LOS ANGELES COUNTY
DEPARTMENT OF ANIMAL CARE AND CONTROL
ANIMAL CARE/MEDICAL ASSESSMENT – Animal Center #1,
November 29, 2006
Performed by Animal Legal and Veterinary Medical Consulting Services
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The assessment was conducted at Animal Center #1 located in Downey. The following staff from the medical, animal care, law enforcement division and management provided input and insight into operational procedures.

Veterinary Medical staff:

Registered Veterinary Technicians (RVT):

Animal Care Staff:

Law Enforcement:

Shelter Management:

Observations and recommendations were placed in seven categories:

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

Additional sections:

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

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

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

LSI– 1 Potential Liability:

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

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

§ 1301.12 Separate registrations for separate locations.
(a) A separate registration is required for each principal place of business of professional practice at one general physical location where controlled substances are manufactured, distributed, imported, exported, or dispensed by a person.

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

(a) A practitioner who is registered to dispense a controlled substance may distribute (without being registered to distribute) a quantity of such substance to

(1) Another practitioner for the purpose of general dispensing by the practitioner to patients, provided that –

i. The practitioner to whom the controlled substance is to be distributed is registered under the Act to dispense that controlled substance;

ii. The distribution is recorded by the distributing practitioner in accordance with § 1304.22(c) of this chapter and by the receiving practitioner in accordance with § 1304.22(c) of this chapter;

iii. If the substance is listed in Schedule I or II, an order form is used as required in part 1305 of this chapter, and;

iv. The total number of dosage units of all controlled substances distributed by the practitioner pursuant to this section and § 1301.25 of this chapter during each calendar year in which the practitioner is registered to dispense does not exceed 5 percent of the total number of dosage units of all controlled substances distributed and dispensed by the practitioner during the same calendar year.

LSI – 1 Recommendations:

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

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

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

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

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

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

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

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

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

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

LSI – 2 Observation: Current daily duties required of RVTs exceed time allotment for one RVT per day shift.
The consultant observed and confirmed with RVT staff the following duties that are required to be performed on a daily basis (time markers indicate average time to complete the task for one RVT if there are no interruptions or unforeseen circumstances for the day):

7:00 – 8:00 a.m.	Daily rounds each morning with the veterinarian to observe/discuss medical cases.
8:00 – 9:30 a.m.	Administer medications to impounded animals as indicated on the daily treatment list.
9:30 – 11:00 – 11:30 a.m.	Euthanasia of scheduled shelter animals.
11:00 – 11:30 a.m. – Noon	Euthanasia record keeping.
11:00 – 11:30 a.m. – Noon	Maintain controlled substance logs.

11:30 – 12:30 p.m.	Input medical information into electronic animal medical records.
12:30 – 1:30 p.m. or 1:00 – 2:00 p.m.	Lunch

After lunch, the RVT has two hours (day shift ends at 4:00 p.m.) to complete the mandatory and periodic duties listed below.

Vaccinate previously impounded animals in the main holding areas (may take one to two hours depending on number of previous days the RVT was not on duty, no vaccinations were given, and the number of impounds).

Assist the veterinarian with medical/surgical procedures as requested (occurs after veterinarian has completed daily spay/neuter surgeries from 2:00 – 4:00 p.m. when veterinary shift ends). Any animal placed under anesthesia receives medical monitoring for one to two hours only until all medical staff leave for the day.

Monitor hospital and isolation animals throughout the day (dependent on new impounds requiring examination and/or emergencies, these animals will have been monitored only once before 2:00 p.m., walk through between 2:00 – 3:00 p.m.).

Monitor shelter animal health throughout the day and identify animals in the main population in need of medical care (if time allows, the RVT and/or veterinarian may walk through the main population once per day for about 30 minutes to view hundreds of animals).

Perform duties at the time of impound of shelter animals: perform cursory examination, vaccinate, address emergency medical situations, identify animals for further veterinary examination and assist veterinarian as required, (this is ongoing throughout the day resulting in a delay of all duties listed above).

Initiate medical treatments when the veterinarian is off-site in compliance with veterinary written orders (throughout the day as needed).

Perform owner requested euthanasia immediately for animals that are suffering or in dying condition (this is ongoing throughout the day resulting in a delay of all scheduled duties listed above).

Perform behavior assessments as needed (this assessment is a nine page document that requires 30-40 minutes per animal and when periodically assigned results in a delay of all duties listed above).

Maintain cleanliness of hospital area - this should be done in the morning but RVTs are assisting the veterinarian with rounds, administering medication and completing

scheduled euthanasias prior to the shelter opening to the public so this is not currently a priority. If Kennel Attendants (KA) provide assistance in cleaning this area, it should be completed after all healthy animal enclosures are completed but often these areas are completed at the time the shelter opens to the public and KA staff must be available to assist the public so they are unable to assist with the hospital cleaning. The hospital area is not readily accessible to the public so it often is not a cleaning priority.

