gram shall include:

1. Records of scheduled and periodic inspections required by subsection (a)(4) to identify unsafe conditions and work practices, including person(s) conducting the inspection, the unsafe conditions and work practices that have

been identified and action taken to correct the identified unsafe conditions and work practices. These records shall be maintained for one (1) year; and

Exception: Employers with fewer than 10 employees may elect to maintain the inspection records only until the hazard is corrected.

2. Documentation of safety and health training required by subsection (a)(7) for each employee, including employee name or other identifier, training dates, type(s) of training, and training providers. This documentation shall be maintained for one (1) year.

   Exception No. 1: Employers with fewer than 10 employees can substantially comply with the documentation provision by maintaining a log of instructions provided to the employee with respect to the hazards unique to the employees' job assignment when first hired or assigned new duties.

   Exception No. 2: Training records of employees who have worked for less than one (1) year for the employer need not be retained beyond the term of employment if they are provided to the employee upon termination of employment.

1. Written documentation of the identity of the person or persons with authority and responsibility for implementing the program as required by subsection (a)(1).

2. Written documentation of scheduled periodic inspections to identify unsafe conditions and work practices as required by subsection (a)(4).

3. Written documentation of training and instruction as required by subsection (a)(7).

Exception No. 4: California Labor Code §6401.7 states that Local governmental entities (any county, city and county, or district, or any public or quasi-public corporation or public agency therein, including any public entity, other than a state agency, that is a member of, or created by, a joint powers agreement) are not required to keep records concerning the steps taken to implement and maintain the Program.

Note 1: Employers determined by the Division to have historically utilized seasonal or intermittent employees shall be deemed in compliance with respect to the requirements for a written program if the employer adopts the Model Program prepared by the Division and complies with the requirements set forth therein.

Note 2: Employers in the construction industry who are required to be licensed under Chapter 9 (commencing with Section 7000) of Division 3 or the Business and Professions Code may use records relating to employee training provided to the employer in connection with an occupational safety and health training program approved by the Division, and shall only be required to keep records of those steps taken to implement and maintain the program with respect to hazards specific to the employee's job duties.

3. Employers who elect to use a labor/ management safety and health committee to comply with the communication requirements of subsection (a)(3) of this section shall be presumed to be in substantial compliance with subsection (a)(3) if the committee:

1. Meets regularly, but not less than quarterly;

2. Prepares and makes available to the affected employees, written records of the safety and health issues discussed at committee meetings, and maintained for review by the Division upon request. The committee meeting records shall be maintained for one (1) year;

3. Reviews results of the periodic, scheduled worksite inspections;

4. Reviews investigations of occupational accidents and causes of incidents resulting in occupational injury, occupational illness, or exposure to hazardous substances and, where appropriate, submits suggestions to management for the prevention of future incidents;

5. Review investigations of alleged hazardous conditions brought to the attention of any committee member. When determined necessary by the committee, the committee may conduct its own inspection and investigation to assist in remedial solutions;

6. Submits recommendations to assist in the evaluation of employee safety suggestions; and

7. Upon request from the Division verifies abatement action taken by the employer to abate citations issued by the Division.

Title 8, Section 1509. Construction Injury and Illness Prevention Program.

d. Every employer shall establish, implement and maintain an effective Injury and Illness Prevention Program in accordance with Section 3203 of the General Industry Safety Orders.

e. Every employer shall adopt a written Code of Safety Practices which relates to the employer's operations. The Code shall contain language equivalent to the relevant parts of Plate A-3 of the Appendix contained within the Cal/OSHA Construction Safety Orders. (Note: General items are listed in Appendix C of this guide.)

f. The Code of Safe Practices shall be posted at a conspicuous location at each job site office or be provided to each supervisory employee who shall have it readily available.

g. Periodic meetings of supervisory employees shall be held under the direction of management for the discussion of safety problems and accidents that have occurred.

h. Supervisory employees shall conduct "toolbox" or "tailgate" safety meetings, or equivalent, with their crews at least every 10 working days to emphasize safety.

INJURY & ILLNESS PREVENTION MODEL PROGRAM FOR NON-HIGH HAZARD EMPLOYERS

CS-1B revised August 1995

ABOUT THIS MODEL PROGRAM

Every California employer must establish, implement and maintain a written Injury and Illness Prevention (IIP) Program and a copy must be maintained at each worksite or at a central worksite if the employer has non-fixed worksites. The requirements for establishing, implementing and maintaining an effective written Injury and Illness Prevention Program are contained in Title 8 of the California Code of Regulations, Section 3203 (T8 CCR 3203) and consist of the following eight elements:

- Responsibility
- Compliance
- Communication
- Hazard Assessment
- Accident/Exposure Investigation
- Hazard Correction
- Training and Instruction
- Recordkeeping

This model program has been prepared for use by employers in industries which have been determined by Cal/OSHA to be non-high hazard. You are not required to use this program. However, any employer in an industry which has been determined by Cal/OSHA as being non-high hazard who adopts, posts, and implements this model program in good faith is not subject to assessment of a civil penalty for a first violation of T8 CCR 3203.

Proper use of this model program requires the IIP Program administrator of your establishment to carefully review the requirements for each of the eight IIP Program elements found in this model program, fill in the appropriate blank spaces and check those items that are applicable to your workplace. The recordkeeping section requires that the IIP Program administrator select and implement the category appropriate for your establishment. Sample forms for hazard assessment and correction, accident/exposure investigation, and worker training and instruction are provided with this model program.

This model program must be maintained by the employer in order to be effective.

INJURY AND ILLNESS PREVENTION PROGRAM

RESPONSIBILITY

The Injury and Illness Prevention (IIP) Program administrator,

_____
Program Administrator

has the authority and the responsibility for implementing and maintaining this IIP Program for

_____
Establishment Name

Managers and supervisors are responsible for implementing and maintaining the IIP Program in their work areas and for answering worker questions about the IIP Program. A copy of this IIP Program is available from each manager and supervisor.

COMPLIANCE All workers, including managers and supervisors, are responsible for complying with safe and healthful work practices. Our system of ensuring that all workers comply with these practices include one or more of the following checked practices:

_____ Informing workers of the provisions of our IIP Program.
_____ Evaluating the safety performance of all workers.
_____ Recognizing employees who perform safe and healthful work practices.
_____ Providing training to workers whose safety performance is deficient.
_____ Disciplining workers for failure to comply with safe and healthful work practices.

COMMUNICATION

All managers and supervisors are responsible for communicating with all workers about occupational safety and health in a form readily understandable by all workers. Our communication system encourages all workers to inform their managers and supervisors about workplace hazards without fear of reprisal.

Our communication system includes one or more of the following checked items:

_____ New worker orientation including a discussion of safety and health policies and procedures.
_____ Review of our IIP Program.

_____ Training programs.
_____ Regularly scheduled safety meetings.
_____ Posted or distributed safety information.
_____ A system for workers to anonymously inform management about workplace hazards.

