LOS ANGELES COUNTY
DEPARTMENT OF ANIMAL CARE AND CONTROL
ANIMAL CARE/MEDICAL ASSESSMENT – Animal Center #6,
August 20, 2007
Performed by Animal Legal and Veterinary Medical Consulting Services
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The assessment was conducted at Animal Center #6 located in Castaic. 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)
- Employee Safety/Injury and Illness Prevention (ESIIP)

Additional sections:

- Quick Fix Items For The Cataic Shelter
- Long Term Fix Items For The Cataic 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 Castaic shelter include: sodium pentobarbital (Schedule II), Ketamine and Telazol (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: The RVT assigned to the Castaic facility is completing medical and kennel duties.

There is only one RVT assigned to the Castaic shelter and she is very organized and works well with the shelter veterinarian. On the day of the site visit, spay/neuter surgeries were not being performed and vaccine and microchip clinics were not in operation. Without the workload these other medical responsibilities would add, the contractor observed that the RVT was already overworked causing the goal to be the quantity of work completed rather than quality of work. For example, the RVT did complete all daily medical treatments, but did not have time to provide other supportive care such as monitoring the food intake of ill/injured animals and making recommendations of special diets (i.e., canned products) as necessary. Even though the medical tasks assigned to the RVT are eventually completed throughout her shift,

tasks are frequently not completed at the optimum time (i.e., animals not examined or vaccinated at impound) due to the RVT assisting with other non-medical duties in locations other than the impound area of the shelter. These non-medical duties include: conducting the daily animal inventory (which is completed only two days per week because the task may require up to four hours of the RVT's time), updating Chameleon with housing location of new impounds, replacing missing external identification on animals, and replacing all missing cage cards.

LSI – 2 Recommendations:

Currently, several areas of shelter operations that require medical support are not being completed in a timely manner because the RVT is completing tasks that are the responsibility of the kennel attendants (KA) or of a Kennel Supervisor.

A Kennel Supervisor should be added to staffing and is addressed in LSI – 3, Shelter Manager provides lead supervision for the medical and kennel divisions. This will allow the RVT to be more available for assisting with additional spay/neuter surgeries, spending more time with shelter medical patients, or increasing the number of vaccination or microchip clinics.

Kennel duties must be clearly identified, prioritized, and monitored by the Kennel Supervisor. Animal inventory should be the responsibility of the kennel division and should be completed in the morning during the kennel walk through. If the location of the animals in the shelter is consistently recorded at impound and/or upon relocation and external identification is placed on each animal and replaced when it is discovered missing, the inventory process should take no more than one hour. In order to eliminate the extra hours currently required to complete the daily animal inventory, all impounders must be required to record in Chameleon the location where the animal is placed in the shelter at the time of impound. The Chameleon system can be utilized to track which employees are not recording assigned housing in the system by checking the animal's record and identifying the impounder. If an animal is relocated to another holding area after originally being assigned a kennel or cage, the KA must record the change in the animal's Chameleon record as soon as possible. This includes KAs monitoring and working with volunteers who may relocate animals in the shelter. Implementing these practices will ensure that the animal inventory is completed on a daily basis, rather than twice per week which is the current practice.

KAs must ensure that external identification is placed on all animals at the time of impound. In addition, throughout each day if animals are discovered to be without identification, the KA should replace it as soon as possible. The contractor observed that many animals were not wearing external identification (for further recommendations on improving external identification of animals in the shelter see, EP – 3, Staff safety in the washrack area and identification of animals prior to euthanasia needs improvement). In addition to replacing missing external identification, KAs should also be responsible for replacing missing cage cards.

LSI – 3 Observation: Shelter manager provides lead supervision for the medical and kennel divisions.

The shelter manager at the Castaic shelter has taken on supervisory responsibility of medical and kennel operations. The RVT works one-on-one with the veterinarian and follows medical orders as provided by the veterinarian, but is supervised by the shelter manager. Under this current reporting structure, the veterinarian is not technically responsible for monitoring/supervising medical staff and medical tasks (i.e., monitoring nutrition, daily feeding practices, and euthanasia). As an example, the contractor observed the RVT inappropriately perform intraperitoneal (IP) euthanasia on an adult dog weighing over 50 pounds in the presence of the veterinarian who did not intervene with the procedure or discuss alternative, appropriate methods of euthanasia (pre-euthanasia anesthesia followed by intravenous injection of euthanasia solution) after the event. The veterinarian commented to the contractor that this was a common method of euthanasia on large sized dogs that he thought should be changed, but he did not have the authority to adjust current policy and procedure. For more details on this incident, see EP - 9, Observations of specific euthanasia cases.

In addition, the veterinarian is not involved with the scheduling of medical staff (which includes the RVT permanently assigned to Castaic or in the RVT's absence assigning a roving RVT to cover the shift) to ensure the best possible medical coverage for the shelter.

The shelter manager has a great deal of administrative responsibilities and spends a lot of time in the administration building and is not out "on the floor" of the kennels monitoring kennel operations. However, the shelter manager is very responsive to staff when they present an issue to her, but due to the current staffing, management is reactive rather than preventive.

LSI – 3 Recommendations:

The shelter veterinarian should supervise the RVT as well as oversee medical activities including:

- Developing or approving medical staff schedules,
- Directing medical staff daily activities including, providing instruction/orders to ensure continuity and that medical decisions are based on professional medical practice standards,
- Overseeing the RVT administering medications and other medical practices,
- Monitoring RVT while performing euthanasia,
- Making determination of animals to be euthanized based on medical assessments,
- Monitoring shelter cases at private veterinary hospitals and ensuring continued care once the animal is returned to the shelter,
- Completing annual personnel performance evaluations, and
- Taking disciplinary action on medical staff when necessary.

For example, if the veterinary position is tasked with the responsibilities listed above, it would mandate the veterinarian take a leading role in the euthanasia process. The situation described above of the large sized adult dog that was euthanized by IP injection would have been stopped and corrected by the veterinarian.

Supervision and monitoring of kennel operations is a full-time job. Under the current structure, the shelter manager is unable to provide the necessary attention to kennel issues when she is responsible for overseeing all shelter activities on a daily basis. In order to improve supervision of kennel operations, the kennel area requires a working supervisor "on the floor" working directly with KAs and cooperatively with the RVT. The shelter needs a dedicated Lead KA as a full-time employee. For example, because the Lead KA will be moving through all animal holding areas throughout the day, he/she can better monitor staff to ensure KAs are available to assist the public and can be easily located throughout the shelter. When the Lead KA is off duty, a KA or RVT should be designated as the "acting" supervisor who has the authority to address common issues and/or present complicated problems to the officer-in-charge (OIC) or the shelter manager.

LSI – 4 Observation: Medical staff do not wear identification and can not easily provide contact information to the public or rescue groups.

The veterinarian and the RVT do not wear name badges which provide the first and last name of the employee and their position. In addition, they also do not have business cards with current contact information that could be distributed to members of the public and rescue groups.

KAs are identified by their last name which is sewn onto the front of their uniform shirt, but there is no indication of their position/rank.

LSI – 4 Recommendations:

All shelter staff should wear identification which identifies them by first and last name and indicates 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 medical, 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 – 5 Observation: In the absence of Animal Control Officers, 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 Animal Control Officers (ACOs) are not available. KAs do not receive any formal training (KAs are trained by "shadowing" seasoned officers) prior to this assignment and as described to the contractor, KAs must "scramble" to get equipment together prior to being sent out into the field.

The current vehicle inventory situation at the Castaic shelter does not allow field staff to perform at capacity and in a safe manner. One of the vehicles is borrowed from another shelter and in poor condition and the large suburban that is used to tow the damaged horse trailer has brake problems and was reported to the contractor by staff as unsafe to drive.

LSI – 5 Recommendations:

All current ACOs complete training, are assigned a vehicle, and each officer is designated equipment and/or sets up their vehicle with commonly used supplies (i.e., cat traps, transfer cages, paperwork/forms, canned food products etc.). However, when a KA is ordered to go out on a field call, they have not received official training by the department or a Field Training Officer (FTO) 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
  - 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 that are enforced
- Safety
  - Emergency contact with County Sheriff's office
  - Animal
  - Public
  - Entering a property
  - Confrontation with the public

All vehicles assigned to staff should be in good working order. 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.

LSI – 6 Observation: Staff requires additional training in humane animal handling.

The Animal Care Division (KA staff) is handling animals in the kennels and cattery, impounding animals over the counter in cooperation with the clerical staff, restraining animals during the euthanasia process, and handling exotic and large animals. All of these situations require expertise in safe and humane animal handling skills at different levels.

In each of these situations as observed by the contractor and as reported by the veterinarian (i.e., KA staff do not have knowledge or experience in handling equine and large animals) staff require additional training in animal handling and restraint.

Example One:
On the morning of the site visit, the contractor observed a field officer transport from the field a female, adult Pit Bull that presented with a severe laceration to the right shoulder (exposed bone) that was crawling with maggots. The officer maintained the dog on the end of a control pole in the animal holding compartment of the vehicle while the veterinarian examined the dog and determined the animal should be euthanized. The dog remained in the vehicle while the officer requested approval to have the dog euthanized by the shelter manager. About 10-15 minutes later, the ACO returned to the washrack with the RVT and the euthanasia approval. The ACO remained in the washrack, but did not assist the RVT while she maneuvered the dog on the pole in the holding compartment so that she could administer an intraperitoneal (IP) injection of euthanasia solution into the approximately fifty pound dog.

Example Two:
The contractor observed KA staff cleaning the feral cat holding area and discussed techniques with staff. The contractor asked why feral cat dens were not being used in the cages and were stored on top of the cage banks in the feral cat holding area? The KA stated that he did not know what the portable dens were for and had never used them. He had been working as a KA at the shelter for over eight months.

Examples Three and Four:
In the afternoon during the site visit, the contractor observed animal restraint by the KA and vaccine administration by the RVT on two occasions. The first situation involved a small Bull Terrier weighing around 30-35 pounds which required administration of a rabies vaccine as it was released from quarantine. The KA took two ropes and placed each around the dog's neck and extended her arms to full length while holding the ropes in an attempt to keep the dog from moving his head while the dog remained on the floor in the observation (OBS) holding area. The KA however, had no control of the

dog's body. The RVT had to approach the dog several times from different angles, since the dog was a moving target, before finally stabbing the dog from the rear with the vaccination. The dog yelped when the vaccination was administered and turned, attempting to bite the injector.

The second situation involved vaccination of a small dog that was being released from the main kennels. The KA brought the dog into the spay/neuter clinic animal holding room for the RVT to vaccinate. The KA did not provide any additional restraint of the animal besides holding the lead around the dog's neck. The dog remained on the floor of the room and the RVT jabbed the dog and jumped back quickly as the dog yelped and turned to bite the RVT. The door to the animal holding area that leads into the stray cat holding room was open and at the time the dog yelped, two to three members of the public came into the doorway of the room to check on the status of the animal.

Liability:

In the animal control environment, KA staff is placed in situations where they must work with multiple animals in close contact with each other, multiple species, animals with unknown behavior histories, and animals that are aggressive and fractious. In order to prevent injury to staff from these known potential risk factors, they must be properly trained to humanely handle each of these situations as they are presented on a daily basis.

LSI – 6 Recommendations:

For the safety of staff and the animals, every KA should receive formal training in humane animal handling before starting to work directly with animals. Currently, as reported to the contractor, recently hired KAs do not attend a formal animal handling training course. Their training is "hands-on" and consists of "shadowing" a seasoned employee for several days observing their animal handling techniques which may or may not be approved or acceptable as safe and humane techniques.

A humane animal handling training program for KA staff should include:

- 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 microchip implantation
  - Restraining animals for euthanasia
  - Use of the squeeze gate/cages
  - Safety with dogs and the public

  - Techniques to avoid dog attacks (in the kennels, in the field)
  - What to do if you are attacked by a dog (in the kennel, in the field)
- 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 microchip implantation
  - 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

Advanced training in handling equine and large animals could be provided by at the Castaic shelter by utilizing his expertise in these areas.

Example One:
The officer did not transfer the animal from the vehicle to the examination table in the washrack, which resulted in the veterinarian performing a cursory exam on the dog by looking through the cage door bars. It could have been assumed that the dog was too fractious to relocate, because the officer originally placed the dog on a control pole, but because the officer did not assist the RVT when she went to the vehicle to euthanize the animal, the ACO must have determined the dog did not pose significant danger to require assistance by an animal handler with the euthanasia process. Therefore, the reason the animal was not removed from the vehicle for physical examination and later for euthanasia is that staff did not have the skills to safely relocate the animal. With proper training, staff would have been able to utilize techniques in transporting injured animals and utilization of tranquilizers and anesthetics with fractious animals to properly handle this situation.

The issue of inappropriate route of administration (IP injection on an adult dog) while performing euthanasia and utilizing assistance in humane restraint (i.e., handler and injector) when performing euthanasia on animals that pose a safety risk is discussed further in this report under, EP – 6, Pre-euthanasia anesthesia.

Example Two:
The current method of "shadow" training animal restraint techniques and use of equipment to employees is not effective. Either information is not consistently being passed from employee to employee or long term employees do not have the appropriate foundational knowledge to pass on to new employees. Staff not only requires formal training in human animal restraint, but also in proper utilization of restraint equipment such as, feral cat dens. Utilizing the proper restraint equipment provides a more humane environment for the animals and decreases the potential for employee injury.

Examples Three and Four:
Both situations of vaccine administration as described above, are direct evidence that KA staff do not have the proper animal handling skills. When the contractor discussed with the RVT the ability of KA staff to restrain animals for her, she stated that due to her many years experience in the animal control environment, she has learned how to perform many of her daily tasks without KA assistance.

In these two examples the contractor observed KA staff lack the following skills in animal handling: utilization of a lead rope, rope muzzling, relocating animals from the floor to a table top for better control of the animal, public safety (i.e., moving animals out of direct public view when performing tasks such as vaccinations, examinations etc.) All of these skills should be taught to KA staff and monitored to ensure all techniques are consistently practiced.

