

LOS ANGELES COUNTY
DEPARTMENT OF ANIMAL CARE AND CONTROL
ANIMAL CARE/MEDICAL ASSESSMENT – Animal Center #4,
March 29, 2007

Performed by Animal Legal and Veterinary Medical Consulting Services
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The assessment was conducted at Animal Center #4 located in Baldwin Park. 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):

Animal Care Staff:

Law Enforcement:

Shelter Management:

Observations and recommendations were placed in seven categories:

- Licenses/Staffing Issues (LSI)
- Medical Care of Shelter Animals (MCSA)
- Euthanasia Practices (EP)
- Medical Record Keeping (MRK)
- Shelter Cleaning Practices (SCP)
- Shelter Equipment/Supplies (ES)

- Employee Safety/Injury and Illness Prevention (ESIIP)

Additional sections:

- Quick Fix Items For The Baldwin Park Shelter
- Long Term Fix Items For The Baldwin Park 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 Baldwin Park shelter include: sodium pentobarbital (Schedule II), Ketamine (Schedule III), diazepam and butorphanol (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:

Certificate for sodium pentobarbital only:

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: Medical staff duties need to be re-evaluated.

Medical staffing at the Baldwin Park shelter consists of:

- Two veterinarians are assigned to the Baldwin Park shelter on Mondays and Thursdays and are available to perform shelter medicine activities and spay/neuter surgeries at the clinic.

- Tuesday, Wednesday, and Friday there is one veterinarian assigned to the shelter who is responsible for shelter and clinic work.
- There is no veterinarian on Saturday or Sunday.
- There were two RVTs assigned to perform shelter medical duties at the time of the site visit.
 - RVTs provide coverage six days per week (no coverage on Sunday), but are never scheduled together on the same day.
 - The RVTs are only assigned to shelter duty and do not perform, provide assistance or monitor any activities in the spay/neuter clinic.
 - Performing daily euthanasia is assigned to RVT staff.
 - Administration of daily treatments is assigned to the RVT staff and no treatments are given on days they are not present at the shelter.
 - One of the RVTs reported to the contractor that she volunteers to come in to the shelter on Sunday (her scheduled day off) and administers previously prescribed treatments to shelter animals.
- At the time of the site visit, there was one unregistered veterinary assistant assigned to the spay/neuter clinic.
 - The assistant performs all anesthesia induction for spay/neuter surgeries.
 - This places the facility out of compliance with *Title 16. CCR § 2036.5 Animal Hospital Health Care Tasks for Unregistered Assistants* (prohibiting unregistered assistants from performing anesthesia induction by inhalation or intravenous injection).
 - Greater detail on spay/neuter clinic staffing and RVT duties can be found in the LOS ANGELES COUNTY, DEPARTMENT OF ANIMAL CARE AND CONTROL SPAY/NEUTER CLINIC ASSESSMENT – Animal Center #4, SNS – 1 Anesthesia induction performed by an unregistered veterinary technician.
 - The unregistered veterinary assistant accompanies the veterinarian when performing afternoon rounds in the kennels.

Liability:

Title 16. CCR § 2032.4 Anesthesia

- 1) 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.
- 2) 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.
- 3) 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.

LSI – 2 Recommendations:

Veterinarians at Baldwin Park

- Current veterinary duties and surgical capacity may vary dependent on RVT staffing and assistance with anesthesia induction as described below in order to come into compliance with Title 16. CCR § 2036 and 2036.5.
- All veterinary staff should be present at the shelter for the entire eight or ten hour shift as scheduled or assigned to them on a daily basis by the Chief Veterinarian.
- When two veterinarians are assigned to the Baldwin Park shelter one should begin their shift early in the morning while the other begins several hours later in order to ensure a veterinarian is on duty later in the day (until 6:00 p.m.) to perform shelter medicine assistance when the field officers are returning to the shelter with ill and/or injured animals.
 - o The second veterinarian can start spay/neuter surgeries when he/she arrives or can immediately begin work in the shelter dependant on the surgical load for the day.
 - o Providing extended veterinary coverage in the afternoon will help reduce the cost of sending injured animals to private veterinary hospitals for care when the shelter veterinarian is off duty (i.e., with the current schedule there is no veterinary support at the shelter after 2:30 – 3:00 p.m., daily).

RVT and Unregistered Veterinary Assistants at Baldwin Park

In order to come into compliance with Title 16. CCR § 2036 Animal Hospital Health Care Tasks for R.V.T. utilizing the current staffing, there are several options:

- On days one veterinarian and RVT are assigned to the shelter, the RVT should be assigned to spay/neuter clinic work in the morning (in order to perform anesthesia induction). Once surgeries are completed, the RVT should return to shelter animal care.
 - In order to accommodate this change, daily euthanasias could be performed by euthanasia certified technicians on a rotating basis, (Kennel Attendants (KA) will need to be trained and certified in euthanasia to alleviate the current practice of only RVTs performing this procedure).
 - If it is preferred that the RVT perform euthanasias, the option is to reduce the number of surgeries performed each day so that the surgical start time can be moved up later in the morning to 10:00 – 10:30 a.m.
 - With this schedule, euthanasias can be performed by the RVT from 8:00 – 10:00 a.m.
 - The unregistered veterinary assistant can perform pre-surgical duties in the clinic until 10:00 a.m., such as record keeping, assisting with check-in, weighing animals, preparing the surgical suite, preparing surgical packs, performing preliminary identification of animals with illness etc.
 - The RVT will assist with surgeries starting at 10:30 a.m.
 - The RVT will continue to care for shelter animals in the afternoon.
- On days two veterinarians are assigned to the shelter, the RVT will not need to be present for anesthesia induction if one of the veterinarians is performing this procedure, while the other veterinarian is performing spay/neuter surgery.
 - This may result in a reduction of the daily total number of surgeries performed.
 - The RVT can continue to perform all shelter medicine duties as currently assigned.

LSI – 3 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 who is responsible for kennel supervision.

LSI – 3 Recommendations:

Medical staff should be reporting to the veterinarian. The shelter veterinarian should be overseeing RVTs administering medications and other medical practices in the shelter, monitoring pre and post-surgical activities, and monitoring the euthanasia process.

LSI – 4 Observation: There is a sergeant responsible for kennel supervision at the Baldwin Park facility.

At the time of the site visit, the sergeant in charge of kennel supervision was not present. Since that time, the contractor has contacted the sergeant by telephone in order to further discuss kennel operations. Responsibilities of the position include providing supervision and coordinating completion of animal care tasks in the kennels that correlate with the number of KAs on duty, as well as accommodating new needs as they arise throughout the day. However, the sergeant does not spend the majority of his time in the kennels and/or actively assisting KA staff (hands-on supervisor).

As reported to the contractor by the sergeant, the Baldwin Park shelter is one of the busiest shelters in the County based on the number of cities it serves and the public traffic at the shelter.

The contractor worked with KA staff throughout the day, who discussed with the contractor various duties that are not regularly completed each day (i.e., food bowls not being cleaned or disinfected, public viewing areas of animals not cleaned upon opening, animals not vaccinated at impound). Staff commented that this was due to low numbers of KAs assigned to the shelter.

LSI – 4 Recommendations:

The staff member in charge of kennel supervision needs to be in continual contact with KA staff "on the floor" throughout the day to ensure they are completing assigned duties. This supervisory position should not be based in the administration building and should be a newly created supervising kennel attendant position. In addition, the position of kennel supervisor should also be called upon not only to organize, delegate, and monitor completion of daily animal care tasks, but to organize special assignments to ensure thorough cleaning and maintenance of the facility is completed on a regular basis, perform the subjective portion of daily euthanasia selection (see SCP – 1 Recommendation: Cleaning and disinfecting practices throughout the shelter – Grave shift duties and responsibilities of the swing shift OIC), develop KA staff schedules, be involved with interview panels to hire additional KA staff, and perform annual KA performance evaluations.

When the kennel supervisor is off duty (i.e., vacation, weekends, etc.) a KA or RVT should be designated as the "acting" supervisor for the day that has the authority to address common animal care issues and/or present complicated problems to the Officer in Charge (OIC) for further guidance.

LSI – 5 Observation: Not all staff working at the shelter wear identification and staff can not easily provide contact information to the public or rescue groups.

Veterinarians, RVTs, and the clinic unregistered veterinary assistant 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).

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

LSI – 5 Recommendations:

All medical 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 in order to properly address commendations/complaints and to locate supervisors when needed to diffuse situations and/or take action to remedy problems.

Providing business cards to medical 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 RVTs 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 – 6 Observation: Grave shift kennel attendant duties.

Staff discussed with the contractor the following duties that are being completed by the KA grave shift:

- Field calls,
- Relocating animals from the spay/neuter clinic to the main kennels that were not picked up by adopters post-surgically,
- Cleaning the spay/neuter clinic,
- Transferring adoptions for the following day from the main kennels to the spay/neuter clinic, and
- Applying topical flea products to animals relocated to the spay/neuter clinic.

Staff discussed with the contractor the following duties that are not being completed by the KA grave shift:

- Completing kennel cleaning prior to first day shift KAs coming on duty,
- Monitoring the prior day's post-surgical patients that were not picked up by pet owners,
- 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,
- Performing maintenance/special cleaning assignments that can only be completed during the grave shift, and

- Ensuring security is maintained on personal property animals and those involved in humane investigations.

LSI – 6 Recommendations:

In order for the grave shift KA to perform the critical duties that are not currently being completed (listed above), the swing and grave shift KAs and swing shift OIC should be working together to share shelter duties/assignments. The recommendation for integrating the duties of these three positions is discussed in SCP – 1 Recommendation: Cleaning and disinfecting practices throughout the shelter – Grave Shift Cleaning Duties.

The grave shift KA employee should not be required to also perform field work (see LSI – 7 In the absence of Animal Control Officers (ACO), kennel staff are assigned to field duty without adequate training or equipment) unless two KAs are assigned to the grave shift or a grave shift ACO requests assistance from the grave shift KA.

LSI – 7 Observation: In the absence of Animal Control Officers (ACO), kennel staff are assigned to field duty without adequate training or equipment.

KAs reported to the contractor that they are assigned to limited field duty (prohibited from writing citations) when ACOs are not available during the day and during grave shift. KAs do not receive any formal training prior to this assignment.

LSI – 7 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) and take with them a control pole, rope lead if available (most KA staff only have a nylon lead available to them), and gloves, and are assigned whatever vehicle is available at the time.

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

- o Emergency contact with County Sheriff's office,
- o Animal,
- o Public,
- o Entering a property, and
- o Confrontation with the public

KAs that have been trained for field duty should also have the proper equipment assigned to them and a place to store it in order to ensure it will be readily available to them when they need it.

Medical Care of Shelter Animals (MCSA)

MCSA – 1 Observation: 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.

Emergency cases at impound or during the impound period that require medical examination:

RVTs perform the initial physical examination on these animals, but are not provided with 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. Generally, when an animal requires emergency care, if the RVT is available and/or on duty, he/she is notified. The RVT assesses the animal and practices one of the following options:

- Stabilizes the animal,
- Contacts the veterinarian in the spay/neuter clinic to examine the animal or provide verbal instructions for care,
- Sends the animal to a private veterinary emergency facility, or
- Euthanizes the animal.

Currently, there is no medical treatment room where emergency triage can be formally practiced.

Non-emergency cases at impound or during the impound period that require medical examination:

Generally, the RVT performs the initial physical examination of these animals. If the animal presents with a common shelter illness or injury, the RVT will begin a treatment regimen and the veterinarian will not perform a follow-up assessment. If the RVT is not present or the RVT requests the veterinarian to examine an animal, the RVT or staff who impound the animal, enter the impound number on the Chameleon generated Vet Check List. The veterinarian downloads the Vet Check List every day upon completing spays and neuters prior to performing afternoon rounds in the shelter. However, the Vet Check List only provides the animal's impound number and location in the shelter

and does not provide the veterinarian with specific information on the clinical signs of illness or injury for each patient. The veterinarian then examines the animals on the list and outlines a treatment regimen for the RVT to follow.

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 consistently 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.

When animals present as non-emergency cases that require medical examination at impound or during the impound period, the RVT can perform the initial physical examination and administer the initial treatment based on verbal or written orders by

the veterinarian. However, the veterinarian must perform a follow-up assessment and establish the diagnosis and prescribe and/or approve the permanent treatment plan.

B&P Code § 4840. Authorized Services by Technicians

(b) Registered veterinary technicians may perform animal health care services on those animals impounded by a state, county, city, or city and county agency pursuant to the direct order, written order, or telephonic order of a veterinarian licensed or authorized to practice in this state.

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.

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. The Baldwin Park shelter needs to create a Medical Treatment room. In order to do this, several of the current animal and non-animal housing areas will have to be re-designated and/or updated as identified below.

The **current storage room** off of Cat Isolation could be easily secured and used as the **new Impound room**. Minor construction and additional supplies that will be required include:

- Installation of lockable cabinets,
- Stainless steel examination table,
- Improved lighting (surgical light),
- Computer access,
- Telephone access,
- A stainless steel cage bank for temporary housing,
- Relocate equipment used in the current Impound area (off of the washrack) to this room.
 - Camera,
 - Computer terminal,
 - Tab Bands,
 - Scanner,
 - Photo background area, and
 - Refrigerator to store vaccinations

Change the **current Impound Area into the new Euthanasia room**

- Ensure the room can be securely locked,
- Maintain a computer terminal,
- Install counter tops along the perimeter of the room,
- A Daily Supply of controlled substance safe will have to be installed,
- Lockable cabinets,
- Safety equipment
 - Eye wash station,
 - Control Pole,
 - Telephone line
- Use the alcove in this area (former refrigeration unit) to hold a bank of stainless steel cages to house animals that have been pre-euthanasia anesthetized.
- Consider a single room air conditioner for use in the summer because the door will be closed when euthanasias are being performed.

Change the **current Feral Cat room to Medical Treatment /Isolation**

- Divide the room in half and designate one half for ill cats and one half for ill/non-contagious dogs and injured dogs (ill/contagious dogs should be housed in Building #1).
 - Place cage banks along the perimeter of the room.
- Medications for treating these animals will be stored in the adjacent RVT office in lockable cabinets.
- Place a stainless steel examination table in the middle of the room.
- Safety equipment
 - Eye wash station,
 - Control Pole,
 - Telephone line
- Relocate feral cats (and their cages) to the outdoor enclosure currently designated as the Euthanasia area.

