

LOS ANGELES COUNTY
DEPARTMENT OF ANIMAL CARE AND CONTROL
ANIMAL CARE/MEDICAL ASSESSMENT – Animal Center #3,
February 8, 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 #3 located in Carson. 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 Carson Shelter
- Long Term Fix Items For The Carson 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 Carson 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: There is only one veterinarian and one part-time RVT currently working at the Carson facility.

Medical staffing at the Carson shelter consists of:

- One veterinarian assigned to the Carson shelter that is responsible for all shelter medicine activities and performing spay/neuter surgeries at the clinic.
- There are two RVT full-time unfilled positions for the Carson shelter.
 - Currently, the Baldwin Park RVT provides temporary assistance to the Carson shelter two days per week and he spends all of his time working with the shelter animals.
 - The RVT does not perform, provide assistance or monitor any medical activities in the spay/neuter clinic.
- There is 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 #3, SNS – 1 Anesthesia induction performed by an unregistered veterinary technician.
- There is a sergeant who has been temporarily assigned (until the two RVT positions are filled) to the duty of Medical Operations Supervisor.
 - As reported to the contractor, this is not an official position and the sergeant will return to field duties once the medical division is fully staffed.
 - This officer possesses a background in veterinary assisting but is not a licensed RVT.
 - As reported to the contractor by the acting Shelter Manager, the sergeant's primary responsibility is to ensure animals are being vaccinated at the time of impound. This includes:
 - Administering vaccinations when the RVT is not on duty.
 - Collaborating with the RVT when he is on duty to ensure animals are being vaccinated.
 - Conducting a query of Chameleon records and generating a list that identifies which animals have not been vaccinated and either vaccinate the animals or provide the list to the RVT when he is on duty.
 - The sergeant reported to the contractor that she has taken on additional medical duties (besides vaccinating shelter animals) for the shelter and spay/neuter clinic in her capacity as Medical Operations Supervisor.
 - She administers treatments to shelter animals in the absence of the RVT.
 - This occurs on the two days per week when the shelter has no licensed medical personnel (veterinarian or RVT) on site or during the five days per week there is no RVT on duty.
 - The sergeant places medications needed for weekend treatment administration (when she is off duty and no medical personnel are present) in the unlocked mobile stainless steel cart (also used for daily treatment administration during the week and the euthanasia procedure) to be used by designated Kennel Attendants (KA) (those that she has trained) to ensure there is no break in treatment regimen when medical staff is not on duty.
 - She performs daily euthanasia.
 - She may assist in the spay/neuter clinic if needed, but generally spends her time in the shelter or working on administrative issues.
 - The sergeant reported to the contractor that she has taken on additional administrative duties for the shelter and spay/neuter clinic in her capacity as Medical Operations Supervisor.
 - She monitors controlled substance logs.
 - Until recently, she monitored the central supply of ketamine in the spay/neuter clinic.

- She selects and orders pharmaceuticals (antibiotics) for the shelter.
 - She monitors and disposes of expired drugs maintained at the shelter, and
 - She communicates with other county shelters and nearby veterinary hospitals to transfer controlled substances when Carson or the other facilities occasionally run short on their central supplies.
- There is a second sergeant who has been permanently assigned the duty of Kennel Operations Supervisor.
 - This sergeant is a hands-on working supervisor in the kennels.
 - The sergeant is on duty on the weekends when no medical staff is on duty and either continues administration of treatments to shelter animals per written orders to ensure there is no break in treatment regimens or he delegates this duty to designated KAs.

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.

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.

§ 1307.11 Distribution by dispenser to another practitioner or reverse distributor.

- (b) 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 – 2 Recommendations:

In order to address the issue of inadequate medical staffing at the Carson shelter, it is necessary to consider the medical staffing and spay/neuter schedules at all six shelters. According to the February 2007 DACC Veterinarian Schedule, the following shelters perform spay/neuter surgery five days per week: Downey, Carson, Baldwin Park, and Lancaster. Downey has two veterinarians assigned to the shelter from two to five days each week in February. In addition, Downey has two RVTs assigned to the shelter on some days. Baldwin Park has two veterinarians assigned to the shelter from one to three days each week in February. Carson and Lancaster are the only facilities that do not have two veterinarians assigned to it even one day per week. However, Lancaster has two full-time RVTs currently working five days per week at the shelter and Carson only has an RVT two days per week. See the chart below for clarification (note: the Castaic shelter site visit has not been completed as of the date of submission of this report).

Shelter	S/N Surgery # days/week	# Vets, 5 days/wk # extra Vets	# RVTs, # days/week	RVT assigned To S/N Clinic
Downey	5	1 Vet assigned, 2 Vets (2-5 days/wk)	2 RVTs daily 5 days/wk	No
Carson	5	1 Vet assigned, 0 additional vets	1 RVT 2 days/wk	No
Baldwin Park	5	1 Vet assigned, 2 Vets (1-3 days/wk)	1 RVT daily 6 days/wk	No
Lancaster	5	1 Vet assigned, 0 additional vets	2 RVTs daily 5 days/wk	Yes
Castaic	3	Not yet visited	Not yet visited	Not yet visited
Agoura	3	1 Vet assigned, 3 days/wk	1 RVT 5 days/wk	No

Every shelter, besides Carson, has at least one RVT assigned full-time to the facility (Downey and Lancaster have two RVTs at each location). Because the Carson shelter does not have a full-time RVT assigned to the facility and only one veterinarian, the only way for the facility to meet minimum industry standards of animal care and to come into compliance with Title 16, CCR § 2036 will be to re-evaluate RVT and veterinary staff scheduling for all five facilities to ensure that each facility has one RVT on duty whenever spay/neuter surgeries are being performed. The other option would be on certain days when a shelter can not schedule an RVT, a second veterinarian should be assigned to the shelter to cover RVT duties on that particular day.

Other specific recommendations for the Carson shelter pertaining to current veterinary and RVT staffing and the position of Medical Operations Supervisor are discussed below.

Veterinarians at Carson

Due to the high number of animals housed at the Carson facility, there should be a veterinarian assigned primarily to the spay/neuter clinic and a second veterinarian assigned primarily to shelter animal care, but also assisting with surgeries in the morning as needed. Alternatively, a second veterinarian could also be brought in several days per week to handle a heavy surgical load and on the days with one veterinarian on duty, the surgical numbers would have to be decreased as suggested below.

RVTs

There should be at a minimum one RVT scheduled five days per week (coordinated with the days spay/neuter surgery is performed). Ideally, two RVTs should be assigned to the shelter on a daily basis in order to provide sufficient medical support for shelter animals as well as to assist the veterinarian in the spay/neuter clinic.

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

- Spay/neuter surgery can only be conducted at the Carson facility on days when an RVT is scheduled or a second veterinarian is assigned to the shelter.
- 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.
 - Euthanasias will be performed by euthanasia certified technicians on a rotating basis, (to alleviate the current practice at this location of primarily two employees performing all euthanasias).
- If it is preferred that the RVT perform euthanasias, the option is to reduce the number of surgeries performed each day and change the surgical start time to 10:00 – 10:30 a.m.
 - Euthanasias can be performed by the RVT from 8:00 – 10:00 a.m.
 - The unregistered 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.

Medical Operations Supervisor

The duties of this temporary position need to be better identified to the supervisor and other medical and kennel staff. It is evident that the duties currently being completed by this employee have been so expanded that the primary responsibilities for this position as defined by the acting Shelter Manager (ensuring vaccination at impound) are being completed secondarily or tertiary to other duties. The result is that all eligible animals are not being vaccinated at impound. In addition to the Medical Operations Supervisor concentrating her efforts in this area, see other recommendations in this report to ensure vaccinations are consistently completed at impound, under MCSA – 5, Vaccinating shelter animals.

If the recommendation for assigning an RVT and/or second veterinarian to the facility whenever spay/neuter surgeries are scheduled is implemented, then the additional medical duties currently being performed by the Medical Operations Supervisor could be completed by the new medical staff. The supervisor could then concentrate on ensuring animals are vaccinated at impound.

In order to eliminate some of the administrative work being performed by the Medical Operations Supervisor, the shelter veterinarian should play a more proactive role in organizing these activities and participating in completion of these tasks, which include:

- Determining which antibiotics are to be used and ordered for the facility,

- Ensuring treatments are continuing to be administered when medical staff is off-duty per written orders developed by the veterinarian,
- Training non-medical staff on common shelter illness, routine treatment regimens, and methods of treatment administration,
- Monitoring security of controlled substances (in compliance with 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. § 1307.11 Distribution by dispenser to another practitioner or reverse distributor),
- Monitoring controlled substance logs, and
- Periodic monitoring and mentoring of the euthanasia process.

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 a sergeant, the Medical Operations Supervisor.

As reported to the contractor by the acting Shelter Manager, the Medical Operations Supervisor has the final approval for euthanasia, even with cases that involve a medical determination. It was also reported that under the current structure, the sergeant could overrule the veterinarian's recommendation for euthanizing an animal that was determined to be irremediably suffering, but the acting Shelter Manager did not believe that this commonly occurs.

LSI – 3 Recommendations:

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

The shelter veterinarian (the highest ranking medical employee with a state license to practice medicine) should be in charge of decisions requiring medical expertise and input (including euthanasia for medical reasons) rather than final decisions in these areas being made by the law enforcement division.

LSI – 4 Observation: There is a Kennel Operations Supervisor position held by a sergeant at the Carson facility.

As reported to the contractor there is a Kennel Operations Supervisor at the Carson facility that is filled by a sergeant. 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 accommodate new needs as they arise throughout the day. As reported to the contractor by the kennel staff, the day of the site visit there were more KAs assigned to duty that day than ordinarily are on day shift.

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., Puppy Pass cleaned once per day despite repeated use by animals from different enclosures and the public entering these "get acquainted" areas, and puppies receiving canned food only once per day) due to low numbers of KAs at the shelter on day shift. Even though there was increased staff present on the day of the site visit, the contractor did not observe that these routinely incomplete duties were being completed that day or any designation of special assignments by the Kennel Operations Supervisor to enhance care for the animals or service to the public. The contractor observed that rather than KAs having an enhanced presence in the kennels, some of the KAs were observed at various times throughout the day not engaged in animal care associated work and were collected in non-public areas (i.e., the washrack) and observed visiting with peers or gathering near their personal vehicles in parking areas.

LSI – 4 Recommendations:

As reported to the contractor, the Kennel Operations Supervisor is a working supervisor position and the sergeant does assist with kennel hosing and shelter cleaning side by side with KA staff. However, the supervisor needs to be in continual contact with staff "on the floor" throughout the day to ensure they are completing assigned duties. In addition, the position of Kennel Operations 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.

When the Kennel Operations 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: All staff working in shelter animal holding areas do not wear identification and can not easily provide contact information to the public or rescue groups.

Veterinarians, RVTs, and KA staff do not wear name badges which provide the first and last name of the employee, their division (medical versus kennel staff) and rank (supervisor/manager). Several KA staff had their last name sewn onto their uniform top, but it did not include their division or rank.

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

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

Providing business cards to shelter staff would improve and expedite contact with rescue groups and members of the public that could enhance adoptions and claims. Adopters could also contact the veterinary staff and/or 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 employee performs kennel and field duties.

KA staff who have been assigned to grave shift and/or have been placed on first day duty shift discussed with the contractor the problems associated with one person on grave shift performing kennel and field duties. If the grave shift employee is called out for field duty, he/she is unable to complete the following kennel duties:

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

By not completing these tasks as required during the grave shift, it has a negative impact on the day shift. Day shift KAs must try to complete some of the grave shift tasks in addition to their delegated duties, which place them behind for the entire day. For example, when shelter animals scheduled for spay/neuter surgery that day are not re-located to the clinic by the grave shift, the unregistered veterinary assistant must transfer all of the animals in the morning causing the surgical start time to be moved ahead and surgeries being completed in the early afternoon resulting in less time in the afternoon for the veterinarian to provide medical care to shelter animals.

LSI – 6 Recommendations:

With current staffing, KA grave shift should include only animal care work on-site at the shelter. The grave shift employee should not be required to also perform field work (see LSI – 7 In the absence of Animal Control Officers (ACO), kennel staff are assigned to field duty without adequate training or equipment). In order to accomplish this, either two KAs should be assigned to the grave shift or a KA and an ACO should be on duty together or the ACO could be on call for this shift.

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 and during grave shift. KAs do not receive any formal training prior to this assignment and are not designated appropriate field equipment like the officers in order to safely and efficiently complete field assignments.

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 do not have the opportunity to collect supplies for stocking the vehicle or check the vehicle to confirm it is in good working order prior to going out on the call.

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

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

All vehicles assigned to staff should be in good working order (i.e., KA staff reported that some vehicles do not have functional spot lights mounted on the vehicle to locate animals at night). If not, they should be sent for repairs, or be placed out of commission and unable to be assigned to employees.

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.

Medical staff could not identify for the contractor any formal procedures on emergency triage for shelter animals and there are no written procedures in the County of Los Angeles Department of Animal Care and Control Policy and Procedure Manual, Policy No. OPK140, Maintenance of Animal Health. In addition, there is no location (excluding the spay/neuter clinic) where emergency triage can be practiced.