LSI – 7 Observation: Staffing shortage in the clerical department.
At the time of the site visit, there was no official clerical staff on duty. A field officer was assigned to clerical duty and was also responsible for training a newly hired clerk (who was not present during the site visit). The clerical position can directly effect medical and animal care operations. Clerical staff completes paperwork at spay/neuter clinic registration and can influence impounds as exhibited in the example below.

The contractor observed [redacted] who was working as the only clerk on duty at the Castaic shelter throughout the day of the site visit. Prior to the shelter opening to the public, a man who had recently lost his dog came to the shelter entrance to check if the dog had been turned into the shelter. Instead of instructing the pet owner to return to the shelter when it opened to the public in the next hour or so, Officer Eldridge assisted the man and took down the pet owner's name and telephone number in case the animal was turned into the shelter. At 12:40 a.m., the contractor observed a mother and daughter speaking with [redacted] about a lost dog they found and

wanted to turn in at the shelter. The officer recognized the dog as the one that was lost earlier that morning as described by the pet owner and confirmed that the dog was found in the area where the man lived. Prior to placing the dog in the main shelter population (to prevent possible disease exposure), but properly identifying the animal by placing on the cage card the designation, HFO (hold for owner); immediately contacted the pet owner by telephone and he came down to the shelter and claimed his pet.

Despite the fact that worked all day by herself at the front desk which entailed assisting the public, answering telephones, working with the KAs, assisting with re-entry of cage cards with missing or incorrect information, and responding to requests by the shelter manager she maintained a positive and upbeat attitude. On the day of the site visit, her conscientious work was rewarded because she successfully and expediently reunited a pet owner with his lost pet.

LSI – 7 Recommendations:

Clerical staff needs to be hired and trained as soon as possible at the Castaic shelter. The actions of in the above example show that clerical staff can have a positive influence on shelter operations. Despite the fact that is needed in the field, she is an ideal candidate to train newly hired clerks.

Medical Care of Shelter Animals (MCSA)

MCSA – 1 Observation: Identification of shelter animals requiring medical care and administering medical care needs improvement and standardized protocols.

The current methods of informing the medical division of an animal that requires medical examination is for staff to add the animal's impound number to a list kept on a clipboard in the clerical area, through verbal/direct contact with the veterinarian or RVT, or the vet will notice a receipt from a private veterinary emergency clinic attached to a cage card indicating an animal has received medical treatment and requires follow up examination and care.

Once the veterinarian examines an ill/injured animal and a treatment plan is recommended, the plan is transcribed onto a "pink" (medical) card which is affixed to the animal's cage. The RVT administers the treatment to the animal and then enters the information into the animal's electronic medical record in Chameleon. There is no Daily Medical Treatment Log where treatments are collectively itemized.

Currently, there are days when the shelter has no medical presence (veterinarian or RVT) on-site because there is only one RVT assigned to the shelter and her schedule is coordinated with the veterinarian's schedule in order to provide assistance on surgical days. As a result, when medical staff has two consecutive days off, ill animals are not

examined and may not receive treatment for up to three days and during that time period could be housed in the main population, if the shelter is overcrowded.

Of animals currently under treatment, the medical division reported that treatments on the days medical staff is not on site are not administered by KAs. The veterinarian reported to the contractor that with certain cases he may instruct a KA on administering a specific treatment to ensure it is given for the few days he is absent from the shelter. This interruption in treatment plans negatively influences the degree of medical care provided for the animals being held at the shelter and ill animals impounded on the days without medical staffing.

Ill or injured animals that are receiving medication may be released (adopted/claimed) on days when the medical staff is not on-site. The RVT will place bottles of medication (as prescribed by the veterinarian) in plastic hanging bags that are attached to the kennel or cage door of the animal to be dispensed to the pet owner upon final disposition of the animal.

MCSA – 1 Recommendations:

Continually (day through grave shift), a clipboard with an official form listing animals that require examination by the veterinarian should be maintained in the designated medical examination room (for details on creating a medical examination room, see MCSA – 4 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). Any staff member identifying an animal that requires veterinary care should enter the animal's impound number, shelter location (if other than the washrack area), and observations of illness/injury to this list. This should eliminate the time consuming practice for KAs and officers to leave the kennel area and walk to the clerical area to add an animal to the list on the clipboard kept in administration.

Staff should continue the practice of seeking out medical staff when they are on-site at the shelter to verbally inform them of medical cases that require immediate attention.

To further assist the KA in collecting and accurately transferring this information (impound number and housing location) to the list of animals requiring medical examination, KAs should carry pocket notepads with them while working "the floor" in order to accurately transfer the appropriate information to the list in the medical examination room. Once this is completed, they can check it off on their notepad so when they review their notes at the end of their shift, they can be assured they have completed all extra duties or tasks they have listed. In addition, the notepads can be used for a variety of other reasons on a daily basis including, writing down impound numbers when researching animal availability information for the public, identifying and listing damaged equipment, and keeping track of animals that require special care or feeding.

Once an animal receives a physical examination, the veterinarian will issue a Pink card to be affixed to the cage or kennel door, the prescribed treatment should be entered on a Daily Medical Treatment Record, (see MRK - 1, Medical division does not utilize a Daily Medical Treatment Log to organize administration of medical treatments to shelter animals), the treatment administered by the RVT and recorded in Chameleon in accordance with current policy.

If the veterinary and RVT schedules did not directly mirror each other, there would be greater medical coverage at the shelter. If surgeries are performed three days per week, those are the days that the veterinarian and the RVT must be at the shelter together. However, even on those days, the two can have different start and end times for their schedules. If the schedule is amended in this way, there may be times when the veterinarian is not scheduled to be on-site (is unavailable to examine animals that have been determined to be ill) but the RVT is on-site and can begin initial treatments on ill animals that have not yet been examined by the veterinarian. This can be done in accordance with written instructions from the veterinarian (to be developed in more detail from those identified in the *County of Los Angeles Department of Animal Care and Control Policy and Procedure Manual, Policy No. OPK 140, Maintenance of Animal Health*), to the RVT which describe initial treatments to be administered to animals presenting with illness common to shelter populations. Treatments can be administered by RVTs under "indirect supervision" by the veterinarian in accordance with:

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 203.2.

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)
- Large Animal Injury (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).

If the situation arises where there is a day without medical staffing at the shelter, there should be a written protocol that designates trained KA staff to continue administering prescribed treatments to animals on these days to ensure there is not a break in treatment regimens. The medical division should set up and provide training for KAs in this area which should also include maintaining documentation of care provided on each animal's medical record and Chameleon record. In addition, there should be a protocol for KA staff to inform the OIC of all injured animals and those seriously ill that require immediate veterinary care. The OIC should arrange for a field officer to transport these animals to a private veterinarian for stabilization. No animal should be permanently housed in the washrack room with an eight hour maximum temporary holding period for any animal placed in this area.

In situations where medical staff has knowledge that an animal that is under treatment will be released from the shelter when they are not on-site (i.e., weekends) and the release will require dispensing of medication; medications should not be left on kennel or cage doors where they are accessible to the public (including children). Upon release of the animal, KA staff should observe the Pink Cage card and know the animal was or currently is on treatment. The Chameleon record should indicate if the animal is still on treatment and if medication needs to be dispensed to the pet owner. The RVT should have the medications ready (labeled with the animal's name and administration directions) and secured in the medical/treatment room, accessible to the KA when the animal is released.

MCSA – 2 Observation: Cat and dog isolation practices are inadequate for disease containment.

As reported to the contractor, ill or injured animals can be found housed throughout the shelter, including the washrack, OBS holding areas, in the general population housed

with other healthy animals, and also placed in the spay/neuter clinic holding cages next to surgical patients.

The OBS cat room contains cats that are ill, injured, quarantined due to a bite incident, feral cats, and nursing queens with kittens.

The OBS dog kennels contain dogs that are quarantined due to a bite incident or dogs that are fractious and can not be in contact with the public in the main kennels.

There is no specified area for ill, contagious dogs to be isolated from the main population.

MCSA – 2 Recommendations:

Regarding housing of all ill animals, policies need to be established that designate primary isolation locations, then secondary (i.e., overflow when rooms designated specifically for isolation are filled), and tertiary locations. Instructions for KA staff regarding animal housing especially in the kennels designated as, "Keep Alone," "Isolation," etc., must be adhered to and monitored. Ill animals should never be placed in the spay/neuter clinic animal holding area; even on days when surgeries are not being performed and no animals are being held in this room. Staff will need training to understand that these disease prevention steps are imperative in preventing a shelter-wide disease outbreak which may result in large numbers of euthanasia. This is another area in which the Lead KA (see LSI – 3 Observation: Shelter manager provides lead supervision for the medical and kennel divisions) is greatly needed and can work with the medical division to ensure isolation is maintained when requested by medical staff.

Upon inspection, the OBS Cat room was clean and in good order. This room should be cleaned and disinfected after all healthy main population areas are cleaned, but it must also be attended to periodically throughout the day. Ideally, the cat isolation area needs to be enlarged and updated to reflect improved ventilation, number of air exchanges, and become housing only for ill cats. Until these renovations and policies are implemented, there are other disease prevention practices that can be applied to this area.

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 the room,
- Providing disposable gloves inside the room,
- 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 isolation 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 (including those used for cleaning) should be dedicated to this room and not removed from the room for use in other areas of the shelter.

Minimally, any staff member who exits the OBS 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.

Feral cats should not be housed with ill cats. For further details on recommendations of the reorganization of animal holding areas see, MCSA – 4, 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. With the current housing, feral cats kept in the OBS Cat room did not have feral cat dens in their cages even though the dens were being stored on top of the cage banks. The KA who was assigned to cleaning the OBS Cat room commented to the contractor that he did not know what feral cat dens were for and had not been instructed to use them over the past eight months of his employment with the shelter. Utilization of the feral cat den should be implemented because the den not only helps decrease stress for these animals throughout impound (they feel more secure when in the den), but it also decreases the potential for employee injury when cleaning and/or transferring these cats from one cage to another.

There currently is no designated dog isolation area for animals with contagious diseases. Until a separate isolation building can be constructed, a section of the kennels in Buildings #1 or #2 located at the end of the kennel drainage system (the direction water is directed when hosing down the drains) should be designated to place ill dogs. This will at least keep these animals from being interspersed throughout the main population. Signage needs to be affixed to these cages indicating these animals are under treatment and the public is not to touch these animals. If it is possible to cordon off this area from the public, that would help decrease the spread of disease.

MCSA – 3 Observation: Shelter animal nutrition/feeding and housing practices need revision and/or updating.

Staff reported to the contractor that there are no protocols or instructions for what to feed exotic animals. When special food items (i.e., fresh fruits and vegetables for reptiles, birds, etc.) need to be purchased; it is handled by the medical division.

Medical staff requested that the County order dry dog food that is of a higher quality than what is currently being purchased.

As reported by the medical staff, feeding practices for nursing bitches is inadequate. Bitches do not receive an adequate amount of food to compensate for lactation and puppies are not consistently fed twice per day and are rarely fed canned puppy food.

On the day of the site visit, it was reported to the contractor that the previous day when the medical division reported to the shelter (after two days off) the horses being held at the facility had no water (ambient temperatures had been in the triple digits). In addition, it was reported that the KA staff on duty that day had not cleaned the stalls out.

MCSA – 3 Recommendations:

The current *County of Los Angeles Department of Animal Care and Control Policy and Procedure Manual contains Policy No. OPK100, Animal Feeding and Nutrition* does include 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. KAs should be made aware of this section in the Manual and review its contents. In order to make these feeding 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 are being followed, the Lead KA (see LSI – 3, Shelter manager provides lead supervision for the medical and kennel divisions) will be the supervising KA "on the floor" seven days per week and will coordinate with the medical staff to monitor feeding practices.

Medical staff should be working with KAs making feeding recommendations (which should include the type of food, amount of food, and number of daily feedings) during morning rounds and afternoon shelter walk throughs. Nursing bitches need a continual supply of dry dog food throughout the day and night, and should be supplemented daily with canned dog food. Puppies should be fed twice per day, including canned puppy food and/or a combination of canned and dry food depending on the age and weaning status of the litter.

If the Castaic shelter would implement a grave kennel shift, it would provide assistance to the day kennel staff in dog feeding and kennel cleaning responsibilities. Ideally, the kennel grave shift should feed the dogs one to two hours before the end of his/her shift (around 6:00 a.m.), and after allowing the dogs to eat and defecate then start the morning kennel cleaning and disinfecting (to be augmented by KAs coming in on day shift). This will allow the day kennel shift to "be ahead of the game" in regards to kennel cleaning, and allow them 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. Animals should be monitored throughout the day and supplemental feeding provided (i.e., puppies, nursing bitches, new impounds of low weight) as necessary.

All animals (including equine, large animals, and exotics) must receive clean, fresh water, food, and have enclosures cleaned and/or bedding replaced on a daily basis. As recommended in LSI – 3, Shelter manager provides lead supervision for the medical and kennel divisions, the Castaic shelter should have a Lead KA who supervises the KA staff to ensure all daily duties are completed. On days when the Lead KA is not on-site, a KA should be appointed as the temporary lead until the Lead KA returns to duty. This level of supervision will better ensure that all animals receive the same accepted standards of care.

MCSA – 4 Observation: No established procedures or location for performing emergency stabilization/triage and physical examination at the time of impound or for previous adoptions 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 prep area of the spay/neuter clinic) where emergency triage can be practiced.

Currently, recently adopted animals that have become ill and return to the shelter for examination and medication are being examined in the spay/neuter clinic prep area or in the cat stray/adoption room on the counter.

MCSA – 4 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.

The RVT 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, needs to be identified. Currently, these assessments are being performed in the prep area of the spay/neuter clinic (no ill animals, including recently adopted ill animals, should be examined in the clinic), the cabinet counter top in the stray/adoptable cat room, or at an animal's enclosure. The Castaic shelter needs to create a medical treatment room. In addition, the shelter also needs to identify an enclosed euthanasia room (see EP – 2, <u>There is no identified euthanasia room</u>).

The **current stray/adoptable cat room could be transformed into a medical/treatment room.** This will require attention to the following details:

- Stray/adoptable cats will need to be relocated.
  - The **current cat solarium** houses adoptable cats in an open housing environment. Staff discussed with the contractor that more cats are adopted from the stray/adoptable cat room than from the solarium where the cats do not seem to readily interact with potential adopters.
  - As a result, this large area could be **transformed into a traditional stray/adoptable cat room** which could more than double the cat holding capacity of the current stray/adoptable cat room.
  - The new stray/adoptable cat room (former solarium) is readily accessible to the public by a separate entrance from the outside into the building.