Change the **current Cat Isolation room to the new Exotic and Nursing Mom's room**

- Set up a portion of the room with traditional cages large enough for nursing mom's and neonates.
- Set up the remainder of the room for aquariums (i.e., for reptiles) or to place bird cages.

Maintain the current grooming room for use by the volunteers

- Identify access for volunteers to the grooming room that does not include walking through the current Feral Cat room and RVT office.

The relocations identified above may also require attention to additional minor details not specifically identified above (i.e., equipment, security, lighting, computer access, etc.).

The Vet Check List is a good practice to continue. However, the program should be improved to enable staff to enter information regarding the clinical presentation of the animal in order to expedite the physical examination performed on the animal by the veterinarian.

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

Cat Isolation room:

- This room has one entrance that leads to the Feral Cat room and another entrance leading to the outside of the building which contains a non-solid door made of steel grating.
 - Staff manually places a wooden board over the doorway from the outside to block wind and cold from the animals housed in this room.
 - Staff has also installed a blind to cover the interior of the doorway when the weather is extremely hot, to protect the animals from direct sunlight.
- One side of the room contains traditional cage banks against the wall while the opposite wall appears to previously have had cages in this area, but they have been removed.
 - The wall opposite the cage banks was extremely dirty.

Dog Isolation:

- Building #1 contains injured, sick, and nursing dogs.

When there is no longer housing space in cat or dog isolation, ill animals are housed in the main population.

MCSA – 2 Recommendations:

Regardless of where isolation areas are located, basic disease prevention practices should be implemented and enforced. Minimally, anyone who exits the Cat Isolation room or Building #1 should be washing their hands with soap and warm water (using hand sanitizers is not acceptable) prior to handling any other animals outside of these areas (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),
- Providing Building #1 designated knee-high rubber boots to KAs when assigned to daily kennel cleaning in this building,
- Staff should accompany members of the public and/or rescuers in the Cat Isolation room and Building #1 and limit touching or handling of these animals,

- Copies of photos from cage cards of animals located in the Cat Isolation room and Building #1 should be posted in the front lobby to lower the amount of public traffic in these areas to only those that may suspect their lost pet is in either area based on the photograph or are interested in adopting a special needs animal,
- Cages/kennels in isolation need to be thoroughly disinfected once they are vacated, and
- Supplies and equipment should be dedicated to isolation rooms and Building #1 and not removed from these areas for use in other areas of the shelter.

Cat Isolation:

- A solid door needs to be installed leading from the room to the outside.
- Per 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) cat isolation should be relocated to the current Feral Cat room which will increase the holding space for ill cats.
 - The current Cat Isolation room will become the Exotic and Nursing Mom's room.
- If MCSA – 1 is not implemented, cat isolation could be expanded by adding enclosures to the current wall that does not contain any cages.
- Cat Isolation should be maintained as a hospital room which includes the highest standards of cleaning and disinfecting in order to prevent disease transmission.
 - There should be daily cleaning/disinfecting of the cages, floors, and walls in this room, and
 - There should also be special cleaning/disinfecting tasks assigned on a weekly and monthly basis.

Dog Isolation:

Ill dogs must be housed separately from injured and nursing dogs. This can be accomplished by:

- Designating Building #1 for housing of contagious ill dogs.
- If the new Isolation room (the current Feral Cat room) is implemented as suggested in MCSA – 1, it could house non-contagious ill dogs, injured, and nursing dogs at one end of the room separated from the cats housed in the same room.

When dog isolation areas are full, overflow housing will have to be in designated areas of the main population. Ill dogs should not be scattered throughout the main population. The practice of maintaining isolation kennels closest to the end of the kennel drainage system should be implemented so that these enclosures are cleaned last and all excrement from the dogs is immediately flushed down the drain without coming into contact with other enclosures of healthy animals in the same building. Dogs could be doubled up in these kennels that have the same illness (i.e., kennel cough) when necessary when the facility is heavily populated.

The contractor observed two dogs housed in Building #4 (housing for male and female healthy dogs), in Kennel #435 (in the middle of the enclosures in this building) with cages cards that indicated the animals were not healthy.

- Impound #A3638954, cage card read, "Very Sick."
 - The animal showed no signs of clinical illness upon observation by the contractor.
 - The animal was not assigned a Pink Card indicating the animal was under treatment.
 - If the animal was determined to be healthy by shelter staff after the initial designation of "Very Sick," the cage card should have been amended to indicate the animal was no longer considered to be ill.
- Impound #A320589, cage card did not indicate a medical condition.
 - This dog presented with severe lameness, non-weight bearing on the right front limb.
 - There was no Pink Card assigned to the dog to indicate the dog had been examined by medical staff and/or was under treatment.
- In addition, both dogs in Kennel #435 were of the same breed (rottweilers) with the same markings, of similar size, and were adults.
 - Staff should be trained not to place dogs of the same breed and/or color in the same kennel because it increases the number of times staff must enter an enclosure (risking employee injury) to physically read tab bands and verify identification of an animal and also increases the possibility of mistaken euthanasia.

Incorporating the higher level disease prevention practices listed above to the designated isolation building should also help lower disease transmission to buildings housing healthy dogs.

All staff will need training on which areas are specifically designated to house ill, contagious dogs.

MCSA – 3 Observation: Medical staff do not monitor shelter animal nutrition and feeding specifications.

KA staff is in charge of feeding all shelter animals without oversight by the medical staff to ensure animals are receiving the proper balanced nutrition dependent on their age, species, and size.

KA staff reported to the contractor that young animals are being fed canned products the recommended twice per day feeding as is mandated in the County of Los Angeles Department of Animal Care and Control Policy and Procedure Manual contains Policy No. OPK100, Animal Feeding and Nutrition,

QUANTITY OF FOOD – DOGS AND CATS

Puppies	2-6 ounces canned	Fed twice daily
Kittens	2 ounces canned	Fed twice daily

However, KA staff reported to the contractor that the shelter has not had canned dog food available for the past two months and kennel staff has substituted feeding canned cat food to dogs.

KAs also stated to the contractor that they have not been trained on what to feed exotics.

MCSA – 3 Recommendations:

To ensure the proper diets are being fed to shelter animals (i.e., breed specific diets) medical staff should be working together with KAs to monitor feeding practices. In addition, medical staff can make feeding recommendations (which should include the type, amount, and size of kibble fed to each animal) to KA staff throughout morning rounds and afternoon shelter walk throughs. The sergeant assigned to supervision of the kennels should ensure KA staff has the proper food supplies to properly feed all animals housed at the shelter. Dogs should not be fed canned cat food due to an imbalance of nutritional requirements, but also because it can cause diarrhea in dogs which could be mistaken for other conditions such as parvovirus.

The current County Manual, Policy No. OPK100, Animal Feeding and Nutrition contains specific information regarding feeding practices of dogs and cats, rabbits, guinea pigs, birds, iguanas, livestock and other domestic farm animals. It would be helpful to add feeding recommendations for gerbils, hamsters, ferrets, and expand the reptile section to include snakes, turtles and monitor lizards. In order to make these recommendations more readily available to KA staff this protocol should be posted in food storage rooms and/or special diets for exotics could be posted in animal holding rooms for exotics.

MCSA – 4 Observation: Delivery of medical care at the shelter requires improved procedures and supervision.

- Morning medical rounds at the shelter are performed by the RVT.
 - The veterinarian examines shelter animals in the morning, prior to commencing spay/neuter surgeries if requested by the RVT or KA staff.
- The veterinarian performs scheduled rounds at the shelter in the afternoon after spay/neuter surgeries are completed.
 - Ill animals that staff request the veterinarian examine are placed on the Vet Check List.
 - The unregistered veterinary assistant from the spay/neuter clinic assists the veterinarian during rounds.
 - Pink Treatment cards are completed and placed on cage doors.
 - Initial treatments are administered.

- There is no specific procedure to communicate with the shelter RVT that an animal has been placed on a new treatment regimen.
- The RVT administers medical treatments.
 - As indicated 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, listed in the subcategory of non-emergency cases at impound or during the impound period that require medical examination; generally, the RVT performs the initial physical examination of these animals. If the animal presents with a common shelter illness or injury, the RVT will begin a treatment regimen and the veterinarian will not perform a follow-up assessment.
 - It was reported to the contractor that the RVT determines treatments to be administered based on a combination of experience and the limited written orders for treatment of common clinical presentations (see below, Policy NO. OPK140) developed by the veterinarian.
 - No medical treatments are administered to shelter animals in the absence of the RVT.
 - KA staff is not trained to continue administering treatments in the absence of RVT staff.
 - An RVT is not scheduled to work on Sundays, however it was reported to the contractor that she does go into the shelter and administers treatments on a fairly regular basis to ensure there is not an interruption in treatment regimens.
 - Animals that present as "new illness" cases (have not yet been examined by the veterinarian or RVT) during this time are not treated until medical staff return to duty.
 - These animals are identified to medical staff because they are placed on the Vet Check List.
- As reported to the contractor, animals under medical treatment are to receive a Pink medical card which is placed on their cage door and identifies the date, type of treatment and staff administering the treatment.
 - The contractor observed that Pink cards were not consistently assigned to medical cases (see MCSA – 2, Improvement is needed for basic disease prevention practices in isolation areas recommendation section, under Dog Isolation).
- A Medical Treatment Log is used by the RVT staff, but the log does not identify treatments completed on a daily basis.
 - An animal is added to the Log on the initial day treatment commences.
 - The Log identifies the treatment and its duration of administration.
 - This initial entry remains on the Log until the treatment is completed at which time it is crossed off of the list.
 - There is no daily entry on the Log to indicate which treatments were administered and by which RVT.

- It is assumed if an animal's treatment is entered on the Log; it is administered until the entry is crossed off of the list.
- Entry of daily medical treatments into individual patient records in Chameleon
 - The RVT does not consistently enter treatments administered to animals into the Chameleon record on a daily basis due to time constraints and other work responsibilities.
- Animals that are under treatment and are adopted or claimed do not always receive medical information or prescriptions upon release from the shelter under the following circumstances:
 - KAs do not consistently take the cage card and Pink Treatment card (if completed by medical staff) up to the clerk at the time the animal is released that indicates the animal is under medical care.
 - If the Chameleon record on the animal is not updated daily by the RVT, the clerical staff may not be aware the animal is under medical treatment.

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 – 4 Recommendations:

The veterinarian should participate in morning and afternoon medical rounds. This will help expedite prescribing medical treatments and reviewing cases where RVTs have initiated treatments. The RVT (not the unregistered veterinary assistant from the spay/neuter clinic) should accompany the veterinarian on afternoon rounds in order to improve medical division communications and ensure animals placed on treatment regimens by the veterinarian are also placed on the Daily Treatment Log. This will allow the unregistered veterinary assistant to complete afternoon tasks in the spay/neuter clinic such as:

- Monitoring animals recovering from surgery,
- Completing post-surgical paperwork,
- Releasing patients post-operatively,
- Cleaning the surgical suite, cages, floors,
- Bringing animals from the main kennels to the clinic that have been adopted earlier that day,
 - Preparing paperwork on these animals, and
 - Weighing these animals.

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. However, the veterinarian must perform a follow up examination of these animals and accept or amend the treatment that was initiated by the RVT in order to maintain oversight and establish the final treatment regimen.

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 OIC for instructions for pending medical treatment. 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, toxoplasmosis), and
- Zoonotic diseases found in other animals (psittacosis in birds, Q-fever in pregnant/parturient goats and sheep).

In order to maintain continuity of treatment regimens, KA staff should be trained to administer common pre-prescribed treatments to shelter animals in the absence of the RVT. This will eliminate the over time the RVT is currently working when coming in on Sundays during her unscheduled hours. In order to do this, KA staff (non-licensed medical support staff) should receive the following orientation and/or training:

- Recognition of common clinical presentations of shelter animals that are ill,
- Which pharmaceuticals the veterinarian has chosen to be used at the shelter to treat these illnesses, and
- Identifying methods for medication administration to be used.

Training can be provided by the veterinarian or RVT for all staff that may be assigned to perform administration of medical treatments on shelter animals. This will ensure medications prescribed by the veterinarian will continue to be administered by trained staff in a consistent and acceptable manner on days when there is no veterinarian or RVT at the shelter to assume direct supervision of non-medical staff. Training for staff should also include maintaining documentation of care provided on each animal's medical record and Chameleon record.

When an animal has been placed on a treatment regimen, a Pink Treatment Card should be consistently completed by medical staff and posted at the animal's enclosure. This card helps alert all staff and the public that the animal is under treatment and may need to be housed alone or special sanitary precautions should be noted when handling the animal in order to decrease disease transmission.

In addition to the Pink Card being completed when an animal is placed on a treatment regimen, the animal should also be added to the Medical Treatment Log. Amendments to the current log are discussed in the Medical Record Keeping (MRK) section, MRK – 1 Medical division does not utilize a Daily Medical Treatment Log to organize administration of medical treatments to shelter animals. The log must reflect every treatment administered and by which employee each day. This will improve monitoring of treatment administration and better tracking of treatments when reviewing an animal's care while at the shelter.

By maintaining a separate medical treatment sheet each day, it will expedite daily entry of each treatment into the patient's Chameleon medical record. Each patient's medical record must be up to date and accurate at all times (i.e., to assist clerical staff and officers with questions from the public or during humane investigations). In addition, the veterinarian and the RVT from the spay/neuter clinic can also assist the shelter RVT by entering treatment information into Chameleon in the afternoon.

In order to ensure animals under medical treatment that are released from the shelter to owners or adopters receive medical update information and/or prescriptions for the animal, the Pink Card should be stapled to the animal's cage card. This will alert clerical staff that they should review the Chameleon medical record on the animal and/or contact the RVT for instructions on continued medical care upon final disposition of the animal. It should also be required that a cage card for each animal be presented to clerical staff prior to completion of an adoption or claim.

MCSA – 5 Observation: Vaccinating shelter animals.

Currently at impound, the RVT is tasked with vaccinating animals. When the RVT is not present, animals are placed in the main population prior to being vaccinated. As reported to the contractor, some KAs have been trained to administer wellness vaccinations, but the vaccine is not available (i.e., located in the refrigerator in the locked RVT office). In order to identify animals that have not received initial vaccinations at the time of impound, the RVT generates a vaccine list from Chameleon. The RVT administers these vaccinations at each animal's enclosure in the afternoon without the assistance of KA staff. While vaccinating under these circumstances, the RVT reported to the contractor that she has been attacked by dogs in the kennels.