The impound process does not allow for a location to physically examine animals. Some animals that are designated as ill at the time of impound are housed in the washrack area cages and medical staff examine these animals in their cages, animals may be transported to the RVT office where they are examined on the floor or counter top, or animals are placed in designated isolation cages (if they are available) and are examined at the enclosure.

MCSA – 1 Recommendations:

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

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

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

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

2069. Emergency Animal Care.

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

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

Not only does the shelter need a specific location to perform emergency triage, but a location to perform general physical examination of animals at the time of impound and/or examination of animals identified as ill post-impound, needs to be identified. Currently, these assessments are being performed in a variety of unacceptable areas. The Carson shelter needs to create a medical treatment room.

The options for designating a medical treatment room (with minor construction requirements and/or relocating animals from current areas) include:

- Change the current Feral Cat room to become the medical/euthanasia room.
 - Divide the current Feral Cat room so two-thirds is used as a medical treatment room (presentation of known ill animals at impound or discovered during the legal holding period) and one-third is cordoned off (by a wall or curtain) for euthanasia.
 - This will require installation of lockable cabinets and a controlled substance safe, and
 - A stainless steel cage bank for temporary housing.
 - Maintain the RVT office and also utilize it as the Impound room. Remove one desk, push the remaining two desks against one wall and open up space in the middle of the room to place an examination table for presumed healthy animals at impound or injured animals. Impound procedures such as microchip scanning, receiving external identification, vaccination administration, and digital photographs can be performed here.

- Remove the refrigeration unit that serves as the Camera room in the washrack area and enclose that area extending to the wall of the RVT office to become the new Feral Cat room.
- Change the current Feral Cat room to become the Cat Isolation/Treatment room and Exotic Animal room.
 - Relocate feral cats to the current Cat Isolation room.
 - Maintain the RVT office but expand its use to include examination/treatment of dogs by removing one desk from the RVT office, pushing the remaining two desks against one wall and opening up space in the middle of the room to place an examination table.
 - Improve security of cabinets in this room for storage of medications.
 - Maintain the Camera room and conduct all impound procedures there, including vaccination at impound.
 - A lockable refrigerator will need to be placed in this area.
 - Enclose that area extending from the back of the Camera area (refrigeration unit) to the wall of the RVT office and forward into the washrack area so that it can be permanently secured/locked to become the new Euthanasia room.
 - A Daily Supply of controlled substance safe will have to be installed,
 - Lockable cabinets, and
 - A bank of stainless steel cages for temporary housing.
- Change the current Feral Cat room to the examination/treatment room and RVT office.
 - Change the current RVT office to the new Euthanasia room.
 - A Daily Supply of controlled substance safe will have to be installed,
 - Updated, improved lockable cabinets, and
 - A bank of stainless steel cages for temporary housing.
 - Maintain the Camera room and conduct all impound procedures there, including vaccination at impound.
 - A lockable refrigerator will need to be placed in this area.
 - Enclose that area extending from the back of the Camera area (refrigeration unit) to the wall of the RVT office and forward into the washrack area to become the new Feral Cat room.

Any of these options will also require attention to minor details not specifically identified above (i.e., additional equipment, security, lighting, computer access, etc.).

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

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

There currently are seven designated isolation kennels for dogs with contagious diseases (i.e. kennel cough) or for dogs requiring advanced medical care in each

building. They are categorized and identified as either Vet Check kennels (dogs that have returned from a private veterinary hospital and require further veterinary examination or administration of controlled substances) or RVT Check kennels (dogs impounded with common shelter clinical presentations that the RVT treats based on written instructions from the veterinarian). As reported to the contractor, this system is functional only in the winter months and breaks down as soon as the population of the kennels increases resulting in ill/contagious animals being housed interspersed within the main population. In addition, the kennel staff reported that field officers do not consistently respect designated isolation kennels and place healthy, often unvaccinated animals, into these enclosures with contagious animals if unable to locate available kennel space for new field impounds.

Dogs under rabies observation are held in Building #1 in a designated section of the kennels that is separated from the main population by a locked chain fence.

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 should be washing their hands with soap and warm water (using hand sanitizers is not acceptable) prior to handling any other animals outside of the hospital (including ill animals awaiting veterinary examination in the washrack room) or prior to moving through any main animal population holding areas.

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

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

The Kennel division has done a good job in developing a section of kennels in each building designated to house dogs that are ill with contagious diseases. Ill dogs can not be interspersed throughout the main population without risking a disease outbreak. However, due to the high population of dogs and the necessity to house multiple dogs in each kennel throughout most of the year at the Carson facility, many more dogs will

present with illness than can be accommodated in these seven isolation kennels. It may necessitate designating an entire building or half of a building just for contagious dogs. 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. 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.

If only half of one of the kennel buildings is designated for isolation then 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. In this way, there will still be some buildings that are disease free rather than designating housing for contagious animals in each building.

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, but need 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 once per day, not 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

KA staff also requested that the shelter be supplied with a greater variety of canned food that can be offered to the shelter animals.

MCSA – 3 Recommendations:

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.

To ensure the feeding recommendations (i.e., twice a day canned feedings for young animals) are being followed, the Kennel Operations Supervisor and the medical staff should be working together 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.

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

- Two days per week the RVT administers morning treatments prescribed by the veterinarian.
 - In the absence of the RVT, the Medical Operations Supervisor administers morning treatments.
- The RVT commences treatment on ill animals not yet examined by the veterinarian based on written orders for treatment of common clinical presentations (see below, Policy No. OPK140) developed by the veterinarian.
 - The Medical Operations Supervisor stated that she is aware of the Manual section which outlines treatment orders for certain clinical presentations to be administered by RVTs when the veterinarian is unavailable or under indirect veterinary supervision.
 - However, the Medical Operations Supervisor is an unregistered veterinary assistant (not an RVT) and is administering treatment on animals not yet examined by the veterinarian.
 - In addition, she does not consistently follow these protocols and contacts technicians at other county shelters or other outside sources to determine and implement treatment protocols.
- On days medical staff is not present (including the Medical Operations Supervisor):
 - Certain KAs (that have received training by the Medical Operations Supervisor) are continuing to administer medical treatments to shelter animals prescribed by the veterinarian.
 - The Medical Operations Supervisor has taken charge of organizing weekend treatment administration and places specified medications in the unlocked mobile stainless steel cart (also used for daily treatment administration during the week and the euthanasia procedure) to be used by KAs on weekend duty.
 - Animals that present as "new illness" cases (have not yet been examined by the veterinarian) during this time are not treated until medical staff return to duty.
- Animals under medical treatment receive a Pink medical card which is placed on their cage door and identifies the date, type of treatment and staff administering the treatment.

- When the RVT or unregistered veterinary assistant administer daily treatments, they do not work from a Daily Medical Treatment Log. Instead, technicians must walk through every animal enclosure and when they come across a Pink Card, they administer the treatment identified on the card.
- When KA staff identify ill animals in the shelter that require veterinary examination or ACOs transport ill animals from the field to the shelter:
 - The veterinarian is made aware of these pending cases by reviewing the manually compiled Vet Check List located in the administration building where staff has entered the animal's location in the shelter, impound number and clinical presentation.
 - Secondly, the List is also used to identify animals that have been transported from a private veterinary emergency facility that require medical follow up care at the shelter, and
 - The List is also used to itemize animals that require a rabies vaccination.
 - A separate manually compiled list termed the RVT Check List is also located in the administration building and staff places animals on this list that require confirmation of previous spay or neuter surgery, age checks and other non-diagnosis medical determinations.
 - Staff reported to the contractor that placing updated animal information on the Vet and RVT Check Lists is not consistently followed.
 - The most common way for the veterinarian to identify new cases requiring medical care is to personally discover them during morning rounds when walking through the kennels and cattery.

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.

(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.

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:

Ideally there should be an RVT assigned to the Carson shelter five days per week who is administering medical treatments to shelter animals as prescribed by the veterinarian.

There has been no official county orientation or training for non-licensed medical support staff regarding:

- 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.

The veterinarian or RVT needs to provide standardized training 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.

On days medical staff is not present at the shelter and previously prescribed medications need to be administered to shelter animals, trained non-medical staff can

obtain keys from the OIC to open secured cabinets in the RVT office where medications to be distributed that day will be set aside by medical staff. Once the designated medication has been administered, it will be re-secured in the cabinets and the key returned to the OIC.

When the veterinarian is not on duty or not immediately accessible, only the RVT (not unregistered veterinary assistants or KAs) 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 (not through verbal recommendations from other technicians or outside sources) that direct the RVT to administer specific medications based on an animal's clinical presentation.

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

TREATMENT AND EMERGENCY CARE

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

When the veterinarian is unavailable, the RVT shall contact the animal control manager or 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).

Once an animal has been examined by the veterinarian and a treatment has been prescribed, the treatment regimen should be transferred to a Daily Medical Treatment

Log. Development and implementation of the log is discussed in 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. This log will expedite administration of daily treatments and decrease the possibility that some animals may not receive daily treatments.

The current practice of a manually created Vet Check List and an RVT Check List is not being consistently utilized. These lists can be created through a Chameleon function and staff should be entering documentation regarding a medical case through this computerized function. Medical staff can then print the list (several times per day as needed to ensure they are informed of the most recent cases) and then go to the enclosure to examine the animal. The Kennel Operations Supervisor should be monitoring KA staff to ensure they are utilizing this form of identification of medical cases.

MCSA – 5 Observation: Vaccinating shelter animals.

Currently at impound, the RVT or Medical Operations Supervisor is tasked with vaccinating animals. However, because the RVT is only on duty two days per week and the Medical Operations Supervisor has taken on additional responsibilities (see LSI – 2 There is only one veterinarian and one part-time RVT currently working at the Carson facility), some animals that are approved to receive vaccination at impound are being placed in the main population (even placed in kennels identified as housing ill animals) without being vaccinated. In order to identify animals that have not received initial vaccinations at the time of impound, the Medical Operations Supervisor generates a vaccine list from Chameleon and vaccinates those animals at their enclosures within one to several days of impound.

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 by the Medical Operations Supervisor, a list of animals requiring re-vaccination can not be generated through Chameleon without also receiving a listing of all animals that have received or are scheduled to receive a treatment. Therefore, the supervisor can not identify animals requiring vaccination from the list in a timely manner. Some animals receive re-vaccination when she is vaccinating animals housed nearby and remembers the animal has been housed at the shelter greater than fifteen days.

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 the RVT office to record the immunization in the animal's Chameleon record:

- The Medical Operations Manager should be concentrating her efforts on ensuring this is completed as defined as her primary responsibility in this position, and
- All impounders (KAs and field officers) should be trained to administer vaccine at the time of impound.
 - Also at this time, a Chameleon record is created for the animal, so the impounder can easily enter the vaccine administration into the animal's open Chameleon record.

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

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

MCSA – 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 may not conduct rounds at the shelter on a daily basis to assess the animals housed in the rabies quarantine section. In addition, some animals are being released by the public health veterinarian after the required ten day holding period.

Currently, Carson shelter veterinarians and RVTs are not monitoring 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.

When the public health veterinarian does not conduct daily rounds at the shelter, combined with the fact that Carson 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.

The quarantine area should be part of the Carson 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 Carson shelter medical division unless instructed by the county public health veterinarian.

A procedure should be put in place for contacting the public health veterinarian (either by the Carson veterinarian or the Kennel Operations Supervisor) 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 conducted by medical staff.

It was reported to the contractor that the medical division does have some Parvovirus Cite Test Kits, but they are unable to maintain in stock (monthly apportionment inadequate) the number of kits needed to test suspect dogs when necessary.

Animals are receiving prophylactic treatment for internal parasites at the time of impound. The RVT does not perform fecal testing in order to identify specific parasite infestation and administer applicable anthelmintics.

Laboratory tests for external parasites (sarcoptic mange, demodicosis, dermatophytes) in the form of skin scrapes, utilization of Wood's Lamp and use of dermatophyte test media (DTM) to conduct fungal cultures are not used.

There is currently no testing for feline diseases (FeLV, FIV) being conducted at the shelter.

MCSA – 7 Recommendations:

Parvovirus Test Kits need to be available and in supply at the shelter at all times to enable staff to immediately test every suspect animal in order to prevent spread of an infectious disease.

In order to prescribe treatments for shelter animals, laboratory tests may be required to accurately diagnosis an animal. Medical staff is providing prophylactic deworming to young animals and adult animals that appear emaciated upon impound. However, some internal parasites are not destroyed by the general anthelmintic that is being administered and a fecal check and identification of the parasite(s) is recommended in certain cases in order to administer the anthelmintic specific to that parasite.

Staff should also be performing skin scrapes, using a Wood's Lamp and DTM to confirm dermatologic conditions in order to administer appropriate treatment and to provide adopters with an accurate disease history on each animal.

It may not be mandatory or feasible to test all adoptable cats for FeLV or FIV, but the medical division should have FeLV/FIV test kits available to them to test suspect cats in certain cases in order to isolate or make a final disposition on positive animals.

The medical division should have available to them the following equipment and supplies to perform the general laboratory work listed above: microscope, microscope slides, fecal testing supplies and zinc sulfate solution, Wood's Lamp, scalpel blades, DTM, and sufficient supply of Parvovirus Test Kits and FeLV/FIV test kits.

MCSA – 8 Observation: Behavior Assessments conducted by Medical and Kennel Operations Supervisors.