  - Additional banks of cages (suitable for cat housing) on moveable racks will need to be purchased and placed in the new stray/adoptable cat room.
  - In addition, staff time that is currently being directed to behavior assessment and selection of docile cats for the solarium could be redirected to other animal care taking duties.
  - On the day of the site visit there were no cats in the solarium due to a disease outbreak. The room was cleaned and disinfected, but medical staff had not repopulated the room because they were not confident that inanimate objects (i.e., cat trees, cat beds) were or could be properly disinfected.
- Access to the medical/treatment room will be for employees only either through the rolling gate to the washrack or the doorway that was previously used as the public entrance to the stray/adoptable cat room.
- A stainless steel examination table or a wet table will need to be purchased,
- Several banks of cages on moveable racks should be placed along the perimeter of the room to hold ill patients.
- A daily supply controlled substance safe should be installed.
- A sink with eye wash station should be installed.
- The computer terminal with Chameleon access that is currently located in the Computer room off of the former stray/adoptable cat room should remain in this adjoining area.
- Cabinets, counters with a sink or a wet table should be installed in this room,
- A refrigerator for pharmaceutical storage should be placed in this room,
- Electrical outlets preferably in the ceiling should be accessible for retractable cord and clippers.
- Improved lighting (including a surgical light) needs to be installed, and
- Telephone emergency access to the administration building and 911 needs to be connected.

The **current Computer room becomes the Neonate/Exotic Room.** This will require attention to the following details:

- As stated above, the computer terminal and Chameleon access should remain in this room to be utilized by the medical division when working in the new medical/treatment room.
- Cages specific for housing exotics should be purchased and/or relocated to the perimeter of this room.
- Officers and KA staff who previously used the computer terminal in this room during the impound process, should be instructed to use the computer in the new euthanasia/impound room (see EP – 2, <u>There is no identified euthanasia room).</u>
- Reptile housing should be relocated to this room.

The **current Rabbit room location remains unchanged.** The public can access rabbits by entering from the door in the new stray/adoptable cat room. This actually improves public accessibility to this animal holding area.

The **current Feral Cat room location remains unchanged.** Animal housing in this room will be specifically for feral cats (each cage should be equipped with a feral cat den) and injured cats. Ill cats will be housed in the medical/treatment room.

The **current Reptile room will become the new Vaccination/Microchip Clinic location.** This will require attention to the following details:

- Reptiles will be relocated to the neonate/exotic room as described above.
- An examination table should be placed in the room to place owned pets that are receiving a vaccination or microchip.
- A countertop will need to be installed (or another small table) in order for staff to place and fill out paperwork.
- Lighting in this room will need to be improved.
- Ventilation needs to be improved or a fan for the room should be purchased.
- Ideally, telephone emergency access to the administration building and 911 needs to be connected.
- The grassy area adjacent to the entrance of this room could be used as the "staging" or waiting area for the public during vaccination and microchip scheduled clinics.
    - Small portable canopies could be set up to protect the public from the sun.
    - By mandating this area for the clinics it will help keep public animals out of the main walkway of the kennels and other potentially contaminated areas of the shelter.

The **current Photo room will become the Euthanasia/Impound room** (for additional details see EP – 2 There is no identified euthanasia room). This will require attention to the following details:

- The stainless steel examination table currently in the washrack area should be relocated to the new euthanasia/impound room.
- Lighting needs to be improved in this room, including purchasing an overhead surgical light.
- A doorway to the dead animal refrigeration unit should be cut in the wall of the euthanasia/impound room to facilitate removal of euthanized animals.
- The controlled substance safe should be installed in the new medical/treatment room (see above) and euthanasia solution taken by the RVT to euthanasia/impound room when euthanasias are performed.
- One computer terminal should remain in this room.
- When euthanasias are being performed in the room, the door to the room should be closed and secured to prevent public, volunteer and unnecessary staff access.
- When euthanasias are not being performed in the room, officers and KA staff will have access to the room for impounding animals.
    - All impound materials should be kept in this room (external identification for dogs, tab bands, microchip scanners).
    - The area designated for impound photographs will remain the same.

- A refrigerator to store vaccinations needs to be placed in the room to accommodate the new policy that all impounders will administer species specific vaccinations to animals at impound.

MCSA – 5 Observation: Vaccinating shelter animals.

Currently if the RVT is present when an animal is impounded, she vaccinates healthy animals prior to having them placed in the main population. If the RVT is not present at the time of impound, the animal is housed in the shelter without being vaccinated until she is made aware that the animal requires vaccinating (i.e., identified at the time general inventory is conducted by the RVT). The RVT is currently the only staff member that administers vaccinations to dogs and cats. Depending on the RVT's work schedule and when an animal is impounded, it may take up to three days post-impound before an animal receives a protective vaccination.

In addition, 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 an additional inoculation of the approved vaccines. This is currently not being consistently completed because there is no protocol for staff to follow to query Chameleon to generate this type of list. The RVT will re-vaccinate an animal based on her ability to remember if an animal has remained in the shelter for an extended impound period.

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 staff time currently spent locating unvaccinated animals in the main population, administering vaccine and returning to a computer to record the immunization in the animal's Chameleon record, all impounders (KAs and field officers) in addition to RVT staff 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. 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, the medical division should keep a clipboard in the medical room where an impounder can place an animal on the list that they were unable to vaccinate. This will allow the RVT to more efficiently identify occasional animals that were unvaccinated at the time of impound.

Regarding administration of the booster vaccine, Chameleon can be programmed to generate a daily list of animals that have been impounded for over 15 days which require a booster vaccination. If the recommendations for vaccination at impound listed above are implemented, RVT staff will have the time to generate the list and complete this task in a timely manner.

MCSA – 6 Observation: Laboratory tests conducted by medical staff.

Puppies are receiving prophylactic treatment for common internal parasites at the time of impound. However, RVT staff does not perform fecal testing of animals that present with diarrhea (after ruling out Parvovirus) in order to rule out or identify specific internal parasites and administer applicable anthelmintics. Fecal testing should be implemented because the Castaic veterinarian reported that the Los Angeles County Veterinary Public Health division conducted a fecal study throughout the county shelters and identified coccidiosis, which requires administration of specific anthelmintics (sulfadimethoxine or Albon) that are currently not available to the medical division. As reported to the contractor, fecal test equipment is available for order through the Long Beach warehouse, but staff has not requested these items.

Laboratory tests for external parasites (sarcoptic mange, demodicosis, dermatophytes) in the form of skin scrapes are being performed, but the medical division requested that a new Wood's Lamp be purchased to replace the current lamp. The Castaic veterinarian has requested Dermatophyte Test Media (DTM) be ordered but reports that these supplies are not available for use at the shelters.

The medical division performs Parvovirus Cite Tests as needed at the shelter.

Currently cats that are approved for placement in the cat solarium are being tested for feline leukemia virus (FeLV).

The veterinarian stated that the shelter does not have a contract with a veterinary diagnostic laboratory (i.e., to submit blood samples on ill animals in high profile humane investigations, etc.). When additional laboratory testing is necessary for a shelter animal, the current practice is to transport the animal to a private veterinary hospital where an additional examination is performed, samples are collected for testing, and the hospital submits samples to a veterinary diagnostic laboratory and bills the shelter for the cost.

MCSA – 6 Recommendations:

In order to prescribe treatments for shelter animals, laboratory tests may be required to accurately diagnose an animal. Medical staff should continue providing prophylactic deworming (using a broad spectrum anthelmintic) for young animals and adult animals that appear emaciated upon impound. However, best practices require performing a

fecal check, identifying the parasite(s), then administration of the anthelmintic specific to that parasite (including treatment for coccidiosis with Albon).

Staff should be equipped with a Wood's Lamp and have available to them DTM to confirm dermatologic conditions, administer appropriate treatment, monitor progress, and to provide adopters with an accurate disease history on each animal.

In addition to testing cats for FeLV that are placed in the solarium, the medical division should also test suspect cats in the stray/adoption room in order to isolate, consider additional testing, or make a final disposition on positive animals.

The shelter should have an account set up with a nearby veterinary diagnostic laboratory to obtain data from specialized tests in order to confirm diagnosis of ill animals in high profile humane investigations and designate specific treatments. A protocol for submitting laboratory samples and documenting laboratory results should be developed and incorporated into the County Policy and Procedure Manual. The current practice of sending animals that require blood work to a private veterinary hospital is time consuming and costly.

The medical division should have available to them fecal testing supplies and zinc sulfate solution, Albon, and a new Wood's Lamp in order to perform the general laboratory work and administer appropriate treatments as listed above.

MCSA – 7 Observation: Behavior assessments conducted at the shelter.

As reported to the contractor, only the RVT has received training in behavior assessment. Currently, the RVT is responsible for conducting all assessments. Due to time constraints (RVT performs animal inventory, enters housing information into Chameleon on all impounds, replaces missing cage cards and external identification, and is the only employee vaccinating animals) the RVT is conducting an abbreviated (10 minute) behavior assessment. In addition, the only breed she is assessing is the Pit Bull, she is not assisted by KA staff, and the assessment takes place in the animal's enclosure in the main population. The behavior of cats is not assessed prior to adoption.

The Castaic Shelter is not performing the behavior assessment in accordance with the *County Manual of Policy & Procedure*. Two criteria are used by the county 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 by the assessor during the "hands-on" behavior assessment that takes from 30-50 minutes per animal to complete.

MCSA – 7 Recommendations:

The current behavior assessment process approved by the County requires a lengthy testing process to be performed on dogs identified as a "dangerous breed" and dogs that may cause "concern" to staff for public safety. In order to consistently perform behavior assessments on dogs and test dogs other than Pit Bulls prior to adoption:

- Additional staff at the Castaic shelter should receive training and certification in behavior assessment in accordance with County requirements so that there are more opportunities for the assessments to be completed.
- A new assessment test that is less detailed but still provides general baseline information on behavior should be considered.
- Procedures that support permanent adoptions and promote public safety versus other tasks staff must perform on a daily basis at the shelter should be prioritized based on the current level of staffing.

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 on shelter animals should not be performed in the animal's enclosure in the main population. 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, contains safety equipment (including control poles and external communication devices – radio, telephone), and performed with at least two employees present in the enclosed room.

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 – 8 Observation: Foster Program has no oversight by medical staff.

It was reported to the consultant that the foster program is administered through the Long Beach office. The medical division has not been informed on the details of the program, training foster parents must complete prior to receiving animals, and are not involved in approving animals for fostering. The medical division is required to treat

animals that are brought back to the shelter if they become ill or injured during the foster period.

MCSA – 8 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 are eight weeks of age and can be returned to the shelter to be placed in adoption and scheduled for spay/neuter.

The details of the foster program should be shared with shelter staff and especially the medical division. The medical division should play an integral part in the program by examining animals and determining if they should be included in the foster program.

MCSA – 9 Observation: Level of Veterinary Involvement in Animal/Abuse Cruelty Investigations.

It was reported to the contractor, that the shelter veterinarian has not received training in medical support of humane investigations. The veterinarian does perform necropsies as requested.

MCSA – 9 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 in 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 district attorney 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 veterinarians become the lead medical personnel 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.

Euthanasia is a medical procedure. RVTs are certified euthanasia technicians due to their educational background and training and are not required to complete additional specific euthanasia training. Euthanasia can be performed by certified euthanasia technicians (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).

It was stated to the contractor that there are three KAs at the Castaic shelter that are certified euthanasia technicians (unknown when they became certified, what type of course was provided and if they have received any re-certification courses), but they do not perform the procedure. The RVT is the primary euthanasia technician with the swing shift officer performing euthanasia, if necessary. Due to the fact that the KA technicians do not maintain their skills for this procedure, they are never called upon to perform euthanasia. If the RVT is not on duty and an animal requires euthanasia either the animal is transported to a private veterinary hospital or the animal remains at the shelter until the RVT returns to duty and then the procedure is performed.

The shelter veterinarian told the contractor that he has no designated responsibility for oversight of the euthanasia process, and does not supervise the RVT who is the primary euthanasia technician.

Liability:

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

CCR § 2039. Sodium Pentobarbital/Euthanasia Training.

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

(5) Safety training and stress management for personnel
(6) Record keeping and regulation compliance for sodium pentobarbital

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

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

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

CERTIFIED EMPLOYEES

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

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

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

EP – 1 Recommendations:

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

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

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

EP – 2 Observation: <u>There is no identified euthanasia room.</u>

There is no designated, enclosed euthanasia room. Currently, canine euthanasia is being performed outside in the washrack area where a stainless steel examination table is located. There was no additional lighting in the area to facilitate performing euthanasia at times when direct sunlight is not available. Feline euthanasia is being performed in the designated cat holding rooms.

The euthanasia technician uses a tackle box to carry the euthanasia solution, needles, syringes, controlled substance logs, and euthanasia log into the washrack area.

EP – 2 Recommendations:

The Castaic facility needs a designated, enclosed euthanasia room. The multitude of problems that can result when the washrack and cat holding rooms are utilized as the euthanasia area, rather than specifying a designated euthanasia room include:

- If an animal handler is unable to humanely control an animal in the washrack area (that is not enclosed) and the animal escapes after he/she has received any portion of the injection of euthanasia solution could result in the animal becoming injured and/or suffer prior to death if he/she is not immediately located.
- There is no secure storage for daily supply of controlled substances in the washrack area making it necessary for the bottle of Fatal Plus to be carried from the spay/neuter clinic prep room to the washrack area (opposite end of the shelter), to the feral cat room, and to the stray cat holding room and back again to

the spay/neuter clinic prep room, whenever euthanasias are performed. 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.