_____ Our establishment has less than ten employees and communicates with and instructs employees orally about general safe work practices and hazards unique to each employee's job assignment.

HAZARD ASSESSMENT

Periodic inspections to identify and evaluate workplace hazards shall be performed by a competent observer in the following areas of our workplace:

Periodic inspections are performed according to the following schedule:

1. When we initially established our IIP Program;
2. When new substances, processes, procedures or equipment which present potential new hazards are introduced into our workplace;
3. When new, previously unidentified hazards are recognized;
4. When occupational injuries and illnesses occur; and
5. Whenever workplace conditions warrant an inspection.

ACCIDENT/EXPOSURE INVESTIGATIONS

Procedures for investigating workplace accidents and hazardous substance exposures include:

1. Interviewing injured workers and witnesses;
2. Examining the workplace for factors associated with the accident/exposure;
3. Determining the cause of the accident/exposure;
4. Taking corrective action to prevent the accident/exposure from reoccurring; and
5. Recording the findings and actions taken.

HAZARD CORRECTION

Unsafe or unhealthy work conditions, practices or procedures shall be corrected in a timely manner based on the severity of the hazards. Hazards shall be corrected according to the following procedures:

1. When observed or discovered; and
2. When an imminent hazard exists which cannot be immediately abated without endangering employee(s) and/or property, we will remove all exposed workers from the area except those necessary to correct the existing condition. Workers who are required to correct the hazardous condition shall be provided with the necessary protection.

TRAINING AND INSTRUCTION

All workers, including managers and supervisors, shall have training and instruction on general and job-specific safety and health practices. Training and instruction is provided:

1. When the IIP Program is first established;
2. To all new workers, except for construction workers who are provided training through a construction industry occupational safety and health training program approved by Cal/OSHA;

3. To all workers given new job assignments for which training has not previously provided;
4. Whenever new substances, processes, procedures or equipment are introduced to the workplace and represent a new hazard;
5. Whenever the employer is made aware of a new or previously unrecognized hazard;
6. To supervisors to familiarize them with the safety and health hazards to which workers under their immediate direction and control may be exposed; and
7. To all workers with respect to hazards specific to each employee's job assignment.

General workplace safety and health practices include, but are not limited to, the following:

1. Implementation and maintenance of the IIP Program.
2. Emergency action and fire prevention plan.
3. Provisions for medical services and first aid including emergency procedures.
4. Prevention of musculoskeletal disorders, including proper lifting techniques.
5. Proper housekeeping, such as keeping stairways and aisles clear, work areas neat and orderly, and promptly cleaning up spills.
6. Prohibiting horseplay, scuffling, or other acts that tend to adversely influence safety.
7. Proper storage to prevent stacking goods in an unstable manner and storing goods against doors, exits, fire extinguishing equipment and electrical panels.
8. Proper reporting of hazards and accidents to supervisors.
9. Hazard communication, including worker awareness of potential chemical hazards, and proper labeling of containers.
10. Proper storage and handling of toxic and hazardous substances including prohibiting eating or storing food and beverages in areas where they can become contaminated.

RECORDKEEPING

We have checked one of the following categories as our recordkeeping policy.

_____ Category 1. Our establishment has twenty or more workers or has a workers' compensation experience modification rate of greater than 1.1 and is not on a designated low hazard industry list. We have taken the following steps to implement and maintain our IIP Program:

1. Records of hazard assessment inspections, including the person(s) conducting the inspection, the unsafe conditions and work practices that have been identified and the

action taken to correct the identified unsafe conditions and work practices, are recorded on a hazard assessment and correction form; and

2. Documentation of safety and health training for each worker, including the worker's name or other identifier, training dates, type(s) of training, and training providers. are recorded on a worker training and instruction form.

Inspection records and training documentation will be maintained according to the following checked schedule:

_____ For one year, except for training records of employees who have worked for less than one year which are provided to the employee upon termination of employment; or

_____ Since we have less than ten workers, including managers and supervisors, we only maintain inspection records until the hazard is corrected and only maintain a log of instructions to workers with respect to worker job assignments when they are first hired or assigned new duties.

_____ Category 2. Our establishment has fewer than twenty workers and is not on a designated high hazard industry list. We are also on a designated low hazard industry list or have a workers' compensation experience modification rate of 1.1 or less, and have taken the following steps to implement and maintain our IIP Program:

1. Records of hazard assessment inspections; and

2. Documentation of safety and health training for each worker.

Inspection records and training documentation will be maintained according to the following checked schedule:

_____ For one year, except for training records of employees who have worked for less than one year which are provided to the employee upon termination of employment; or

_____ Since we have less than ten workers, including managers and supervisors, we maintain inspection records only until the hazard is corrected and only maintain a log of instructions to workers with respect to worker job assignments when they are first hired or assigned new duties.

_____ Category 3. We are a local governmental entity (county, city, district, or and any public or quasi-public corporation or public agency) and we are not required to keep written records of the steps taken to implement and maintain our IIP Program.

HAZARD ASSESSMENT AND CORRECTION RECORD

Date of Inspection: **Person Conducting Inspection:**

Unsafe Condition or Work Practice:

Corrective Action Taken:

Date of Inspection: **Person Conducting Inspection:**

Unsafe Condition or Work Practice:

Corrective Action Taken:

Date of Inspection: **Person Conducting Inspection:**

Unsafe Condition or Work Practice:

Corrective Action Taken:

ACCIDENT/EXPOSURE INVESTIGATION REPORT

Date & Time of Accident:

Location:

Accident Description:

Workers Involved:

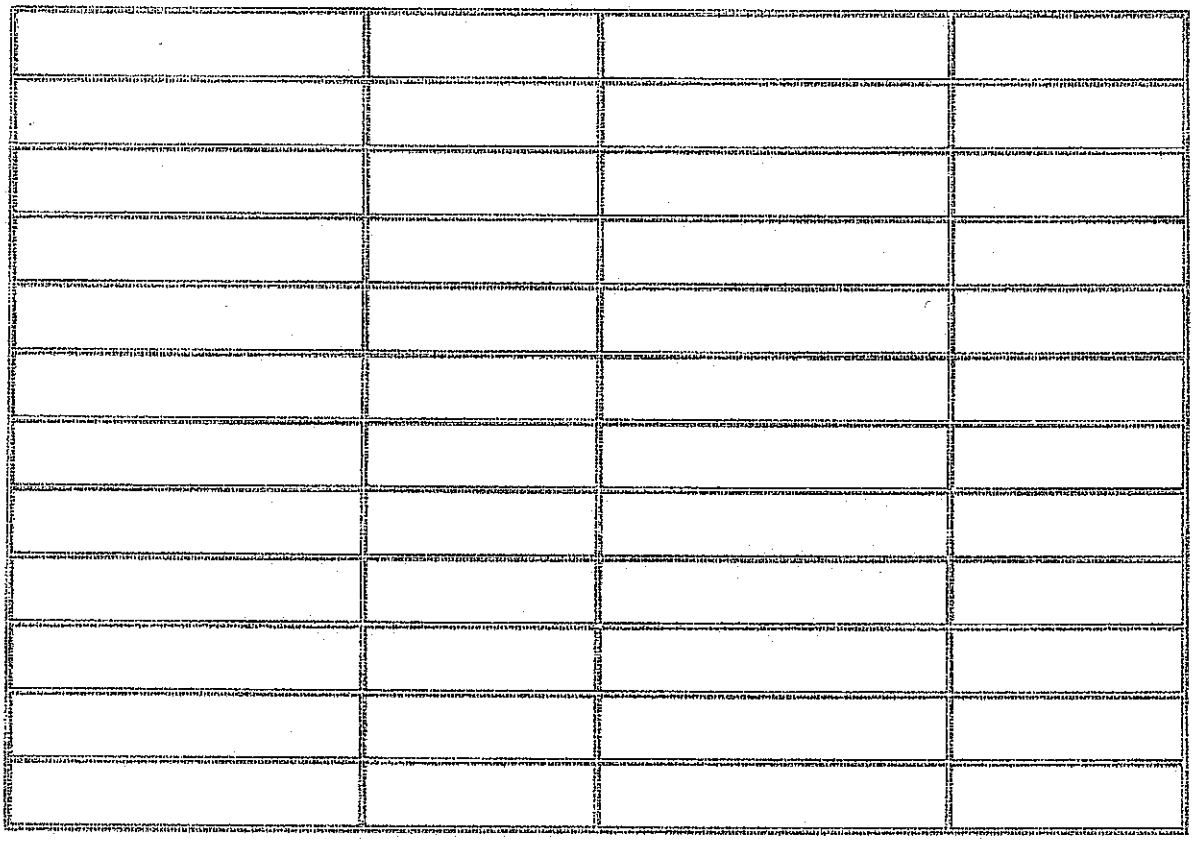
Preventive Action Recommendations:

Corrective Actions Taken:

Manager Responsible: **Date Completed:**

WORKER TRAINING AND INSTRUCTION RECORD

Worker's Name	Training Dates	Type of Training	Trainers



LOS ANGELES COUNTY
DEPARTMENT OF ANIMAL CARE AND CONTROL
SPAY/NEUTER CLINIC ASSESSMENT – Animal Center #7,
February 7, 2007
Performed by Animal Legal and Veterinary Medical Consulting Services
Dena Mangiamele, D.V.M., M.P.V.M.

The assessment was conducted at Animal Center #7, the Spay/Neuter Clinic, located in Agoura. The following staff from the medical division provided input and insight into operational procedures.

Veterinary Medical Staff:

Technicians:

Observations and recommendations were placed into eleven categories:
Staffing Issues (SI)
Pre-surgical Issues (PreSI)
Spay/Neuter Services (SNS)
Post-surgical Issues (PostSI)
Vaccine Clinic (VC)
Microchip Clinic (MC)
Medical Services to the Public (MSP)
Record Keeping/Security (RKS)
Clinic Sanitation (CS)
Safety Issues (SI) and
Clinic Equipment/Supplies (CES)

Staffing Issues (SI)

SI – 1 Observation: Utilization of veterinarian for spay/neuter clinic and shelter work could be enhanced.

At all of the county shelters, the medical division is tasked with balancing spay/neuter clinic and shelter medicine responsibilities. The delineation and organization of duties associated with the spay/neuter clinic has a direct influence on shelter medicine operations and vice versa. For this reason they are both discussed in the Spay/Neuter Clinic Assessment.

Designated surgical tasks at the spay/neuter clinic and shelter medicine tasks for all county shelters

Veterinary activities associated with **spay/neuter clinics at county shelters** consist of:

- Pre-surgical physical examinations,
- Performing spay/neuter surgery for adopted animals,
- Performing spay/neuter surgery for publicly owned animals,
- Maintaining surgical records,
- Examining and providing medical care for recently altered animals adopted from the shelter that have become ill,
- Administering a vaccination clinic, and
- Administering a microchip clinic.

Registered Veterinary Technician (RVT) and/or unregistered veterinary assistant activities associated with the **spay/neuter clinics at county shelters** include:

- Anesthesia induction,
- Surgical assisting,
- Monitoring patients post-surgically,
- Record keeping
  - Checking in surgical patients,
  - Maintaining controlled substance logs,
  - Completing vaccine and microchip certificates,
- Dispensing medications to the public,
- Ordering pharmaceuticals and maintaining inventory,
- Preparing surgical packs, and
- Cleaning and disinfecting animal holding areas and the clinic.

Veterinary activities associated with **shelter medicine at the county shelters** consist of:

- Conducting morning shelter rounds with the RVT,
- Performing emergency triage and examining injured/ill animals brought in from the field by Animal Control Officers (ACO),
- Diagnosing and prescribing treatment for shelter ill/injured animals,
- Monitoring animals that are currently under treatment,
- Monitoring and mentoring euthanasia technicians,
- Reviewing feeding and housing practices as performed by the kennel attendants (KA),
- Assisting with behavior assessments, and
- Assisting with the foster program.

At the Agoura shelter

The veterinarian is assigned to work three days per week and performs the following **clinic and shelter tasks**:

- Performing spay/neuter surgery from 9:00- 11:00 a.m.,
- Conducting a vaccination clinic one day per week (Wednesday) for one hour (11:00-12:00),
- Reviewing any new medical cases with the RVT in the afternoon,
  - As reported to the contractor, many cases are referred to a private veterinary hospital for initial stabilization and treatment plans.
- Completing his shift prior to or around 3:00 p.m.

The unregistered veterinary assistant performs the following **spay/neuter clinic tasks**:

- Performs pre-surgical physical examination,
- Anesthesia induction,
- Surgical assisting,
- Post-surgical monitoring of patients,
- Record keeping,
- Dispenses medications to the public,
- Maintains pharmaceutical inventory and submits orders,
- Prepares surgical packs, and
- Cleans and disinfects animal holding areas.