As reported to the contractor, behavior assessments are conducted by the Medical and Kennel Operations Supervisors 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 consists of nine pages that are to be completed during the "hands-on" behavior assessment that takes from 30-50 minutes per animal to complete. Abbreviated assessments are conducted when an animal is being considered for adoption by a rescue group and they request results of key features of the assessment like evaluation of food aggression, evaluation of aggression with dogs that have a bite history (they are considered for adoption to a rescue group if the injury inflicted by the bite was not severe).

The areas where the behavior assessment is performed include the spay/neuter clinic, RVT office, and the back play area.

MCSA – 8 Recommendations:

Staff does not have enough time to complete 2-3 behavior assessments per week under the current, lengthy assessment process. There are several options to increase the number of dogs that are behaviorally assessed prior to adoption:

- Reduce the number or intensity of the current tests performed during the testing process which would lower the current 30-50 minute time interval taken for each dog assessment,
- Consider a new assessment test that is less detailed but still provides general baseline information on behavior, and

- Train additional staff (KAs, Animal Control Officer, (ACOs)) on performing behavior assessments so that this responsibility does not fall solely on the Medical and Kennel Operations Supervisors.

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.

Behavior assessments need to be performed in a specified area that can be closed off from animal holding areas, is clean and uncluttered, is as free as possible from the distractions of noise and side-tracking odors, and contains safety equipment (including control poles and external communication devices – radio, telephone). The spay/neuter clinic should not be used to perform behavior assessments because the trailer should be limited to exposures from shelter animals in areas other than animal holding rooms.

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.

MCSA – 9 Observation: Foster Program oversight by medical staff.

When volunteers and staff discover impounded animals that could be candidates for fostering, they contact the Kennel Operations Supervisor who oversees the informal program. The medical division has occasional involvement with the foster program when asked to evaluate ill animals being considered for the 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.

Volunteers and staff at the Carson shelter have interest in continuing the current, informal foster program. It is recommended that a more formal program be established through the volunteer division in order to recruit more foster parents and provide additional support for shelter animals. The program should include:

- A foster program coordinator,
- An official training program for interested volunteers,
- Registration of volunteers who have successfully completed the training,
- 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 not generally participate in large scale humane investigations. The chief veterinarian is responsible for the medical portion of the investigation and testimony if a trial occurs.

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

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

Euthanasia Practices (EP)

EP – 1 Observation: Euthanasia Certification.

On the day of the assessment, the RVT performed all of the euthanasias. RVTs are certified euthanasia technicians due to their educational background and training and are not required to complete additional specific euthanasia training.

Euthanasia is also performed at the shelter when the RVT is not on duty (RVT designated days off and during swing or grave shifts). Euthanasia is performed under

those circumstances by certified euthanasia technicians (KA, ACO I, ACO II, ACO III, ACO IV).

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

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

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

Liability:

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

CCR § 2039. Sodium Pentobarbital/Euthanasia Training.

(a) In accordance with section 4827(d) of the Code, an employee of an animal control shelter or humane society and its agencies who is not a veterinarian or registered veterinary technician (RVT) shall be deemed to have received proper training to administer, without the presence of a veterinarian, sodium pentobarbital for euthanasia of sick, injured, homeless or unwanted domestic pets or animals if the person has completed a curriculum of at least eight (8) hours as specified in the publication by the California Animal Control Directors Association and State Humane Association of California entitled "Euthanasia Training Curriculum" dated October 24, 1997, that includes the following subjects:

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

(6) Record keeping and regulation compliance for sodium pentobarbital

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

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

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

CERTIFIED EMPLOYEES

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

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

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

EP – 1 Recommendations:

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

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

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

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

A corner section of the unenclosed washrack area near the Camera room (renovated refrigeration unit) serves as the location where euthanasias are performed and has the following issues:

- A stainless steel examination table that electronically raises and lowers is located here but staff reported to the contractor that the table is not functioning and remains in the raised position. As a result, the table is not used often.
- A stainless steel cart is wheeled into the area by the euthanasia technician which serves as a tabletop for the technician and has an unlocked drawer which serves as storage for the euthanasia solution, needles, syringes, microchip scanner, controlled substance logs, euthanasia log, and sharps container.
- Pre-euthanasia anesthetic drugs are kept in the RVT office and not readily accessible during the euthanasia process.
- There are banks of stainless steel holding cages that are poorly maintained and/or damaged in the washrack.
- Because the washrack is not enclosed, there is an enhanced opportunity for animals to escape from the area that are not properly restrained.
- There is no protection from the weather in the washrack.
- There is no access to an electrical outlet in the immediate area where euthanasias are performed where technicians could plug in clippers (therefore technicians do not clip hair from limbs in order to better visualize injection sites) which are stored in the RVT office and not readily accessible.

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

EP – 2 Recommendations:

The current washrack area that is designated for performing euthanasia is unacceptable. A designated enclosed room to perform euthanasia needs to be identified. Several options are identified in MCSA – 1, No established procedures or location for performing emergency stabilization/triage and physical examination at the time of impound and for animals housed at the shelter and reiterated below with options for a stand alone euthanasia room or combining the euthanasia room with the proposed medical examination room.

- Designate a portion of the current Feral Cat room to become the euthanasia room (remaining two-thirds of the room to be designated as the medical treatment room).
- Enclose the washrack area extending from the back of the Camera area (refrigeration unit) to the wall of the RVT office and forward into the washrack area to become the new Euthanasia room.
- Change the current RVT office to the Euthanasia room.

Once an area is identified as the euthanasia room, the issues identified in the Observations above can be resolved by:

- Repairing or replacing the electronically adjustable examination table and placing it in the euthanasia room where it should be used by animal handlers.
- Place lockable cabinets and a controlled substance safe in the euthanasia room to eliminate the need for the moveable cart that currently contains the euthanasia supplies that can not be secured.
- Maintain and secure all pharmaceuticals used in the euthanasia process in this room.
- Place one bank of cages that are in working order in the euthanasia room so that cleaning, sanitizing, and maintenance are manageable.

- Eliminate the issue of animals escaping during the euthanasia process by performing the procedure in the enclosed room.
- Ensure the room is properly climate controlled for the comfort of the technicians and the animals.
- Ensure there is a ceiling electrical outlet for retractable clippers installed.
- Ensure the room is lockable, secured, and an "employees only" area to prevent accidental access by volunteers or the public during the euthanasia process.
 - Limit staff traffic through this room to only employees performing euthanasia to decrease distractions and the possibility of injury.
- Ensure the room is in compliance with all safety recommendations identified in EP – 3 More attention needs to be directed to staff safety and humane animal handling in the washrack area when performing euthanasia.

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

Common safety precautions were not practiced or readily available and humane animal handling not consistently practiced during the euthanasia process.

Safety Issues:

- A non-commercial "sharps" container (Rubbermaid garbage can with removable lid and biohazard stickers on its exterior) has been placed in the washrack area near the stainless steel examination table.
 - The lid is removed when placing new "sharps" into the container.
 - Whenever the lid is removed, all used sharps packed in the container are readily accessible to employees, volunteers and members of the public who may gain access to the washrack area.
 - This could result in needle sticks which contain residue from euthanasia solution.
 - This could result in removal of euthanasia solution residue to be stockpiled for unauthorized purposes.
- Dead animal refrigeration issues:
 - A ramp must be set up at the doorway of the refrigeration unit whenever KA staff move the dead animal barrels on a dolly from the washrack/euthanasia area into the unit.
 - The angle of the ramp requires KAs to take a running start a distance away from the ramp in order to make it up to the top and through the doorway of the refrigeration unit.
 - Electrical lighting inside the refrigeration unit is not functioning properly.
 - As reported to the contractor, the interior of the refrigeration unit is cleaned (hosed out) once every two to three months.
 - Due to the type of corrugated steel flooring in the unit, whenever it is washed out the water on the floor leaves ice patches which result in employees slipping and falling.

- The door latch is malfunctioning and the door can not be opened from the inside of the unit once it has closed.
 - Staff can become trapped in the refrigeration unit until someone opens the door from the outside.
- The washrack area has an industrial sink that could be utilized if there is an accidental needle stick of staff or squirting of euthanasia or tranquilizing solution in an employee's eye, but there is no eye wash station set up at this sink.
- There is no control pole permanently located in the washrack area.
- There is no emergency telephone or outside telephone line in the washrack area.
- Shelter employees, including veterinary medical staff, are not supplied with radios.
 - It is not uncommon for the veterinarian to be performing morning or afternoon rounds independently without KA or RVT support.
- The washrack is a high traffic area continually used by KA and ACO staff creating a distraction for euthanasia technicians and is stressful for animals creating a potential safety hazard.
- There is only natural light and weak overhead lighting utilized in the washrack area even though euthanasias may be performed in the day and evening.
- There is no Material Safety Data Sheet (MSDS) notebook located in the washrack area.
- Observed euthanasia on day of site visit involving a Rottweiler.
 - At approximately 4:50 p.m., the contractor observed the RVT in the washrack area assessing a dog that had been found in his kennel unable to move, had vomited on himself, was emaciated, and appeared agonal.
 - The dog had been transported to the washrack area by being placed in a non-enclosed wagon (which staff uses to transport non-ambulatory, injured/ill large dogs from the kennels to the washrack area for euthanasia).
 - The shelter veterinarian was no longer on-site to evaluate the animal and the RVT discussed the animal's condition of irretrievably suffering with the OIC and requested permission to humanely euthanize the dog. As reported to the contractor, the RVT said that the OIC wanted to hold the dog in the kennels overnight if there was a chance that he would survive, but the RVT insisted the animal should not be allowed to suffer and permission for euthanasia was granted.
 - By the time the RVT began performing the euthanasia, it was dusk and the RVT had a difficult time visualizing the cephalic vein in the poor lighting of the washrack area and made several unsuccessful attempts to inject the dog.
 - The RVT left the washrack area and went to the RVT office to obtain the electric clippers to clip the hair from the limb and better visualize the vein.
 - The RVT and KA moved the dog in the wagon to the back of the washrack behind the Camera room to locate an electrical outlet to plug in the clippers.
 - The floor in this area was covered with standing water where the cord to the clipper blade rested while the clippers were in use.
 - There was no natural or artificial lighting in this area and the RVT clipped the limb the best he could.

- The dog and wagon had to be rolled back to the middle of the washrack area in order to utilize the remaining natural lighting where the RVT was successful in visualizing the vein and euthanizing the animal.

Humane Animal Handling Issues:

- Observed euthanasia on day of site visit involving a Pit Bull.
 - During morning euthanasias, a Pit Bull was led to the washrack area using a nylon lead, scanned for a microchip, and then restrained while standing on the floor by the KA who used his nylon rope to muzzle the animal.
 - The RVT attempted euthanasia on the animal by intravenous injection to the cephalic vein on one front limb, but blew the vein because the animal was struggling due to the manner in which the muzzle was applied (i.e., dog pawing at the rope muzzle) and the KA could not hold the dog still for the injection.
 - The RVT had to stop the procedure and show the KA how to properly muzzle the dog which resulted in the dog calming down and the RVT was able to smoothly euthanize the dog by using the cephalic vein of the other front limb.
- Staff reported to the contractor that they do not have squeeze cages to humanely restrain animals for pre-euthanasia tranquilization or euthanasia by intraperitoneal injection for cats.

Liability:

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

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

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

- (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.

Health and Safety (H&S) Section 117750 Sharps Container

"Sharps container" means a rigid puncture-resistant container that, when sealed, is leak resistant and cannot be reopened without great difficulty.

H&S Section 117755 Sharps Waste

"Sharps waste" means any device having acute rigid corners, edges, or protuberances capable of cutting or piercing including but not limited to, all of the following:

- (a) Hypodermic needles, hypodermic needles with syringes, blades, needles with attached tubing, syringes contaminated with biohazardous waste, acupuncture needles and root canal files.

H&S Section 118285 Sharps Waste

To containerize sharps waste, a person shall do all of the following:

- (a) Place all sharps waste into a sharps container.
- (b) Tape closed or tightly lid full sharps containers ready for disposal to preclude loss of contents.
- (c) Store sharps containers ready for disposal for not more than thirty days without the written approval of the enforcement agency.
- (d) Label sharps containers with the words "sharps waste" or with the international biohazard symbol and the word "BIOHAZARD".

EP – 3 Recommendations:

Safety and humane animal handling should be monitored in a collaborative effort by the veterinarian, RVT, and Kennel Operations Supervisor.