- The washrack area does not facilitate a supply safe for non-controlled substances (i.e., acepromazine or xylazine) which results in the RVT walking from the washrack to the spay/neuter clinic prep room to retrieve these substances when needed which is time consuming for the RVT and prolongs the euthanasia process.
- The washrack area does not facilitate a secure location for storage of supplies (i.e., needles, syringes, muzzles, gloves).
- There is no way to separate recently euthanized animals not yet verified of death from subsequent animals being brought to the open washrack area for pre-euthanasia anesthesia or euthanasia. This is in violation of *The County Policy and Procedure Manual, Policy No. OPK 120, Euthanasia Policy* specifically states under the section, Euthanasia Etiquette that:
  4. Animals will not be euthanized in view of live animals.
  5. Animals will not be euthanized where they can see dead animals.
- Lighting is poor in the washrack area and when euthanasias are performed in the early evening or during the grave shift, it creates a dangerous situation for staff.
- Members of the public and volunteers may have access to the area while euthanasias are being performed.
- Employee traffic flow in the washrack area is high causing distractions for euthanasia technicians and enhancing the possibility of mistake and/or injury.
- Because the washrack area is not enclosed, weather extremes (i.e., heat of summer, high winds) result in unacceptable conditions for technicians and animals.
- In the washrack area, ACOs may unload vehicles at the time euthanasia is performed allowing new impounds to view animals being euthanized in violation of *County Policy and Procedure Manual, Policy No. OPK 120, Euthanasia Policy.*
- When euthanasia is performed in cat holding rooms, those areas may not be configured in a manner that encourages safe, humane euthanasia (i.e., appropriate tabletops, lighting).
  - Cats are euthanized in view of live animals.
  - There is the possibility that all euthanized cats may not be removed from holding cages post-euthanasia and members of the public may discover these animals once the shelter is open to the public (since they have access to these rooms).
- 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.

The recommendation for creating a designated euthanasia room at the Castaic facility involves transforming the current Photo room (near the washrack) into the Euthanasia/Impound room (see MCSA – 4, No established procedures or location for

performing emergency stabilization and triage at the time of impound and for animals housed at the shelter). This will require attention to the following details:

- The stainless steel examination table currently in the washrack area should be relocated to the new euthanasia/impound room.
- Lighting needs to be improved in this room, including purchasing an overhead surgical light.
- A doorway to the dead animal refrigeration unit should be cut in the wall of the euthanasia/impound room to facilitate removal of euthanized animals.
- The controlled substance safe should be installed in the new medical/treatment room (see MCSA – 4, No established procedures or location for performing emergency stabilization and triage at the time of impound and for animals housed at the shelter) and euthanasia solution taken by the RVT to the euthanasia/impound room (which will be secured with the door closed and locked while in use) when euthanasias are performed.
- One computer terminal should remain in this room.
- When euthanasias are being performed in the room, the door to the room should be closed and secured to prevent public, volunteer and unnecessary staff access.
- KA staff should relocate cats (including ferals by transporting them in feral cat dens) that are scheduled for euthanasia to the designated euthanasia room.
- When euthanasias are not being performed in the room, officers and KA staff will have access to the room for impounding animals.
    - All impound materials should be kept in this room (external identification for dogs, tab bands, microchip scanners).
    - The area designated for impound photographs will remain the same.
    - A refrigerator to store vaccinations needs to be placed in the room to accommodate the new policy that all impounders will administer species specific vaccinations to animals at impound.

EP – 3 Observation: Staff safety in areas where euthanasia is performed and identification of animals prior to euthanasia needs improvement.

Common safety precautions were not practiced and/or equipment was not available in the washrack area where euthanasia is performed.

- There is a sink in this area but no eye wash station in case of an emergency where euthanasia or tranquilizing solution is accidentally squirted in an employee's eye.
- In the stray cat holding room where feline euthanasia is performed, there is no eye wash station and staff is not provided with cat nets, leather gloves, squeeze cages, or plexiglass shields for humanely and safely handling cats.
- There is no control pole permanently located in the washrack area. The closest available pole in an emergency situation would have to be retrieved from an employee's locker or from an ACO's vehicle if it happens to be in the washrack area at the same time of the emergency.
- There is no emergency telephone or outside telephone line for staff to use if faced with an emergency situation requiring assistance or rescue and radio communication is either ineffective or nonexistent.

- 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.
- Lighting in this area is poor and euthanasia technicians are compromised when attempting to perform the procedure after daylight hours.

The contractor observed that over 40% of the dogs housed in the kennels were not wearing external identification, therefore if any of these animals are brought to the washrack for euthanasia there is an increased chance that they may not be identified properly resulting in a mistaken euthanasia.

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, and
  - Shelter emergency communication.
- Provide and maintain all animal handling equipment in good working order and repair or replace equipment that is broken or malfunctioning.
- Assure the physical working area is conducive to the tasks to be performed in that area.

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.

The department also has the potential for liability if an owned animal is mistakingly euthanized because staff did not take the proper precautions of properly identifying an animal prior to euthanasia.

EP – 3 Recommendations:

An eye wash station needs to be installed at the sink in the washrack area with the following instructions:

- Staff needs to be informed that when working in this room as well as in the euthanasia room, 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 OIC to ensure they are in working order.

A control pole needs to be permanently stored in the washrack area so that it is available to all staff in an emergency who are working in this area. If the pole becomes damaged or is stolen, it is the responsibility of the Lead KA or OIC to immediately replace the pole. Extra control poles in good working order need to always be in supply and available by the OIC when requested by staff.

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.

Euthanasia technicians need to have available to them all equipment (i.e., squeeze cages, leather gloves, plexiglass shields) and a safe working area (i.e., proper lighting) that enables them to perform euthanasias safely and humanely. In addition, when damaged equipment is unusable and/or removed from the facility for repairs, staff needs new equipment or temporary replacement equipment in order to continue to perform their duties in a safe manner until the damaged equipment is replaced or returned.

Euthanasia policies need to be uniformly followed for each animal when confirming the identification of an animal prior to euthanasia in order to prevent mistaken euthanasia. On a continual basis, KA staff needs to check and replace missing external identification on animals on a daily basis to ensure animals are not presented in the euthanasia area without identification. In addition, staff should ensure all animals have cage cards; especially animals that are deemed too fractious for external identification to be placed on them (i.e., feral cats and fractious dogs). Once an animal is in the euthanasia area, the animal handler should systematically call out the animal's impound number from the tab band which in turn is confirmed by the injector by comparing it to the soft copy of the impound card and the approved euthanasia list.

It is recommended that the current form of external identification (tab bands) used for dogs be changed to large tags inscribed with impound numbers (or animal assigned kennel numbers) that can be attached to chain collars. This will decrease the number of unidentified dogs in the kennels because the tags are much more difficult for the dogs to remove or destroy. It also would allow KAs to identify dogs from outside the kennel due to improved visualization of the tag number rather than the current practice of entering a kennel, isolating the dog from other dogs in the kennel, and reading the tab band which places employees at increased risk of injury. This new form of external

identification is readily available, tags can be numbered to the shelter's preference, tags are inexpensive, reusable, and easily disinfected. Many other sheltering facilities that house multiple dogs per kennel use this identification system and have minimal problem with tags being removed by other animals, destroyed by animals, or creating problems with kennel drainage systems if collar or tag become unattached.

EP – 4 Observation: Euthanasia of cats.

The RVT performs feline euthanasia in the animal holding rooms rather than in the washrack area designated for euthanasia. In the stray/available cat building, where other cats not scheduled for euthanasia are housed and are in clear view of cats being euthanized, cats scheduled for euthanasia are removed from their cages or restrained in their cages by the RVT who administers an intraperitoneal (IP) injection of euthanasia solution. In addition, staff is not provided with cat nets, leather gloves, squeeze cages, or plexiglass shields for humanely and safely handling cats. These cats are then replaced into their holding cage to allow the drug to take effect while the remainder of cat euthanasias are performed. The RVT 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 washrack area and placed in the refrigeration unit for dead animals.

In the feral cat room similar circumstances exsist for euthanizing in the presence of live cats as described above for performing euthanasia of the stray/adoptable cats. The contractor observed feral cat dens stored on top of the cages in this room, but was told by staff that they did not know what the dens were to be used for and consequently were not currently using them. Once the contractor explained how they could be used with feral cats, staff commented that they thought the feral cat cages were not large enough to place the dens inside of them. Since feral cats can not be safely removed from their cages and feral cat dens are not used, injection of euthanasia solution is delivered via a pole syringe placed through the cage bars.

Liability:

County Policy and Procedure Manual, Policy No. OPK 120, Euthanasia Policy specifically states under the section,

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.

And under the section,

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.

And under the section,
EUTHANASIA METHODS
...The euthanasia may be performed intravenously (IV) or intraperitoneally (IP). Intracardiac (IC) injections on conscious animals are a violation of department policy and a violation of state anti-cruelty laws. Intramuscular (IM) injections are painful and are not permitted.

Tranquilization is required for animals that are fractious, vicious, unruly, or otherwise difficult to restrain safely and humanely through the euthanasia process.

EP – 4 Recommendations:

All animals should be euthanized in a specified euthanasia room (see recommendation EP – 2, There is no identified euthanasia room) and not in other separate animal holding areas throughout the shelter.

The current euthanasia procedure for cats violates the *County Policy and Procedure Manual, Policy No. OPK120, Euthanasia Policy* in the sections listed above.

The manner in which both the stray/available cat room and the feral cat room are set up, it would be impossible to perform euthanasia in either of those rooms without all of the other animals housed in those rooms viewing the process.

Cats scheduled for euthanasia need to be transported to a designated 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 redosed 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.

Additional recommendations for feral cats include:
Ensure each cage in the feral cat room is large enough to accommodate a feral cat den. Use of the feral cat den allows a safe method of transport of feral cats from the animal holding room to the euthanasia room. Other features of the feral cat den ensure a safe and humane euthanasia process. The den has small openings that will allow the size of a pole syringe to be inserted for less stressful injection of anesthetic, without opening

the door of the den. Once the animal is anesthetized, he/she can be safely removed for injection of the euthanasia solution. Some feral cats may allow IP injection of euthanasia solution using a pole syringe through the small openings of the den without the pre-euthanasia anesthetic.

EP – 5 Observation: Sanitation in the washrack area.

The holding cages located near the doorway of the Photo Room were dirty. These cages are used to hold animals prior to being euthanized, but also are used for temporary housing of animals that are unloaded from the field. It was reported to the contractor that euthanasia had not been performed for two days which indicated that the cages had remained dirty for at least two days. The contractor observed there were no spray bottles containing disinfecting solution or paper towels in the area.

The dead animal refrigeration unit is in need of repair and/or replacement. The rubber seal along the border of the door is loose and has been temporarily repaired by staff by placing masking tape along the border. The door does not seal properly, resulting in inconsistent temperature inside the refrigerator and release of odors from the unit. Inside the unit the interior light blinks on and off several times before remaining on. The floor of the unit has missing tiles creating an uneven surface which could be hazardous to employees, especially coupled with the lack of consistent interior lighting.

Liability:

Current hygiene practices are in violation of County Policy and Procedure Manual, Policy No. OPK 120, Euthanasia Policy.

EUTHANASIA ETIQUETTE:

2. The euthanasia area will be cleaned between animals so that no blood, feces, urine, or other matter is present for the next animal.

EP – 5 Recommendations:

The euthanasia area needs to be thoroughly cleaned and disinfected every day, including in-between euthanasias as necessary. This includes not only washing down the washrack floor area with a hose but using a brush to scrub the floors, cages and tabletops as necessary, then applying a disinfectant or bleach on a regular basis. A new cleaning policy specifically for the current euthanasia area and for the new euthanasia room when it is created needs to be developed and inspections of these areas performed on a routine basis by supervisors.

The dead animal refrigeration unit needs to be repaired or replaced. The current state of the unit creates a hazardous environment for staff.

EP – 6 Observation: Pre-euthanasia anesthesia.

It was reported to the contractor that acepromazine is the only pre-euthanasia tranquilizer used for dogs although xylazine is available to the RVT. No pre-euthanasia anesthetics are currently being used for cats.

The contractor observed the RVT euthanizing an adult, female Pit Bull that presented with a severe laceration to the right shoulder (exposed bone) that was crawling with maggots that had been transported to the shelter from the field (see LSI – 6, Staff requires additional training in humane animal handling, Example One). The ACO kept the control pole on the dog while she remained in the vehicle's holding compartment indicating the animal was a safety risk. When the RVT reported to the washrack area to euthanize the dog, she did not receive assistance in handling the dog by the ACO (who did remain in the washrack) and the RVT did not use a pre-euthanasia anesthetic or tranquilizer on the animal. Instead, she maneuvered the dog on the pole in the holding compartment so that she could administer an IP injection of euthanasia solution into the approximately fifty pound dog.

EP – 6 Recommendations:

IP injections are commonly used on newborn puppies, kittens, cats, birds, reptiles, and small mammals. On animals of this size, the veins are usually too small to locate or to insert a needle accurately. Cats, puppies, and small wildlife tend to resist restraint, making it difficult or impossible to insert the needle into a vein comfortably.

IP injection may be used on almost any animal, but the intravenous (IV) injection is preferable for larger animals whenever possible because of its faster reaction time and the smaller volume of euthanasia solution required to euthanize. The IP method is not recommended for dogs over five weeks of age because they make continuous attempts to right themselves as the drug slowly takes effect.

In the situation above that was observed by the contractor on the day of the site visit, the RVT should have administered a pre-euthanasia anesthetic to the dog, allowed it to take effect, removed the dog from the holding compartment and placed it on the examination table for further evaluation and euthanasia by IV injection, if necessary.

The primary reason for using pre-euthanasia anesthetics over sodium pentobarbital IV injection is that they can be administered intramuscularly (IM) to safely and humanely handle excited, painful 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 also allow for follow-up intracardiac (IC) injection of sodium pentobarbital when properly administered.

The RVT discussed with the contractor that she prefers using acepromazine when tranquilizing dogs because she doesn't like the side effects with xylazine (see below) and that is her only other option. The combination of Ketamine-xylazine is not currently used at the Castaic shelter.

When using xylazine alone, 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 IC injection.

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 IM and takes approximately five minutes for effect.

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

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

EP – 7 Observation: Policy on animals requiring immediate euthanasia.

It was reported to the contractor that owner requested euthanasia due to injury and/or aged animals are held at the shelter and made comfortable, but do not receive medical treatment, for the legal holding period rather than being humanely euthanized at the time of request.