The RVT performs only **shelter medicine tasks** as indicated below:

- Conducts morning shelter rounds,
- Performs initial physical examination and designates treatment to injured/ill animals brought in from the field by an ACO,
- Examines animals and prescribes medication for previously adopted and/or altered animals that have become ill and return to the clinic for care,
- Administers daily medical treatments,
- Enters medical treatment administration into the animal's Chameleon record,
- Monitors shelter animals currently under treatment,
- Performs euthanasia as necessary,
- Maintains controlled substance logs, and
- Administers wellness vaccinations

SI – 1 Recommendations:

There are many opportunities for providing veterinary medical care and oversight by the veterinarian that are not currently being practiced. In order to enhance utilization of the veterinarian at the Agoura shelter, his daily responsibilities should be amended to include:

- Participating in morning shelter rounds by accompanying the RVT,
- Performing pre-surgical physical examinations,
- Increasing the number of surgeries performed per day and providing veterinary medical care throughout the length of the eight hour day shift (with a half an hour for lunch).
  - If day shift runs from 7:00 a.m. – 3:30 p.m., then surgeries can begin at 8:00 a.m. and end at 11:00 or noon.
    - This adds one to two hours of additional surgical time, and
    - Extends availability of shelter medical care in the afternoon for about one hour.
  - If day shift runs from 8:00 a.m. – 4:30 p.m., then surgeries can begin at 9:00 a.m. and end at noon.
    - This adds one hour of additional surgical time.
    - Extends availability of shelter medical care in the afternoon for about two additional hours.
- Completing a surgical record in Chameleon for each clinic patient,
- Upon implementation of a new shelter emergency triage/examination room as described in ANIMAL CARE/MEDICAL ASSESSMENT – Animal Center #7 (MCSA – 1, No established procedures or official location for performing emergency stabilization/triage and physical examination at the time of impound and for animals housed at the shelter), it will allow the veterinarian to reduce the number of animals referred to private veterinary hospitals (and resultant high costs) and instead provide the following on-site veterinary medical care:
  - Emergency triage/stabilization of shelter animals,
  - Physical examination of patients and development of treatment regimens.
- Examining animals and prescribing medication for previously adopted and/or altered animals that have become ill and return to the shelter for care,
- Entering medical information (diagnosis, treatment plans) into Chameleon for shelter patients.
- Providing oversight and guidance in the following programs:
  - Euthanasia
  - Behavior assessment
  - Foster program

At Agoura, the unregistered veterinary assistant is the primary technician at the spay/neuter clinic. Anesthetic induction is being performed by the unregistered veterinary assistant in violation of *Title 16. CCR § 2036 Animal Hospital Health Care Tasks for R.V.T. and CCR § 2036.5 Animal Hospital Health Care Tasks for Unregistered Assistants* (for more details on this topic and recommendations see SNS – 1, Anesthesia induction performed by an unregistered veterinary technician, included in this report). The unregistered veterinary assistant is also

cross trained to perform some shelter medicine tasks (i.e., administration of daily medication and vaccinations) in the absence of the RVT.

The RVT is currently not assigned to the spay/neuter clinic and works exclusively in shelter medicine. Unless the veterinarian is performing anesthetic induction, only the RVT can assist with this procedure. RVTs and the unregistered assistant should share duties and jointly participate in all activities (further information on specific clinic activities are highlighted in this report under, Spay/Neuter Services (SNS), Vaccination Clinic (VC) and Microchip Clinic (MC) sections). RVTs and unregistered assistants should not only be cross-trained to fill in for each other during days off, sick and vacation days, but also to provide assistance with pre-surgical duties and regular relief by rotating through daily euthanasias and other shelter stressful duties.

A separate **option** instead of expanding the veterinary duties identified above for the three day per week veterinarian would be to **reduce veterinary oversight** to several hours three days per week for the shelter medicine program and eliminate the on-site spay/neuter program and **institute a spay/neuter outsourcing program.**

The shelter medicine program could be amended as follows:

- A veterinarian (either from the current pool of seven county shelter veterinarians or contract with a private veterinarian at a nearby hospital) could be assigned to the shelter for a total of six hours per week (three days at two hours per day) with the following duties:
  - The veterinarian will examine and treat any emergencies and new medical cases at the shelter.
  - The veterinarian will review all medical cases initially examined and treated by the RVT in accordance with CCR § 2034 Animal Health Care Task Definitions, allowing an RVT through indirect supervision to provide treatment for a patient through written or oral instructions from a licensed veterinarian.
  - The veterinarian will administer rabies vaccine as needed.
    - Animals that are adopted on a daily basis and are four months of age or older, will receive a rabies vaccination at the time of spay or neuter at the private veterinary hospital (see below).
    - Infrequently, animals exiting the shelter may require rabies vaccination that will not be altered prior to leaving the shelter (i.e., claims, adopted animals that are already altered). If the veterinarian is not on-site, the animal can be transported to the private veterinary hospital for vaccination.
  - This will allow the chief veterinarian to assign the current Agoura veterinarian to either the Carson facility (that has only one RVT

several days per week) or to one of the other high traffic shelters that require two veterinarians to accommodate the surgical and shelter medical workload.

- The RVT will continue to perform the following duties:
  - Emergency triage as described in Title 16, California Code of Regulations. 2069. Emergency Animal Care (see SI – 2 to view the code in its entirety).
  - Performing preliminary examinations and initiating treatments on shelter animals per written orders by a veterinarian for common clinical shelter presentations (per CCR § 2034 Animal Health Care Task Definitions).
  - Administering daily medications
  - Performing euthanasia
  - Administering wellness vaccinations
  - Record keeping (Chameleon medical records, controlled substance logs).

The current on-site spay/neuter program could be amended to an outsourcing spay/neuter program with the following benefits:

- Currently, only six hours per week is devoted to performing spay/neuter surgery.
  - The outsourcing program could provide spay/neuter services up to six days per week, if necessary.
- A proposal for private veterinary hospitals would have to be developed and include specifics on cost and service, transportation from the shelter to the hospital, and monthly billing requirements.
- Outsourcing allows the shelter the opportunity to collaborate with local veterinarians.

Outsourcing spay/neuter services provides solutions for current medical staffing and operational issues by:

- Providing the opportunity to re-assign the non-operational spay/neuter clinic as the new shelter hospital and isolation wards.
  - This would eliminate the need for re-assigning animal holding areas as specified in ANIMAL CARE/MEDICAL ASSESSMENT – Animal Center #7 (MCSA – 1, <u>No established procedures or official location for performing emergency stabilization/triage and physical examination at the time of impound and for animals housed at the shelter</u>), and open up more shelter holding space which could accommodate animals from other county shelters during seasons of over population.
- Eliminating the need to have the RVT present for anesthetic induction for spay/neuter surgery.

- Allows two employees currently working as unregistered veterinary assistants in the spay/neuter clinic to work full-time in the shelter creating the following advantages:
  - This increase in shelter staffing could be utilized to increase the number or hours for the microchip clinic.
  - These staff members could be utilized as the morning transport team for the spay/neuter outsourcing program.
  - The increased number of shelter staff could be utilized to pick up and transport animals from other county shelters to Agoura during seasons of high population in order to enhance county-wide adoptions.
- Agoura overall expenses for medications and supplies would decrease if the spay/neuter clinic was not operational.

Reducing veterinary oversight and amending to a spay/neuter outsourcing program will cause the following current services to be amended:

- Examining animals and prescribing medication for previously adopted and/or altered animals that have become ill and return to the shelter for care.
- The one hour per week rabies vaccination clinic
- Both activities (if the county chooses to continue to provide these services for the public) could be contracted through the private veterinary hospitals that participate in the spay/neuter outsourcing program.
  - As an option, the veterinarian assigned to the shelter three days per week, could have one hour designated for a rabies vaccination clinic.

SI – 2 Observation: Assessment by the veterinarian of ill/injured animals identified in the shelter or those brought in by field officers while spay/neuter surgeries are being performed needs re-structuring.