After vaccinations have been completed in the afternoon, the RVT enters the vaccine status into Chameleon.

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. This is sporadically completed. As reported to the contractor, a list of animals requiring re-vaccination can not be specifically generated through Chameleon. Therefore, animals are re-vaccinated based on the RVT devoting time to reviewing cage cards of animals that have resided at the shelter for long periods of time.

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).

When the department has knowledge of the potential for injury of an employee while performing a particular task, the IIP Program mandates implementation of Hazard Correction (see eight elements of IIP Program below).

- In this situation, the department should implement a protocol where animals are vaccinated at impound or the RVT is not vaccinating animals at enclosures that house multiple animals without the assistance of an animal handler.

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.

MCSA – 5 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 crowded 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 a computer terminal 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. If recommendations from MCSA – 1 Observation: 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, are

implemented where the current storage room is altered to become the new impound area, a refrigerator with vaccine and needles and syringes could be accessible and secured in this area.

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.

The current situation of vaccinating animals in enclosures that house multiple animals places the RVT at high risk for injury and one of the current RVTs has reported that she has already been injured in this situation. Mandating that animals be vaccinated at the time of impound (by training all staff who impound animals) will lower this risk of injury for RVTs.

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

MCSA – 6 Observation: Health monitoring of all animals housed at the shelter, including quarantine animals.

It was reported to the contractor that the Los Angeles County Veterinary Public Health division is responsible for assessing animals housed in the rabies quarantine section on a daily basis. There may be some occasions when these animals are not assessed as well as, some animals are not being released directly after the required ten day holding period by the public health veterinarian.

Currently, Baldwin Park shelter veterinarians and RVTs are not conducting any monitoring of quarantine animals that are housed at the shelter.

MCSA – 6 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 ten days post-quarantine.

If there are occasions when the public health veterinarian does not conduct daily rounds at the shelter, combined with the fact that Baldwin Park medical staff is not making any observations of these animals, there is the potential that early detection of clinical signs of rabies in these animals may be missed or other illnesses/injury may go untreated.

The quarantine area should be part of the Baldwin Park shelter's medical division daily morning rounds and periodic walk-throughs throughout the day. 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 Baldwin Park shelter medical division unless instructed by the county public health veterinarian.

A procedure should be put in place for contacting the public health 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 – 7 Observation: Laboratory tests are conducted by medical staff.

It was reported to the contractor that the medical division does have Parvovirus Cite Test Kits and use them to test suspect dogs when necessary. They also have in stock, FeLV/FIV Test Kits which they use occasionally.

Puppies and kittens less than four months of age are receiving prophylactic treatment (Strongid-T) for internal parasites at the time of impound. The RVT does perform fecal testing on select animals after impound in order to identify specific parasite infestation and administer applicable anthelmintics. They do not have a variety of deworming agents available to them, including medications to treat tapeworms.

The RVT staff do perform skin scrapes for external parasites (sarcoptic mange, demodicosis, dermatophytes), have a Wood's Lamp on hand but do not use it and do not use dermatophyte test media (DTM) to isolate fungal cultures.

The medical division does not have a contract with a Veterinary Diagnostic Laboratory in order to submit samples for advanced testing.

MCSA – 7 Recommendations:

The medical division should have available to them a variety of anthelmintics, including those that treat the common tapeworm. Protocols should be added to the veterinary written orders for treatment of common shelter presentations that identify these medications, their intended use, and dosage.

Staff should use the Wood's Lamp as an additional diagnostic tool when identifying animals with dermatologic conditions. DTM media should be available upon request for use in situations like humane investigations in order to establish a diagnosis and administer appropriate treatment for animals that may have long term holding periods.

The medical division should establish a contract with a Veterinary Diagnostic Laboratory in order to expedite advanced laboratory testing when the circumstance arises.

MCSA – 8 Observation: Behavior Assessments are conducted by RVT staff.

As reported to the contractor, behavior assessments are conducted by the RVT staff on specific dogs that meet certain criteria. The behavior of cats is not assessed prior to adoption.

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 is to be completed during the "hands-on" behavior assessment that takes from 15-30 minutes per animal to complete. The behavior assessment is performed in the RVT office. As reported to the contractor, animals that fail the assessment are either euthanized or adopted to a rescue group on a waiver.

In addition to performing a behavior assessment, all adoption requests for Pit Bulls are forwarded to the sergeant in charge of kennel operations. The results of the behavior assessment along with screening of the adopter are evaluated to ensure a safe and permanent adoption of this breed.

Results of behavior assessments are not entered into the animal's permanent record in Chameleon.

MCSA – 8 Recommendations:

In addition to RVTs, other staff should be trained (KAs, ACOs) on performing behavior assessments so that this responsibility does not fall solely on the RVT.

Cats are also capable of inflicting serious injury to people and their behavior should be evaluated in some standardized manner. Staff could not identify a specific behavior evaluation process that is utilized for cats. The department should choose a method of evaluation for cats that will be implemented at the shelter and train staff on the process.

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.

The County should consider working with IT and Chameleon support staff to develop a field that allows input into an animal's record of behavior assessment results that correlate with the test being administered.

MCSA – 9 Observation: Foster Program.

At the time of the site visit, it was reported to the contractor that there was no official foster program.

MCSA – 9 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.

The Volunteer Director from the Long Beach office was present at the Baldwin Shelter on the day of the site visit and discussed the county's formal foster program with the contractor. He is working on integrating into the volunteer training program a foster parent training section. Once this is completed, he explained the protocol will assign the Volunteer Director to work with the individual shelters and sign up trained foster volunteers.

The foster training program and on-site shelter involvement should include:

- Completion of the official training program prior to volunteers participating in the foster program,
- Designating shelter foster program coordinators (volunteer and medical staff),
- Availability of supplies for volunteers to use (i.e., milk replacers, syringes for feeding),
- Supportive medical assistance from the shelter medical division, 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 – 10 Observation: Level of Veterinary Involvement in Animal/Abuse Cruelty Investigations.

It was reported to the contractor, that the shelter veterinarian does have some involvement with humane investigations. Currently, dogs from an ongoing animal cruelty case (impound date April 18, 2006) are being housed in every enclosure in Building #3. The shelter veterinarian is responsible for daily care, monitoring, and record keeping on these animals.

Generally, the chief veterinarian is contacted to participate in the large scale humane cases and provides expert witness testimony if a trial occurs.

MCSA – 10 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 receive formal training in proper humane investigative medical procedures and documentation of medical findings. As with the current humane case at Baldwin Park, the shelter veterinarian is 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 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.

In this particular case, since every enclosure in Building #3 is occupied by dogs from one pending humane investigation, this building should not be accessible to the public. By limiting public access to these animals it lowers the opportunity for disease transmission and decreases the opportunity for the public to remove one of these animals from the shelter. Employees will also spend less time answering questions about the animals in Building #3 if the public is not actively walking through this enclosure.

Euthanasia Practices (EP)

EP – 1 Observation: Euthanasia Certification.

On the day of the site visit the RVT was not present at the shelter and daily euthanasias were not performed for the contractor to observe. As reported to the contractor, the RVT performs all daily euthanasias. RVTs are certified euthanasia technicians due to their educational background and training and are not required to complete additional specific euthanasia training. There are currently no KAs trained and certified to perform euthanasia at the Baldwin Park shelter.

Euthanasia is occasionally performed at the shelter when the RVT is not on duty (RVT designated days off and during swing or grave shifts). _____ and _____ and the _____ are trained and certified to perform euthanasia.

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 Baldwin Park shelter.

Liability:

Euthanasia training and certification of non RVT staff are identified in 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:

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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:

Per County Policy No. OPK 120, Euthanasia Policy, KAs are required to be trained and certified to perform euthanasia. All KAs at the Baldwin Park shelter should complete a state approved euthanasia training 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: A designated section of the washrack area serves as the location for performing daily euthanasias.

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

- A stainless steel cart is wheeled into the area by the . . . which serves as a tabletop for the technician and holds the euthanasia solution, needles, syringes, microchip scanner, controlled substance logs, euthanasia log, and sharps container.
- The euthanasia cart (including all of the euthanasia supplies and drugs) are kept in the locked . . . office and not maintained in a secure safe or lock box.
- The washrack is located within close proximity to the Metro Rail that regularly passes by at a slow rate of speed. Staff reported to the contractor that members of the public riding the Metro complained to the Shelter Manager that upon passing the back of the shelter they could view euthanasias that were in progress.
- There is very little protection from the weather in the fenced-in area of the washrack.
- There is no access to an electrical outlet (where technicians could plug in clippers) in the immediate area where euthanasias are performed, so staff has taped an extension cord to the fencing along one side of the enclosure at waist height in order to establish electricity to the area.
- There is open access to the washrack area by anyone (including members of the public and volunteers) who can walk into the area through the open rolling gates bordering both sides of the washrack, and
- Safety and public health issues associated with the overall washrack area and the section designated for performing euthanasia is discussed in EP – 3, More attention needs to be directed to staff safety and public health in the washrack area.

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. The current Impound Area off of the washrack could be utilized as the new euthanasia room (for more details including re-designation of other animal and non-animal holding areas see 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).

By utilizing this area for the euthanasia room, the issues identified in the Observations above can be resolved by:

- Placing the examination table in the euthanasia room.
- Placing lockable cabinets and a controlled substance safe in the euthanasia room to eliminate the need for the moveable cart that currently contains the euthanasia drugs and supplies that are not being secured.

- Placing one bank of cages that are in working order in the euthanasia room to use for animals that receive pre-euthanasia anesthetics.
- Ensuring the room is properly climate controlled for the comfort of the technicians and the animals.
- Ensuring there is a ceiling electrical outlet for retractable clippers installed.
- Ensuring the room is lockable, secured, and an "employees only" area to prevent visualization of the euthanasia process by members of the public on the Metro Rail and accidental access by volunteers or the public who are at the shelter.
 - Limit 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 public health in the washrack area.

EP – 3 Observation: More attention needs to be directed to staff safety and public health in the washrack area.

The following safety and public health issues regarding the washrack area and the area designated for euthanasia are listed below.

- 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 internal communication (radio or telephone line to the administration building) or external communication (telephone direct dial to 911) to obtain assistance in case of an emergency,
- KAs reporting for kennel duty after 11:00 a.m. are not supplied with a radio and neither of the two veterinarians on staff is equipped with radios.
- Overhead lighting was not functioning,
- 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,
- Dead animal refrigeration unit issues:
 - The shelter has a regularly scheduled dead animal pick up daily, however the refrigeration unit is hosed out only once every two months due to resultant electrical problems.
 - Barrels that store carcasses are not consistently maintained in the refrigeration unit.
 - On the day of the site visit, half filled barrels were left outside of the unit overnight, uncovered.
 - An additional barrel was located at the opposite end of the washrack which contained a single carcass in a plastic bag located at the bottom of the barrel covered with flies and maggots.
 - This barrel and its contents had been left outside of the refrigeration unit for more than one day.

- There is no Material Safety Data Sheet (MSDS) notebook located in the washrack area.
- Staff reported to the contractor that they do not have squeeze cages to humanely restrain animals for pre-euthanasia anesthesia or euthanasia by intraperitoneal injection for cats.
- Staff reported that they do not have access to transfer cages to move cats from animal holding rooms to the euthanasia area (currently feral cat dens are used that are not needed in the feral cat room).
- Staff does not receive formal training in safe animal handling.

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:

- Install all necessary safety equipment,
- Provide specific training and instruction on
 - Safety equipment location and use,
 - Shelter emergency communication,
 - Humane animal handling, and
- Maintain all animal handling equipment and medical supplies/equipment in good working order and repair or replace equipment that is broken, malfunctioning, or out of compliance with state regulations.

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 – 3 Recommendations:

Staff safety, public health, and humane animal handling should be monitored in a collaborative effort by the veterinarian, RVT, and sergeant in charge of 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.
- Overhead lighting should be in good working order.
- 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.
- The current dead animal refrigeration unit needs to be replaced.
 - A cleaning protocol for the new refrigeration unit must be developed, implemented, and adherence to the protocol monitored by the sergeant in charge of kennel operations.
 - Barrels with carcasses, when not actively being used or when full, must be stored in the dead animal refrigeration unit.
 - Allowing the filled barrels to remain unrefrigerated and unprotected (from the weather) promotes disease, attracts wild animals, and

enhances the potential for dead bodies to be inappropriately removed from the property by the public.

- 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.
- In order to safely and humanely handle animals, staff needs to be equipped with all types of animal handling equipment (including squeeze and transfer cages).
 - As reported to the contractor, new kennel staff does not receive specific training in humane animal handling techniques and currently learn how to handle animals during euthanasia through training provided by
 - A training program needs to be developed which should include a background on common equipment used to humanely handle animals.
 - Animal handling training topics 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: Pre-euthanasia anesthesia.

As reported to the contractor xylazine:acepromazine cocktail is used as a pre-euthanasia tranquilizer. If a large dog is still fractious after administration of this tranquilizer, the euthanasia technician will administer euthanasia solution by the intraperitoneal (IP) route.

Due to the location and accessibility of the euthanasia room (the fenced in area of the washrack), all pharmaceuticals (including controlled substances) must be transported from the office to the designated euthanasia area.

EP – 4 Recommendations:

The primary reason for using pre-euthanasia anesthetics over sodium pentobarbital injection is that they can be administered intramuscularly to safely and humanely handle excited or fractious animals prior to euthanasia.

There are a variety of drugs commonly used for pre-euthanasia anesthesia which provide the desired level of chemical restraint versus tranquilization where the animal remains awake but is calm and relaxed, and can become unpredictable or have a heightened reaction to sufficient stimulus. An anesthetized animal is unconscious, has a total loss of pain, and is immobilized. Drugs (Telazol) or drug combinations (i.e., Ketamine-xylazine) in this category allow for intracardiac injection of sodium pentobarbital when properly administered.

When using xylazine:acepromazine, as is the practice at the Baldwin Park shelter, it serves as a moderately strong sedative and analgesic but may cause an animal to react unpredictably. But when used in combination with ketamine which is a potent immobilizing agent, a deep anesthetic plane is reached in which the animal is unconscious and not able to move.