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

- The container currently being used as the sharps container does not meet the definition of "sharps container" as defined in H&S 117750.
 - The current container should be replaced by a standard sharps container that can not be reopened without great difficulty.
- The current dead animal refrigeration unit needs to be replaced.
 - Until the unit is replaced the following accommodations must be made in order to protect the safety of the staff:
 - Lighting inside the unit must be repaired and functional.
 - The lock on the door must be repaired and the door must not lock from inside the unit.
 - A cleaning protocol for the new refrigeration unit must be developed, implemented, and adherence to the protocol monitored by the Kennel Operations Supervisor.
- 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 Kennel Operations Supervisor to ensure they are in working order.
- Eyewash stations also need to be installed in sinks throughout the facility including the RVT office and the Adoption Cat room.
- 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 Kennel Operations Supervisor or OIC to immediately replace the pole.
 - Extra control poles in good working order need to always be in supply and available when requested by staff.
 - Control poles need to be permanently placed in all animal holding areas of the facility.
- An outside telephone line with speed dial access to the administrative building and 911, needs to be installed in the washrack area.
 - The same safety training for the eyewash stations (above) also needs to be implemented for the emergency phone line.
 - All staff, including veterinarians need to be equipped with radios and be mandated to wear the radios whenever working in the shelter.
- Until a euthanasia room is designated, staff should be instructed to refrain from entering or interacting in the washrack area if they are not assigned euthanasia duty during the hours daily euthanasia is conducted.
- Lighting needs to be improved in the washrack area for euthanasia technicians as well as for field officers assigned to swing and grave shifts.
- A current MSDS notebook needs to be permanently placed in the washrack area and then transferred to the euthanasia room once it has been established.
- As reported to the contractor, new staff does not receive specific training in humane animal handling techniques and learn how to handle animals and situations by shadowing other KAs who also have not recieved formal training.
 - A training program needs to be developed which should include at a minimum:

Humane handling of dogs

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

Humane handling of cats

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

Humane handling of exotics

- Handling reptiles
- Handling snakes
- Handling ferrets
- Handling birds

Humane handling of equine and large animals

- Handling horses
- Handling cattle
- Handling goats
- Handling pigs
- Handling sheep

EP – 4 Observation: Pre-euthanasia anesthesia.

As reported to the contractor xylazine and/or xylazine:acepromazine cocktail is used as a pre-euthanasia anesthetic.

The contractor observed during the performance of euthanasia, the RVT did not bring all of the pharmaceuticals on the cart to the euthanasia area of the washrack and had to retrieve pre-euthanasia anesthetics from the RVT office when needed.

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 alone or xylazine:acepromazine, as is the practice at the Carson 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 alone 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.

Whenever there is a delay or interruption in the euthanasia process, it places the KA in a position of being injured by an unpredictable animal while waiting several minutes for

the RVT to return with the anesthetic and/or possible contact with other animals that are being brought systematically to the washrack area for euthanasia. Prior to commencing the euthanasia process, all equipment, supplies and pharmaceuticals should be re-located to the euthanasia area and readily available if needed by the euthanasia technician.

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

The contractor observed two dogs that were being held in the main population, accessible to the public and displayed aggressive tendencies.

Case One:

Contractor observed Impound number A3628067 held in cage number 348 of Building #3. The kennel is located at one end of the building where the public can enter and exit. There was no signage on the kennel, "Caution, Don't Touch, Aggressive, Could Bite," to warn staff, the public and volunteers. Upon passing the kennel, the dog leaped onto the front gate of the kennel on his hind legs and continued to aggressively bark and snarl at the contractor.

The following history on the case was presented to the contractor by kennel staff. The dog was impounded on February 3 when an ACO was called out to a residence to pick up the dog for owner requested euthanasia after the dog attempted to bite the owner and the owner was afraid of the animal and could not bring him into the shelter. During the pick up, the ACO was attacked by the dog that reportedly locked onto his shoe, but he did not sustain injury due to the steel toe in his boot. From the day of impound to the day of the contractor's site visit totaled five days and the dog continued to be held in the main kennel.

Case Two:

Contractor observed Impound number A3615098, a Pit Bull weighing 80+ pounds, that was being held in the main population as a "keep alone" (no other dogs could be placed in the kennel with the dog) and accessible by the public. The impound date on the soft copy of the cage card was December 24, 2006, indicating the dog had been at the shelter for six weeks.

The contractor took notice of the dog because of its large size and on three occasions he was observed to track small children as they walked by the front gate of his kennel and aggressively pursue them, which resulted in frightening the children.

The following history on the case was presented to the contractor by the Kennel Operations Supervisor. The dog initially was considered for adoption and a "hold" was placed on the dog. Prior to the completion of the legal holding period, the interested adopters came to the shelter to visit and interact with the dog in an exercise area. During this time, the potential adopters stole the dog from the shelter. An ACO was

sent to the adopter's home address to pick up the dog, but the adopters had already returned to the shelter and relinquished the animal. The potential adopters did not return to the shelter and attempt to adopt the dog when it became available. The sergeant reported to the contractor that the status of the case remains with the lieutenant in terms of whether or not the shelter will be pressing charges against the potential adopters.

EP – 5 Recommendations:

Case One:

This animal had a bite history, continued to display aggressive tendencies to people, was held in the main kennel where the public could physically contact the dog, and was impounded as an owner requested euthanasia, but was not euthanized. Staff stated that the dog would be held at the shelter for the legal holding period prior to a final disposition. This animal was not going to be placed for adoption or rescue and was a "keep alone" taking up an entire kennel for at least five days. In these public safety situations, it is recommended that the animal be immediately euthanized as requested by the owner.

The County of Los Angeles Policy & Procedure Manual does indicate that it is allowable for owner requested euthanasia to be performed at the time of request in lieu of maintaining these animals for the minimum holding period.

Policy No: OPK120, page 2 which states:

"Animals that are not held for the number of days designated above (exceeded the minimum holding period) may be euthanized if they are unweaned animals without their mothers, irremediably suffering, or **if the owner has requested that the animal be euthanized.**" (Bolding added for emphasis.)

Policy No: OPK120, page 3 which states:

Despite the fact that these County policies exist, staff is not following them and/or is not informed of them. Staff requires additional training in order to ensure owner requested euthanasia is completed in a timely manner on animals that pose a public safety risk.

Case Two:

On cases which require decisions pertaining to final dispositions that have extenuating circumstances, shelter investigators/supervisors must deal with them in a timely manner. The Kennel Operations Supervisor should maintain a list of cases that have not been resolved over a prolonged period of time (like this case) and discuss resolution with supervisors in order to expedite a final disposition on these animals.

In this case, an entire kennel was occupied by a single dog for over six weeks. Considering this kennel could have housed one to three dogs every five days during this time period, continuing to hold this particular animal greatly decreased the overall holding capacity of the kennels which could result in increased euthanasias.

EP – 6 Observation: Euthanasia of Cats.

Euthanasia equipment and controlled substances are removed from the RVT office and transported to the Stray and Available Cat building (Building #5) and the Feral Cat building (Building #4) where daily cat euthanasias are performed prior to the shelter being open to the public.

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 or Medical Operations Supervisor 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 cat nets, leather gloves, squeeze cages, or plexiglass shields for humanely and safely handling cats. There is no eye wash station in Building #4 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.

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

Potential for staff injury is high when they are not provided with the appropriate humane restraint equipment for cats, 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

(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 – 6 Recommendations:

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

The current euthanasia procedure for cats 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 five 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, daily supply of euthanasia solution in RVT office cabinet, central supply of controlled substances in the spay/neuter clinic, and daily supply of controlled substances in the spay/neuter clinic.

The central supply of controlled substances (unopened, sealed bottles) in the administration building is kept locked in the third drawer of a commercial steel filing cabinet located in the lieutenant's office.

- Upon inspection, the drawer contained a stock supply of euthanasia solution (Fatal Plus), several vials of ketamine (used for skunk kits), and one vial of xylazine (a non-controlled substance).
- The lieutenant (acting shelter manager), Kennel Operations Supervisor, the field sergeant, and the shelter manager (when the position is filled) have the key to this single lock file cabinet.
 - Whenever the lieutenant requires access to any of the other drawers in the file cabinet, he unlocks the cabinet and all drawers are then accessible.

- Therefore, the third cabinet is unlocked on occasions other than replenishing the daily supply of euthanasia solution per request of euthanasia technicians or for receipt of delivery of Fatal Plus.
- 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.
- The lieutenant maintains a consistent computer generated report on controlled substance inventory however; the header at the top of the page of the report incorrectly identifies the shelter of origin generating the report as the Downey Shelter.
 - None of the hard copy files of the report viewed by the contractor indicated the controlled substance inventory report was for the Carson shelter.
 - The lieutenant reported to the contractor that he has requested a programming change to administration, but has had no response.

The daily supply of controlled substances in the administration building is located in a single lock wall safe in the hallway across from the lieutenant's office.

- Upon inspection, the safe contained one opened bottle of Fatal Plus, two vials of partially used ketamine with logs rubber banded around the bottles, and one vial of diazepam (vallium) without an accompanying controlled substance log.
 - The ketamine vials are taken from the safe and placed in skunk kits when needed by ACOs for field calls.
 - As reported to the contractor by the lieutenant, the vial of diazepam had been in the wall safe for months and he did not know what substance was contained in the vial.
- The key box mounted on the opposite wall to the daily controlled substance safe contains the key ring with the key to the daily supply safe.
 - Employees with keys to the key box include the lieutenant, sergeants (including the Kennel Operations Supervisor, swing OIC, and the Senior Clerk.
 - All employees that have access to the key box also have access to the key ring which contains the key to the daily supply safe of controlled substances.
- The swing OIC transfers the key ring with the key to the daily supply controlled substance safe to the grave shift KA in case an animal needs to be euthanized during this shift.
 - At the end of the grave shift, the KA drops the key ring in a slot at the top of the key box (without gaining access to the key box) so that the key ring is available to day shift officers.

The RVT or Medical Operations Supervisor checks out a bottle of Fatal Plus from administration's daily supply safe and takes it to the back of the shelter to the washrack area to perform daily euthanasias. The daily supply of euthanasia solution, once in control of the euthanasia technician, is kept in one of three places for the duration of his/her shift:

- The top, unlocked drawer of the stainless steel cart used to hold euthanasia equipment,

- The front pocket of the euthanasia technician's lab coat or scrubs, and/or
- Stored in the RVT office in a single locked wooden cabinet above the sink area.

Once the euthanasia technician completes his/her shift the bottle of Fatal Plus is turned back in to the front office and secured in the Daily Supply safe.

The spay/neuter (S/N) clinic secures all controlled substances except sodium pentobarbital (ketamine, diazepam, butorphanol). Currently, the only controlled substance distributed from the S/N clinic to the shelter is ketamine. The central supply of controlled substances is kept in a five foot high steel cabinet with double doors and a broken key lock to the door of the cabinet.

- The cabinet is secured by a chain that is strung through both door handles and a padlock.
 - However, the vertical wall inside the cabinet that divides it in half has a hole at the top large enough for a person's hand to fit through and communicate with the unlocked side of the cabinet.
- Ketamine and butorphanol are located inside the cabinet, sitting on a shelf on one side of the cabinet.
 - There is no general inventory sheet for either controlled substance in the cabinet.
 - Ketamine bottles are not numbered and are distributed to the shelter for use in skunk kits.
- The veterinarian and the unregistered veterinary assistant have keys to the locked cabinet which they carry with them (i.e., do not leave at the shelter upon completing their shift). As reported to the contractor there is a key ring with keys to this cabinet and the door to the supply room that is kept in the office of the shelter manager (currently unoccupied) and accessible by the lieutenant and sergeants.

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 a vial of ketamine:acepromazine and several vials of butorphanol.
- The key to this cabinet is the same key that fits the broken lock of the central supply of controlled substance cabinet in the spay/neuter clinic.
 - As reported to the contractor the same key access as to the central supply cabinet is applicable to the daily supply cabinet.
- There is no separate daily use controlled substance log for ketamine 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.

EP – 7 Recommendations:

There are too many locations throughout the shelter where controlled substances are being stored with over 7-8 staff members of various seniority that have access to these drugs. 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 in the administration building (skunk kits should be kept with the RVT in the euthanasia room daily supply safe).

There should be one designated person (recommendation for the veterinarian who possesses the DEA registration certificate for the Carson shelter location) to be in charge of the overall oversight of dispensing and security of all controlled substances at the Carson 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, lieutenant, and the OIC (when the lieutenant is not on site) or an officer designated by the lieutenant in his absence.

The current practice of a daily, updated, computer generated controlled substance inventory sheet should continue. The report form needs to be amended in order to reflect the inventory is for the Carson shelter (not the Downey shelter as is the current header on the form). This either needs to be a computer program change or the person generating the report must manually change the header on the form to indicate it is a report for the Carson shelter.

The daily supply of controlled substances for most shelters is ordinarily secured in the euthanasia room. Once a euthanasia room has been designated at the Carson facility, controlled substances (Fatal Plus and ketamine if used in a xylazine:ketamine pre-euthanasia anesthetic) should be secured in a double-locked steel cabinet bolted to the wall (a new cabinet will have to be purchased and bolted to the wall). 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, either left in the unlocked euthanasia cart or placed in the technician's pocket, then locked in a cabinet in the RVT 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
- 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 the mixture should be completed in the euthanasia room by the RVT and placed in the kits which should be stored in the same daily supply safe located in this room. In this way, all of the ketamine used for the shelter will be in one designated location after it is dispensed from the central supply of the S/N clinic. 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.

At the Carson shelter, it is recommended that there be two Central Supply locations of controlled substances due to the location of the S/N Clinic on the property which is a great distance 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.

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.