Staff is reluctant to euthanize animals at the time of owner requested euthanasia due to the possibility the procedure be deemed unnecessary euthanasia and fear of disciplinary action.

Many staff members that discussed this issue with the contractor commented that they felt a geriatric or ill animal that was brought to the shelter for owner requested euthanasia and was held for the legal holding period rather than euthanized upon request was cruel. Some staff suggested that if this is the manner in which these cases are handled, then they would rather have the County policy changed to not accept owner requested euthanasias.

On the day of the site visit, the contractor observed a member of the public relinquish an ill Siamese cat for euthanasia. She was told the animal would be held the legal holding period rather than be euthanized immediately. The owner objected and broke out in tears, but ultimately had to leave the cat because she had no other options.

Liability:

Penal Code 597

(b) Except as otherwise provided in subdivision (a) or (c) ...whoever, having the charge or custody of any animal, either as owner or otherwise, subjects any animal to needless suffering, or inflicts unnecessary cruelty upon the animal, or in any manner abuses any animal, is, for every such offense, guilty of a crime punishable as a misdemeanor or a felony and by a fine of not more than twenty thousand dollars ($20,000).

Penal Code 597.1

(c) It shall be the duty of all officers of pounds or humane societies, and animal regulation departments of public agencies to convey, and for police and sheriff departments, to cause to be conveyed all injured cats and dogs found without their owners in a public place directly to a veterinarian known by the officer or agency to be a veterinarian that ordinarily treats dogs and cats for a determination of whether the animal shall be immediately and humanely destroyed or shall be hospitalized under proper care and given emergency treatment.

EP – 7 Recommendations:

Staff's fear of disciplinary action if they perform a possible unnecessary or mistaken euthanasia is so pronounced it has resulted in situations where certain animals that require immediate euthanasia are allowed to suffer and go without veterinary medical supportive care.

Injured animals that are impounded, as owner requested euthanasia, need to either be immediately euthanized or seen and treated by the shelter veterinarian/transported to a private veterinary hospital for medical care.

The *County of Los Angeles Policy & Procedure Manual* does indicate in several sections 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. These sections include:

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:

SAFEGUARDS AGAINST EUTHANIZING THE WRONG ANIMAL

5. Animals will not be euthanized during the time the shelter is open to the public **unless the owner requests the euthanasia, or the animals are injured, suffering, or the euthanasia is otherwise directed by the animal control manager or his/her designee.** (Bolding added for emphasis.)

Despite the fact that these County policies and state regulations designed to prevent animal suffering 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 humane and timely manner and to ensure the department is not in violation of regulations preventing needless suffering of animals.

In situations where staff is uncomfortable performing euthanasia as requested by the owner on an ill, injured, and/or aged animals, staff should produce written and photo documentation of the animal so that the condition of the animal at the time of the euthanasia is verified.

While it is important for the OIC to approve euthanasias based on legal information (i.e., completion of holding periods and special circumstances) a better communication system must be developed between the medical staff and the OIC that brings to the immediate attention of the officer, cases where an animal is suffering and requires immediate euthanasia. The *County Policy & Procedure Manual, Policy No: OPK120,* page 2 states: VETERINARY AUTHORIZATION FOR EUTHANASIA. This section does provide guidance in documenting an animal's medical condition in Chameleon when the veterinarian determines it should be euthanized. In addition, in these cases the veterinarian should either directly contact the OIC for immediate approval or follow-up with the OIC to ensure approval has been obtained for immediate euthanasia to be performed by euthanasia technicians.

EP – 8 Observation: Controlled substance security.

The shelter (including the spay/neuter clinic) 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 euthanasia solution for the shelter, daily supply of euthanasia solution in administration, daily supply of euthanasia solution in the spay/neuter clinic prep room, central supply of controlled substances for the spay/neuter clinic, and daily supply of controlled substances for the spay/neuter clinic.

The shelter central supply of euthanasia solution (unopened, sealed bottles) is kept in a new, double lock safe mounted on the wall of the shelter manager's office located in the administrative building. The shelter manager, lieutenant, and sergeant have keys to this supply. The officers only access this cabinet when replenishing the daily supply of euthanasia solution or for receipt of delivery of Fatal Plus. When the drug is distributed or delivery received, only one signature on the drug log attests to the removal or addition of bottles from and to the cabinet.

Each morning the RVT obtains the RVT key ring that is kept in the shelter manager's safe. One of the keys on the ring is to the daily supply safe which is mounted on the wall in the hallway of the administration building behind the clerical area. This safe contains one bottle of Fatal Plus and one vial of Ketamine:xylazine mixture (for skunk kits utilized by field officers). The skunk kits (without the drugs) are located in an unlocked file cabinet directly below the wall mounted daily supply safe. Controlled substance logs for the skunk kits are on a clipboard hanging on the wall opposite the daily supply safe. Upon inspection, the kits contained used needles, new needles and syringes and other debris. The safe is opened by two separate keys, but upon inspection of the safe at 5:00 p.m., on the day of the site visit after the RVT had left the shelter, only one of the locks was used to secure the safe. The bottle of Fatal Plus is used by the RVT when performing morning scheduled euthanasias. The controlled substance log for Fatal Plus is on a clipboard hanging on the wall opposite the daily supply safe. When the scheduled euthanasias are completed, the technician stores the bottle for the remainder of the day in a single lock cabinet over the sink in the spay/neuter clinic prep room (daily supply safe of euthanasia solution in the clinic prep room). At the end of the RVT's shift, she returns the bottle of Fatal Plus to the shelter central supply safe in administration and locks the safe. The RVT key ring is secured in the safe in the shelter manager's office. An extra set of RVT keys is kept locked in a file cabinet in the manager's office.

The swing shift technician uses the key ring that is hanging in the unlocked radio key box mounted on the wall in the employee locker area in administration to open the daily supply safe if Fatal Plus is needed during his/her shift. If the key is removed from the box, the technician signs out the key by initialing a list on a clipboard mounted on the wall near the radio key box. Field officers also use this key ring to gain access to the daily supply safe and place the ketamine in a skunk kit if needed on a field call.

The spay/neuter (S/N) clinic secures all controlled substances except sodium pentobarbital (ketamine, diazepam, and butorphanol). Ketamine (for use in skunk kits)

is the only controlled substance distributed from the S/N clinic to the shelter and the RVT does not use ketamine for pre-euthanasia anesthesia. The central supply of controlled substances at the clinic is kept in a new, double locked cabinet mounted to the wall in the surgical suite. The RVT has keys to this cabinet.

There is a daily supply safe for controlled substances in the spay/neuter clinic that is mounted on the wall above the sink in the clinic prep room. Opened bottles of controlled substances (not including Fatal Plus), sedatives, tranquilizers, and gas anesthetics are kept in this safe. The veterinarian and the RVT have keys to this safe.

There is no inventory log kept with the central supply of controlled substances in the clinic. There are no separate controlled substance logs for each drug, but a surgical log is kept which itemizes daily controlled substance usage.

EP – 8 Recommendations:

There should be one designated person (recommendation for the veterinarian who possesses the DEA registration certificate for the Castaic shelter location) to be in charge of the overall oversight of dispensing and security of all controlled substances at the Castaic shelter. This person or their delegate (officer, RVT) should be periodically checking controlled substance logs and matching up the current inventory at every storage location within the shelter.

Each time the central supply safe of controlled substances in administration is opened, the contents in the cabinet must be counted and documented in the log and confirmed by two different signatures. Since upon inspection, the log did not reflect this requirement is being upheld, the log should be periodically monitored (by the veterinarian who is assigned the DEA number at the shelter) to ensure this procedure is followed. Consistent 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 and/or to complete the monthly report requested by the Chief Veterinarian). 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.

At this facility, the recommendation will not be to combine the central supply for the shelter and the spay/neuter clinic (as at the Downey facility) because this clinic is storing three additional controlled substances (only one is currently being used in the shelter) and the clinic is located at the other end of the facility. As discussed below, the spay/neuter clinic should continue to maintain a separate central supply safe.

Currently, there is no security of the daily supply of ketamine and Fatal Plus because every employee potentially has access to the unlocked radio key box which contains keys to the daily supply safe.

Once a euthanasia room is designated (see EP – 2, No identified euthanasia room) there should be a double locked daily supply controlled substance safe, (containing Fatal Plus and other pre-euthanasia anesthetics) located in this room. It also will ensure the euthanasia technician has pre-euthanasia anesthetics readily available to him/her if they are kept in the safe in the euthanasia room. This will eliminate the need for the daily supply controlled substance safe in administration and using the single lock cabinet over the sink in the spay/neuter clinic prep room. The keys for this new safe should continue to be secured in the shelter manager's office and no keys to this safe should be kept in the unlocked radio key box. The veterinarian should also have keys to this daily supply of controlled substances. At the end of the shift, the RVT will check the key ring back in with the shelter manager. A separate key to the daily supply in the euthanasia room (different from the RVT key ring) should be secured in administration and checked out to the swing shift by the shelter manager or the OIC.

Ketamine:xylazine used for skunk kits should also be secured in the new daily supply controlled substance safe in the euthanasia room and checked out from the RVT when field officers require its use.

The spay/neuter clinic should continue to maintain a central supply of controlled substances, separate from the shelter central supply with an inventory log for each substance.

The spay/neuter clinic should continue to utilize the double-lock safe bolted to the wall in the clinic prep room to maintain the daily supply of controlled substances for the clinic. 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.
- Reconciliation of amount of drug used with drug remaining on-hand.

The veterinarian should have keys to both the clinic central and daily supply of controlled substances.

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

Medical Record Keeping (MRK)

MRK – 1 Observation: Medical division does not utilize a Daily Medical Treatment Log to organize administration of medical treatments to shelter animals.
Once an animal is identified as requiring medical treatment, the veterinarian or RVT initially examines the animal and prescribes a treatment regimen. A Pink Treatment card is completed for each animal that is under treatment. 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 is responsible for administering treatments as prescribed by the veterinarian. However, as described in MCSA – 1, Identification of shelter animals requiring medical care and administering medical care needs improvement and standardized protocols, the medical division does not use a Daily Medical Treatment Log to itemize the treatments to be administered. The RVT identifies animals that require a daily treatment by locating a Pink Treatment card at the animal's enclosure. If the RVT misses a Pink Treatment card during daily rounds or the card has been mistakenly destroyed, the animal may not receive the prescribed treatment for the day. In addition, the RVT must rely on her memory of what daily treatments are needed when she collects the supplies/drugs from the spay/neuter clinic prep room to be taken to animal enclosures each morning. If she is missing the proper medications she may have to return to the spay/neuter prep room and retrieve the proper medications which is inefficient and increases the opportunity for disease transmission each time she re-enters the pre-surgical area after treating an ill animal or after spending time in a shelter isolation area.

MRK – 1 Recommendation:
Medical staff must have a system in which they itemize continuous daily 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 medical room. 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 and collect all of the necessary medications and supplies to ensure she is not making multiple trips back and forth from isolation to surgical animal holding areas. Once the treatment has been administered, the RVT will place 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)

Once the Daily Medical Treatment Log has been implemented, the current Pink Treatment cards may not be necessary 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: Record keeping issues discussed in other areas of this report.

Shelter record keeping practices that require amendment or revision:

- Animal Inventory,
- Cage cards (soft copies of the impound card),
- Controlled substance inventory logs,
- Controlled substance logs,
- External identification of all impounded animals,
- Foster Program,
- Housing of animals recorded in Chameleon
- Laboratory Testing, and
- List of animals requiring medical examination.

MRK – 2 Recommendation:

Refer to the indicated areas in this report for observations and recommendations on categories of record keeping requiring revision, listed below.

- Animal Inventory
  - LSI – 2, The RVT assigned to the Castaic facility is completing medical and kennel duties.
- Cage cards (soft copies of the impound card)
  - LSI – 2, The RVT assigned to the Castaic facility is completing medical and kennel duties.
- Controlled substance inventory logs
  - EP – 8 Controlled substance security.
- Controlled substance logs

  - EP – 6 Pre-euthanasia anesthesia.
  - EP – 8 Controlled substance security.
- External identification of all impounded animals
  - LSI – 2, The RVT assigned to the Castaic facility is completing medical and kennel duties.
- Foster Program
  - MCSA – 8 Foster program has no oversight by medical staff.
- Housing of animals recorded in Chameleon
  - LSI – 2, The RVT assigned to the Castaic facility is completing medical and kennel duties.
- Laboratory Testing
  - MCSA – 6 Laboratory tests conducted by medical staff
- List of animals requiring medical examination.
  - MCSA – 1 Identification of shelter animals requiring medical care and administering medical care needs improvement and standardized protocols.

Shelter Cleaning Practices (SCP)

SCP – 1 Observation: Cleaning and disinfecting issues in animal holding areas of the shelter.

Kennels

- There is no grave shift at the Castaic shelter so all kennel cleaning begins with the day shift after animals have been unattended for over ten hours.
- KAs do not use brushes or any other equipment to perform scrubbing of walls or doors of kennels during the morning kennel cleaning process. The only removal of dirt or debris from kennel surfaces occurs during the hosing process. In addition, dog beds and resting surfaces are not scrubbed. Because the beds do not receive regular cleaning, many appeared stained and discolored, and others were damaged and need replacing.
- During the morning cleaning, water bowls are removed from the kennels and rinsed with hot water during the kennel hosing process.
  - Water bowls are periodically taken to the bowl wash area and cleaned and disinfected, if they look dirty.
- There are no food bowls in kennels in the morning because the swing shift KA staff picks up bowls and washes and disinfects them during their shift.
  - Cleaning and disinfecting practices for food bowls is very good.
- Day shift KAs take clean food bowls from the washrack and fill and distribute throughout the kennels between 11:15 a.m. – noon.
  - Food remains in the kennels all day until picked up by the swing shift KA staff.

Stray/Adoption Cat Room

- It was reported to the contractor that cats are removed from their permanent cages and placed in the adjoining spay/neuter surgical holding cages while their enclosure is being cleaned.
- If paper towels are available, each cage is disinfected and wiped dry with a fresh paper towel.
    - If paper towels are not available, after the disinfectant is sprayed in a cage, one rag is used to wipe down all cages.
- The shelter uses non-disposable litter boxes for cats that require cleaning and disinfecting.
- Many of the food and water bowls are plastic and of poor quality.