Other disadvantages of using xylazine without combining it with ketamine include:

- Loud noises or sudden movements may cause the animal to react violently, exhibiting an "explosive" response.
- The drug causes vomiting and occasional defecation or urination.
- It lowers the blood pressure which may make veins harder to find and inject and may delay the effects of sodium pentobarbital following administration.
- The use of xylazine alone does not provide sufficient anesthesia for an animal to be given an intracardiac injection.

Combining xylazine with ketamine is recommended for pre-euthanasia tranquilization and is adequate anesthesia for intracardiac injection of sodium pentobarbital.

Xylazine-ketamine is given intramuscularly and takes approximately five minutes for effect.

A pre-mixed bottle of xylazine-ketamine is made by adding 2 mls of large-animal xylazine (100mg/ml) to a 10 ml vial of ketamine. The vial is labeled with information on the amounts added, the date, and the initials of the individual. The dosage for pre-euthanasia anesthetic is 0.6 ml/10 lbs administered intramuscularly.

Ketamine is a Schedule III controlled substance and must have a separate controlled substance log and must be secured similarly to sodium pentobarbital.

The intravenous (IV) injection is preferable for large dogs whenever possible because of its faster reaction time and the smaller volume of euthanasia solution required to euthanize. The IP method is not recommended for dogs over five weeks of age because they make continuous attempts to right themselves as the drug slowly takes effect. If a pre-euthanasia anesthetic (ketamine:xylazine) is used rather than xylazine:acepromazine that is currently used, the animal will become immobilized and the technician can safely administer euthanasia solution by the IV recommended route.

EP – 5 Observation: Observation by the contractor that involved euthanasia.

- Contractor observation of a Malamute post-euthanasia on the day of the site visit.
 - At approximately 5:30 p.m., the contractor was in the process of walking through the washrack area with _____ when she observed _____ in the center of the washrack area (not the designated, enclosed euthanasia area) the body of a Malamute that had been euthanized earlier and remained on the floor with blood collecting at the euthanasia venipuncture site. There were no employees in the area at that time and the rolling gates to the washrack were open making the area accessible to anyone on shelter property.
 - _____ checked the Chameleon database to identify the euthanasia technician and identified the _____.
 - The animal had been euthanized over one half hour earlier.
 - The _____ : reported that he left the animal post-euthanasia because he was needed in the front office.

Liability:

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

Animal Handling

...There are various methods of handling the animals. Two employees are required to perform euthanasia – one to restrain the animal and the other to perform the injection

– with the exception of small kittens and puppies or other small animals (such as guinea pigs, hamsters, etc.).

Human Safety

...Euthanasia technicians and handlers should work as a team and no one should attempt to euthanize a dog without assistance unless the dog is unconscious.

EP – 5 Recommendations:

All euthanasias should be performed in the designated euthanasia area/room and the process completed prior to technicians leaving the animal. This rule should be added to the current Euthanasia Policy (Policy No: OPK120).

Whenever euthanasia is performed on an animal, the entire process should be completed. That includes verifying the death of the animal and properly disposing of the carcass in a dead animal barrel which is then stored in the dead animal refrigeration unit.

In this situation, euthanasia was not performed in the enclosed section of the washrack which is the designated euthanasia area. In addition, either one person performed the euthanasia (in violation of Policy No. OPK120 above where injector and handler are required for each dog euthanasia) and the body was not properly disposed or if two employees performed the euthanasia, the handler did not properly dispose of the body. Regardless, no animal that has been euthanized should be left on the floor of the washrack area which is accessible to the public and volunteers.

EP – 6 Observation: Euthanasia of Cats.

It was reported to the contractor that depending on which RVT is performing euthanasias, cats are either transported from animal holding areas to the euthanasia area or are euthanized in their enclosures in the animal holding areas.

Cats that are relocated to the euthanasia area are transported in feral cat dens, cardboard carriers, or dog carriers/crates. Staff does not have transfer cages available to them.

Cats that are euthanized in animal holding areas require that euthanasia equipment and controlled substances be removed from the RVT office and transported to the Stray and Available Cat building (Building #9) and the Feral Cat building (Building #5).

In the Stray and Available Cat building, where other cats not scheduled for euthanasia are housed and are in clear view of cats being euthanized, cats scheduled for euthanasia are removed from their cages or restrained in their cages by the RVT who administers an intraperitoneal (IP) injection of euthanasia solution. These cats are then replaced into their holding cage to allow the drug to take effect while the remainder of euthanasias are performed. The technician then must return to each cage of a

previously euthanized cat and verify death, remove the body, and place them on a cart or in transport cages to be moved to the dead animal refrigeration and placed in barrels.

In the Feral Cat building, all of the cages have a feral cat den. Similar circumstances exist as described above for performing euthanasia of the stray/adoptable cats (feral cats are euthanized in the feral cat room) except that feral cats are not removed from their cages when administering the intraperitoneal injection of euthanasia solution. A pole syringe is used either by injecting through the cage bars or the openings of the feral cat den.

Staff is not provided with ketamine, cat nets, leather gloves, squeeze cages, or plexiglass shields for humanely and safely handling cats. There is no eye wash station in Building #9 and #5.

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.

Tranquillizers 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, are not properly trained on the equipment, and do not have eye wash stations in the room or nearby where feline euthanasia is performed.

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.

EP – 6 Recommendations:

All animals should be euthanized in the euthanasia room and not in other separate animal holding areas throughout the shelter.

Euthanizing cats in their permanent enclosures violates both #4 and #5 of the County Policy and Procedure Manual, Policy No. OPK120, Euthanasia Policy,

Euthanasia Etiquette

4. Animals will not be euthanized in view of live animals.
5. Animals will not be euthanized where they can see dead animals.

The manner in which both the Stray and Available Cat building and the Feral Cat building are set up, it would be impossible to perform euthanasia in either place without all of the other animals housed in those rooms viewing the process.

In addition to violation of County policy stated above, there are other factors which support rejecting the policy of performing euthanasia in buildings other than the designated euthanasia room, which include:

- Whenever controlled substances are removed from the room where they are stored, secured, and logged there is an increased risk that medications may be misplaced, stolen, and/or not replaced in the secure lock box in a timely manner,
- Controlled substance logs when removed from the room where they are stored may not be completed accurately and in a timely manner,
- Staff does not have all required equipment (i.e., additional needles, syringes, restraint tools) and drugs (anesthetic agents to meet all individual case needs) immediately available to them to properly perform humane euthanasia,
- Rooms may not be configured in a manner that encourages safe, humane euthanasia (i.e., appropriate tabletops, lighting),
- Safety equipment may not be available in every separate room where euthanasia is performed (i.e., eye wash stations, outside emergency telephone lines),
- Possibility of not removing all deceased animals from holding cages post-euthanasia and members of the public discovering these animals once the shelter is open to the public (since they have access to these rooms), and
- Psychological stress for employees knowing that they can be exposed to the euthanasia process in any of these locations throughout the shelter, rather than staff relying on the fact that certain locations (i.e., available animal rooms) are free from the stress of the euthanasia process.

Cats scheduled for euthanasia need to be transported to the euthanasia room. Cats can be transferred from animal holding areas by being placed in carriers or transport cages or moving feral cats in feral cat dens. These cages/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 placed back in their carriers or 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.

EP – 7 Observation: Controlled substance security.

The shelter maintains a supply of the following controlled substances: sodium pentobarbital (euthanasia solution – Fatal Plus), diazepam (valium), ketamine, and butorphanol. There are six locations throughout the shelter where controlled substances are stored. These include: central supply of controlled substances in the administration building, daily supply of controlled substances in administration building, skunk kits in the clerical area of the administration building, daily supply of euthanasia solution in RVT 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 in the manager's office locked in a single lock, steel cabinet mounted to the wall.

- Upon inspection, the safe contained a stock supply of euthanasia solution (Fatal Plus), and boxes of ketamine (many were pre-mixed with xylazine, properly labeled and ready for use with skunk kits).
- The shelter manager, lieutenant, sergeants, and the PM OIC have their own keys to this single lock safe.
- When Fatal Plus is distributed or a delivery received, one signature on the drug log attests to the removal or addition of bottles from and to the cabinet.
- A daily inventory log is kept for the Central Supply of Fatal Plus.
 - The sergeant in the morning is given the key to the Daily Supply safe in the clerical area by the grave shift employee (who has returned the bottle of Fatal Plus to this safe).
 - The sergeant uses the key to open the Daily Supply safe and retrieve the opened bottle of Fatal Plus and place it in the Central Supply safe.
 - The sergeant performs a daily inventory of the Fatal Plus in the safe and records his findings on the Chameleon generated form.
 - There is no witness present when the Central Supply safe is opened in the morning and there is no second signature to confirm the inventory count.
 - The RVT will request the bottle of Fatal Plus in the morning from the sergeant who dispenses it from the Central Supply safe.
- There is no inventory log of ketamine in the Central Supply safe.

The daily supply of controlled substances in the administration building is located in a single lock wall safe in the clerical area of the administration building near the public intake window.

- Upon inspection, there were no bottles of controlled substances in the safe.

The skunk kits containing vials of ketamine are stored in the clerical area of the administration building located in a tall vertical cabinet with a broken exterior lock.

- There were a total of four skunk kits in the cabinet.
- There were a total of five vials of ketamine:xylazine designated for the skunk kits.
 - One kit had four vials of ketamine:xylazine.
 - One kit had one vial of ketamine:xylazine.
 - The remaining two skunk kits did not contain any vials of ketamine:xylazine.
 - Of the two kits that contained controlled substance, only one had a Daily Use Controlled Substance log.
- There is a skunk kit "check out" list kept by the sergeant that remains in the cabinet.
 - On the day of the site visit, according to the "check out" list two skunk kits were not yet returned to the cabinet by ACOs on the day shift.
 - Upon inspection of the skunk kits actually in the cabinet, the kits had been returned, but the "check out" list did not reflect their return.

The RVT checks out the opened bottle of Fatal Plus from the sergeant who retrieves it from the Central Supply safe. The daily supply of euthanasia solution, once in control of the RVT, is kept on the euthanasia cart in the locked RVT office. The RVTs and OIC have keys to the RVT office. There is a single lock cabinet above the sinks in the RVT office where the solution can be secured, but it is not used.

Once the RVT completes his/her day shift the bottle of Fatal Plus is turned back in to the sergeant who secures the bottle in the Daily Supply safe to be distributed later to the grave shift.

The spay/neuter (S/N) clinic secures all controlled substances (ketamine, diazepam, butorphanol) except sodium pentobarbital. Currently, the only controlled substance distributed from the S/N clinic to the shelter is ketamine (and only for use in skunk kits). The central supply of controlled substances is kept in a double locked steel cabinet affixed to the wall of the supply room.

- Ketamine, diazepam, and butorphanol are located inside the cabinet.
 - There are no general inventory logs for any controlled substance in the cabinet.
 - Ketamine bottles are numbered and are distributed to the shelter for use in skunk kits.
- The veterinarians, the unregistered veterinary assistant, and the shelter manager have keys to the locked cabinet.

The daily supply of controlled substances for the S/N clinic is located in the surgical suite where it is kept in a free standing, glass faced, single locked cabinet.

- The cabinet contains ketamine.
- The veterinarians, the unregistered veterinary assistant, and the shelter manager have keys to the locked cabinet.

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- o As reported to the contractor, the key to the daily supply cabinet is on the S/N Clinic general key ring found in administration.
- There is no separate daily use controlled substance log for ketamine, diazepam, or butorphanol.
 - o Drug usage is maintained on the daily Surgical Log.

Liability:

Code of 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 – 7 Recommendations:

There are too many locations throughout the shelter where controlled substances are stored with multiple staff access to these drugs and poor security. The total number of storage locations at the shelter for controlled substances should include: one central supply in the administration building, a daily supply kept in a designated secure euthanasia room (see recommendations 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), and central and daily supply for the S/N clinic. The recommendation is to eliminate the daily supply safe in the administration building and storage of the skunk kits should be relocated to the daily supply safe in the euthanasia room (once a secure euthanasia room has been implemented and a wall mounted safe is installed).

There should be one designated person (recommendation for the veterinarian who possesses the DEA registration certificate for the Baldwin Park shelter location) to be in charge of the overall oversight of dispensing and security of all controlled substances at the Baldwin Park 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 central supply of controlled substances in the administration building 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. This safe should contain all unopened, sealed bottles of Fatal Plus accompanied by an inventory log that must be updated whenever the safe is opened by an employee and a witness (documented by double signatures on the log entry).

A log recording every time the central supply safe is opened by an employee, a witness must be present to confirm the drugs were counted and documented in the inventory log by two separate signatures. 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, shelter manager and the OIC or an officer designated by the shelter manager in his absence.

The Central Supply safe should only be opened if drugs are being dispensed or a shipment of drugs is being received and secured. During these times, there must be two individuals witnessing distribution or receipt of these drugs.

The daily supply of controlled substances for most shelters is ordinarily secured in the euthanasia room to decrease the transport of controlled substance throughout the shelter. Once a euthanasia room has been designated at the Baldwin Park facility, controlled substances (Fatal Plus and ketamine if used in a xylazine:ketamine pre-euthanasia anesthetic or in skunk kits) 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). The daily supply safe in the administration building can be eliminated once this is established. This will ensure that certified euthanasia technicians on all three shifts can properly secure and log these substances in close proximity to where they are being administered. For the same reasons that all euthanasias should be performed in the euthanasia room and not throughout the shelter (see EP – 6 Euthanasia of Cats.) there should be minimal relocation of these drugs throughout the shelter. Currently, these drugs are being removed from the administration daily supply safe, taken to the washrack area where euthanasia is performed, left on the euthanasia cart in the locked office, carried back to the administrative building safe at the end of the day shift, and possibly removed during the grave shift if euthanasia is to be performed in the washrack area. By mandating daily use controlled substances used for the shelter be confined to a euthanasia room there is better control and security of these substances.

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

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- 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

The skunk kits require that a cocktail of ketamine:xylazine be mixed and placed in the kit for use by the field officers. Combining of the mixture should be completed in the euthanasia room by the _____ and placed in the kits which should be stored in the same daily supply safe located in this room. 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 administration building. The _____ will confirm the ketamine log is accurate prior to distributing the kit to an officer and will confirm that days entry on the log of solution used upon return of the skunk kit to the safe.

At the Baldwin Park shelter, it is recommended that there be two Central Supply locations of controlled substances since the location of the S/N Clinic is separated from the administration building. The central supply of controlled substance for the S/N clinic will only include ketamine, diazepam, and butorphanol. Each substance will have a separate inventory log maintained in a three ring notebook. The same recommendations for the type of central supply safe in the administration building are applicable to the S/N clinic location.