Animals are identified in need of medical treatment either through direct observations made by the veterinarian during morning or afternoon rounds or by RVTs, KAs or field officers manually placing an animal on the Vet Check List. Once an animal is identified as requiring medical treatment, the veterinarian initially examines the animal and prescribes a treatment regimen. The veterinarian completes a Pink Treatment card for each animal that is treated. The first treatment is administered and entered on the Pink Treatment card and the remaining treatments are scheduled on a daily basis for the duration of the regimen. The RVT and/or the Medical Operations Supervisor are 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. RVT staff and the Medical Operations Supervisor identify animals that require a daily treatment by locating a Pink Treatment card at the animal's enclosure. If an RVT misses a Pink Treatment card during daily rounds or the card has been mistakenly destroyed, the animal does not receive the prescribed treatment for the day. In addition, RVT staff has no idea what treatments (type of antibiotic, ocular drops etc.) they will be administering until they read the information on the Pink Treatment card. They may not always have the proper medications on the portable medical supply cart they use when administering treatments and may have to return to the RVT office and retrieve the proper medications which is inefficient and increases the opportunity for disease transmission each time the RVT leaves and re-enters an isolation area.

MRK – 1 Recommendation:

Medical staff must have a system in which they can list new cases that require medical treatment and itemize continuous treatments to ensure they are administered. In order to do this, once a treatment has been prescribed, the treatment regimen should be transferred by the RVT to a Daily Medical Treatment Log which is kept on a clipboard in the RVT office. The prescribed treatment will continue as an entry each day on the log until the regimen is completed, changed or discontinued by the veterinarian. The RVT

will identify all treatments from the Log prior to leaving the RVT office, collect all of the medications and supplies and ensure they are on the treatment cart. Once the treatment has been administered, the RVT will place his/her initials on the Log next to the prescribed treatment in order to confirm the task has been completed and by which staff member. At the end of the treatment regimen, the RVT should brief the veterinarian on the status of the animal and release the animal back to the main population at the veterinarian's discretion if he/she has recovered or request veterinary reassessment and additional treatment recommendations for animals that have not recovered.

The Daily Medical Treatment Log should contain the following information:

- Date
- Breed and Color
- Impound Number
- Location in the Shelter
- Medication to be Administered
- Number of Treatments (i.e., day one of seven days)
- Medical Staff Initials administering the treatment
- Release from Treatment (veterinarian initials indicating treatment completion)

Each day, after daily treatments are completed and checked off of the Log, the RVT will then enter all of the treatments listed into the individual Chameleon medical record for each animal (see MRK – 2 Observation: Administration of daily medical treatments not 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 recorded in patient's permanent medical, electronic record.

The veterinarian usually enters the initial medical treatment administered to an animal in the Chameleon record. For the duration of the treatment regimen, the RVTs and/or the Medical Operations Supervisor are responsible for administering daily medical treatments and recording it on the Pink Treatment card. However, they do not enter the daily treatments into the animal's permanent record (Chameleon record) under the medical section.

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. However, the Animal Record is incomplete because medical staff does not currently enter all of the medical information (i.e., diagnosis, administration of medication, etc.) electronically into the record.

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.

Under current protocol, if staff performs an electronic search in Chameleon on an animal that is housed at the shelter to retrieve information on its overall status, he/she will also have to manually search for the Pink Treatment card to determine if the animal has received or is currently receiving medical treatment (dependent on the accuracy of entries on the Pink Treatment card). Failure to search both electronically and manually may result in inaccurate information on an animal at any particular time which could negatively affect the adoption status or euthanasia selection criteria. In addition, this is excessively time consuming for staff conducting the search as well as medical staff who may be asked to locate the Pink Treatment card and interpret the medical record.

Shelter Cleaning Practices (SCP)

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

Area in the washrack where the Washer and Dryer is located

On the day of the site visit, the clothes dryer was broken. This area of the washrack contained piles of towel and blankets scattered on the ground. An exercise area behind the washrack was being utilized to hang 20-30 clean, wet towels and blankets on a clothes line.

Food storage in the washrack area

- Pallets of cases of canned pet food was piled in the washrack area rather than stored with other food supplies.
- Staff utilizes a Rubbermaid wheel barrel that is stored in the washrack area and rolled to the kennels to distribute food during morning feeding.
 - The wheels on the wheel barrel are either flat or on occasion fall off and are manually replaced by staff in order to move it several yards.

Grave shift cleaning duties

As reported to the contractor, the grave shift that works in the kennels also handles field calls. This dual duty does not allow mandatory cleaning and maintenance responsibilities assigned to this kennel shift to be consistently completed. 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 overall cleaning duties just do not get completed which contributes to the overall deterioration of the shelter's appearance and hygiene practices.

SCP – 1 Recommendation:

Area in the washrack where the Washer and Dryer is located

As reported to the contractor, the dryer had been non-functioning for quite a while as apparent by the large number of piles of wet towels and blankets. A proper functioning washer and dryer is essential to lowering the potential for disease transmission at the shelter and enhancing the comfort of the animals by providing them clean and dry blankets and towels. The shelter requires a commercial size dryer based on the amount of laundry that is produced on a daily basis. When a washer or dryer unit is not functioning, it should be the responsibility of the Kennel Operations Supervisor to follow up and ensure the units are repaired quickly and/or provide a temporary machine until the primary unit is repaired.

Food storage in the washrack area

- All food should be properly stored in designated food storage areas on pallets. Allowing cases of pet food to remain in the washrack area contributes to the disarray and clutter in this area.
- The wheel barrel currently used for food delivery to the kennels needs to be replaced. The new unit should also have an attached lid that can be either in the closed or open position.

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. Ideally, the kennel grave shift should remain at the shelter for the entire shift. Their responsibilities should include:

- Completion of special assignments designated by the kennel supervisor,
- Transferring all adopted animals to the spay/neuter clinic,
- Feeding the dogs one to two hours before the end of his/her shift (around 6:00 a.m., rather than the current practice of feeding after morning kennel cleaning),
 - After allowing the dogs to eat and defecate then start the early morning kennel cleaning and disinfecting (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,
- 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.

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

Kennels

- As reported to the contractor, the kennel cleaning protocol to be followed is:
 - Toward the end of the grave shift, animals are moved to the inside of the kennels separated by the closed guillotine door.
 - The outer portion of the kennels is scraped and hosed with water, disinfected with a pre-determined concentration (by a calibrated pump) of Triple Two ®, (Health Technology) applied through a foamer, then rinsed and allowed to dry.
 - At the beginning of the day shift the KA moves animals to the outside of the recently cleaned 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 water bowls are emptied, rinsed, and replaced back in the kennel.
 - Once per week (Sundays) water bowls are removed from each kennel and disinfected in the washrack sink by soaking in Triple Two ®, scrubbed with a brush, and rinsed.
 - Bowls of food are placed in kennels and dogs are fed between 8:00 – 9:00 a.m., directly after enclosures are cleaned.
 - The wheel barrel that is used to distribute food is disinfected daily with Triple Two ® after completion of feeding.
 - Dirty food bowls are collected at 1:30 p.m., by the swing shift KA, taken to the washrack sink where they are soaked in Triple Two ®, scrubbed, and rinsed.
 - A degreaser is applied 2-3 times per week.
 - Use of the chlorine machine has recently been discontinued.
 - Staff does not use brushes or any other equipment to perform scrubbing of walls or doors of kennels during the daily kennel cleaning process.
 - A pressure cleaner is used once per week (Sundays) allowing for complete cleaning of each building about once every 3 months.
- There are three Puppy Pass or Play Pen areas that are used for dogs to exercise/play outside of their kennel enclosures or as "interact" areas for interested adopters to handle and observe dogs that are available for adoption.

- The contractor observed an "interact" in a Puppy Pass area that involved a seasoned KA, potential adopters (husband and wife), and a small Chihuahua around 4:00 p.m. on the day of the site visit.
 - The woman sat on the cement floor of the Puppy Pass at the level of the dog.
 - The floor of the enclosure had not been cleaned from the prior "interact" and contained scattered areas of fecal material.
 - The KA who supervised the "interact" made no attempt to clean the enclosure (scoop the fecal material) prior to leading the public into the area.
 - During the "interact" the KA stated to the contractor that Puppy Passes are cleaned once daily and not cleaned after each use by a different animal.
- 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.
- The contractor observed in Kennel #139 a chain lead with leather loop handle that was hooked to the fencing roof of the kennel and dangling in the kennel at about head level of the dogs housed in this enclosure.
- The contractor conducted a random check of animals in the kennels that were wearing external identification by counting all animals housed in Building #1.
 - Out of approximately 46 dogs in the non-quarantine section, 23 (50%) were not wearing shelter issued external identification.
 - Every time a staff member for any reason enters a kennel (i.e., to re-affix or replace external identification of an animal) there is an increased opportunity for staff injury (especially when each kennel houses 2-4 dogs).
- There are three cages for temporary housing of "over the counter" impounds next to the public walk through gate at the entrance of the animal enclosures.
 - Animals wait in these cages until an available KA removes them, completes the impound process and places them in appropriate permanent housing at the shelter.
 - These cages remain unlocked and are not monitored by staff.
 - Members of the public have free access to these cages.
 - These animals have unknown temperaments and could be released by the public and become a public safety hazard.
 - These animals could be easily removed (stolen) by the public, especially because the cages are situated directly at the public entrance gate.

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, the floor of the cage is sprayed with Triple Two ® and a paper towel is soaked with the solution to wipe the sides of the cage.
- If a cat is relocated to a carrier, the entire cage is sprayed with Triple Two ® and wiped dry with paper towels.
 - The same temporary cage is used for each cat and not cleaned in between new cats being placed in the cage.
- 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 out of their permanent cage for cleaning.
- The entire cage is sprayed with Triple Two ® and wiped dry with paper towels.
- The water bowl is collected and soaked in Triple Two ® in the sink located in the washrack.

SCP – 2 Recommendation:

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 bacterias 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.
- Currently grave shift not only covers kennel cleaning duties, but also performs field duty (see LSI – 6: Grave shift employee performs kennel and field duties). It is not uncommon for the grave shift kennel cleaning duty not to be completed when there are several field calls. This throws the day shift schedule off for kennel feeding and cleaning. In order to ensure all kennel cleaning is completed in a consistent and timely manner, there should be a grave shift specifically for kennel duty without field responsibility.
 - SCP – 1 Cleaning and safety practices of areas of the shelter that do not permanently hold/house animals, Grave Shift Cleaning Duties, addresses the recommendation of commencing feeding of all dogs at the end of the grave shift.

- When the day shift begins, the outside of the kennels will be clean and dogs will be closed inside the kennels finishing their morning feeding.
 - KAs will lock the dogs outside, remove food and water bowls and complete interior kennel cleaning.
 - When kennels are dry, dogs will be allowed indoor:outdoor access.
 - By cleaning the outside of the kennels and feeding prior to cleaning the indoor kennel sections at the end of the grave shift, this will eliminate one complete cycle of indoor and outdoor cleaning required by the day shift that is currently being done prior to opening to the public.
- Food and water bowls need to be disinfected every day.
- The 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 Kennel Operations Supervisor to ensure protocols are followed and kennel cleaning is consistently 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.
- As reported to the contractor, the pressure cleaner has been inoperable for over one month.
 - It is the responsibility of the Kennel Operations Supervisor to monitor repairs and/or replacement of all cleaning equipment to ensure kennel cleaning is consistently completed.
- The Puppy Pass enclosures need to be cleaned and disinfected at least once per day and spot cleaned throughout the day. If fecal material and/or urine have accumulated in the enclosure it must be removed prior to entrance by members of the public. The Kennel Operations Supervisor should be monitoring these areas to ensure they are kept clean.
- 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.
- The Kennel Operations Supervisor should be performing shelter "walk-throughs" continually every day, inspecting animal enclosures, monitoring euthanasia practices, evaluating overcrowding, monitoring staff interactions with the public, and assisting the public. The supervisor should not wait for staff to bring issues or requests to him; he must be proactive and preventive.
- Decreasing the number of times staff must enter a kennel will decrease the opportunity for staff injury. 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.
- The three cages for temporary housing of "over the counter" impounds next to the public walk through gate at the entrance of the animal enclosures should have locks placed on them. KA staff should all carry a key that opens all of these cages.

Cat adoption room

When performing daily cleaning of the cat adoption room, cats should not remain in the cage during the cleaning process due to the exposure to cleaning chemicals and fumes. A new protocol should be developed to ensure that cats are placed in clean carriers while their permanent cages are being cleaned and disinfected. Either a cage bank (with 8-12 cages) on a moveable rack can be used to allow for multiple cages to be cleaned at one time and disinfected before the next group of cats is placed in them, or if cages are cleaned one at a time, the single, temporary carrier must be disinfected each time after a cat has been placed in it.

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.

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. As mentioned in other areas of this report, 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

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 – 3 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 – 3 Recommendation:

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

- Purchase a commercial clothes dryer,
- Replace the dead animal refrigeration unit,
- Readily available supply of disposable gloves for staff,
- Scrub brushes in a variety of sizes and handle length,
- Brooms,
- Paper towels,
- Hand soap and soap dispensers,
- Large plastic garbage containers for soaking bowls, dishes, and
- Purchase a new wheel barrel with retractable lid.

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

- Additional transfer cages,
- Squeeze cages,
- Cat nets,
- Snake tongs,

- Plexiglass shields, and
- New pole syringes.

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: Employee Injury and Safety.

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

Liability:

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

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

The IIP Program consists of eight elements:

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

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

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

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

Attachments to this report include:

§3203. Injury and Illness Prevention Program and Injury and Illness Prevention Model Program for Non-High Hazard Employers

ESIIP – 2 Recommendations:

Develop an IIP Program and select an IIP Program Administrator.