Feral Cat Room

KA staff does not use the feral cat dens (even though they are available in the room on top of the cat cages) and remove cats from cages by using cat nets. As a result, cleaning this room is very time consuming and has the potential for increased injury to staff.

Cat Solarium

On the day of the site visit, the solarium was not being used to house adoptable cats. The room had been cleaned and disinfected due to a viral outbreak a week ago. The medical division commented to the contractor that they were not confident that all of the cat trees and other carpeted resting objects could be properly disinfected. There was no projected date to repopulate the room.

Grave shift cleaning duties

There is no grave shift.

Stall Cleaning

The medical division commented to the contractor that the horse stalls had not been cleaned on the day the veterinarian and RVT were not assigned to work at the shelter (earlier that week).

Fowl Holding Area

The water dispenser in this holding area contained water but it was not easily accessible to ducks who were having difficulty drinking from the dispenser on the day of the site visit. As reported to the contractor, this area is cleaned if KA staff has extra time and is not cleaned on a daily basis.

SCP – 1 Recommendation:

Kennels

- In order for cleaning agents to work, all surfaces must have contaminants (i.e., feces, urine) physically removed prior to applying soaps or disinfectants to surfaces like the kennels. Disinfectants are inactivated by organic material like feces, saliva, and dirt. Effective sanitation requires applying a disinfectant to a

basically clean surface. In order to get a clean kennel surface, staff will need to use brushes and physical scrubbing to remove organic material. All surfaces of the kennel should be scrubbed including walls, gates, guillotine doors, and resting platforms. Brushes in a variety of sizes and durability need to be made available to staff so that kennel surfaces, walkways, doors, etc., can be properly cleaned and maintained.

- Once kennel surfaces are scrubbed clean, quartenary ammonium compounds (i.e., 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.

- The current practice of not cleaning water bowls increases the opportunity for disease transmission. Water bowls should be cleaned and disinfected on a daily basis. These bowls should be picked up during the morning kennel cleaning and replaced with clean bowls. If there are not enough stainless steel water bowls to implement this practice, then additional bowls should be purchased.
- The current practice of feeding the dogs between 11:15 a.m. – noon, results in dogs urinating and defecating during a time of high public viewing and after the thorough morning kennel cleaning is completed. The initial feeding should occur directly prior to the morning kennel cleaning and disinfecting (see the section below, Grave shift cleaning duties, for recommendations of a feeding schedule). Supplementary feeding (i.e., puppies, new impounds of low weight etc.) should be monitored and addressed throughout the day and through the swing shift.

Stray/Adoption Cat Room

- All areas of the spay/neuter clinic should have a minimum amount of exposure to stray animals that have not been evaluated and determined to be healthy for spay/neuter surgery. Therefore, cats that have not yet completed the legal holding period in the stray/adoption room should not be temporarily relocated to the clinic holding cages during the daily cleaning process.
- Cats that are removed from their permanent cages during the daily cleaning process can be placed in a carrier or transfer cage while their enclosure is being cleaned. Once the animal is returned to their enclosure, the carrier must be cleaned and sanitized in between each animal.
  - An alternative to this method would be to utilize a cage bank (with 8-12 cages) on a moveable rack to allow for multiple cages to be cleaned and disinfected at one time before the next group of cats is placed in them. Cats could be placed in this bank of temporary cages while their permanent cages are cleaned. After they are placed back in the permanent cages, the entire bank of temporary cages can be hosed down and disinfected prior to adding additional cats.

- In order to prevent disease transmission from one cage to the next during the morning cleaning process, KA staff should use spray bottles containing disinfectant, spraying the walls and cage front, and then wiping the cage dry with paper towels and not using one rag to clean each cage in the room.
- In order to expedite daily cleaning, assembled disposable litter boxes should be pre-filled with cat litter so they can quickly replace a dirty litter box in a cage. The current practice of using non-disposable litter pans requires additional work of cleaning and disinfecting and the increased potential for disease transmission.
- Food and water bowls should be of stainless steel material, not plastic, in order to reduce the potential for disease transmission.

Cat Isolation

- If relocation of animal holding areas (see MCSA – 4, No established procedures or location for performing emergency stabilization/triage and physical examination at the time of impound or for previous adoptions and for animals housed at the shelter) are implemented, then the medical/treatment room will serve as an isolation/hospital area for cats.
- KA staff should follow the recommendations for cage cleaning as indicated above for the Stray/Adoption Cat Room, but this room should be the last room cleaned.
- KA staff should follow the recommendations for cleaning transfer cages as indicated above for the Stray Cat Room.
- After staff completes daily cleaning and feeding in this room, all moveable items used in the room (i.e., dirty and any extra clean feeding bowls, carriers, transfer cages, carts, etc.) should be sanitized immediately.
    - A mop and mop bucket should be designated specifically for cat isolation and only used in this room. However, directly after completion of cleaning this room, the mop still needs to be cleaned and soaked in disinfectant prior to storage.

Feral Cat Room

It is recommended that feral cat dens be used inside of cages that are used to house feral cats. If the current cages used for feral cats are not large enough to accommodate the dens, then larger sized cages should be assigned or purchased for the feral cat room.

Most feral cats remain in the den on their own or can be easily encouraged to move into the den. Once the cat is in the den, the KA can close the entrance to the den and easily remove the den with the cat from the cage which will allow staff to safely and completely clean and disinfect the cage. Not only will this enhance employee safety, but it will also decrease the opportunity for cats to escape during the cleaning process because staff can remove the cat from the cage by removing the den containing the cat.

Another recommendation to improve sanitation in this room, reduce stress for the cats, and lower the risk of injury for employees, is to maintain a lower feral cat population that can be humanely managed in this room. This can be facilitated by shortening the legal holding period for cats that are deemed truly feral. In accordance with *Food and Agriculture section 31752.5*, a behavior assessment can be conducted on each cat and if categorized as feral, the legal holding period is decreased.

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 is 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 protocol would need to be developed and used to verify the temperament of the cats in the feral cat room. KAs should have the time to conduct the daily temperament evaluation if the recommendations listed above are simultaneously implemented:

- All cages are equipped with a feral cat den (less time will be spent moving cats into temporary feral cat dens rather than restraining cats and placing them in transfer cages during cage cleaning), and
- Reducing the number of cats in the room to a more manageable population.

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.

Cat Solarium

If the recommendations in MCSA – 4, (No established procedures or location for performing emergency stabilization/triage and physical examination at the time of impound or for previous adoptions and for animals housed at the shelter) are implemented, the cat solarium will become the new, enlarged stray/adoptable cat room. Cleaning and disinfecting recommendations listed for this room should be followed as stated above.

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). Ideally, the kennel grave shift 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.), and after allowing the dogs to eat and defecate then start the morning kennel cleaning and disinfecting (to be augmented by KAs coming in on day shift). This will allow the day kennel shift to complete duties in a more timely fashion, such as completing daily euthanasias prior to the shelter opening to the public, having more time available to clean other animal holding areas (i.e., feral cats, large animal stalls), and for staff to be more readily available to assist the public upon opening.

Stall Cleaning

When animals are housed in the large animal stalls, these enclosures must be cleaned on a daily basis. The Lead KA should assign a KA each day to the cleaning of this area and monitor that the task has been completed.

Fowl Holding Area

When fowl are housed in this area, this enclosure must be cleaned on a daily basis. All equipment, including waterers must be accessible and compatible with the particular species of birds that are currently housed in this area.

SCP – 2 Observation: Summary of required and requested cleaning supplies and animal care equipment for staff working directly with animals.

A variety of basic required cleaning supplies and animal care equipment should be maintained at the shelter in order to properly care for the variety of species commonly impounded at the Castaic shelter.

SCP – 2 Recommendation:

The following cleaning supplies and animal care equipment are recommended and/or were requested by staff:

- Stainless steel food and water bowls for cats.
- Plastic cage card holders for cats.
- Long leather gloves (gauntlet) for handling cats.
- Stainless steel cage dividers for cages in current Feral Cat room.
- Feral cat dens.
- Replace the current boiler (the shelter manager has requested this item and is waiting approval by administration for replacement).
- Staff requested a water softener to decrease corrosion of equipment at the shelter.
- Increased supply of back up water in case of an emergency.

- Remove non-functioning equipment from the washrack: three washers and two dryers.
- Large animal/equine:
  - Fly masks for horses,
  - Feeders for horses,
  - Repair rusting pipe corrals,
  - Automatic waterer for corrals, and
  - Increase amount of shelter for large animals,
- Vehicles:
  - Horse trailer needs the following repairs – hitch malfunctioning, emergency break away broken, electric plug for lights broken at the hitch, lights not working, and body damage.
  - Suburban used to pull horse trailer can not be used to haul the trailer because it stalls when it comes to a stop, so a replacement vehicle needs to be purchased.
  - Animal collection vehicles need to be replaced – only non-borrowed vehicle in service at the Castaic shelter has the left rear turn signal out, but is still being used by field officers.
  - Air conditioning not working properly in animal compartments of collection vehicles and needs to be repaired.
- Staff requested a water tub for ducks and fowl that are impounded.

Employee Safety/Injury and Illness Prevention (ESIIP)

ESIIP – 1 Observation: <u>There are a variety of staff safety issues that need to be addressed.</u>

Most of these items have been identified and addressed throughout this report. They have been itemized here for easy reference.

ESIIP – 1 Recommendations:

Many of these items are also listed under Quick Fix Items For The Castaic Shelter:

- KA staff should be provided with hearing protection and should have their hearing tested by the County annually.
- Control poles need to be permanently placed in areas where animals are housed or handled (all kennel buildings, the washrack area, and the over-the-counter intake area).
- Decrease the number of times a KA may have to enter a kennel (housing 3-4 dogs) and risking employee injury in order to verify a dog's identity by changing the external identification from tab bands to large size tags that can be visualized from the exterior of the kennel.
- Non-functioning guillotine doors need to be repaired.
  - Ensure that doors can not be opened by dogs once a KA has enclosed an animal to the opposite side of the enclosure.

        - If a dog manually lifts the door there is the potential the KA can be hit in the head by the counterweight.
        - If a dog manually lifts the door there is the potential that a KA can unexpectedly be in contact with one or several fractious dogs in the enclosure and risk serious injury.
    - Develop a reporting system to supervisors for KAs to utilize to identify guillotine doors that are not functioning and protocols for follow-up to ensure the doors are either repaired in a timely fashion or animals are not held in these enclosures.
- Repair front gate of Kennel #29 – in order to open the gate, staff must kick the gate open with their shoe.
- Improve security of the OBS area for dogs.
    - The kennels are fenced in, but the door to the area is not locked and is accessible to the public when the shelter is open.
    - The kennels in this area have locks, but they are not used on the kennel gates.
    - This area should have a lock on the gate leading into the area, and all kennels should remain locked during regular business hours.
- KA and medical staff should be wearing radios whenever they are working in animal areas of the shelter.
- Install eye wash stations in all animal holding rooms that contain sinks and in the washrack area.
- Improve the lighting in the washrack area where euthanasias are currently being performed to prevent possible injury of euthanasia technicians performing the procedure during the swing or grave shift.
- Stray/Adoption Cat room:
    - Cages are unlocked and the contractor observed members of the public handling stray and available animals without supervision of KA staff.
    - On the day of the site visit the contractor observed a family consisting of a mother and two young girls who had removed several kittens from a cage without assistance or supervision of KA staff. One of the children was scratched by a kitten, dropped the kitten who hid underneath one of the cage banks in the room. The mother was on her hands and knees attempting to retrieve the kitten when a KA entered the room and assisted.
    - The door to this room that leads to the outside has a slow release mechanism that causes the door to close very slowly. This increases the chances that a loose cat in the room could readily escape whenever staff or the public enter or exit the room. This closing mechanism should be changed to ensure the door readily closes for improved security of this room.
- Update the current Material Safety Data Sheet (MSDS) notebook for the facility and place copies of the notebook in the administrative building, the washrack area (where euthanasia is currently performed and chemicals are stored), and in the future medical/treatment room (see ESIIP – 2, Material Safety Data Sheet Notebooks at the shelter need updating.)

ESIIP – 2 Observation: Material Safety Data Sheet Notebooks at the shelter need updating.

The shelter does not have updated Material Safety Data Sheets (MSDS) on pharmaceuticals, laboratory solutions (test reagents for parvovirus tests), cleaning agents, or other products that staff utilizes on a daily basis.

Liability:

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

(h) Employee Information and Training.

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

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

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

(E) Employees shall be trained in the physical and health hazards of the substances in the work area, and the measures they can take to protect themselves from these hazards, including specific procedures the employer has implemented to protect employees from exposure to hazardous substances, such as appropriate work practices, emergency procedures, and personal protective equipment to be used.

(F) Employees shall be trained in the details of the hazard communication program developed by the employer, including an explanation of the labeling system and the **material safety data sheet**, and how employees can obtain and use the appropriate hazard information.

ESIIP – 2 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, washrack area, the future medical/treatment 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 – 3 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.

(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.

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 – 3 Recommendations:

Develop an IIP Program and select an IIP Program Administrator.

QUICK FIX ITEMS FOR THE CASTAIC SHELTER

1. Have the shelter veterinarian obtain DEA certificate and order forms.
2. Start ordering Fatal Plus in solution rather than in powder form.
3. Purchase items listed under SCP – 2, Summary of required and requested cleaning supplies and animal care equipment for staff working directly with animals.
   - Stainless steel food and water bowls for cats,
   - Plastic cage card holders for cats,
   - Long leather gloves (gauntlet) for handling cats,
   - Stainless steel cage dividers for cages in current Feral Cat room,
   - Feral cat dens,
   - Remove non-functioning equipment from the washrack: three washers and two dryers, and
   - Large animal/equine:
     a. Fly masks for horses,
     b. Feeders for horses, and
     c. Repair rusting pipe corrals.
   - A water tub for ducks and fowl that are impounded.
4. Schedule euthanasia training and certification for KAs not formally trained (also listed under #6. for Long Term Fixes)
   a. Once certified, schedule KAs to partner with the RVT to gain experience performing daily euthanasia, and
   b. Schedule KAs to share daily euthanasia duties with the RVT when appropriate.
5. Appoint temporary Lead KA on the floor daily (see #1 Long Term Fixes for requesting authorization of permanent Lead KA position).
6. Implement recommendations for change in daily cage cleaning of cat rooms.
7. Purchase and ensure locks are being used to secure OBS cages, the OBS enclosure, and the stray/adoption cat cages.
8. Replace the mechanism on the door of the stray/adoption cat room so that it closes quickly after it is opened.
9. Communications
   a. Ensure all staff (including veterinarians) have and wear radios when working in the kennels, and
   b. Establish outside emergency telephone line in the washrack area and the new medical/treatment room.
10. Change type of external identification used – order large plastic tags and chain collars for dogs.
11. Improve lighting in the washrack area.
12. Replace kennel resting beds.
    a. 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.