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

A separate daily supply of controlled substances for the S/N clinic should continue, but the current cabinet should be replaced by a double-locked steel cabinet bolted to the wall. Currently, only ketamine is located in the daily supply cabinet. If the surgical team is using other controlled substances (diazepam and/or butorphanol) on a daily basis, they should also be placed (one opened bottle each) in this cabinet rather than daily retrieval from the Central Supply safe in order to reduce the number of times the Central Supply safe is opened and/or to eliminate the situation where the Central Supply safe remains unlocked throughout the day.

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 – 8 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 irretrievably suffering).

EP – 8 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.

Once an animal is identified by the RVT as requiring medical treatment, he/she initially examines the animal and either begins a standard treatment per written protocol or places the animal on the Vet Check List for veterinary examination and development of a treatment regimen.

- If the RVT initiates treatment, the veterinarian is generally not notified and does not perform a follow up physical examination of the animal and review of the RVT initiated treatment regimen.
- The veterinarian usually performs afternoon rounds and reviews the Vet Check List accompanied by the unregistered veterinary assistant from the spay/neuter clinic not the shelter RVT.

Once a treatment is established, a Pink Treatment card is completed for each animal. The first treatment is administered and entered on the Pink Treatment card and the remaining treatments are administered daily based on the duration of the regimen.

The RVT is responsible for administering treatments as prescribed by the veterinarian. However, as described in MCSA – 4 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 treatment sheet. If an RVT is not present when the veterinarian is assessing an animal and the Pink Treatment card is completed by the unregistered veterinary assistant of the spay/neuter clinic, the RVT is alerted to the new treatment by coming across the Pink Card when moving through the animal enclosures. Communication in these circumstances is poor between the veterinarian and the RVT and may result in the treatment not being added to the RVT's Medical Treatment Log and the treatment not being administered as prescribed by the veterinarian.

In addition, if an RVT is unaware of a treatment to be administered he/she may not have the proper medications (type of antibiotic, ocular drops etc.) on the treatment cart when working in that particular animal holding area. It is very time consuming and increases the opportunity for disease transmission each time the RVT leaves and re-enters a treatment area in order to retrieve the proper medications from the RVT office.

The Medical Treatment Log currently in use identifies animals at the initiation of a treatment regimen. One entry is placed on the log for each animal that serves as documentation for the entire treatment regimen. Once the treatment sequence is completed, the entry is crossed off of the log. There is no Daily Medical Treatment Log to identify which treatments are to be administered and by whom each day.

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, the first step must be that the veterinarian and shelter RVT perform afternoon rounds together and improve communications. If the RVT initiates treatment on an animal, the veterinarian must perform a follow up physical examination and amend or continue the initial treatment regimen.

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. This Log enables the veterinarian to perform a quick review of all animals under treatment and to monitor that treatments are being administered. 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 can easily enter all of the treatments listed into the individual Chameleon medical record for each animal (see MRK – 2 Observation: Administration of daily medical treatments is not consistently recorded in patient's permanent medical, electronic record, for further details).

Once you institute the Daily Medical Treatment Log, you may choose to discontinue the use of 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.

MRK –2 Observation: Administration of every daily medical treatment is not consistently recorded in the patient's permanent medical, electronic record.

The RVT reported to the contractor that she does not consistently enter treatments administered to animals into the Chameleon record on a daily basis due to time constraints and other work responsibilities.

MRK – 2 Recommendation:

For each animal impounded into the shelter there is an electronic Animal Record generated that contains basic impound information as well as other assessments or observations made by KA or ACO staff, and the record must also include current medical information (i.e., diagnosis, administration of medication, etc.).

As recommended in MRK – 1 Observation: Medical division does not utilize a Daily Medical Treatment Log to organize administration of medical treatments to shelter animals), after the daily treatments have been administered the RVT will take the Daily Medical Treatment Log and enter the treatment information directly from the Log into the respective Chameleon medical record for that animal. This will create a complete and accurate animal record for every animal impounded at the shelter.

In order to ensure this information is entered into Chameleon on a daily basis (in response to time constraints reported by RVT staff), several of the suggestions below should be implemented:

- If an additional RVT is assigned to the spay/neuter clinic, he/she should work the clinic in the morning (in order to perform anesthetic induction) and be assigned to shelter medicine in the afternoon.
 - If the Daily Medical Treatment Log is implemented, the afternoon RVT could easily enter the information from the daily Log into the respective Chameleon records and assist the full-time shelter RVT.
- The veterinarian could assist with computer entry as described above for the spay/neuter clinic RVT.
- If other recommendations from this report are implemented (i.e., all impounders administer vaccinations at the time of impound, other euthanasia technicians perform euthanasia in addition to RVTs, establishing a medical/treatment room off of the RVT office etc.) then the shelter RVT will have additional time to enter daily treatment administration into Chameleon records.

Shelter Cleaning Practices (SCP)

SCP – 1 Observation: Cleaning and disinfecting practices throughout the shelter.

Washrack

The stainless steel holding cages in the washrack area are used for holding animals that have received pre-euthanasia anesthesia and/or for animals impounded from the field prior to placement in animal holding areas in the shelter. Upon inspection in the afternoon, several of the cages had not been cleaned or disinfected and contained dried on feces on the floor and walls.

On the day the contractor conducted the site visit, the RVT was not present and daily euthanasias were not performed. In the enclosed euthanasia area of the washrack, the examination table was dirty indicating the table had not been cleaned for at least one day. The floor in this enclosure was clean and dry.

The Impound room, adjacent to the washrack had clean and dry floors.

Grave shift cleaning duties

As reported to the contractor, the grave shift that works in the kennels also handles:

- Field calls,
- Relocates animals from the spay/neuter clinic to the main kennels that were not picked up by adopters post-surgically,
- Cleans the spay/neuter clinic,
- Transfers adoptions for the following day from the main kennels to the spay/neuter clinic, and

- Applies topical flea products to animals relocated to the spay/neuter clinic.

These multiple duties do not allow mandatory kennel cleaning and maintenance responsibilities assigned to this kennel shift to be consistently completed. As reported to the contractor, the grave shift rarely begins kennel cleaning in order to assist the day shift KAs. This creates a domino effect where the day kennel shift must try to incorporate these uncompleted duties into their daily overloaded responsibilities. The result is that general cleaning duties do not get completed in a timely manner, and detail cleaning is rarely completed.

Kennels

- As reported to the contractor, the current kennel cleaning protocol is:
 - The day shift KAs begin cleaning and disinfecting of all kennels.
 - Kennel cleaning is not started by the grave shift KA (see the section above on Grave shift cleaning duties).
 - The kennels are scraped and hosed with water, disinfected with a pre-determined concentration (using a foamer) of Triple Two ®, (Health Technology), then rinsed and allowed to dry.
 - At the beginning of the day shift the KA moves animals to the outside of the kennels and closes the guillotine door.
 - The inner portion of the kennels is cleaned and disinfected with Triple Two ® and then allowed to dry.
 - Dogs are allowed back inside the kennels and the guillotine door remains open for indoor:outdoor access.
 - The food bowls are emptied, rinsed by the hose in the kennel building, and replaced back in the enclosure.
 - Once per week (Sundays) food bowls are removed from each kennel and disinfected in the washrack sink by soaking in Triple Two ®, scrubbed with a brush, and rinsed.
 - As reported to the contractor, the water bowls are rarely cleaned.
 - Bowls of food are placed in kennels and dogs are fed between 8:00 – 10:00 a.m., directly after enclosures are cleaned.
 - Each dirty, individual food bowl is taken from every kennel and used as a scoop to remove dry dog food from the wheel barrel containing the general supply of dry dog food as it moves down the interior of each kennel building during feeding. Staff did not report that the wheel barrel is disinfected with Triple Two ® after it is emptied and prior to refilling with dry dog food.
 - The protocol for cleaning food bowls, as reported by the sergeant in charge of the kennels, is for food bowls to be picked up during the swing shift and taken to the washrack sink where they are soaked in Triple Two ®, scrubbed, and rinsed.
 - Currently, the food bowls are not being picked up on a daily basis.

- As a result, animals housed in the kennels that are scheduled for surgery the following day may have access to food (less than eight hours prior to surgery) up until the time they are relocated to the spay/neuter clinic by the grave shift KA.
- A degreaser is applied about every six months.
- Staff does not use brushes or any other equipment to perform scrubbing of walls or doors of kennels during the daily kennel cleaning process.
- The physical condition of the kennels is poor, with plaster missing and paint chipping.
- The dog beds/platforms in each kennel are heavily damaged, chewed, and visibly dirty.

Cat adoption room

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

- Cats are either temporarily relocated to a carrier during the cage cleaning process or they are allowed to remain in the cage on the resting shelf.
 - If a cat is allowed to remain in the cage during cleaning, a rag is sprayed with Triple Two ® and the cage is wiped down.
 - If a cat is relocated to a carrier, the rag sprayed with Triple Two ® is used to wipe out the cage.
 - The same rag or several rags are used on multiple cages during morning cage cleaning and are later cleaned in the clothes washer.
 - Occasionally, staff uses bleach (at a dilution of 1:10) on the cleaning rags to clean cages of ill cats.
- Disposable litter boxes are used and changed daily, paper bowls are used for food (and discarded during cage cleaning) and stainless steel bowls are used for water.
 - If the same cat remains in the cage, the water is changed, but the bowl is not disinfected.
 - If the occupancy of the cage changes, the water bowl is collected and soaked in Triple Two ® in the sink located in the Cat adoption room and a clean water bowl is replaced in the cage.

Feral Cat room

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

- Feral cats are coaxed into their feral cat dens, secured, and then removed from their permanent cage for cleaning.
 - Some of the feral cat dens have damaged doors which are being propped open by inserting rolled up newspaper in the doorway to ensure cats are not trapped in the condo for long periods of time.
 - When a feral cat cage changes occupancy, the feral cat den is collected and soaked in Triple Two ® in the sink located in the washrack.
 - Some of the feral cat cages do not contain feral cat dens.
- Rags are sprayed with Triple Two ® and used to wipe down the interior of the cage.

- The water bowl is collected and soaked in Triple Two ® in the sink located in the washrack if the occupancy of the cage changes.
- The Feral Cat room at the Baldwin Park shelter was the cleanest feral cat holding area of all of the shelters observed by the contractor.

SCP – 1 Recommendation:

Washrack

Holding cages in the Washrack area should be cleaned and disinfected after an animal has been removed from the cage. All employees (KAs, RVTs, ACOs) using these cages are responsible for cleaning the cages.

The examination table in the enclosed euthanasia area of the washrack should be cleaned in between euthanasias and after all daily euthanasias are completed. This should be the responsibility of the euthanasia technician and handler.

Grave shift cleaning duties

Instituting a kennel grave yard shift is advantageous in that additional detail cleaning and maintenance can be performed uninterrupted (by the public, impounding of animals, and general day duty responsibilities). However, the advantage is lost when the staff person is asked to also perform field duties, animal handling from the spay/neuter clinic, and spay/neuter facility cleaning. Responsibilities for this shift should include:

- Remaining on-site throughout the shift rather than be assigned to field duty,
- The swing and grave shift KAs and swing shift OIC should be working together to share shelter duties/assignments:
 - There is shift overlap with all three positions throughout the OIC swing shift. Some of the responsibilities currently assigned only to the grave shift KA can be also delegated to other employees to enhance efficiency.
 - Relocating animals from the spay/neuter clinic to the main kennels that were not picked up by adopters post-surgically should be the responsibility of the swing and grave KA collectively.
 - Transferring animals adopted that day from the main kennels to the spay/neuter clinic to be housed overnight should be the responsibility of the swing and grave KA collectively.
 - In addition, the unregistered veterinary assistant and one of the day shift KAs should be assigned to start moving animals adopted that day to the spay/neuter clinic for surgery during the last hour of their shift as space in the clinic becomes available.
 - The swing KA is currently assigned to window duty (assisting the public with over the counter impounds) for the majority of his/her shift.
 - Throughout the last three hours of this shift, the swing KA should start spay/neuter clinic assignments (listed above). The swing OIC should take over public window duty as needed during this time period.

- The most time consuming duties for the swing OIC as reported to the contractor that impede him from assisting at the public window include; completing barking dog complaints, issuing traps, generating the euthanasia list for the following day, and walking through animal holding areas to identify animals on the list.
 - One way to ensure the swing OIC has time to monitor the public window during these hours is to remove his current responsibility of walking through animal holding areas to identify animals on the euthanasia list. The swing OIC should only be involved in the objective portion of the euthanasia process that involves reviewing the legal holding period and identifying animals with holding restrictions that may extend the impound period. This is completed by generating the euthanasia list (pre-programmed to identify animals that have become County property) and checking the Chameleon file on these animals to see if there are special "holds" on an animal that would remove the animal from the list. If recommendations (LSI - 4 There is a Kennel Supervisor position held by a sergeant at the Baldwin Park facility) for a hands-on daily Kennel Supervisor are implemented, it should be the responsibility of this position to perform the subjective portion of identifying animals to be placed on the daily euthanasia list. The Kennel Supervisor is working directly in the kennels and can base his decision to extend a holding period for an animal on numerous daily observations of an animal as compared to the limited direct interaction with the animals in the kennels that the swing OIC may have.
- Cleaning cages in the spay/neuter clinic once they have been vacated should be ongoing starting with the unregistered veterinary technician assigned to the spay/neuter clinic during the late hours of his shift, and continued by the swing KA after the shelter has closed to the public, and the grave shift KA.
- The grave shift KA should not be applying topical flea products to animals in the spay/neuter clinic. This procedure should be completed by the unregistered veterinary assistant on the day of surgery.
- Implementation of the recommendations listed above will allow the grave shift KA to:
 - Complete special assignments designated by the kennel supervisor.
 - Clean the outside of the kennels while the dogs are fed one to two hours prior to the end of his/her shift.
 - After the dogs are allowed to eat and the outside runs are cleaned, close the dogs outside to allow them to defecate while starting the early morning kennel cleaning and disinfecting of the inside of the kennels to be augmented by KAs coming in on day shift.
 - This will allow the day kennel shift to more expediently complete their morning assignments:
 - Continuation of kennel cleaning (i.e., if the grave shift KA consistently cleans the inside of the runs prior to the day shift, then the KAs on day

shift will only be cleaning the outside of the runs prior to the shelter opening to the public),

- Allow more time to make sure daily euthanasias are completed prior to the shelter opening to the public,
- Have more time available to clean other animal holding areas, and
- Be more readily available to assist the public upon opening.