QUICK FIX ITEMS FOR THE CARSON 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. Relocate key storage to the safe from the current key box.
 - ii. Enforce the requirement of two signatures on the central supply inventory log when receiving delivery or distributing controlled substances from the safe.
 - b. Purchase a Daily Supply safe for the shelter.
 - i. Install the safe in the designated euthanasia room (to be determined).
 - ii. Relocate prepared skunk kits (containing ketamine mixture) to this safe with appropriate controlled substance logs and officer sign out sheets.
 - iii. Distribute keys for this safe to medical staff and/or euthanasia technicians.
 - iv. Remove the current Daily Supply safe in the administration building.
 - c. Purchase a Central Supply safe for the S/N clinic.
 - d. Purchase a Daily Supply safe for the S/N clinic.
3. Controlled substance Logs:
 - a. Correct the header on the current electronic Controlled Substance Inventory report generated by the Lieutenant.
 - b. Develop Controlled Substance Inventory/Daily Use logs for all controlled substances in the S/N clinic.
4. Schedule euthanasia training and certification for KAs not formally trained.
 - a. Once certified, schedule KAs to partner with RVTs to gain experience performing daily euthanasia, and
 - b. Schedule KAs to share daily euthanasia duties with RVTs when appropriate.
5. Implement all euthanasias (including cats) be performed in the designated euthanasia area or room.
6. 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.
7. Assign an acting Kennel Supervisor in the absence of the Kennel Operations Supervisor.
8. Dead animal refrigerator:
 - a. Until the dead animal refrigerator is replaced (Long Term Fix #1) repair door lock and interior lighting of current unit.
 - b. Schedule and monitor daily cleaning and weekly disinfecting of the unit.
9. Review and amend policies regarding obtaining final decisions/dispositions on cases housed at the shelter that are of public safety concern (see EP – 5).
10. 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.

11. Change type of external identification used – order large plastic tags and chain collars for dogs.
12. Change reporting structure so RVTs report to the shelter veterinarian who assigns duties and daily responsibilities.
13. Increased veterinary interaction with shelter activities:
 - a. Veterinarian should develop, implement, and monitor disease prevention practices recommended for Cat Isolation.
 - b. Veterinarian should monitor dog isolation practices (number of occupants per kennel, adding only ill animals to designated enclosures).
 - c. Veterinarian should provide and monitor special feeding instructions including ensuring puppies and kittens are fed canned food twice daily.
 - d. Veterinarian should observe quarantine animals as part of his/her morning daily rounds.
14. Locks should be placed on "over the counter" impound cages and keys distributed to KA staff.
15. Shelter supplies:
 - a. Replace non-approved sharps container in the washrack (EP – 3),
 - b. Soap dispensers installed at sinks for hand washing,
 - c. Spray bottles for cage and surface cleaning with labels or markers to indicate bottle contents and concentrations (including washrack/euthanasia area),
 - d. Disposable gloves of various sizes and dispenser,
 - e. Purchase scrub brushes of various sizes and strengths for each building containing kennels, housing cats, washrack/euthanasia area, and dead animal refrigerator,
 - f. Knee-high rubber boots for all staff working in the kennels, and
 - g. Disposable booties for isolation areas.
 - h. Supply request list generated by Medical Operations Supervisor:
 - i. Cordless clipper and blades of varying sizes,
 - ii. New decapitation knives,
 - iii. Face Shields,
 - iv. Dog muzzles (various sizes),
 - v. Hand sanitizers for staff and the public outside of animal holding areas and the washrack, and
 - vi. Small sharps containers for skunk kits.
16. Equipment
 - a. Order squeeze cages of various sizes,
 - b. Order cat nets,
 - c. Order leather gloves for handling cats,
 - d. Order plexiglass shields for restraining cats,
 - e. Order standard poles with steel cables and designate poles to be placed in each kennel building, the washrack/euthanasia area, and RVT office,
 - f. Ensure all kennel staff is carrying ropes (not nylon leashes) and rope material is available for immediate replacement of damaged rope,

- g. Install eye wash stations in all sinks where chemicals or pharmaceuticals are used (i.e., washrack room, cat room),
 - h. Repair damaged guillotine doors on kennels, and
 - i. Medical equipment
 - i. Assimilate a "Crash Cart" for use with emergency stabilization/triage,
 - ii. Scale,
 - iii. Microscope,
 - iv. Microscope slides,
 - v. Scalpel blades,
 - vi. Wood's Lamp,
 - vii. Parvovirus tests readily available,
 - viii. Fecalyzers (fecal testing supplies), and
 - ix. Dermatophyte test media,
 - x. Supply list generated by Medical Operations supervisor:
 - 1. Animal gurneys (stretchers),
 - 2. Include in new examination/medical room: wet table, surgical light, IV stand,
 - 3. Tom Cat catheters,
 - 4. E-Collars in a variety of sizes,
 - 5. Endotracheal tubes and rack,
 - 6. Otoscope,
 - 7. Idexx Snap Test for Giardia,
 - 8. Medications: Capstar, Chlorpheniramine w/Clavamox 4 mg tablets, Gentamicin spray, topical anti-fungal ointment, Metacam, Tetracycline capsules 250 and 500 mg, DHPP without Lepto, VIP Fly Repellent ointment.
17. 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. Monitoring of Puppy Pass sanitation throughout the day by the Kennel Operations Supervisor, and
 - e. Remove cats from cages during morning cleaning and disinfecting.
18. Order identification badges for all staff that come in contact with the public to include their name and position/rank.
19. Place signage on the Feral Cat Building to inform the public not to touch these animals.

LONG TERM FIX ITEMS FOR THE CARSON SHELTER

1. Schedule an RVT to be assigned to the Carson shelter five days per week.
2. Replace the dead animal refrigeration unit.
3. Replace the current non-functioning clothes dryer with a commercial sized unit.
4. Improve overhead lighting in the washrack area.
5. Develop Material Safety Data Sheet notebooks and have copies available in the RVT office, cat room, and front office.
6. 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. Vet Check List
 - i. Utilize the Chameleon generated Vet Check List,
 - ii. Discontinue use of the current manually generated Vet Check List, and
 - iii. Relocate the current manually generated RVT Check List to the RVT office or future RVT office/medical examination room.
 - e. Behavior assessment protocols:
 - i. Revise behavior assessment test to perform general, basic assessment, and
 - ii. Develop temperament evaluation for feral cats.
7. Implement all healthy animals vaccinated at Impound (train all staff to administer vaccine and enter into the Chameleon record).
8. Buildings/room renovations:
 - a. Create a euthanasia room
 - i. Designate a portion of the current Feral Cat room to become the euthanasia room (remaining two-thirds of the room to be designated as the medical treatment room), or
 - ii. Enclose the washrack area extending from the back of the Camera area (refrigeration unit) to the wall of the RVT office and forward into the washrack area to become the new Euthanasia room, or
 - iii. Change the current RVT office to the Euthanasia room.
 - b. Create a medical room
 - i. Designate two-thirds of the current Feral Cat room (the remaining third to be utilized for euthanasia), or
 - ii. Designate the Feral Cat room for feline treatment and hospitalization and the RVT office for canine treatments, or
 - iii. Designate the entire current Feral Cat room (and combine with the RVT office).
9. Provide standard equipment accessible to KAs to take in vehicles when assigned to field duty.
10. Change grave shift to be exclusively kennel duty (no field duty).
 - a. Change feeding times to grave shift, and

- b. Change grave shift cleaning responsibilities and assign special projects.
- 11. 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. Utilizing the Chameleon generated Vet Check List,
 - i. Behavior assessment revisions to the protocol,
 - j. Temperament evaluation for feral cats, and
 - k. Veterinary training in humane investigation medical procedures and record keeping.
- 12. Incorporate veterinary participation in the Foster Care Program once the formal protocol is developed and released from administrative offices.
- 13. Implement annual employee hearing tests.
- 14. Develop an Injury, Illness and Prevention Program.
- 15. Cleaning and disinfecting:
 - a. Repair pressure cleaner used in the kennels, 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 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
Date of Inspection:

Person Conducting Inspection:

Unsafe Condition or Work Practice:

Corrective Action Taken:

DATE OF INSPECTION
Date of Inspection:

Person Conducting Inspection:

Unsafe Condition or Work Practice:

Corrective Action Taken:

DATE OF INSPECTION
Date of Inspection:

Person Conducting Inspection:

Unsafe Condition or Work Practice:

Corrective Action Taken:

ACCIDENT/EXPOSURE INVESTIGATION REPORT

DATE AND TIME OF ACCIDENT
Date & Time of Accident:

Location:

Carson 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

Carson Animal Care and Medical Assessment

LOS ANGELES COUNTY
DEPARTMENT OF ANIMAL CARE AND CONTROL
SPAY/NEUTER CLINIC ASSESSMENT – Animal Center #3

February 8, 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 #3, the Spay/Neuter Clinic, located in Carson. The following staff from the medical division provided input and insight into operational procedures.

Veterinary Medical Staff:

Technicians:

Medical Operations Supervisor:

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: Clinic medical staffing.

Spay/neuter clinic medical staff is responsible for activities associated with the clinic and shelter medical activities each day. Medical staff consists of one veterinarian who works the clinic and the shelter, one unregistered veterinary assistant who works exclusively in the clinic, and one Registered Veterinary Technician (RVT) assigned to shelter animal care and does not assist in the clinic. The clinic assistant administers pre-surgical anesthesia, assists in surgery, and performs clerical and record keeping tasks.

The clinic medical activities consist of:

- Performing spay/neuter surgery
 - For adopted animals,
 - For publicly owned animals (Tuesday and Thursday),
 - Daily surgeries sometimes exceed twenty five.
- Examining and providing medical care for recently altered animals adopted from the shelter that have become ill,
- Preparing and dispensing veterinary prescriptions,
- Operating a rabies vaccination clinic,
- Operating a microchip clinic,
- Preparing surgical packs, and
- Cleaning and disinfecting the clinic and surgical suite.

The clinic clerical activities consist of:

- Organizing and managing the vaccination and microchip clinics,
- Receiving and registering animals for surgery on public surgery days (7:00 – 7:30 a.m.),
- Contacting the shelter clerical division about patients deemed unfit for surgery and request adopter early pick up,
- Generating refunds when necessary,
- Collecting daily clinic statistics, vaccination clinic statistics and generating monthly statistic reports, and
- Completing microchip registration forms.

The clinic recordkeeping activities consist of:

- Maintaining the controlled substance/surgical logs, and
- Creating patient surgical records on Chameleon.

The clinic animal care activities consist of:

- When grave shift is unable to complete assigned S/N clinic duties, the unregistered veterinary assistant completes some or all of the following tasks starting at 6:30 a.m.:
 - Relocate animals from the clinic to the shelter that were not picked up by adopters from the prior days surgery,
 - Clean cages that were not prepared by the grave shift for the days surgical intake,
 - Pull animals from the kennel that are scheduled for surgery that day, and
- The unregistered veterinary assistant will also feed animals that were deemed unfit for surgery (ill or of insufficient weight), but remain in the clinic because they have not been re-located to shelter isolation or other shelter holding areas.

Shelter medicine veterinary responsibilities consist of:

- Performing morning and afternoon shelter medical rounds,
- Examining, diagnosing, and prescribing treatments for ill and injured shelter animals,
- Providing assistance with injured/ill animals brought in from the field by Animal Control Officers (ACO). For more details see, SI – 2 Observation: Protocols pertaining to field officers requesting shelter veterinary assistance with ill/injured animals need refinement.
- Handling veterinary medical emergencies,
- Performing minor surgical procedures (other than spay/neuter surgery) on shelter animals as necessary,
- Creating medical records for patients in Chameleon, and
- Administering rabies vaccinations as needed.

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.

SI – 1 Recommendations:

As indicated in the report, ANIMAL CARE/MEDICAL ASSESSMENT – Animal Center #3, LSI – 2 Observation: There is only one veterinarian and one part-time RVT currently working at the Carson facility:

- In order to optimize the number of surgical spay or neuter procedures performed at the Carson clinic and improve animal care in the shelter, two veterinarians should be assigned to the shelter Monday through Saturday.
 - On a rotating basis, one veterinarian should:
 - Chiefly be assigned to performing surgeries through mid-afternoon, and
 - In the latter part of the afternoon, he/she could:
 - Conduct and oversee the vaccination clinic (see Vaccination Clinic section this report for recommended scheduling of the clinic),
 - Complete electronic surgical record entries,
 - Review logs and order controlled substances, and
 - Receive clients (recent adopters with ill animals) and dispense medications for animals that are ill.
 - The second veterinarian should:
 - Begin the day with morning shelter rounds,
 - Monitor euthanasia procedures,
 - Provide surgical support to the primary surgeon until noon,
 - Respond to emergencies brought in by officers from the field, and
 - Spend the afternoon in the shelter working with the RVT,
 - 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 Kennel Operations Supervisor in order to coordinate animal care provided by the kennel and medical divisions,
- Assisting with behavior assessments, and
- Assisting with the foster program.