13. Purchase plastic cage card holders for cages in the stray/adoption cat room.
    a. Protects soft copy of the cage card and Pink cards, and
    b. Provides a more uniform, professional appearance to recordkeeping within the kennels and animal rooms.
14. Repair damaged, malfunctioning guillotine doors and kennel gates.
15. Purchase Feral Cat Dens so that all feral cat cages have dens available.
16. Order new larger cages for feral cats, if necessary so that feral cat dens can be placed in the interior of each cage.
17. Order species specific rabbit cages.
18. Install eye wash stations in all sinks where chemicals or pharmaceuticals are used.
19. Shelter supplies – ensure readily available supplies upon request
    a. Paper towels,
    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 area),
    d. Disposable gloves,
    e. Purchase scrub brushes of various sizes and strengths for each building containing kennels, housing cats, washrack room, and dead animal cooler,
    f. Knee-high rubber boots for all staff working in the kennels,
    g. Disposable booties for isolation/hospital rooms, and
    h. Medical supplies to be ordered:
        i. Fecal testing supplies and zinc sulfate solution,
        ii. Albon for treatment of coccidia, and
        iii. Dermatophyte test media (DTM).
20. Equipment
    a. Order squeeze cages of various sizes,
    b. Order leather gloves for handling cats,
    c. Order plexiglass shields for restraining cats,
    d. Ensure all kennel staff is carrying ropes (not nylon leashes) and rope material is available for immediate replacement of damaged rope,
    e. Order back supports for all KAs to use when necessary and especially when assigned to euthanasia,
    f. Purchase supply of pocket notepads and distribute to KAs, and
    g. Medical equipment to be ordered:
        i. Replace the current Wood's Lamp
21. Create a form for the ACOs and KAs to use when listing animals requiring veterinary examination.
22. Set up an agreement with a Veterinary Diagnostic Laboratory in the area.
23. Order identification badges for all staff that come in contact with the public to include their name and position/rank.

24. Implement all healthy animals vaccinated at impound (train all staff to administer vaccine, see #6. training section under Long Term Fixes).
25. Revise behavior assessment test to perform general, basic assessment.
26. Ensure animal diets are available upon request (i.e., age specific diets – kitten and puppy chow, canned foods).
27. Set up secondary staging area (in the grassy area near the current Reptile room) for the public to use at the vaccination and microchip clinics.
    a. Purchase a canopy and folding chairs,
    b. Purchase a stainless steel examination table in the room, and
    c. Purchase a moveable cart with a counter top and drawers for holding supplies.

LONG TERM FIX ITEMS FOR THE CASTAIC SHELTER

1. Request authorization of permanent Supervisor/Lead position for kennel staff recruit, interview, and fill position.
2. Change reporting structure for medical staff to report to the shelter veterinarian.
3. Update Material Safety Data Sheet notebooks and have copies available in the washrack area, administration, and future medical/treatment room.
4. Purchase items listed under SCP – 2, Summary of required and requested cleaning supplies and animal care equipment for staff working directly with animals.
   - Replace the current boiler,
   - Purchase a water softener to decrease corrosion of equipment at the shelter.
   - Increase the supply of back up water in case of an emergency, and
   - Large animal/equine:
     a. Automatic waterer for corrals, and
     b. Increase amount of shelter for large animals.
   - Vehicles:
     a. Horse trailer needs the following repairs – hitch malfunctioning, emergency break away broken, electric plug for lights broken at the hitch, lights not working, and body damage.
     b. Replace the suburban that is used to pull the horse trailer because it stalls when it comes to a stop, and can not currently be safely driven.
     c. Animal collection vehicles need to be replaced – only non-borrowed vehicle in service at the Castaic shelter has the left rear turn signal out, but is still being used by field officers.
     d. Replace non-working air conditioning units in animal compartments of collection vehicles.
5. Buildings/room renovations:
   a. Change the stray/adoption cat room into the new medical/treatment room,
   b. Change the cat solarium into the new stray/adoption cat room,
   c. Change the computer room into the new neonate/exotic room,
   d. Change the reptile room into the new vaccination/microchip room, and
   e. Change the photo room into the new euthanasia/impound room.
6. 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, and
   f. RVT emergency triage.

7. Implement annual employee hearing tests.
8. Implement a 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.
9. Develop an Injury, Illness and Prevention Program.

ATTACHMENTS

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

Appendix D: Title 8, Section 3203 and 1509

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

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

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

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

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

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

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

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

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

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

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

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

A. When observed or discovered; and

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

7. Provide training and instruction:

A. When the program is first established;

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

B. To all new employees;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1. Meets regularly, but not less than quarterly;

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

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

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

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

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

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

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

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

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

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

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

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

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

CS-1B revised August 1995

ABOUT THIS MODEL PROGRAM

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

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

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

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

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

INJURY AND ILLNESS PREVENTION PROGRAM

RESPONSIBILITY

The Injury and Illness Prevention (IIP) Program administrator,

_____
Program Administrator

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

_____
Establishment Name

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

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

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

COMMUNICATION

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

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

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

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

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

HAZARD ASSESSMENT

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

Periodic inspections are performed according to the following schedule:

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

ACCIDENT/EXPOSURE INVESTIGATIONS

Procedures for investigating workplace accidents and hazardous substance exposures include:

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

HAZARD CORRECTION

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

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

TRAINING AND INSTRUCTION

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

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

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

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

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

RECORDKEEPING

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

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

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

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

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

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

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

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

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

1. Records of hazard assessment inspections; and

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

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

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

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

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

HAZARD ASSESSMENT AND CORRECTION RECORD

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

Unsafe Condition or Work Practice:

Corrective Action Taken:

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

Unsafe Condition or Work Practice:

Corrective Action Taken:

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

Unsafe Condition or Work Practice:

Corrective Action Taken:

ACCIDENT/EXPOSURE INVESTIGATION REPORT

Date & Time of Accident:

Location:

Accident Description:

Workers Involved:

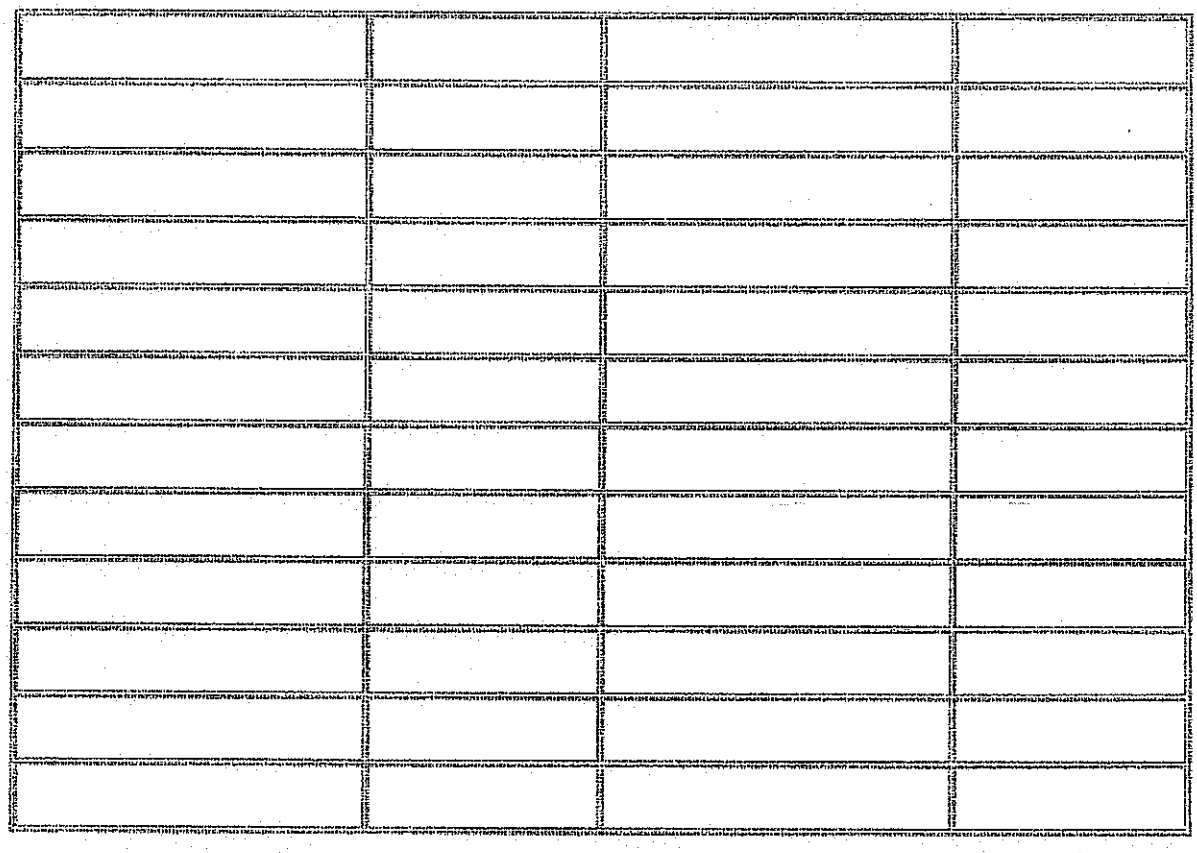
Preventive Action Recommendations:

Corrective Actions Taken:

Manager Responsible: **Date Completed:**

WORKER TRAINING AND INSTRUCTION RECORD

Worker's Name	Training Dates	Type of Training	Trainers



LOS ANGELES COUNTY
DEPARTMENT OF ANIMAL CARE AND CONTROL
SPAY/NEUTER CLINIC ASSESSMENT – Animal Center #6
August 20, 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 #6, the Spay/Neuter Clinic, located in Castaic. The following staff from the medical division provided input and insight into operational procedures.

Veterinary Medical Staff:

Technicians:

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

Staffing Issues (SI)

SI – 1 Observation: Clinic medical staffing.

Staffing for activities associated with the spay/neuter clinic consists of one veterinarian and one Registered Veterinary Technician (RVT). The activities consist of:

- Examining and approving animals for spay/neuter surgery,
- Spay/neuter surgery for adopted animals on Tuesday, Wednesday, and Fridays,
- Spay/neuter surgery for publicly owned animals (once per month),
- Examining and providing medical care for recently altered animals adopted from the shelter that have become ill,
- Operation of vaccination and microchip clinic on Wednesday and Friday for one and a half hours,
- Assistance with injured/ill animals in the shelter or animals brought in by field officers.

In addition, the clerical tasks of recordkeeping (controlled substance and surgical logs and Chameleon entries), dispensing medications to the public, pharmaceutical ordering

and inventory, preparation of surgical packs, and periodic cleaning of cages in the animal holding area are also the responsibility of the RVT.

The veterinarian and the RVT also has shelter medicine responsibilities in the morning and afternoon, as well as handling field emergencies.

Paper work associated with the spay/neuter clinic (client and patient registration on public surgery days) is completed by the clerical division in the administration building.

SI – 1 Recommendations:

On days surgeries are performed, the RVT is also responsible for shelter medical duties which include: morning rounds, documenting daily animal inventory, administration of daily treatments, performing euthanasia, record keeping, vaccinating animals that were impounded and not vaccinated, and entering/updating animal location records. Depending on the time at which surgeries are completed (generally around noon), it is possible that the veterinarian and/or RVT are not consistently available on that day to provide care to shelter animals until 3:00 p.m. after completion of the vaccination and microchip clinics.

With current medical staffing, the RVT can not complete morning shelter medical responsibilities on surgery days. If surgical days are maintained at three per week, a kennel attendant (KA) should be trained as a veterinary assistant to provide support for the RVT on those days (i.e., performing daily treatment administration, record keeping) and certified euthanasia technicians could be assigned to complete daily scheduled or emergency euthanasias. If the shelter increases surgical days to five days per week, an additional RVT should be assigned to the Castaic shelter and be responsible for surgical, vaccine/microchip clinic, and shelter duties on a rotating basis.

In addition to the medical duties that are required of the RVT, as indicated in the report, ANIMAL CARE/MEDICAL ASSESSMENT – Animal Center #6, LSI – 2, (The RVT assigned to the Castaic facility is completing medical and kennel duties) she has an overwhelming number of shelter duties that should be reassigned to lead kennel staff. The recommendation to resolve this issue is adding a Kennel Supervisor to staffing (see LSI – 3, Shelter Manager provides lead supervision for the medical and kennel divisions for more details). This will allow the RVT to be more available for assisting with additional spay/neuter surgeries, spending more time with shelter medical patients, or increasing the number of vaccination or microchip clinics.

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

The County of Los Angeles Policy & Procedure Manual, Policy No. OPF180, Sick and Injured Animals – Field, identifies shelter veterinary staff to perform the assessment of sick or injured animals from the field. The logistics of where and when the veterinarian can evaluate these animals while performing surgery throughout the morning is not addressed.

Currently at the Castaic shelter on days the veterinarian is performing spay/neuter surgery (8:00 a.m. until noon) Animal Control Officers (ACO) may return to the shelter

from the field with ill/injured animals that require veterinary examination. The ACO may bring the ill/injured animal into the clinic pre-surgical holding area, the veterinarian may leave the clinic briefly and examine an animal at the officer's vehicle, or the officer may place the animal in the main population and leave a note for the veterinarian requesting that the animal be examined.

SI – 2 Recommendations:

As a general rule, ill/injured animals from the field 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 at the time they are brought to the clinic.