Kennels

- Once kennel surfaces are scrubbed clean, quaternary ammonium compounds (Triple Two ®) can be applied for adequate contact time, which is at least 10 minutes. Triple Two ® is effective against most bacteria and viruses, but it should be followed by bleach (in concentrations of ½ cup of bleach/gallon of water) when enveloped viruses are a concern (i.e., parvovirus, calcivirus, and panleukopenia). It is recommended that Triple Two ® should be followed by bleach in all shelter areas where disinfectant is used at least once/week.
- In order for cleaning and disinfecting of animal holding areas to be completed prior to the shelter opening to the public, the recommendations above for grave, swing, and day shift KA staff should be implemented. These recommendations also address a revised feeding schedule for the dogs.
- Food and water bowls need to be disinfected every day.
 - KAs assigned to the day shift that remain at the shelter until closing, should be assigned to picking up bowls toward the end of the shift.
 - Bowls should be placed in large plastic garbage containers filled with water and disinfectant and allowed to soak.
 - After the swing and/or grave KA have completed transferring animals from the spay/neuter clinic and kennels, he/she should transfer bowls soaking in the disinfecting garbage container to a new container filled with rinse water.
 - Mid-grave shift, the KA should remove the bowls from the rinse container and remove any additional food from the bowls, rinse them, and set them out to dry.
 - Bowls will be cleaned/disinfected and ready for the recommended feeding schedule at the end of the grave shift.
 - By following this procedure it eliminates the current problems:
 - If all food bowls are disinfected, then each bowl can be used as a scoop to remove dry food from the wheel barrels when dispensing food in each enclosure.
 - Animals scheduled for spay/neuter surgery may have access to food less than eight hours prior to surgery.
- The kennel cleaning protocol requires that a degreaser be applied 2-3 times per week, but as reported to the contractor by kennel staff, this does not consistently occur.

- It is the responsibility of the sergeant in charge of the kennels to ensure protocols are followed and all aspects of kennel cleaning are consistently completed.
 - If the grave shift KA responsibilities are changed as suggested above, tasks like degreasing groups of kennels can be assigned and completed.
- In addition to using a degreaser, KAs should be supplied with brushes to scrub kennel walls on a daily basis to help reduce build up in addition to use of a degreaser.
- The kennel walls and some flooring need to be repaired and repainted.
- Kennel beds/platforms need to be replaced.
 - Contact Sergeant Denise Rosen at the Agoura shelter and request information on the donation program with Kuranda Dog Bed Company where she engaged the community to make donations which contributed to purchasing beds at discounted prices for each kennel.

Cat adoption room

When performing daily cleaning of the cat adoption room, cats should not remain in the cage during the cleaning process where cleaning chemicals are sprayed (aerosolized) which could be irritating to cat's upper respiratory systems. This policy should be strictly adhered to whenever bleach is used for cage cleaning. The proper dilution for bleach is a concentration of 1:32.

As discussed above with kennel cleaning, appropriate brushes for cage cleaning must be made available for staff in the cat room and used to remove any dried on food or organic material from cage surfaces.

Staff can not use the same rag for multiple cage cleanings. Either a new rag must be used for each cage or after the disinfectant is used, each cage must be wiped out using a paper towel.

Cleaning and disinfecting supplies must be readily available to kennel staff at all times in order to maintain a sanitary environment. Ensuring that staff has hand soap and paper towels helps to lower disease transmission among animals and staff. All staff working directly with animals must have disposable gloves available to them and glove inventory should be adjusted so that supplies are not depleted and unavailable upon staff's request.

Feral Cat room

Cleaning protocols used for the cat adoption room are applicable to the feral cat room.

Damaged feral cat dens that have the potential for injuring cats or limiting their access to food or water should not be used. Additional dens should be stored and accessible when the general supply needs replacing.

As reported to the contractor, during most seasons of the year, the feral cat room is overcrowded and very difficult to maintain recommended cleanliness standards. With the current staffing level, the shelter should consider reducing the population of this room by utilizing the three day legal holding period applicable when a temperament evaluation is implemented.

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.

SCP – 2 Observation: Summary of required cleaning supplies/equipment for staff working directly with animals.

A variety of basic required cleaning supplies are either unavailable or not consistently kept in stock for immediate use at the shelter.

SCP – 2 Recommendation:

The following cleaning supplies/equipment is recommended to improve cleaning and disinfecting at the shelter:

- Replace the dead animal refrigeration unit,
- Readily available supply of high quality disposable gloves in two sizes for staff,
- Scrub brushes in a variety of sizes and handle length,
- Brooms,
- Ample supply of paper towels,
- Hand soap and soap dispensers,
- Large plastic garbage containers for soaking bowls, dishes, and

- Purchase wheel barrels with retractable lids to be designated for each kennel building.

The following supplies/equipment are recommended to enhance humane animal handling:

- Rope material to make rope leads for all KA and RVT staff,
- Additional feral cat dens,
- Additional transfer cages,
- Squeeze cages,
- Cat nets,
- Snake tongs,
- Plexiglass shields,
- New pole syringes, and
- Plastic sleeves for cage cards for cat holding areas.

Employee Safety/Injury and Illness Prevention (ESIIP)

ESIIP – 1 Observation: There are no Material Safety Data Sheet Notebooks at the shelter.

The shelter does not have 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 of 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 and 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: Kennel and medical staff enter kennels on multiple occasions which may increase the potential for staff injury.

Staff enters kennels that house multiple dogs under the following circumstances:

- Staff enters to identify the numbers on a dog's external identification (tab band) that is not easily visualized from outside of the kennel gate.
- Staff enters to replace missing tab bands on dogs.
 - The contractor observed tab bands were missing on a large number of dogs throughout the shelter population.
- Staff enters to vaccinate dogs that were not vaccinated at impound.

ESIIP – 2 Recommendations:

Decreasing the number of times staff must enter a kennel will decrease the opportunity for staff injury (i.e., dog bites and scratches).

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.

By implementing the recommendation that all impounders also vaccinate animals at the time of impound, it will eliminate the current procedure where RVTs enter a kennel housing multiple dogs and vaccinate animals without the assistance of an animal handler.

ESIIP – 3 Observation: Damaged and malfunctioning kennels pose a risk of injury for employees.

KA staff pointed out to the contractor that dog kennel cage doors had the following malfunctions:

- The interior lock of the cage door on some kennels was broken.
 - On a daily basis KAs and RVTs walk into a kennel to attend to an animal and close the door behind them to ensure the dogs can't exit through the open gate.
 - If the interior door lock is broken and the KA can't exit the kennel without someone opening the door from the outside, the KA becomes trapped in the kennel with multiple animals.
- When a kennel is closed from the outside of the kennel, the kennel gate automatically locks in order to prevent animals from escaping the holding area.
 - Some of the outside locks are malfunctioning and kennel doors don't automatically lock when closed.

Staff reported to the contractor that in the buildings that house dogs, approximately two guillotine doors per building are malfunctioning as follows:

- Cables are broken and doors can't be raised or released properly,
- The cable is frayed above the rubber tubing (i.e., where employees grab the cable) resulting in cuts on the palms of employee's hands,
- Kennel #409, knob to grab in order to pull the cable for the guillotine door is broken, and
- Building #4, guillotine door weights are too heavy and need to be adjusted.

ESIIP – 3 Recommendations:

The kennel supervisor should be monitoring and ensure all kennel gate locks are functioning properly from the interior and exterior.

Guillotine doors separate the indoor and outdoor sections of each kennel and are raised or released by a cable that is manually controlled on the outside of the kennel. These

doors become an additional piece of safety equipment that can be used to separate animals from each other or from an employee who may be inside of the kennel.

Employees depend on these devices to be functioning properly for safety reasons. Animals should not be placed in kennels where the cage door locks or guillotine doors are not functioning properly. Employees should be reporting damaged equipment immediately to the kennel supervisor who should ensure the request for repair is submitted to the proper County maintenance department as well as follow up on the completion of repair. The supervisor should also ensure that no animals are placed in damaged or malfunctioning enclosures.

ESIIP – 4 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.

(d) 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 – 4 Recommendations:

Develop an IIP Program and select an IIP Program Administrator.

QUICK FIX ITEMS FOR THE BALDWIN PARK 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.
 - ii. Develop and utilize an inventory log for Central Supply of ketamine.
 - b. Purchase a Daily Supply safe for the shelter.
 - i. Install the safe in the new designated euthanasia room.
 - ii. Relocate prepared skunk kits (containing ketamine mixture) to this safe with appropriate controlled substance logs and officer sign out sheets.
 - iii. Remove the current Daily Supply safe in the administration building.
 - c. Develop and utilize inventory logs for controlled substances located in the Central Supply safe in the S/N clinic.
 - d. Purchase a Daily Supply safe for the S/N clinic.
 - i. Develop and utilize daily use logs for all controlled substances.
3. 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.
4. Implement all euthanasias (including cats) be performed in the designated euthanasia area or room.
5. Have the shelter veterinarian and RVT meet and discuss current pre-euthanasia anesthetic protocols and recommended changes.
 - a. Provide veterinary monitoring over the euthanasia process.
6. Dead animal refrigerator:
 - a. Until the dead animal refrigerator is replaced (Long Term Fix #1) schedule and monitor daily cleaning and weekly disinfecting of the unit.
7. Ensure all hand sanitizers at the entrance to animal holding areas are in place and are filled for use by the public and staff.
8. 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.
9. Change type of external identification used – order large plastic tags and chain collars for dogs.
10. Change reporting structure so RVTs report to the shelter veterinarian who assigns duties and daily responsibilities.
11. Increased veterinary interaction with shelter activities:
 - a. Veterinarian should develop, implement, and monitor disease prevention practices recommended throughout this report.

- b. The veterinarian and the kennel supervisor should monitor special feeding instructions including ensuring puppies and kittens are fed canned food that is specie specific.
 - c. Veterinarian should observe quarantine animals as part of his/her morning daily rounds.
12. Shelter supplies:
- a. Ensure a supervisor is monitoring supplies and maintaining a proper inventory,
 - b. Order additional Rubbermaid wheel barrels used for dry food distribution to ensure each wheel barrel is assigned to only one animal building,
 - c. Soap dispensers installed at sinks for hand washing,
 - d. Spray bottles for cage and surface cleaning with labels or markers to indicate bottle contents and concentrations (including washrack/euthanasia area),
 - e. Disposable gloves of various sizes and dispenser,
 - f. Purchase scrub brushes of various sizes and strengths for each building containing kennels, housing cats, washrack/euthanasia area, and dead animal refrigerator,
 - g. Knee-high rubber boots for all staff working in the kennels, and
 - h. Disposable booties for isolation areas.
 - i. Order additional stainless steel food and water bowls of various sizes.
13. Equipment
- a. Ensure a supervisor is monitoring equipment, maintaining a proper inventory, and/or repairing equipment in a timely manner,
 - b. Order additional feral cat dens,
 - c. Order squeeze cages of various sizes,
 - d. Order cat nets,
 - e. Order leather gloves for handling cats,
 - f. Order plexiglass shields for restraining cats,
 - g. Order standard control poles with steel cables if necessary in order to ensure poles are placed in each kennel building, the washrack/euthanasia area, and impound area,
 - h. An additional fourteen cage bank can be added to the center of the room in Building #9 (Stray/Adoption Cats) to increase the holding space for cats,
 - i. Ensure all kennel staff is carrying ropes (not nylon leashes) and rope material is available for immediate replacement of damaged rope,
 - j. Install eye wash stations in all sinks where chemicals or pharmaceuticals are used (i.e., washrack room, cat room),
 - k. Order fans for kennel buildings,
 - l. Repair damaged kennel gate locks and guillotine doors, and
 - m. Medical equipment
 - i. Assimilate a "Crash Cart" for use with emergency stabilization/triage,
 - ii. Intravenous catheters,
 - iii. Gurney,
 - iv. Solu-Delta-cortif (for treatment of shock),

- v. Ambu bag,
 - vi. Anthelmintics for the treatment of tapeworms, and
 - vii. Dermatophyte test media,
14. Cleaning/Disinfecting
 - a. Ensure staff is using scrub brushes when cleaning animal enclosures,
 - b. Disinfect food and water bowls daily,
 - c. Monitor degreaser use of designated two to three times per week,
 - d. Use one rag per cage or disposable paper towels when cleaning and disinfecting cat cages.
 15. Order identification badges for all staff that come in contact with the public to include their name and position/rank.
 16. Designate a uniform for RVTs working in the shelter that includes heavier weight pants (not scrubs or jeans) similar to KA uniforms.
 17. Ensure all medical staff (veterinarians and RVTs) has e-mail.

LONG TERM FIX ITEMS FOR THE BALDWIN PARK SHELTER

1. Create a supervising kennel attendant position.
2. Replace the dead animal refrigeration unit.
3. Improve overhead lighting in the washrack area.
4. Develop Material Safety Data Sheet notebooks and have copies available in the euthanasia area and front office.
5. 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. Daily Medical Treatment Log.
 - d. Behavior assessment protocols:
 - i. Train additional staff to perform the behavior assessment test, and
 - ii. Develop temperament evaluation for feral cats.
6. Implement all healthy animals vaccinated at impound (train all staff to administer vaccine and enter into the Chameleon record).
7. Buildings/room renovations:
 - a. Convert current impound area into the new Euthanasia room,
 - b. Convert the current Feral Cat room into the new Medical Treatment/Isolation room,
 - c. Convert the current food storage room to the new Impound room, and
 - d. Convert the current Cat Isolation room into the new Exotic and Nursing Mom's room.
8. Provide standard equipment accessible to KAs to take in vehicles when assigned to field duty.
9. Change grave shift to be exclusively kennel duty (no field duty).
 - a. Change feeding times to grave shift,
 - b. Change bowl cleaning as described in this report, and
 - c. Amend duties of the unregistered veterinary assistant, all KA shifts, and PM OIC to collaborate on spay/neuter clinic responsibilities and over the counter window tasks.
10. Provide training for staff in the following areas:
 - a. Euthanasia,
 - b. Humane animal handling,
 - c. Vaccine administration for ACOs and KAs,
 - d. Field duty training for KAs,
 - e. Medical protocols and administration of medication for KAs in the absence of RVTs,
 - f. Emergency triage procedures for RVTs,
 - g. Utilizing the Daily Medical Treatment Log,
 - h. Behavior assessment revisions to the protocol,
 - i. Temperament evaluation for feral cats, and

- j. Veterinary training in humane investigation medical procedures and record keeping.
- 11. Incorporate veterinary participation in the Foster Care Program once the formal protocol is developed and released from administrative offices.
- 12. Implement annual employee hearing tests.
- 13. Develop an Injury, Illness and Prevention Program.
- 14. Cleaning and disinfecting:
 - a. Monitor degreasing schedule to ensure consistent cleaning, and
 - b. Replace kennel resting beds
 - i. Contact Sergeant Denise Rosen at the Agoura shelter and request information on the donation program with Kuranda Dog Bed Company where she engaged the community to make donations which contributed to purchasing beds at discounted prices for each kennel.