The County of Los Angeles Policy & Procedure Manual, Policy No. OPF180, Sick and Injured Animals – Field, identifies shelter veterinary staff to perform the assessment of sick or injured animals from the field.

It was reported to the contractor that generally the RVT performs the physical examination of ill/injured animals identified in the shelter or animals from the field. The veterinarian will re-assess the animal if requested by the RVT. Medical examination occurs in the shelter, usually in the RVT office.

SI – 2 Recommendations:

The veterinarian should take the lead in examining all ill/injured animals, diagnosing, and prescribing medication for these animals. If the veterinarian is in surgery or is not immediately available, the RVT can initially examine the animal and determine the degree of illness or injury. If the RVT determines the animal requires emergency care, he/she can either request the veterinarian come to the examination area from the spay/neuter clinic to assess and treat the animal or the RVT can start performing emergency triage if the veterinarian isn't available based on Title 16, California Code of Regulations. 2069. Emergency Animal Care.

2069. Emergency Animal Care.
Emergency animal care rendered by registered veterinary technician. Under conditions of an emergency as defined in Section 4840.5, a registered veterinary technician may render the following life saving aid and treatment to an animal:
(1) Application of tourniquets and/or pressure bandages to control hemorrhage.
(2) Administration of pharmacological agents to prevent or control shock, including parenteral fluids, shall be performed after direct communication with a licensed veterinarian or veterinarian authorized to practice in this state. In the event that direct communication cannot be established, the registered veterinary technician may perform in accordance with written instructions established by the employing veterinarian. Such veterinarian shall be authorized to practice in this state.
(3) Resuscitative oxygen procedures.
(4) Establishing open airways including intubation appliances but excluding surgery.
(5) External cardiac resuscitation.
(6) Application of temporary splints or bandages to prevent further injury to bones or soft tissues.
(7) Application of appropriate wound dressings and external supportive treatment in severe burn cases.
(8) External supportive treatment in heat prostration cases.

Once the animal is stabilized by the RVT, it must be seen by the shelter veterinarian or transported to a private veterinary emergency hospital.

RVT staff will require training on emergency stabilization and triage as specified in ANIMAL CARE/MEDICAL ASSESSMENT – Animal Center #7, MCSA – 1 Recommendation (establishing procedures for performing emergency stabilization and triage at the time of impound).

Animals that are non-emergency cases are primarily under the care and supervision of the veterinarian. If the veterinarian is not available to examine the animal, the RVT can begin the initial assessment and render treatment for

common shelter presentations based on written orders by the veterinarian (per ANIMAL CARE/MEDICAL ASSESSMENT – Animal Center #7, MCSA – 3 Recommendation) Title 16., California Code of Regulations § 2034. Animal Health Care Task Definitions.
. . . . (f) "Indirect Supervision" means (1) that the supervisor is not physically present at the location where animal health care job tasks are to be performed, but has given either written or oral instructions ("direct orders") for treatment of the animal patient).

Once the veterinarian returns on-site, the animal must be assessed by the veterinarian and the initial RVT treatment plan either approved or amended.

SI – 3 Observation: Spay/Neuter Clinic staff do not wear identification.
Veterinarians and the unregistered veterinary assistants do not wear name badges which provide the first and last name of the employee, their position and rank.

SI – 3 Recommendations:
All clinic staff should wear name badges which identify them by first and last name and indicate their position and rank within the department.

Pre-Surgical Issues (PreSI)

PreSI - 1 Observation: Additional precautions should be taken to decrease the opportunity for disease transmission from the shelter to the clinic.
The contractor observed clinic staff moving from the clinic to the shelter, and clinic to the administration building before, in between, and after daily surgeries. Staff wore the same shoes in each of these areas, including the surgical suite.

PreSI – 1 Recommendations:
All medical staff should wear shoe covers while working in the clinic. If a member of the staff moves out of the clinic area, upon return to the clinic he/she should place new shoe covers on their shoes. This includes wearing shoe covers in the clinic after surgeries are completed upon returning to the clinic from afternoon shelter rounds. If shelter or field staff enters the clinic, they should also be required to wear shoe covers. This will help prevent the spread of disease from the shelter to the clinic.

Pet owners and adopters in the reception/waiting room of the clinic are not required to wear shoe covers.

PreSI – 2 Observation: Animals in the spay/neuter clinic are not all wearing external identification

Publicly owned animals are not issued external identification when they are admitted into the spay/neuter clinic. Not all animals transferred from the shelter to the clinic for surgery are wearing tab bands indicating their impound number.

PreSI – 2 Recommendations:

All animals (publicly owned and from the shelter) need to be wearing external identification (i.e., tab bands around their neck with impound or clinic numbers that correspond either to the soft copy of the cage card or surgical patient roster) when housed in the clinic. Animals not properly identified could lead to:

- Surgical mistakes,
- Animals receiving unapproved treatments,
- Inaccurate record keeping, and
- If an animal should escape from the clinic or become lost during an emergency (i.e., fire, earthquake) it would be difficult to positively identify the animal once it is relocated and without identification it decreases the opportunity for members of the public to return the animal to the clinic/shelter, if found.

PreSI – 3 Observation: Early age spay/neuter minimum age requirements start at three months of age.

Animals adopted from the shelter are spayed or neutered as early as three months of age, weighing three pounds and up.

PreSI – 3 Recommendations:

Early age spay/neuter can be performed on animals as early as eight weeks of age. Clinic veterinary surgeons that are not comfortable performing surgery at this age should receive advanced surgical training in early age spay/neuter (available locally in Los Angeles).

The department should recommend early age spay/neuter, as early as eight weeks of age for all healthy animals admitted to the clinic (shelter adoptions and publicly owned animals). Protocols need to be developed and incorporated into the Policy & Procedure Manual that reflect additional procedures and/or safeguards for pet owners and the clinic to follow pre and post-surgically (see PreSI – 4, There are no special feeding instructions for early age spay/neuter surgical patients and PostSI -1, Post-surgical care for early age spay/neuter patients needs to be added to protocols.)

PreSI – 4 Observation: There are no special pre-surgical feeding instructions for early age spay/neuter surgical patients.
Currently, the county recommends food to be withheld for early age spay/neuter surgical patients the night before surgery and the day of surgery.

PreSI – 4 Recommendations:

Due to the age and size of early age spay/neuter patients they are readily susceptible to hypoglycemia. In order to enhance survival rates in these surgical patients it is essential that withholding food from them prior to surgery is at a minimum.

Early age spay/neuter patients should be fed the their regular evening meal the night before scheduled surgery (during the swing shift) and a small meal (1-2 tbsp) of canned kitten food the day of surgery about 1-1.5 hours prior to the procedure.

In addition, animals should be placed on surgical tables that are warm (use heating pads that are positioned so as not to burn the patients).