Currently, there is 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 recommendations for coming into compliance with *CCR § 2036.5* with current staffing can be found in this report under SNS – 1 Anesthesia induction performed by an unregistered veterinary technician.
- Ideally, two RVTs should be assigned to the shelter on a daily basis in order to provide sufficient medical support for shelter animals as well as to assist the veterinarian in the spay/neuter clinic.
 - One RVT should be primarily assigned to the clinic and one to shelter duties.
 - RVTs should be cross-trained to fill in for each other during days off, sick and vacation days, providing assistance with pre-surgical duties and rotating through daily euthanasias and other shelter stressful duties.
- 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:
 - Spay/neuter surgery can only be conducted at the Carson facility on days when an RVT is scheduled or a second veterinarian is assigned to the shelter.
 - 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 better balance the work load for the unregistered veterinary assistant in the clinic:

- Clerical support from the administration building should be assigned to assist with the one hour vaccination and microchip clinics.
- The grave shift animal care activities that are not being completed during that shift (due to dual assignment to kennel and field duty) and become the responsibility of the unregistered veterinary assistant in the morning can be remedied by designating grave shift for kennel duty only (see ANIMAL CARE/MEDICAL ASSESSMENT – Animal Center #3, LSI – 6 Observation: Grave shift employee performs kennel and field duties).
- The Kennel Operations Supervisor should ensure that day shift KA staff are relocating animals as soon as possible in the morning from the clinic (that are deemed unfit for surgery) either to isolation or the main kennel while the adopter is contacted by telephone to pick up their animal on a spay/neuter waiver.

SI – 2 Observation: Ill animals are brought to the examination room of the spay/neuter clinic during morning surgical hours for veterinary examination and care.

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 observed by the contractor that from 8:00 a.m. until noon, ACOs and KAs will bring ill/injured animals to the clinic for the veterinarian to examine in between surgical procedures.

Liability:

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.

SI – 2 Recommendations:

As a general rule, ill/injured animals from the field or shelter should not be brought to the spay/neuter clinic for initial evaluation by medical staff. Ill animals that are brought into the clinic animal holding area or into the surgical prep room increase the potential for disease transmission to otherwise healthy animals in this area that are scheduled for surgery or have just completed surgery. In addition, the veterinarian must break surgical sterility, leave the surgical suite and examine the ill animals if they are brought to the clinic at the time the veterinarian is performing spay/neuter surgery.

All ill/injured animals from the field should be brought to a designated medical room (see ANIMAL CARE/MEDICAL ASSESSMENT – Animal Center #3, 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, for identification of potential rooms within the shelter) which can serve as the location for initial physical examination and emergency triage of ill animals.

The following recommendations allow for medical staff to evaluate ill animals with the least disruption to completion of spay/neuter surgeries while maintaining high standards of prevention of disease transmission in the clinic.

When there is only one veterinarian on duty at the shelter:

- If the veterinarian is performing surgery when an ill/injured animal from the field or the shelter presents in a possible emergency situation, the RVT assigned to shelter duty should initially examine the animal in the shelter medical room and determine the degree of illness or injury.
 - If the RVT determines the animal requires emergency care, he/she can:
 - Request the veterinarian temporarily interrupt the surgical schedule and report to the medical room, or
 - The RVT can perform emergency triage and stabilization of the patient in accordance with CCR § 2069. Emergency Animal Care.
 - RVT staff will require training on emergency stabilization and triage as specified in ANIMAL CARE/MEDICAL ASSESSMENT – Animal Center #3,

MCSA – 3, 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).

- Ill animals that are non-emergency cases can be examined by the RVT while the veterinarian(s) completes scheduled spay/neuter surgeries.
 - The RVT can begin treatment for common shelter presentations based on oral instructions or written orders by the veterinarian (see ANIMAL CARE/MEDICAL ASSESSMENT – Animal Center #3, MCSA – 1 Observation: Identification of shelter animals requiring medical care and administering medical care needs improvement and standardized protocols).
 - Whenever an RVT initializes treatment of a shelter animal, the veterinarian will perform follow up examinations of the animal and determine the official treatment protocol as soon as possible.

If two veterinarians are on duty at the shelter:

- If spay/neuter surgery is being performed when an ill/injured animal from the field or the shelter presents in a possible emergency situation, the veterinarian designated "on call" for shelter duty (identified as the second veterinarian in SI – 1 Recommendations) will be paged to go to the shelter medical room to assess and treat the animal.
- Ill animals that are non-emergency cases can be examined either by the "on call" for shelter duty veterinarian (if he/she is not performing surgery) or by the RVT per policies described above in compliance with ANIMAL CARE/MEDICAL ASSESSMENT – Animal Center #3, MCSA – 1 Observation: Identification of shelter animals requiring medical care and administering medical care needs improvement and standardized protocols.

If no veterinarian is on duty at the shelter, but the RVT is present:

- If an animal presents as a clinical emergency, the RVT can start performing emergency triage based on CCR § 2069. Emergency Animal Care.
 - Once the animal is stabilized, he/she should be transported to a veterinary emergency hospital for follow up care until the shelter veterinarian is on duty and resumes supervision of the case.
- Ill animals that are non-emergency cases can be examined by the RVT per policies described above in compliance with ANIMAL CARE/MEDICAL ASSESSMENT – Animal Center #3, MCSA – 1 Observation: Identification of shelter animals requiring medical care

and administering medical care needs improvement and standardized protocols.

If no veterinarian and no RVT is on duty at the shelter:

- When an ill/injured animal from the field or the shelter presents in a possible emergency situation, the animal must be transported immediately to a private veterinary emergency facility.
- Ill animals that are non-emergency cases should be placed in isolation if appropriate and evaluated by medical staff as soon as they return to the shelter.

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

The veterinarian and the unregistered veterinary assistant do not wear name badges which provide the first and last name of the employee, their position and rank.

SI – 3 Recommendations:

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

Pre-Surgical Issues (PreSI)

PreSI - 1 Observation: Additional precautions should be taken to decrease the opportunity for disease transmission from the shelter to the clinic.

The contractor observed clinic staff, KAs, and ACOs moving from the clinic to the shelter and back again, before, in between, and after daily surgeries. Staff wore the same shoes in each of these areas, including the surgical suite.

PreSI – 1 Recommendations:

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

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

PreSI – 2 Observation: 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.

Between 7:00 - 8:00 a.m., the unregistered veterinary assistant and/or the veterinarian begins evaluating the scheduled surgical patients and identifies ill animals in the clinic holding area that are unfit for surgery. It was reported to the contractor that these animals were not immediately removed from the clinic by KAs and placed in isolation or other holding areas in the shelter. The ill animals remain in the clinic in close contact with healthy animals until the end of the day or until the adopter picks up the animal (usually at the end of the day, close to the late afternoon surgical release time).

In addition, it was reported to the contractor that clinic staff informs the clerical division in the administration building if an adopted animal is being taken off of the surgery list so that they can contact the adopter to pick up the animal. However, there is poor follow up with the clinic by the clerks on whether or not the adopter will pick up the animal or if the adopter decided to discontinue the adoption process and the animal will remain at 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 the grave shift staff to identify an ill animal in the clinic:

The grave shift KA starts the process of individually relocating animals from the kennels to the clinic (after 3:00 a.m.) by walking animals on leashes and/or placing them in carriers. It takes several trips to the clinic to relocate every animal scheduled for surgery that morning. During this sequence of events, the KA has two opportunities to identify ill animals in this group. The first opportunity is when the KA is individually handling each animal and placing it on a leash or in a carrier. The second opportunity is when the KA makes multiple trips to the clinic as he/she adds animals to the holding area. Each time he/she enters the clinic with another animal the KA 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, the grave shift KA should immediately relocate the animal to shelter isolation and document the transfer and place the animal on the Vet Check List.

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

When the unregistered veterinary assistant arrives in the morning, 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, she will present the case to the veterinarian for further examination before shelter morning rounds are conducted.

If the animal is deemed unfit for surgery by the veterinarian, the unregistered veterinary assistant will administer medication to the animal as ordered by the veterinarian and contact clerks in the administration building who will contact the adopter. It is important for the clerk to relay to the clinic the adoption status of the animal once they contact the adopter because it may affect where the animal is relocated in the shelter. The unregistered veterinary assistant will then contact a KA or the Kennel Operations Supervisor and request assistance to relocate the animal to the proper shelter location. If a KA is not available, the assistant can relocate the animal (taking care to replace her shoe covers when she re-enters the clinic), or the Kennel Operations Supervisor can assist with relocating the animal. Also, the unregistered veterinary assistant will inform the RVT on shelter duty of the animal's status.

Once an ill animal has been relocated from the clinic, the unregistered veterinary 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 technician should follow the same procedures stated above with the exception that she will not be able to relocate the animal herself (she is now assisting in surgery) and the Kennel Operations Supervisor must coordinate assistance by KA staff. When KA staff enter the clinic, they should wear shoe covers (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:

- Procedure and criteria in which to determine if an adopted animal is unfit for surgery (including a standardized examination process),
- Clerical staff contacting the adopter to determine if they choose to continue or discontinue the adoption,
- Medication prescribed by the veterinarian post-examination,
- Administering the initial dose of medication,
- Entering medical information into the Chameleon record,
- 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. Also, 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 for Lancaster.

The veterinarian at the Carson facility alters dogs starting at eight weeks of age and cats weighing a minimum of two pounds.

PreSI – 4 Recommendations:

Early age spay/neuter can be performed on dogs and cats as early as eight weeks of age. Additional veterinary support will continue to be added to the Carson clinic and if a veterinary surgeon is not comfortable performing early age surgery they 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) at all six shelters. 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 patients should be fed the their regular evening meal the night before scheduled surgery (during the swing shift) and a small meal (1-2 tbsp) of canned kitten or puppy food the day of surgery about 1-1.5 hours prior to the procedure. The same pre-surgical instructions should be provided for publicly owned animals.

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: Daily surgeries sometimes exceed twenty five animals.

As reported to the contractor, the clinic may schedule over twenty five surgeries in one day.

SNS – 1 Recommendations:

Twenty five surgeries per day with one veterinarian and an unregistered veterinary assistant who are also conducting vaccine and microchip clinics is overwhelming. Staff is unable to take lunch breaks and complete baseline duties (preparing surgical packs, performing proper cleaning of the clinic etc.). If the daily surgical demand at the Carson shelter exceeds twenty five animals on a consistent basis, then this supports assigning two veterinarians (as described above in SI – 1, Clinic medical staffing) to this location. This will also necessitate additional support staff in the form of RVTs and unregistered veterinary assistants.

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 produced by the county 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 her shift ends (mid-afternoon) at which time the clinic is locked and releases become the responsibility of the KA's.

KAs have not been trained to briefly examine the animal or the surgical site prior to release to the pet owner.

KAs also 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 and the veterinarian are no longer on site in the late afternoon, the shelter RVT should be called up front to conduct post-surgical release of clinic animals through the end of his/her shift.

KAs will perform post-surgical release of clinic patients if technicians have left for the day. In order to perform this duty, KAs should receive training in evaluating the condition of animals post-surgically. Other duties associated with post-surgical release include distributing the modified County post-surgical care handout. Staff should become familiar with the new instructions (providing food and water the evening after surgery is completed and special feeding instructions for early age spay/neuter patients) cited in the handout 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 post-surgically, are relocated to the shelter main population overnight.

Animals that are not picked up post-surgically from the clinic prior to closure (7:00 p.m.) are relocated to the shelter main population overnight and may be housed together with other animals.

PostSI – 4 Recommendations:

Animals recovering from surgery that must remain at the shelter overnight should not be placed in the shelter main population where they are likely to be housed with other animals who are not recovering from recent surgery. This may result in a safety issue for the recently altered animals who are in a weakened state because they are still recovering from anesthesia and major surgery.

On occasions when these animals are not picked up by adopters, they should remain in the clinic to recover from surgery overnight. The duties for the swing OIC need to be amended slightly to accommodate this change. When he/she checks the clinic at 7:00 p.m., (currently assigning the swing KA to relocate any remaining animals to the shelter main population from the clinic) the remaining post-surgical animals in the clinic should instead, remain in the clinic overnight and be identified (placed on the OIC's report and a list left on the RVT's desk in the clinic for follow up the next morning). The swing or grave shift KA should be instructed to provide these animals with water and a small bowl of food. The protocol should continue to direct the grave shift to monitor these animals when they return to the clinic (around 3:00 a.m.) during their regular responsibility bringing the next day shelter surgeries into the animal holding area. Monitoring 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. If there is not enough cage space to accommodate all of the next day's surgeries if post-surgical animals remain in the clinic, the overflow of dogs should remain in the main kennels until 8:00 a.m. at which time the Kennel Operations Supervisor and medical staff will find appropriate housing for the post-surgical patients until pickup from the adopter and relocate the overflow dogs to the clinic for pre-surgical workup.

Vaccine Clinic (VC)

VC -1 Observation: The vaccination clinic hours have been changed to 1:00 – 2:00 p.m. Tuesdays and Thursdays at the Carson facility.

As reported to the contractor, this re-scheduled vaccine clinic does not allow clinic medical staff to monitor post-surgical patients directly after surgery and take a lunch break two days out of the week.

VC -1 Recommendations:

As indicated above in SNS – 1, (Daily surgeries sometimes exceed twenty five animals) surgical procedures end around 12:30 p.m. The unregistered veterinary assistant and the veterinarian must have examination rooms, equipment and supplies ready to receive clients for the vaccination clinic starting at 1:00 p.m.

With this schedule, there is no time for medical staff to monitor post-surgical patients or to take lunch.