All ill/injured animals from the field should be brought to the medical/treatment room (see ANIMAL CARE/MEDICAL ASSESSMENT – Animal Center #6, MCSA – 4, 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 recommends transforming the current stray/adoptable cat room into a medical/treatment room) which should serve as the location for emergency triage. This room is in close proximity to the spay/neuter pre-surgical holding area and accessible by medical staff.

If the veterinarian is in surgery when the ill/injured animal is presented, the RVT should initially examine the animal and determine the degree of illness or injury and communicate that information to the veterinarian. If the animal presents with a life threatening emergency, the veterinarian can put a hold on starting the next surgery and examine/treat the animal as soon as possible. The RVT can also take direction from the veterinarian regarding stabilization or emergency triage of the animal. The RVT can start performing emergency triage based on the following regulation:

Title 16, California Code of Regulations.
2069. Emergency Animal Care.
Emergency animal care rendered by registered veterinary technician. Under conditions of an emergency as defined in Section 4840.5, a registered veterinary technician may render the following life saving aid and treatment to an animal:

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

(6) Application of temporary splints or bandages to prevent further injury to bones or soft tissues.
(7) Application of appropriate wound dressings and external supportive treatment in severe burn cases.
(8) External supportive treatment in heat prostration cases.

The RVT will require training on emergency stabilization and triage as specified in ANIMAL CARE/MEDICAL ASSESSMENT – Animal Center #6, MCSA – 4 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.

Animals that are non-emergency cases can be examined by the RVT while the veterinarian completes scheduled spay/neuter surgeries. After all surgeries are completed, the veterinarian will review cases that were originally assessed by the RVT.

The RVT can begin treatment for common shelter presentations based on written orders by the veterinarian (per ANIMAL CARE/MEDICAL ASSESSMENT – Animal Center #6, MCSA – 1, Identification of shelter animals requiring medical care and administering medical care needs improvement and standardized protocols.

. . . . (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).

If the RVT leaves the surgical area to examine an animal in the medical/treatment room, she must wear a lab coat designated to remain in this room. Prior to returning to the spay/neuter clinic area she must wash her hands with soap and warm water and remove the lab coat.

Medical staff reported to the contractor that the Castaic shelter does not have an account with a uniform company to obtain and launder surgical scrubs and lab coats. These items should be made available to ensure staff is wearing the proper, clean uniform each day and that there are lab coats for use in isolation areas.

SI – 3 Observation: Spay/Neuter Clinic staff are not wearing identification.

Medical staff has name badges provided by the County, but they are not worn because they create a safety hazard when worn around the employee's neck.

Medical staff reported they currently do not have business cards because veterinary staff is not yet permanently assigned to a shelter. Once this has occurred, staff commented that business cards can be purchased at the employee's expense.

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. Pocket identification badges may be a safer option.

Providing medical staff with business cards is a good practice and improves communication with the public and rescue groups.

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 and KAs moving from the clinic to the shelter and back again. Staff wore the same shoes in each of these areas, including the surgical suite.

Staff rarely washed their hands throughout the day as observed by the contractor.

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.

In addition, staff should be encouraged to wash their hands with soap and warm water frequently throughout the day. Using hand sanitizers does not substitute for hand washing.

Implementing these practices will help prevent the spread of disease from the shelter to the clinic.

Once the medical/treatment room has been implemented (see ANIMAL CARE/MEDICAL ASSESSMENT – Animal Center #6, MCSA – 4, 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), there should be fewer reasons for KA staff to enter the spay/neuter clinic throughout the day.

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.

Since there is no grave shift at the Castaic shelter, adopted animals are not relocated from shelter animal holding areas to the clinic animal holding cages in the early morning hours (after 3:00 a.m.) on the day of scheduled surgery. When the RVT arrives in the morning of a surgery day, she walks animals scheduled for surgery individually from the shelter to the clinic and immediately tranquilizes them without the veterinarian performing a physical examination. Once all of the animals are relocated into the pre-surgical holding area, the veterinarian returns from shelter rounds and begins to examine the pre-tranquilized animals. If an animal is denoted as ill and unfit for surgery, he/she can not be relocated to shelter housing areas where they will not be

properly monitored while tranquilized. This results in some of the ill animals remaining in the clinic rather than being relocated to isolation in the shelter. The ill animal remains in the clinic in close contact with healthy animals awaiting surgery until either the adopter picks him/her up or the animal no longer requires monitoring for tranquilization and is moved to isolation if there is space or to the main population of the shelter.

PreSI – 2 Recommendations:

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

The veterinarian's morning schedule on surgery days should be adjusted so that he is present when the RVT relocates adopted animals from the shelter to the clinic in order to check the health status of all animals and determine whether or not they are fit for surgery. Once this is completed, healthy animals can be tranquilized, and the veterinarian can begin morning shelter rounds.

If any animal is deemed unfit for surgery by the veterinarian, the RVT will administer medication to the animal as ordered by the veterinarian, immediately contact by radio the Lead KA (see ANIMAL CARE/MEDICAL ASSESSMENT – Animal Center #6, LSI – 3, Shelter manager provides lead supervision for the medical and kennel divisions) and request assistance to relocate these animals to shelter isolation. If a KA is not available, the RVT can relocate the animal (taking care to replace her shoe covers when she re-enters the clinic), or the Lead KA can relocate the animal.

Once an ill animal has been relocated from the clinic, the RVT 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 radio for KA assistance in relocating the ill animal to shelter isolation. The KA should wear shoe covers when working inside the clinic (see PreSI – 1 Recommendations).

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

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

- Procedure and criteria in which to determine if an adopted animal is unfit for surgery,
- 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,
- 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, staff reported that approximately 25% of shelter animals transferred from the shelter to the clinic for surgery are not wearing tab bands indicating their impound number. These animals are not re-assigned a tab band in the clinic.

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.

As indicated in ANIMAL CARE/MEDICAL ASSESSMENT – Animal Center #6, LSI – 2, (The RVT assigned to the Castaic facility is completing medical and kennel duties) external identification of shelter animals should be monitored and missing tab bands replaced by the kennel staff during the impound period. If animals are relocated from the shelter to the clinic without identification, the RVT should re-tag these animals at the time the physical examination is performed.

PreSI – 4 Observation: Early age spay/neuter minimum age requirements for Castaic.

The veterinarian at the Castaic 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. Clinic veterinary surgeons that are not comfortable performing surgery at this age should receive advanced surgical training in early age spay/neuter (available locally in Los Angeles).

The department should recommend early age spay/neuter, as early as eight weeks of age for all healthy animals admitted to the clinic (shelter adoptions and publicly owned

animals) 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 of publicly owned animals and shelter animals 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.

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: Additional surgical training for the veterinarian would be helpful to increase number of surgeries performed.
The veterinarian stated to the contractor that his specialty prior to working for the County was in equine medicine and surgery and that he was improving daily on his small animal surgical skills.

SNS – 1 Recommendations:
The county should provide additional and/or refresher training for veterinarians in early age spay/neuter and other reproductive surgery presentations such as cryptorchids in order to ensure animals that present in these categories will be altered prior to adoption and in a timely manner so as not to interrupt the daily number of surgeries that are scheduled for completion.

SNS – 2 Observation: The direction of the surgical table in the spay/neuter clinic needs to be changed.
The surgical suite contains a door to the exterior of the building on one side and a door to the surgical prep area on the other side. As animals are brought from the shelter, through the surgical suite and into the surgical prep area, they must be carefully guided around the surgical table, instrument stand, and gas anesthesia machine.

SNS – 2 Recommendations:

The equipment in the surgical suite needs to be configured in a manner where the walkway from the exterior doorway to the surgical prep doorway is clear. This can be accomplished by moving the surgical table parallel the side wall rather than its current position at a right angle to the wall. Other surgical equipment in the room can also be adjusted in relation to the position of the surgical table.

In addition, medical staff requested that the door to the exterior in the surgical suite be replaced by a door with a coverable window so that staff can see pet owners at the door during intake on days of public spay/neuter. The window can be covered later when the veterinarian is performing surgery.

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 the RVT 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 RVT releases animals post-surgically until her shift ends (3:30 p.m.) at which time releases become the responsibility of the KA's. The post-surgical care handout is distributed and read aloud to the adopter by the KA. Per the handout, the KA instructs the pet owner to withhold food and water from the animal for the entire evening post-surgically. The KA is not trained in examining the animal or the surgical site prior to release or the animal to the pet owner.

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.

KAs perform post-surgical release of clinic patients if the RVT has 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 (see, PostSI – 2, Handouts for post-surgical care feeding instructions for adopters and pet owners need to be updated.) Staff should become familiar with the new instructions (providing food and water the evening after surgery is completed) 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 or owners post-surgically are relocated to main population holding areas of the shelter overnight.

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

PostSI – 4 Recommendations:

Animals recovering from surgery that must remain at the shelter overnight should not be placed in the shelter main population if that includes being 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 owners/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 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 KA should be instructed to provide these animals with water and a small bowl of food if they are alert and ambulatory. The Lead KA will follow up with the medical staff the following morning to ensure these duties were completed by KA swing shift staff.

Vaccine Clinic (VC)

VC -1 Observation: The location of the vaccine and microchip combined clinics should be changed.

Currently, the spay/neuter clinic is utilized for the combined vaccine and microchip clinics held after surgeries are completed. By bringing animals of unknown health status into this area, it exposes animals that are recovering from surgery.

VC -1 Recommendations:

In order to decrease the traffic in the surgical area and lower the opportunity for disease transmission, the vaccine clinic location should be relocated. As discussed in ANIMAL CARE/MEDICAL ASSESSMENT – Animal Center #6, MCSA – 4, (No established procedures or location for performing emergency stabilization/triage and physical examination at the time of impound or for previous adoptions and for animals housed at the shelter), the current Reptile room should become the new Vaccine/Microchip Clinic location. This will require attention to the following details:

- Reptiles will be relocated to the neonate/exotic room.
- An examination table should be placed in the room to place owned pets that are receiving a vaccination or microchip.
- A countertop will need to be installed (or another small table) in order for staff to place and fill out paperwork.
- Lighting in this room will need to be improved.
- Ventilation needs to be improved or a fan for the room should be purchased.
- Ideally, telephone emergency access to the administration building and 911 needs to be connected.
- The grassy area adjacent to the entrance of this room could be used as the "staging" or waiting area for the public during vaccination and microchip scheduled clinics.
    - Small portable canopies could be set up to protect the public from the sun.
    - By mandating this area for the clinics it will help keep public animals out of the main walkway of the kennels and other potentially contaminated areas of the shelter.

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

During the vaccine/microchip clinic, owners should not be restraining their own animals during vaccine administration.

Liability:

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

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

VC -2 Recommendations:

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.

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)

At the Castaic shelter the vaccine and microchip clinics are combined and conducted at the same time. See the section above, Vaccine Clinic (VC) for observations and recommendations pertaining to the Microchip Clinic.

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 surgical prep area or in the adjacent stray/adoption cat room on the counter and dispense medication free of charge.

In addition, the shelter has established a time frame for this service (between 12:00 - 3:00 p.m.) 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 requesting veterinary office visits

throughout the day which does not allow the veterinarian to stay on schedule and complete clinic and shelter responsibilities in an organized and timely manner.

The RVT does enter into the animal's previous Chameleon record any medication that is prescribed and provided to the pet owner.

MSP – 1 Recommendations:

Ill animals should not be admitted into the spay/neuter clinic or taken to the stray/adoption cat room. Ill animals should be taken to the medical/treatment room (see ANIMAL CARE/MEDICAL ASSESSMENT – Animal Center #6, MCSA – 4 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) which should serve as the only location where ill animals are examined by medical staff.

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.

Either the RVT or the veterinarian 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. As reported to

the contractor, the Castaic veterinarian has submitted to the Chief Veterinarian descriptions of the common spay/neuter surgeries that are performed at the Castaic shelter for submission to IT staff.

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).

Any deviations from normal surgical procedure (i.e., additional umbilical hernia repair) can be entered in the "comments" medical section of the Chameleon record by the veterinarian.

Currently, the only information regarding the surgery that is entered into the patient's Chameleon record is the date the animal was altered as noted by the RVT.

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 RVT 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 #6, EP – 8, Controlled substance security.)

The spay/neuter (S/N) clinic secures all controlled substances except sodium pentobarbital (ketamine, diazepam, and butorphanol). Ketamine (for use in skunk kits) is the only controlled substance distributed from the S/N clinic to the shelter and the RVT does not use ketamine for pre-euthanasia anesthesia. The central supply of controlled substances at the clinic is kept in a new, double locked cabinet mounted to the wall in the surgical suite. The RVT has keys to this cabinet.

There is a daily supply safe for controlled substances in the spay/neuter clinic that is mounted on the wall above the sink in the clinic prep room. Opened bottles of controlled substances (not including Fatal Plus), sedatives, tranquilizers, and gas anesthetics are kept in this safe. The veterinarian and the RVT have keys to this safe.

Each controlled substance in the central supply has a separate inventory log in the clinic. There are no separate controlled substance logs documenting the use of each drug, but a surgical log is kept which itemizes daily controlled substance usage.

RKS – 2 Recommendations:

The spay/neuter clinic should continue to maintain a central supply of controlled substances, separate from the shelter central supply with an inventory log for each substance.

The spay/neuter clinic should continue to utilize the double-lock safe bolted to the wall in the clinic prep room to maintain the daily supply of controlled substances for the clinic. 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.
- Reconciliation of amount of drug used with drug remaining on-hand.

The veterinarian should have keys to both the clinic central and daily supply of controlled substances.

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

Clinic Sanitation (CS)

CS – 1 Observation: Clinic cleaning protocols are needed.

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

CS – 1 Recommendations:

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

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

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.

The veterinarian monitors and ensures scheduled maintenance on anesthesia machines is completed.

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. The veterinarian commented that he would like to be trained on the use of the control pole.

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

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. Replace current surgical light on floor stand with an overhead surgical light,
2. Install an eye wash station in the sink of the surgical preparation area,
3. Replace the door in the surgical suite that leads to the exterior with a door that has a coverable glass window,
4. Order a supply of disposable shoe covers,
5. Order plastic cage card holders for the spay/neuter animal holding area,
6. Order heating pads to be used for early age spay/neuter patients, and
7. A control pole needs to be permanently placed in the clinic animal holding area.