Spay/Neuter Services (SNS)

SNS – 1 Observation: Anesthesia induction performed by an unregistered veterinary technician.
Surgical patients are pre-medicated for surgery by the unregistered veterinary technician by administering an intramuscular (IM) injection of ketamine/acepromazine. Most animals are then directly placed on isoflurane gas by the unregistered veterinary technician for anesthesia induction.

No animals are currently being intubated prior to surgery.

Liability:

Title 16. CCR § 2032.4 Anesthesia

(a) General anesthesia is a condition caused by the administration of a drug or combination of drugs sufficient to produce a state of unconsciousness or dissociation and blocked response to a given pain or alarming stimulus.

(b) A veterinarian shall use appropriate and humane methods of anesthesia, analgesia and sedation to minimize pain and distress during any procedures and shall comply with the following standards:
(5) When administering anesthesia in a hospital setting, a veterinarian shall have resuscitation bags of appropriate volumes for the animal patient and an assortment of endotracheal tubes readily available.

Title 16. CCR § 2036 Animal Hospital Health Care Tasks for R.V.T.

(a) Unless specifically so provided by regulation, a R.V.T. shall not perform the following functions or any other activity which represents the practice of veterinary medicine or requires the knowledge, skill and training of a licensed veterinarian:

1) Surgery;

2) Diagnosis and prognosis of animal diseases;

3) Prescription of drugs, medicines or appliances;

(b) An R.V.T. may perform the following procedures only under the direct supervision of a licensed veterinarian and when done so pursuant to the direct order, control and full professional responsibility of the licensed veterinarian:

1) Anesthesia induction by inhalation or intravenous injection;

2) Application of casts and splints;

3) Dental Extractions;

4) Suturing of existing skin incisions.

(c) Subject to the provisions of subsection(s) (a) and (b) of this section, an R.V.T. may perform animal health care tasks under the direct or indirect supervision of a licensed veterinarian when done pursuant to the direct order, control and full professional responsibility of the licensed veterinarian. The degree of supervision by a licensed veterinarian over a R.V.T. shall be consistent with standards of good veterinary medical practices.

Title 16. CCR § 2036.5 Animal Hospital Health Care Tasks for Unregistered Assistants

(a) Unregistered assistants shall be prohibited form performing any of the functions or activities specified in subsections (a) and (b) of Section 2036 of these regulations.

SNS – 1 Recommendations:

The surgical assistants to the veterinarian are two unregistered veterinary assistants. The status of this assistant limits the degree of surgically associated tasks the employee can perform. In accordance with, *Title 16. CCR § 2036.5 Animal Hospital Health Care Tasks for Unregistered Assistants,* only RVTs under the direct supervision of the veterinarian can perform anesthetic induction by inhalation or intravenous injection. As procedures are currently being performed, the clinic is allowing the unregistered veterinary technician to perform anesthesia induction by inhalation in violation of this regulation.

In order to come into compliance with *CCR § 2036 and 2036.5,* either:

- An RVT should be assigned to the clinic in addition to the unregistered veterinary assistant (see SI – 1 Recommendations),

- The shelter assigned RVT should share pre-surgical responsibilities with the unregistered veterinary assistant, or
- Spay/neuter surgeries should be outsourced (see SI – 1 Recommendations) eliminating the need for anesthetic induction to be performed by an RVT.

It is also recommended that the veterinarian review the current anesthetic procedures and consider implementing all three phases of anesthetic administration for a surgical procedure; pre-medication, induction, and maintenance. This combination provides for a smooth plane of anesthesia and analgesia (pain relief) throughout the procedure and post-surgically.
The pre-medication phase includes administration of drugs preoperatively generally by the subcutaneous or intramuscular route which suppresses salivary, gastric, and respiratory secretions (i.e., atropine, glycopyrrolate). Opioids (i.e., butorphanol) can also be administered in this phase to provide pre- and post-operative analgesia. The induction phase includes intravenous administration of drugs used for sedation and general anesthesia. The maintenance phase involves delivery of gas anesthesia during the surgical procedure by either isoflurane or halothane.

Anesthetic protocols for elective surgery (spays and neuters) in healthy animals should include all three phases of anesthetic administration in order to achieve best medical practice standards. These standards should be upheld for all surgeries regardless if an animal is adopted from the shelter or publicly owned.

SNS – 2 Observation: Utilization of surgical packs.

As reported to the contractor, the surgeon utilizes one surgical pack to complete all spay/neuter surgeries for the day.

SNS – 2 Recommendations:

One surgical pack should not be used for multiple animals due to the increased possibility of infection and disease transmission. The clinic currently has thirteen surgical packs that should be used one per animal. The unregistered veterinary assistants should clean and autoclave the packs for reuse dependent on the number of surgeries performed each day.

SNS – 3 Observation: Non-absorbable skin sutures used for high volume spay/neuter surgeries.

High volume spay/neuter clinics incorporate certain time saving surgical techniques in order to maximize the number of surgeries performed and reduce unwarranted follow up services, such as suture removal.

The Agoura spay/neuter clinic does not utilize time saving absorbable skin sutures. Clients must return with their pets to the shelter for suture removal.

SNS – 3 Recommendations:

In order to eliminate staff time required to remove sutures post-surgically and to provide greater convenience to pet owners, the Agoura spay/neuter clinic should consider using absorbable skin sutures.

Post-Surgical Issues (PostSI)

PostSI – 1 Observation: Post-surgical care for early age spay/neuter patients needs to be added to protocols.

There are currently no additional procedures performed by technician staff to enhance survival rates of early age spay/neuter patients post-surgically.

PostSI – 1 Recommendations:

Due to the age and size of early age spay/neuter patients they are readily susceptible to hypothermia and hypoglycemia. In order to enhance survival rates in these surgical patients it is essential that they are kept warm and are fed within a short time post-surgically.

Early age spay/neuter patients should be taken directly from the surgical table and either wrapped in warm towels and gently rubbed by staff (rather than placed directly in a cold stainless steel cage) until they are alert and moving about or they can be placed in a pet carrier lined with towels and surgical gloves filled with warm water in the interior of the carrier.

About 15-20 minutes post-surgically these patients are usually awake and walking around in their carrier or recovery area. As long as they are alert and responsive, they should be fed a teaspoon of canned kitten food. Within the next hour, they should be fed about half of their regular mid-day feeding (canned food) and provided with water. By afternoon, they should be provided with free choice dry kitten food prior to release to their owner.

PostSI – 2 Observation: Handouts for post-surgical care feeding instructions for adopters and pet owners need to be updated.

Currently, the post-surgical care handout indicates that animals are not to be fed until the day following surgery.

There are no special feeding instructions for young animals that fall into the category of early age spay/neuter patients.

PostSI – 2 Recommendations:

Animals should be offered a small amount of food after 7:00-8:00 p.m. depending on their level of awareness (due to anesthetic recovery) and provided

with fresh water. The pet's normal feeding schedule should resume the next morning.

Early age spay/neuter animals at the time of pick up should be ready to resume their normal feeding schedule of multiple small meals daily and fresh water. Food should not be withheld from these animals the evening following surgery.