To remedy this problem either:

- The total number of surgeries performed on Tuesdays and Thursdays must decrease (see SNS - 1, Daily surgeries sometimes exceed twenty five animals), so that medical staff can observe patients and take a lunch prior to the commencement of the vaccination clinic, or
- An additional veterinarian should be scheduled on Tuesdays and Thursdays in order to maintain the current surgical load, and work as a team during the vaccination clinic.
- Additional clerical and/or KA support should be assigned to the vaccination clinic with the veterinarian (i.e. to assist with humane animal restraint and processing clients).

VC -2 Observation: Additional items for vaccination clinic protocol.

During the vaccination clinic, owners restrain their own animals during vaccine administration. If an animal is too difficult for an owner to restrain, the animal is not restrained by kennel staff and does not receive a rabies vaccination.

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.

Health & Safety Code § 121690. Rabies Areas Licensing, Vaccination Regulations
In rabies areas, all of the following shall apply:

- (a) Every dog owner, after his or her dog attains the age of four months, shall no less than once every two years secure a license for the dog as provided by ordinance of the responsible city, city and county, or county. License fees shall be fixed by the responsible city, city and county, or county, at an amount not to exceed limitations otherwise prescribed by state law or city, city and county, or county charter.

- (b) Every dog owner, after his or her dog attains the age of four months, shall at intervals of time not more often than once a year, as may be prescribed by the department, procure its vaccination by a licensed veterinarian with a canine anti-rabies vaccine approved by, and in a manner prescribed by, the department.
- (d) Any dog in violation of this chapter and any additional provisions that may be prescribed by any local governing body shall be impounded, as provided by local ordinance.
- (f) It shall be the responsibility of each city, county, or city and county to provide dog vaccination clinics, or to arrange for dog vaccination at clinics operated by veterinary groups or associations, held at strategic locations throughout each city, city and county, or county.

VC -2 Recommendations:

As indicated in H&S Code § 121690. Rabies Areas Licensing, Vaccination Regulations, it is the responsibility of the county to provide rabies vaccination clinics. At these clinics, the county should be assisting pet owners come into compliance with the H&S code. Shelter kennel staff should be able to safely and humanely restrain most animals that are brought to the clinic for vaccinations and these clients should not be turned away. The vaccination clinic protocol should be amended to include a section on humane restraint. KA staff should be trained on these restraint techniques so that they can assist at the vaccination clinic as part of their general duties.

If 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.

Ideally, shelter staff should be restraining animals when being vaccinated at the clinic. In order to decrease this potential liability, the veterinarian should have readily available various humane restraint equipment (i.e. ropes versus nylon leashes, muzzles, leather gloves to handle small dogs, utilizing swing gates/doors), discuss methods of restraint with owners applicable to each situation, and call for assistance from staff with animals that are fractious.

Microchip Clinic (MC)

MC -1 Observation: The unregistered veterinary technician is conducting the microchip clinic at the same time the vaccination clinic is scheduled.

The unregistered veterinary assistant is conducting the microchip clinic while the veterinarian is conducting the vaccination clinic (Tuesdays and Thursdays from 1:00 – 2:00 p.m.). The clinic examination room is used for clients requesting

either a vaccination or microchip. If the examination room is occupied by a vaccination client, a pet owner requesting a microchip is led to the surgical prep table for microchip implantation.

These overlapping clinic schedules do not allow the unregistered veterinary assistant to restrain animals for the veterinarian at the vaccination clinic and does not allow the assistant to take a lunch break two days out of the week.

MC - 1 Recommendations:

Options to remedy the scheduling problem include:

- An additional RVT could be assigned to the clinic on Tuesdays and Thursdays and surgical assisting and microchip clinic duties be divided between the RVT and the unregistered veterinary assistant.
- KA staff could be trained to implant microchips, complete the registration paperwork and conduct the microchip clinic while the unregistered veterinary assistant works the vaccination clinic with the veterinarian or vice versa (KA assists the veterinarian and the assistant operates the microchip clinic).
- The day for the clinic could be changed to Saturdays and the time extended to three hours (1:00-3:00 p.m.) and the clinic administered by KA staff with oversight by the Kennel Operations Supervisor.

Vaccine administration and microchip implantation should be confined to the examination room of the clinic and the surgical prep table should not be used.

MC -2 Observation: Owners restrained their own pets during the microchip clinic.

During the microchip clinic, staff requests owners restrain their own animals during implantation of the microchip.

Liability:

See VC – 2 Liability 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.

Members of the public can return to the clinic with their ill pet post-surgically and the veterinarian will perform a physical examination on the animal in the clinic examination room and dispense medication free of charge.

The shelter has established a daily time frame for this service, which is after 12:00 (i.e., after spay/neuter surgeries are completed). However, as reported to the contractor, this is not adhered to by the telephone staff at the call center in Downey when providing information to the public on veterinary availability. This results in the public coming to the shelter throughout the day requesting a veterinary office visit when the veterinarian may not be available (including after 3:30 p.m. which is the veterinarian's current shift termination).

MSP – 1 Recommendations:

Ill animals should not be admitted into the spay/neuter clinic. Ill animals should be taken to the shelter medical room (see ANIMAL CARE/MEDICAL ASSESSMENT – Animal Center #3, MCSA – 3, 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) which should serve as the only location where ill animals are examined by medical staff.

If there is one veterinarian on duty, appointments with the veterinarian for owned animals that present with illness post-surgically should be coordinated:

- On opposite days of the vaccination clinic (Monday, Wednesday, and Friday) from 1:00 – 2:00 p.m., maintaining the current number of surgical appointments, or
- Decrease the number of surgical appointments which will allow the veterinarian to see clients from 11:00 – noon daily and continue with the vaccination clinic from 1:00 – 2:00 p.m. on Tuesday and Thursdays,
- With either schedule, the veterinarian can conduct afternoon shelter rounds starting at 2:45 – 3:00 p.m.

If there are two veterinarians assigned to the Carson facility, one could be specifically assigned to the clinic allowing for more flexibility with scheduling the available hours for public appointments as follows:

- The clinic assigned veterinarian could receive public appointments after 1:00 p.m. for the entire afternoon on Monday, Wednesday and Friday.
 - The clinic veterinarian could receive public appointments after 2:00 p.m. (at the termination of the vaccine clinic) on Tuesdays and Thursdays for the remainder of the afternoon.
- The second veterinarian will continue to be assigned to shelter medicine in the afternoon each day of the week.

The specific hours designated for this service should be communicated to staff at the call center at Downey as well as pet owners and adopters at the time of post-surgical release.

Record Keeping/Security (RKS)

RKS – 1 Observation: The patient's surgical record is incomplete.

The unregistered veterinary assistant is currently entering into the patient's Chameleon medical record, limited spay/neuter information post-surgically.

A surgical record must also be kept on publicly owned animals that are spayed or neutered at the clinic.

Liability:

CCR § 2032.3 Record Keeping; Records; Contents; Transfer.

(9) Records for surgical procedures shall include a description of the procedure, the name of the surgeon, the type of sedative/anesthetic agents used, their route of administration, and their strength if available in more than one strength.

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

RKS – 1 Recommendations:

The veterinarian is required to complete a surgical record that fulfills the requirements of CCR § 2032.3 (listed above) on each animal that he/she performs a surgical procedure. The veterinarian is currently out of compliance with certain aspects of this requirement which include a description of the surgical procedure and specifics of sedative/anesthetics administered.

In order to come into compliance with a complete surgical record for each animal in a high volume spay/neuter environment, without consuming an extraordinary amount of time for data input, 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 created and 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 possible sedative/anesthetic agents that could be used, leaving the dosage area blank (to be filled in by the veterinarian or technician for each animal post-administration).

Using this system, patient data can be entered in an expedient manner after all surgeries are completed. The veterinarian can use the Chameleon program to locate each shelter 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 on that 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.

This drop down menu concept can also be applied to listing pharmaceuticals that are commonly prescribed to pet owners from the clinic. At the time the clinic technician fills the prescription as ordered by the veterinarian, he/she could document the medication prescribed in the animal's Chameleon record (which was created when the animal was previously altered at the clinic) by using the drop down menu, click on the proper medication and fill in the appropriate dosage. This would bring the clinic into compliance with all record keeping requirements in CCR § 2032.3.

RKS – 2 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 #3, EP – 7, Controlled substance security.)

The spay/neuter (S/N) clinic secures all controlled substances except sodium pentobarbital (ketamine, diazepam, butorphanol). Currently, the only controlled substance distributed from the S/N clinic to the shelter is ketamine. The central supply of controlled substances is kept in the supply room in a five foot high steel cabinet with double doors and a broken key lock to the door of the cabinet.

- The cabinet is secured by a chain that is strung through both door handles and a padlock.
 - However, the vertical wall inside the cabinet that divides it in half has a hole at the top large enough for a person's hand to fit through and communicate with the unlocked side of the cabinet.
- Ketamine and butorphanol are located inside the cabinet on a shelf on one side of the cabinet.
 - There is no general inventory sheet for either controlled substance in the cabinet.
 - Ketamine bottles are not numbered and are distributed to the shelter for use in skunk kits.
- The veterinarian and the unregistered veterinary assistant have keys to the locked cabinet which they carry with them (i.e., do not leave at the shelter upon completing their shift). As reported to the contractor there is

a key ring with keys to this cabinet and the door to the supply room that is kept in the office of the shelter manager (currently unoccupied) and accessible by the lieutenant and sergeants.

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 a vial of ketamine:acepromazine, diazepam and several vials of butorphanol.
- The key to this cabinet is the same key that fits the broken lock of the central supply of controlled substance cabinet in the spay/neuter clinic.
 - As reported to the contractor the same key access as to the central supply cabinet is applicable to the daily supply cabinet.
- There is no separate daily use controlled substance log for ketamine, diazepam, or butorphanol.
 - Drug usage is maintained on the daily Surgical Log.

RKS – 2 Recommendations:

There should be one designated person (recommendation for the veterinarian who possesses the DEA registration certificate for the Carson shelter location) to be in charge of the overall oversight of dispensing and security of all controlled substances at the Carson shelter (including those kept in the spay/neuter clinic). 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.

At the Carson shelter, it is recommended that there be two Central Supply locations of controlled substances due to the location of the S/N Clinic on the property which is a great distance from the administration building. The first location is in the administration building (see ANIMAL CARE/MEDICAL ASSESSMENT – Animal Center #3, EP – 7, Controlled substance security) and the second location is in the spay/neuter clinic in the supply room. 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 central supply of controlled substances should be secured in a floor safe (cemented into the floor); in a safe securely bolted to the floor; or in a safe weighing more than 750 pounds. This safe should contain all unopened, sealed bottles of controlled substances accompanied by an inventory log that must be updated whenever the safe is opened. 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 clinic or assigned to 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 inventory 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 in the 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.

A separate log of daily use for each controlled substance (different than the surgical log) should be kept in a bound logbook/notebook with numbered pages.

The daily drug log should contain the following entries:

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

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

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

Clinic Sanitation (CS)

CS – 1 Observation: Clinic cleaning protocols are needed.

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

It was reported to the contractor that due to the workload for one unregistered veterinary assistant on duty and the high number of daily surgeries, daily mopping of the clinic is not always completed.

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, and
- 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.

Clinic workloads (i.e., number of surgeries scheduled each day, conducting vaccine and microchip clinics) must correlate to the number of staff assigned to the clinic in order to ensure required cleaning and disinfecting is completed each day.

Safety Issues (SI)

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

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

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

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

There are no posted emergency exit signs or fire evacuation maps in the trailer.

There is no scheduled anesthesia machine maintenance by the manufacturer/distributor.

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 standard 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. As reported to the contractor, 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.

Emergency and fire exit plans must be developed and posted in the trailer.

There should be a program of regular maintenance on the anesthetic machines provided by the manufacturer and scheduled for the clinic.

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 central and daily supply of controlled substances in the clinic,
2. Eye wash station installed in the sink of the surgical preparation area,
3. Supply of disposable shoe covers,
4. A computer terminal for the veterinarian
 - Investigate complaints of repeated failed connection (computer goes down) in the reception area and remedy as necessary.
5. Purchase additional surgical instruments to create five to six additional surgical packs,
6. Order separate cleaning supplies from the shelter for the clinic
 - The clinic should not share mops, buckets, scrub brushes etc.
 - i. It was reported to the contractor that the clinic did not have a mop for the floors for over one month after several requests were made to replace the item. In the interim,

clinic staff borrowed the shelter mop and replaced it each day.

7. Order a commercial strength vacuum
 - It was reported to the contractor that the clinic didn't have a vacuum for a four month period.
8. Heating pads,
9. Control pole permanently placed in the animal holding area,
10. Leather gloves to handle cats,
11. Replace damaged chairs in reception area,
12. Repair dent in front door of the trailer on the interior side, and
13. Medical equipment and supplies requested by the Medical Operations Supervisor:
 - Replace the autoclave (handle broken – electronic autoclave previously located in the clinic was transferred to the Downey spay/neuter clinic),
 - Replace anesthesia machines (see SI – 1, The following safety issues require attention or correction within the spay/neuter clinic). Schedule regular maintenance on the machines by the manufacturer/distributor. The current machines are cracked and have the potential for leaking gas anesthetic,
 - Provide uniforms for medical staff - designate scrub color, lab coats (currently only available for veterinary staff), and
 - Replace trailer clinic with a free standing building – new spay/neuter clinic.