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 Program 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:

Baldwin Park Animal Care and Medical Assessment

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

Baldwin Park Animal Care and Medical Assessment

LOS ANGELES COUNTY
DEPARTMENT OF ANIMAL CARE AND CONTROL
SPAY/NEUTER CLINIC ASSESSMENT – Animal Center #4

March 29, 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 #4, the Spay/Neuter Clinic, located in Baldwin Park. 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)
Clinic Equipment/Supplies (CES)

Staffing Issues (SI)

SI – 1 Observation: The medical division needs to provide equal coverage of spay/neuter clinic and shelter medicine responsibilities.

Medical staffing at the spay/neuter clinic consists of one veterinarian Monday through Friday, an additional veterinarian on Mondays and Thursdays, and one unregistered veterinary assistant. Staff is responsible for the following clinic activities:

- Examination of patients prior to surgery,
- Preparing animals for surgery,
- Spay/neuter surgery of adopted animals,
- Spay/neuter surgery of publicly owned animals (once per month),
- Preparing surgical packs,
- Examining and providing medical care for recently altered animals adopted from the shelter that are now ill,
- Dispensing medication to recently adopted animals that are now ill,

Baldwin Park S/N Clinic Assessment

- Administering a vaccination clinic for one and a half hours twice a week that does require the presence of the veterinarian,
- Administering a microchip clinic for one and a half hours twice a week that does not require the presence of the veterinarian,
- Clerical work for microchip clinics (i.e., completing certificates, registration paperwork),
- Medical record keeping (i.e., controlled substance logs and surgical logs), and
- Maintaining pharmaceutical supplies and equipment inventory for the clinic.

Medical staffing for the shelter consists of a registered veterinary technician (RVT) on duty Monday through Saturday and assistance from the spay/neuter clinic veterinarian for several hours Monday through Friday. Shelter medical staff is responsible for the following activities:

- Performing shelter rounds of all animal holding areas twice daily,
- Vaccinating and deworming shelter animals at impound,
- Examining ill or injured animals,
- Developing a treatment regimen for ill or injured animals,
- Administering treatment to ill or injured animals,
- Performing daily euthanasias,
- Monitoring feeding and nutrition of shelter animals,
- Performing laboratory tests (i.e, fecal checks, Parvo tests),
- Performing behavior assessments,
- Assisting with the Foster Program,
- Answering medical or animal behavior questions asked by the public,
- Medical record keeping (i.e., controlled substance logs, patient medical records), and
- Maintaining pharmaceutical supplies and equipment inventory for the shelter.

As reported to the contractor, the veterinarian consistently performs shelter rounds in the afternoon and is accompanied by the unregistered veterinary technician from the clinic. The RVTs assigned to the shelter do not engage in the spay/neuter clinic activities.

SI – 1 Recommendations:

The surgical and medical responsibilities associated with the spay/neuter clinic and the shelter were presented to the contractor as separate entities. The shelter medical responsibilities are equal to or may even be more time consuming than the clinic duties; however the veterinarian is spending only two hours out of his/her eight hour day working with the shelter RVT and treating shelter animals. In order to maximize surgical efficiency, deliver quality shelter animal care, and more evenly distribute medical duties the following recommendations are submitted to create a more collaborative effort.

There should be an RVT assigned to the clinic in addition to the current unregistered veterinary assistant. If this is not possible, the shelter 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

Baldwin Park S/N Clinic Assessment

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.

As discussed in SNS – 1 (Anesthesia induction performed by an unregistered veterinary technician), Title 16. CCR § 2036 Animal Hospital Health Care Tasks for R.V.T. states, a veterinarian or RVT can perform anesthetic induction by inhalation or intravenous injection, but not the unregistered veterinary technician, which is the current practice. In order to come into compliance with CCR § 2036 there are three possible remedies:

- The RVT is assigned to the clinic and the unregistered veterinary assistant is assigned to the shelter in the morning when animals are induced for surgery,
- Two RVTs are assigned to the shelter on days surgeries are performed and one works the clinic, while the other works the shelter,
- On days there are two veterinarians at the shelter, the second veterinarian performs anesthetic induction in the clinic in the morning and works in the shelter in the afternoon.

The heaviest surgical days should be scheduled when two veterinarians are assigned to the shelter. Baldwin Park is one of the busiest shelters in Los Angeles County and should have additional veterinary support for the maximum number of days that can be supported with current staffing levels.

On the days that two veterinarians are working at Baldwin Park, their duties should be assigned as follows.

On a rotating basis, one veterinarian should be assigned to arrive at 6:30 a.m.:

- The main task in the morning will be to perform pre-surgical examinations of surgical patients and spay/neuter surgery through early afternoon,
- In the afternoon the veterinarian can:
 - Conduct the vaccination clinic (see VC section of this report for details on responsibilities),
 - Complete electronic surgical record entries,
 - Review logs and order controlled substances,
 - Receive clients (recent adopters) and dispense medications for animals that are ill, and
 - Assist with releasing animals to adopters post-surgically.
- The veterinarian's shift will be completed at 3:00 p.m. with a half an hour lunch break.

The second veterinarian should be assigned to arrive at 8:30 a.m.:

- Begin the day with morning shelter rounds accompanied by the RVT or unregistered veterinary assistant,
- Examine ill/injured animals that were impounded during the swing and grave shift,
- Monitor euthanasia procedures,
- Provide support to the primary spay/neuter surgeon if necessary through early afternoon (1:00 p.m.) if necessary, and

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- Spend the afternoon in the shelter working with RVTs completing the following tasks:
 - Performing physical examinations and making treatment recommendations on all new impounds that present with injury or illness,
 - Entering medical information into shelter animal electronic records,
 - Monitoring animals that are currently under treatment,
 - Reviewing feeding and housing practices as performed by the kennel attendants (KA),
 - Collaborating with the Supervising KA (see ANIMAL CARE/MEDICAL ASSESSMENT – Animal Center #4, LSI – 4, There is a sergeant responsible for kennel supervision at the Baldwin Park facility) in order to coordinate animal care provided by the kennel and medical divisions,
 - Assisting with behavior assessments, and
 - Assisting with the foster program.
- The veterinarian's shift will be completed at 5:00 p.m. with a half an hour lunch break.

When one veterinarian is assigned to the shelter, the surgical load will have to be adjusted (lowered) in order to allow the veterinarian to divide his/her time equally between the clinic and shelter duties.

When the veterinarian works in the shelter, he/she should be working with the medical technician (shelter RVT or unregistered veterinary assistant) who is assigned shelter duty. The technician assigned to the clinic should stay in the clinic which will allow him/her more time in the afternoon to release animals post-surgically to adopters, clean cages of released animals, and assist kennel attendant (KA) staff in relocating animals from the shelter to the spay/neuter clinic that were adopted that day. This will also allow the grave shift KA responsibilities to be adjusted as outlined in the report, ANIMAL CARE/MEDICAL ASSESSMENT – Animal Center #4, SCP – 1 (Cleaning and disinfecting practices throughout the shelter, Grave shift duties).

SI – 2 Observation: Protocols pertaining to field officers requesting shelter veterinary assistance with ill/injured animals need refinement.

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. The logistics of where and when the veterinarian can evaluate these animals while performing surgery throughout the morning is not addressed. It was reported to the contractor that from 8:00 a.m. until 1:00 p.m., the shelter RVT will examine ill/injured animals brought into the shelter and conduct the initial work up of the case. Serious injuries or emergency cases are transported to a private veterinary hospital for stabilization. If the RVT is not present when the animal arrives, the ACO may contact the clinic and inform the veterinarian of the injured/ill animal.

SI – 2 Recommendations:

The RVT should be the first responder on medical cases brought to the shelter if the veterinarian is not present in the receiving (washrack) area when there are two veterinarians on duty or when one veterinarian is assigned to the shelter and is

performing spay/neuter surgeries. If the RVT determines the animal requires emergency care, he/she can either request the veterinarian assigned to shelter duty (identified as the second veterinarian in SI - 1 Recommendations) come to the examination area to assess and treat the animal or the RVT can start performing emergency triage based on the following regulation:

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.

RVT staff will require training on emergency stabilization and triage as specified in ANIMAL CARE/MEDICAL ASSESSMENT - Animal Center #1, MCSA - 4, Delivery of medical care at the shelter requires improved procedures and supervision).

Animals that are non-emergency cases can be examined by the RVT while the veterinarian completes scheduled spay/neuter surgeries. The RVT can begin treatment for common shelter presentations based on written orders by the veterinarian (per ANIMAL CARE/MEDICAL ASSESSMENT - Animal Center #4, MCSA - 4 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).

Regarding location for treatment of these animals:

- If the case requires immediate veterinary intervention, injured animals can be transported to the spay/neuter clinic to be examined by the veterinarian if minor surgery is required to stabilize the animal.
- Ill animals should be examined and treated in the shelter medical treatment/isolation room (see ANIMAL CARE/MEDICAL ASSESSMENT - Animal Center #4, 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) in an attempt to lower the possibility of disease transmission to surgical patients.

After these options have been utilized and medical assessment deems it appropriate, the animal may be transported to a private veterinary hospital for advanced care or it may be medically appropriate to humanely euthanize the animal.

SI – 3 Observation: Spay/Neuter Clinic staff do not wear identification.

Veterinarians and the unregistered veterinary assistant do not wear name badges which provide the first and last name of the employee, their position and rank. Staff stated that they have been provided with name badges that are to be worn around their necks, but they do not wear them because this type of badge interferes with the performance of their daily tasks.

In addition, not all of the veterinarians and none of the veterinary technicians have business cards.

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. Badges that attach to the pocket of a garment or laboratory coat would be the most appropriate for medical staff.

All medical staff should have business cards that can be handed out to the public or rescue groups in order to enhance and expedite communications.

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 medical staff moving from the clinic to the shelter, and KAs and ACOs walking from the kennels into the clinic without changing their shoes or wearing shoe/boot covers.

The contractor did observe some of the veterinarians changing laboratory coats when called out from the clinic to the shelter to examine an animal brought in by an ACO from the field in the washrack area. However, once staff returned to the clinic, they continued to wear the laboratory coat they used when in the kennels.

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.

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The veterinarians should also designate laboratory coats to be worn (over their surgical scrubs) while working in the kennels. These coats should not be worn while working in the clinic.

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

PreSI – 2 Observation: Adopted animals housed in the clinic on the day of surgery that are deemed ill upon physical examination are not immediately relocated to isolation by shelter staff and remain in the pre-surgical animal holding area.

Currently, KAs on grave shift relocate adopted animals from shelter animal holding areas to the clinic animal holding cages on the day of scheduled surgery. At the beginning of the shift for the unregistered veterinary assistant, the process of physical examination of surgical patients begins and ill animals in the clinic holding area that are unfit for surgery are identified. As reported to the contractor, some animals were not removed from the clinic by kennel staff in a timely manner. In circumstances where an adopter chose to still adopt an ill animal, the animal may remain in the clinic until pick up and are in close contact with healthy animals awaiting surgery. As reported to the contractor, ill animals that are relocated from the clinic are usually placed in the main population of the shelter.

PreSI – 2 Recommendations:

In an attempt to keep the clinic animal holding area as free from disease as possible, it is imperative that any animals showing signs of contagious illness are relocated to an isolation area as soon as possible.

Opportunities for kennel staff to identify an ill animal in the clinic:

Currently, the grave shift KA starts the process of individually relocating animals from the kennels to the clinic by walking animals on leashes and/or placing them in carriers. If recommendations from ANIMAL CARE/MEDICAL ASSESSMENT – Animal Center #4, SCP – 1 (Cleaning and disinfecting practices throughout the shelter, Grave shift duties) are implemented, then swing and grave shift KAs, as well as the unregistered veterinary assistant will be involved with relocating animals to the clinic starting at the end of the day shift through the evening.

It takes several trips to the clinic to relocate every animal scheduled for surgery. During this sequence of events, the animal handlers have two opportunities to identify ill animals in this group. The first opportunity is when the KA individually handles an animal by placing him/her on a leash or in a carrier. The second opportunity is when staff is actively in the clinic (repeatedly placing animals in cages, cleaning cages etc.) he/she can observe the animals previously placed in the clinic for coughing, sneezing etc. If an animal is discovered with any of these signs of contagious disease, staff will immediately relocate the animal to shelter isolation and document the transfer and request for medical examination to the day shift clinic staff.

Opportunities for the medical staff to identify an ill animal in the clinic:

When the unregistered assistant arrives in the morning, he/she should check the health status of all animals in the animal holding area as the first duty of the day. Upon identifying an ill animal, the assistant will present the case to the veterinarian for examination before shelter morning rounds are conducted. If the animal is deemed unfit for surgery by the veterinarian, the assistant will administer medication to the animal as ordered by the veterinarian, immediately contact by radio the Supervising KA and request assistance to relocate these animals to shelter isolation. If a KA is not available, the assistant can relocate the animal (taking care to replace his shoe covers when he re-enters the clinic), the Supervising KA can relocate the animal, or request an ACO who has not yet left the shelter for field duty to assist and relocate the animal. Also, the unregistered veterinary assistant or the supervising KA will inform the shelter RVT of the animal's status.

Once an ill animal has been relocated from the clinic, the unregistered assistant must immediately disinfect the cage where the animal was housed and wash his/her hands with soap and warm water.

If an animal is identified as ill after surgeries have started, the unregistered assistant should radio for KA assistance in relocating the ill animal to shelter isolation. The KA should wear shoe covers when working inside the clinic (see PreSI - 1 Recommendations).