Vaccine Clinic (VC)

VC -1 Observation: Owners restrain their own pets during the vaccine clinic.

During the vaccine clinic, the veterinarian requests owners restrain their own animals during vaccine administration if the unregistered veterinary technician is unavailable.

Liability:

While there is no code or regulation that requires veterinary clinic staff to restrain pets once they have entered the clinic, the following claims and recommendations are common standards of practice.

Legal cases on record with the American Veterinary Medical Association Professional Liability Insurance Trust (PLIT) indicate that pet owners have successfully sued veterinarians and hospitals when they have been injured by their own pet while restraining it for medical staff. The claims successfully proved that the treating veterinarian or hospital was negligent in treating the animal (and should have been able to avoid the situation) if the owner was bitten during an examination or while performing a procedure when the owner restrained the animal. Other cases have been successfully litigated when pet owners have been injured by someone else's pet without interaction by medial staff but while in the veterinary hospital.

VC -1 Recommendations:

When the veterinarian is administering vaccinations without staff assistance for humane restraint and requesting pet owners to restrain their pets, it is placing the pet owner and the veterinarian at risk for injury.

In order to decrease this potential liability, the veterinarian should have available various humane restraint equipment (i.e. ropes versus nylon leashes, muzzles, leather gloves to handle small dogs, utilizing swing gates/doors), discuss and trouble shoot methods of restraint with owners applicable to each situation and call for assistance from staff with animals that are fractious and require two staff members to administer the vaccine.

Microchip Clinic (MC)

MC -1 Observation: Owners restrain their own pets during the microchip clinic.

During the microchip clinic, the unregistered veterinary technician requests owners restrain their own animals during implantation of the microchip.

Liability:

See VC – 2 Liability section.

MC -1 Recommendations:

See VC – 2 Recommendations section.

Medical Services to the Public (MSP)

MSP – 1 Observation: Animals that have become ill five days post-surgically can return to the clinic for physical examination by the veterinarian and dispensing of medication.

Throughout the day, the public can return to the clinic with their ill pet post-adoption for a physical examination and receive medication free of charge.

As reported to the contractor, the RVT usually examines these animals and dispenses medications.

MSP – 1 Recommendations:

The veterinarian should be examining previously adopted animals that have become ill and prescribing medication for them, rather than the RVT.

This service should not be performed in the spay/neuter clinic. Ill animals should be taken to the shelter designated examination area, see ANIMAL CARE/MEDICAL ASSESSMENT – Animal Center #7 (MCSA – 1, No established procedures or official location for performing emergency stabilization/triage and physical examination at the time of impound and for animals housed at the shelter), where the veterinarian will examine the animal.

Specific hours designated for this service (after spays and neuters are completed and when the veterinarian is scheduled to be on-site) should be identified to pet owners and adopters at the time of post-surgical release.

Record Keeping/Security (RKS)

RKS – 1 Observation: There is no computerized entry of surgical information to the shelter Animal's Record, or a surgical record maintained for publicly owned animals.

For each animal impounded into the shelter there is an electronic Animal Record generated in Chameleon that contains basic impound information as well as

other assessments or observations performed by KA staff. However, the Animal Record is incomplete because medical staff does not enter a complete surgical record on an animal after it is spayed or neutered (the unregistered veterinary assistant only changes the animal's status from intact to neutered).

There also is no complete surgical record kept on publicly owned animals that are spayed or neutered at the clinic.

Liability:

CCR § 2032.3 Record Keeping; Records; Contents; Transfer.
(9) Records for surgical procedures shall include a description of the procedure, the name of the surgeon, the type of sedative/anesthetic agents used, their route of administration, and their strength if available in more than one strength.
(12) All medications and treatments prescribed and dispensed, including strength, dosage, quantity, and frequency.

RKS – 1 Recommendations:

The veterinarian is required to complete a surgical record (to include items listed in CCR § 2032.3) on each animal that he/she performs a surgical procedure. The veterinarian is currently out of compliance with this requirement.

For shelter surgeries, in order to enhance the feasibility of completing this record for each animal in a high volume spay/neuter environment, a pre-existing drop down menu (specific for canine and feline spays or neuters) should be developed with the Chameleon information technology (IT) staff as part of the medical section of each electronic animal medical record. The contents of the drop down menu should be submitted by the veterinarian for input by IT staff and contain a short description of the surgical procedure identified. A separate menu should list the sedative/anesthetic agents leaving the dosage area blank (to be filled in by the veterinarian or technician for each animal post-administration).

After all surgeries are completed, the veterinarian can use the Chameleon program to locate each animal's permanent record by using their impound number, click on the medical screen and utilize the customized drop down menu by clicking on the surgical procedure that was performed for each animal. Any deviations from normal procedure (i.e., additional umbilical hernia repair) can be entered in the "comments" section. If the veterinarian is not familiar with the Chameleon animal inventory, computerized program, he should receive formal training on its general use as well as using the medical sections.

A permanent surgical record must also be completed for publicly owned animals that do not have a pre-existing Chameleon impound record. Each non-shelter animal can be assigned a number which can be put into the Chameleon system.

Once the animal is identified in the system, the veterinarian can input surgical information into the record as described above for shelter animals.

RKS – 2 Observation: The clinic dispenses medication for adopted animals without documenting medical care in the animal's medical record.

Some adopted animals that are scheduled for spay/neuter surgery and transferred to the clinic are deemed unfit for surgery due to illness. Adopters that choose to continue with the adoption process (but receive a waiver for the surgery) are provided with medication from the clinic for the animal's illness. The medication (strength, dosage, quantity, and frequency) is not documented in the animal's permanent medical record in Chameleon.

Adopted animals may also return to the clinic post-surgically due to illness. In these situations the adopter is also provided with medication provided by the clinic. These animals already have a Chameleon electronic record from their original impound, but the medication that was dispensed is not entered into the medical record.

Liability:

Title 16. CCR § 2032.3 Record Keeping; Records; Contents; Transfer.
(a)Every veterinarian performing any act requiring a license pursuant to the provisions of Chapter 11, Division 2, of the code, upon any animal or group of animals shall prepare a legible, written or computer generated record concerning the animal or animals which shall contain the following information:

(8) Treatment and intended treatment plan, including medications, dosages and frequency of use.

(12) All medications and treatments prescribed and dispensed, including strength, dosage, quantity, and frequency.

(b) Records shall be maintained for a minimum of 3 years after the animal's last visit.

RKS – 2 Recommendations:

There are many indications why a medical record, including dispensing of medication, needs to be kept for every animal that is treated at the clinic:

- It is required per *Title 16. CCR § 2032.3 Record Keeping; Records; Contents; Transfer.*
- If the pet owner returns to the clinic with the animal because he/she has had an allergic reaction to the medication (and has discarded the bottle so the type of medication dispensed is unknown) there would be no way to definitively identify the medication that had been previously prescribed.

- If the animal returns to the clinic for follow up treatment there would be no record of what was initially prescribed in order to prevent dispensing the same medication.
- If the pet owner requests a copy of the medical record of their pet in order to transfer it to their private veterinarian, it would be unavailable.

Similar to the recommendation in RKS – 1 (developing a drop down menu of surgical descriptions) a separate drop down menu could be developed by IT staff for Chameleon that lists pharmaceuticals that are commonly prescribed to pet owners from the clinic. At the time the RVT or unregistered veterinary technician fills the prescription as ordered by the clinic veterinarian, he/she could document the medication prescribed in the animal's Chameleon record by using the drop down menu, click on the proper medication and fill in the appropriate dosage. This would bring the medical division into compliance with *CCR § 2032.3.*

RKS – 3 Observation: Procedures for inventory monitoring, dispensing, and security of controlled substances need to be modified.
(Observation and recommendation also covered in ANIMAL CARE/MEDICAL ASSESSMENT – Animal Center #7, EP – 5, Controlled substance security.)

The spay/neuter (S/N) clinic secures ketamine and diazepam, but not the controlled substance sodium pentobarbital. Currently, the only controlled substance distributed from the S/N clinic to the shelter is ketamine. The central supply of controlled substances is kept in a walk-in storage room/closet in the hallway of the spay/neuter clinic adjacent to the lobby area.

- Security for the storage room is as follows:
  - The unlocked top drawer of the desk in the veterinarian's office contains a key ring with a key to a small lock box affixed to the wall in the room.
  - The lock box contains an envelope with a key to the storage room.
  - Despite the two key protocol described above for the storage room, as reported to the contractor, the storage room remains unlocked all day long and was unlocked at the time of the inspection.
  - The sergeants also have a single key which opens the storage room.
- Upon inspection, there were no inventory logs for either of the controlled substances in the storage room.

The daily supply of controlled substances for the S/N clinic is located in the surgical suite in a glass faced cabinet with a lock.

- The clinic technician reported to the contractor that she thought the lock on the drug cabinet had recently been changed, but she was not given a key. She stated that the veterinarian probably had a key (the veterinarian regularly assigned to the Agoura clinic was on vacation at the time of the inspection).
    - The technician reported that the cabinet isn't regularly locked.
    - At the time of the inspection, the cabinet contained vials of antibiotics.
- Daily drug usage is maintained on the daily Surgical Log.
    - There are no separate daily use logs for each controlled substance.

RKS – 3 Recommendations:

The central supply of controlled substance for the S/N clinic needs to be relocated from the current walk-in storage closet. The concept of a central supply safe is that it is not frequently accessed and remains secured. The storage closet contains a variety of items that are needed throughout the day in the clinic and is frequently accessed by employees. The veterinarian's office would be a better location to relocate the central supply of controlled substances. The central supply of all controlled substances should be secured in a floor safe (cemented into the floor); in a safe securely bolted to the floor; or in a safe weighing more than 750 pounds.

Each substance secured in the central supply is required to have a separate inventory log maintained in a three ring notebook.

Employees with access to the central supply safe in the S/N clinic should include: the shelter veterinarian, the RVT and/or clinic assistant (limited to supervision by the veterinarian). Since there is no storage of euthanasia solution in this safe, there is no need for non-medical employee access.

The current glass faced drug cabinet in the surgical suite should be replaced by a double-locked steel cabinet bolted to the wall and should become the daily supply of controlled substances for the S/N clinic. All controlled substances used pre-surgically on a daily basis should be maintained in appropriate quantities in this safe. The safe should be locked when surgeries are not being performed and the controlled substances are not being used.

Each substance secured in the daily supply safe will have a separate daily use log maintained in a three ring notebook with numbered pages, in addition to recording amounts of drugs used in each patient's surgical record and the surgical log. The daily drug log should contain the following entries:

- The in-house assigned bottle number

- The name of the person using the drug
- Species and breed of animal involved
- Animal identification number
- Injection route administered
- Dosage amount of the drug used
- Total amount of the drug on hand after each use
- Reason for euthanasia
- Reconciliation of amount of drug used with drug remaining on-hand

Employees with access to the daily supply safe in the S/N clinic should include the same medical staff as indicated above for the central supply of controlled substances for the S/N clinic.

Disposal of outdated or unwanted controlled substances require completion of DEA Form 41 and delivery of substances to an official redistributor.

Clinic Sanitation (CS)

CS – 1 Observation: Clinic cleaning protocols are needed

During the site visit, the clinic was clean and in good condition. However, there are no existing protocols which outline daily cleaning duties and long term maintenance cleaning requirements.

CS – 1 Recommendations:

Cleaning protocols need to be documented in the Policy & Procedure Manual to ensure continuity among employees who are employed in the clinic. The protocol should include:

a. Daily cleaning - Animal holding areas, surgical prep area, surgical suite, examination room, and reception area.
b. Surgical suite – surgical table after each surgery is completed prior to placement of a new patient and sanitizing the surgical suite at the end of the day.
c. Weekly cleaning maintenance
d. Monthly cleaning maintenance

Duties identified in weekly and monthly cleaning maintenance can also be assigned when either the veterinarian is on vacation or at times when no surgeries are scheduled.

Safety Issues (SI)

SI – 1 Observation: The following safety issues require attention or correction within the spay/neuter clinic.

There currently is no eye wash station at any sink within the spay/neuter clinic.

There is no control pole for emergency use in the clinic.

There is no material safety data sheet (MSDS) notebook in the clinic.

There is no regularly scheduled maintenance for the gas anesthesia machines.

SI – 1 Recommendations:

An eye wash station that mounts onto the faucet of the sink should be purchased and installed in the sink located in the surgical preparation area. Staff should be trained how to use the eye wash in case of an accident.

A control pole should be permanently placed in the animal holding area of the clinic.

An MSDS notebook needs to be created and placed in the clinic for easy access. The clinic should cross-reference the data sheets in the shelter notebook with any additional or different products that may be used in the clinic to make sure they are included in the clinic notebook. Staff should be trained as to what an MSDS notebook is, and a system developed and/or staff appointed to add new data sheets as the clinic acquires new cleaning agents and/or pharmaceuticals.

Regular maintenance for the gas anesthesia machines by the distributor should be scheduled by clinic staff to ensure they are in safe working order.

Clinic Equipment/Supplies (CES)

The following list of equipment/supplies is needed in order for staff to perform efficient and safe surgical operations out of the spay/neuter clinic:

1. Safes for central and daily supply of controlled substances in the clinic,
2. Eye wash station installed in the sink of the surgical preparation area,
3. Supply of disposable shoe covers,
4. Rechargeable cordless and standard clippers,
5. Absorbable suture material,
6. Scale (to weigh small animals for early age spay/neuter),
7. Ultrasonic cleaner,
8. Heating pads,
9. Control pole permanently placed in the animal holding area,
10. Install eye hooks in the front lobby to tether dogs, and
11. New bench-style furniture (without furniture legs touching the floor in order to expedite sweeping and mopping) for the clinic lobby.