Whenever an animal is relocated to the shelter from the clinic, the Chameleon record should be updated reflecting the new holding location of the animal and identify the animal's illness and recommended treatment under the medical section.

A complete protocol needs to be developed within the Spay/Neuter Clinic procedures that addresses adopted animals deemed unfit for surgery on the day of surgery and should contain the following issues:

- Determining if an adopted animal is unfit for surgery,
- Contacting the adopter to determine if they choose to continue or discontinue the adoption,
- Veterinarian prescribing medication,
- Administering the initial dose of medication,
- Re-locating the animal to shelter isolation,
- Changing the animal's shelter location in the Chameleon record,
- Preparing the prescription for adopter pick up from the clinic and completion of the spay/neuter waiver form if the adopter still wants to continue with the adoption, and
- Placing the animal on the shelter Daily Medical Treatment Log if the adopter chooses not to continue with the adoption.

PreSI - 3 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 – 3 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 – 4 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. Kittens must weigh at least two pounds and puppies must weigh at least two and a half pounds.

PreSI – 4 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 – 5, 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 – 5 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 – 5 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 surgical candidates should be fed their regular evening meal the night before scheduled surgery (for publicly owned animals). The day of surgery about 1-1.5 hours prior to the procedure, kittens and puppies should be fed a small meal (1-2 tbs) of canned kitten/puppy food.

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 premedicated 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. Animals that are not yet immobile after the premedication are injected intravenously (IV) by the veterinarian (induction phase) and then maintained on gas anesthesia during the procedure.

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 from performing any of the functions or activities specified in subsections (a) and (b) of Section 2036 of these regulations.

SNS – 1 Recommendations:

The surgical assistant on duty the day of the assessment was an unregistered veterinary assistant, the lead and often times only assistant in the clinic. The status of unregistered veterinary assistant limits the degree of surgically associated tasks he 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) or shelter assigned RVTs should share pre-surgical responsibilities with the unregistered veterinary assistant. The shelter RVT will have the time to participate in pre-surgical responsibilities if non-medical staff share some of the shelter job duties currently assigned to RVT staff (i.e., vaccinating animals at impound and rotating through euthanasia duty) as outlined in ANIMAL CARE/MEDICAL ASSESSMENT – Animal Center #4, LSI – 2 Recommendations. On days when two veterinarians are assigned to the shelter, anesthetic induction could be assigned to one of the veterinarians without displacing the shelter 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; premedication, 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 pre-operatively 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.

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 or puppy 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 or puppy 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.

PostSI – 3 Observation: Animals are released post-surgically by KA staff.

Currently, the unregistered veterinary assistant releases animals post-surgically until his shift ends (mid-afternoon) at which time KA's are called from the shelter to release animals in the clinic. KAs provide the post-surgical care handout to adopters and pet owners and answer any animal care questions that may be posed.

PostSI – 3 Recommendations:

Ideally, medical staff should be releasing post-surgical patients from the clinic to pet owners and adopters so that they can assess the animal's recovery (check mucous membranes etc.), check the surgical site, and answer any specific medical questions. If the unregistered veterinary assistant is no longer on site in the late afternoon during a release, then the shelter RVT or veterinarian (if two veterinarians are on duty and the recommended stagger start times are implemented as recommended in LSI – 1) should be called up front to conduct post-surgical release of clinic animals through the end of their shift.

KAs are required to perform post-surgical release of clinic patients from 5:00 – 7:00 p.m., and should review the County post-surgical care handout (and become familiar with revisions if implemented as recommended in PostSI – 2) and be monitored periodically by the swing Officer in Charge (OIC) to make sure consistent instructions are being given to adopters and pet owners.

PostSI – 4 Observation: Animals that have been altered, but not picked up by adopters or owners post-surgically are relocated to the shelter overnight.

As reported to the contractor, animals that are not picked up post-surgically from the clinic prior to closure (7:00 p.m.) are relocated to designated kennels in the shelter; however those enclosures are commonly occupied. Under these circumstances, patients are then placed in the main population to recover post-surgically.

PostSI – 4 Recommendations:

Animals recovering from surgery that must remain at the shelter overnight should not be placed in the shelter's main population, especially dogs who would be placed in the kennels on the cement floor and usually with other kennel mates which may result in a safety issue for these animals who are in a weakened state because they are still recovering from anesthesia and major surgery.

When the swing OIC checks the clinic at 7:00 p.m., he/she should identify any remaining animals not yet picked up by adopters and enter their identification numbers onto a list for the unregistered veterinary assistant's follow up the next morning. The swing KA should be instructed to relocate these animals to the pre-designated areas of post-surgical recovery in the shelter. If these areas are unavailable, the animals should remain in the clinic and be provided with water and a small bowl of food. The grave shift should be responsible for monitoring these animals when they are in the clinic while they are completing clinic tasks (i.e., bringing the next day shelter surgeries into the animal holding area). Monitoring responsibilities will include cage changes and transport

to a private veterinary emergency facility if an animal shows signs of hemorrhaging or an animal is non-responsive. There may be situations where maintaining post-surgical recovery animals in the clinic takes up cage space that is needed for animals scheduled for surgery the next day. When this occurs, animals awaiting surgery must remain in their shelter enclosures overnight and be relocated to the clinic in the morning by the unregistered veterinary assistant as space becomes available.

A protocol should be developed that incorporates these procedures.

Vaccine Clinic (VC)

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

As reported to the contractor; 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 medical 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.

VC -2 Observation: The vaccine clinic is scheduled concurrently with the microchip clinic.

The current schedule for vaccine and microchip clinics is Wednesday and Thursdays, 1:00 – 2:30 p.m. The veterinarian conducts the vaccine clinic with the assistance of a clerk, and vaccinations are administered in the examination room of the clinic.

The microchip clinic is conducted by the unregistered veterinary assistant without the assistance of a clerk and the procedure is conducted in the clinic surgical preparation area.

VC -2 Recommendations:

If the vaccine clinic and microchip clinic were scheduled for opposite days of the week rather than concurrently, the veterinarian and unregistered veterinary assistant could work together in the clinics and eliminate the need for a clerk and also remedy concerns of animal restraint as discussed in VC -1 (Owners restrained their own pets during the vaccine clinic). The examination room could also be used exclusively for the clinics and eliminate bringing animals into the surgical preparation area.

Microchip Clinic (MC)

MC - 1 Observation: Owners restrained 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 – 1 Liability section.

MC -1 Recommendations:

See VC – 1 Recommendations section.

MC - 2 Observation: The microchip clinic is scheduled concurrently with the vaccine clinic.

See VC – 2 Observations section.

MC -2 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.

As reported to the contractor, the clinic is scheduled to receive clients with animals that have become ill within five days of surgery from 1:00 – 3:00 p.m. However, adopters

bring pets in throughout the day, including when the veterinarian is unavailable and performing surgery. If the veterinarian is available he will perform a physical examination on the animal in the clinic exam room and dispense medication free of charge. If the veterinarian is unavailable the unregistered veterinary technician will examine the animal, relay his findings to the veterinarian, and dispense medication based on verbal orders from the veterinarian.

Physical examination findings and prescribed medications are not entered into the patient's pre-existing Chameleon medical record.

MSP – 1 Recommendations:

Providing supportive care at no charge for animals that become ill within five days post-surgically is a valuable service. Specific hours designated for this public service (in the afternoon after surgeries are completed to enhance the availability of the veterinarian) should be identified to pet owners and adopters at the time of post-surgical release. In addition, the call center located at Downey should be informed of the hours and be instructed to relay this information to adopters who may call in to the shelter.

Ill animals should not be admitted into the spay/neuter clinic. Ill animals should be taken to the designated medical treatment/isolation room (see recommendation in the ANIMAL CARE/MEDICAL ASSESSMENT – Animal Center #4, 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) in an attempt to lower the possibility of disease transmission to surgical patients. The veterinarian should be available in the afternoon while performing shelter duties to examine previously adopted animals in the shelter's designated medical room. If the veterinarian is not available, the RVT should perform the initial examination and then receive direction by the veterinarian for treatment and dispensing of medication if applicable.

All medical care provided for animals must be documented in a patient's medical record. For more detail on this topic see, RKS – 2 Observation: The clinic dispenses medication for adopted animals without documenting this in the animal's medical record.

Record Keeping/Security (RKS)

RKS – 1 Observation: The computerized entry of surgical information to the shelter animal's record and surgical record maintained for publicly owned animals is incomplete.

For each animal impounded into the shelter there is an electronic Animal Record generated 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 complete a comprehensive surgical record on each animal (information currently entered into Chameleon only indicates that surgery was performed) after it is spayed or neutered.

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

RKS – 1 Recommendations:

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.

The veterinarian is required to complete a surgical record (the items listed above must be contained in the record) 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.

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 this 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 prescribed by the clinic veterinarian 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 (see MSP – 1, Animals that have become ill five days post-surgically can return to the clinic for physical

examination by the veterinarian and dispensing of medication). In these situations the adopter is also provided with medication provided by the veterinarian. 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.

RKS – 2 Recommendations:

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.

There are many indications why a medical record regarding 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 unregistered veterinary technician or RVT fills the prescription as ordered by the 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 shelter and the clinic 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 recommendations also covered in ANIMAL CARE/MEDICAL ASSESSMENT – Animal Center #4, EP – 7, Controlled substance security.)

The spay/neuter (S/N) clinic secures all controlled substances (ketamine, diazepam, butorphanol) except sodium pentobarbital. Currently, the only controlled substance distributed from the S/N clinic to the shelter is ketamine (and only for use in skunk kits).

Baldwin Park S/N Clinic Assessment

The central supply of controlled substances is kept in a double locked steel cabinet affixed to the wall of the supply room.

- Ketamine, diazepam, and butorphanol are located inside the cabinet.
 - There are no general inventory logs for any controlled substance in the cabinet.
 - Ketamine bottles are numbered and are distributed to the shelter for use in skunk kits.
- Inventory of other pharmaceuticals are also stored in this cabinet.
- The veterinarians, the unregistered veterinary assistant, and the shelter manager have keys to the locked cabinet.

The daily supply of controlled substances for the S/N clinic is located in the surgical suite where it is kept in a free standing, glass faced, single locked cabinet.

- The cabinet contains ketamine.
- The veterinarians, the unregistered veterinary assistant, and the shelter manager have keys to the locked cabinet.
 - As reported to the contractor, the key to the daily supply cabinet is on the S/N Clinic general key ring found in administration.
- There is no separate daily use controlled substance log for ketamine, diazepam, or butorphanol.
 - Drug usage is maintained on the daily Surgical Log.

Liability:

Code of 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.

RKS – 3 Recommendations:

There should be one designated person (recommendation for the veterinarian who possesses the DEA registration certificate for the Baldwin Park shelter and S/N clinic) to be in charge of the overall oversight of dispensing and security of all controlled substances at the Baldwin Park 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 central supply of controlled substances in the S/N clinic 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. This safe should contain all unopened, sealed bottles of controlled substances (i.e., ketamine, diazepam, and butorphanol) accompanied by an inventory log for each substance maintained in a three ring notebook that must be updated whenever the safe is opened by an employee and a witness (documented by double signatures on the log entry).

A log recording every time the central supply safe is opened by an employee, a witness must be present to confirm the drugs were counted and documented in the inventory log by two separate signatures. 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

The Central Supply safe should only be opened if drugs are being dispensed or a shipment of drugs is being received and secured. During these times, there must be two individuals witnessing distribution or receipt of these drugs.

The current inventory in the central supply cabinet consists of controlled drugs and other pharmaceuticals/anesthetic supplies. Consideration of purchasing a separate safe (with the provisions listed above) for the S/N clinic to maintain the central supply of controlled drugs only should be considered in order to decrease the number of times the cabinet is opened and dual signatures required on the inventory log. The current practice of opening the cabinet multiple times per day (to retrieve any of the drugs stored there) without documenting each entry into the cabinet is in violation of controlled substance security.

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

A separate daily supply of controlled substances for the S/N clinic should continue, but the current cabinet should be replaced by a double-locked steel cabinet bolted to the wall. Currently, only ketamine is located in the daily supply cabinet. If the surgical team is using other controlled substances (diazepam and/or butorphanol) on a daily basis, they should also be placed (one opened bottle each) in this cabinet rather than daily retrieval from the Central Supply safe in order to reduce the number of times the Central Supply safe is opened and/or to eliminate the situation where the Central Supply safe may remain unlocked for periods throughout the day.

For the daily supply of controlled substances in the clinic, 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
- 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.

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 a bottle of eye wash solution in the surgical suite, but it has not been changed or replaced in over a year and staff reported to the contractor that they would never use the solution in their eyes if an emergency occurred.

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

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

The contractor observed 12-14 large, filled sharps containers located above cage banks in an animal holding room that had not been picked up by hazardous waste in over one month.

A screen over a window in the dog holding area was in need of repair.

Staff discussed with the contractor their concerns over a recent report by a county maintenance department (ISD) that there was mold accumulation found under the S/N trailer. Some staff complained of allergy issues.

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 shelter is currently updating their MSDS notebook. 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.

All sharp containers should be picked up on a regular schedule. If output exceeds the current pick up schedule, staff should contact the pick up service or request the OIC contact the service to adjust the schedule. Protocols on this topic should be included in the S/N clinic portion of the Manual of Policy & Procedure.

The shelter should ensure expedient repairs to the trailer when needed. Damaged windows could result in a security breach where non-employees could gain entry into the trailer and/or cats could escape through the damaged window.

Reports on mold accumulation should be made available to S/N clinic employees and clean up scheduled if warranted by official reports.

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. New safe for daily supply of controlled substances in the clinic,
2. Optional central supply safe of controlled substances in the clinic,
3. Eye wash station installed in the sink of the surgical preparation area,
4. Supply of disposable shoe covers,
5. Replacement of poorly functioning autoclave,
6. Heating pads,
7. New walk-on scale,
8. Additional surgical packs (11-15),
9. Replacement of anesthetic machine,
10. Small gurney,
11. Replace vacuum hose on vacuum in surgical preparation area,
12. Make available PDS suture material,
13. Make available Telazol,
14. Purchase a surgical light to be placed in the surgical preparation area in order to better perform minor surgical procedures on shelter animals,

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15. Additional computer terminal in the office in addition to the computer in the reception area,
16. Control pole permanently placed in the animal holding area, and
17. Leather gloves to handle cats.