Support KAs by assisting with transport of animals to and from isolation areas and be available to assist with emergency situations.

Perform decapitation and prepare deceased animals for rabies testing (takes 20-30 minutes per animal), and

Interact with the public regarding medical and routine animal care questions.

Other considerations:
One of the most important shelter medical preventive duties involves monitoring shelter animals for the first signs of contagious illness. In order to ensure shelter animals are being monitored in a consistent manner and those with contagious disease are recognized as soon as possible and isolated from the main population in order to limit the spread of disease in the shelter, it requires that RVT or veterinary staff continually move through the main animal holding areas multiple times throughout the day to observe animals. RVT staff reported that this occurs anywhere from once per day to no monitoring for consecutive days.

The RVTs are working under indirect veterinary supervision (with the veterinarian on-site but located in the spay/neuter clinic) for five to six hours of their daily eight hour shift. The veterinarian spends approximately one hour in the morning with RVT staff during morning rounds and generally has no to minimal contact with them until after 2:00 p.m. (when spay/neuter surgeries are completed). Due to his/her surgical schedule, the veterinarian is not allotted time to: assist or monitor the performance of RVT staff, monitor euthanasia practices, review controlled substance logs and animal medical records, participate in humane investigations, and perform necropsies unless he/she excludes routine shelter animal health monitoring which lowers standards of care at the shelter which can result in disease transmission and ultimately increased euthanasias and/or spends less time in the spay/neuter clinic.

LSI – 2 Recommendations:

Ideally, there should be a veterinarian assigned to the spay/neuter clinic and a separate veterinarian assigned to shelter animal care. If this is not possible, in order for RVT staff to complete the above assigned duties while maintaining high standards of care at the Downey shelter (where daily animal populations are consistently very high), it is necessary that two RVTs be assigned to duty starting at 7:00 a.m. until the shelter

closes to the public (shifts will have several hours overlap with two RVTs on duty at the same time).

Non-medical staff can share some of the job duties currently assigned to RVT staff (i.e., vaccinating animals at impound and rotating through euthanasia duty as outlined in greater detail throughout the remainder of this report) in order for the RVT to devote more time to providing higher quality of care for the shelter animals, improving monitoring for illness, and lowering the spread of disease in the shelter.

LSI – 3 Observation: RVTs do not report to medical staff.

RVTs take orders from and work directly with veterinarians but are not supervised by the shelter veterinarian. They are supervised by shelter sergeants. There are three sergeants assigned to the Downey shelter, but as reported to the contractor by staff, only one of the sergeants prioritizes kennel supervision in their daily duty responsibilities.

In addition, RVT staff reported that often they require approval from the acting Lieutenant (their second level supervisor) for animals requiring immediate euthanasia during the day; and that it's difficult to gain approval by telephone (from the RVT room to Lieutenant's office). This can delay the procedure and cause animals to unduly suffer and/or takes additional time from RVT staff to complete scheduled duties.

LSI – 3 Recommendations:

Veterinarians should supervise the RVT staff which should include at a minimum: developing or approving their schedules, directing daily activities, overseeing RVTs administering medications and other medical practices, monitoring RVTs while performing euthanasia, completing annual personnel performance evaluations, and taking disciplinary action when necessary.

It is important to incorporate review of animal records by the sergeant or officer in charge to ensure no animal is mistakenly euthanized, however the shelter veterinarian should have the final say when determining if an animal requires immediate euthanasia (i.e., animal in dying condition) and either perform the procedure or assign the RVT to perform the euthanasia as soon as possible rather than waiting for approval from the officer in charge and allowing an animal to suffer.

LSI – 4 Observation: No direct shelter/medical staff supervision on Sundays through Tuesdays.

Staff reported to the contractor that on Sunday through Tuesday there is no supervisor on site directly monitoring KA or RVT staff. It was also reported that designated daily responsibilities may not all be completed on those days, including performing scheduled euthanasias.

LSI – 4 Recommendations:

The kennel area requires a working supervisor "on the floor" working directly with KAs and RVT staff seven days a week. In order to accomplish this when the supervisor 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.

Ensuring daily kennel and medical duties are completed seven days per week is mandatory in an animal shelter setting. For example, when scheduled euthanasias are not completed consistently in a high volume shelter like the Downey shelter, it results in a higher than normal number of euthanasias to be performed on the following day. Some of the after effects include: greater population in the kennels with increased opportunity for disease spread, euthanasia fatigue for euthanasia technicians, increased opportunity for mistaken euthanasia, more time spent in the euthanasia room that day rather than monitoring and caring for sick/ill animals.

On Sunday, the shelter is not open to the public and there are no scheduled spay/neuter surgeries and post-surgical release responsibilities for kennel staff. This provides an opportunity for staff to complete special assignments such as more thorough cleaning of animal enclosures, special projects like moving cage banks out of animal holding rooms and disinfecting floors and walls, all of which require a supervisor to organize, delegate, and monitor completion of the tasks.

LSI – 5 Observation: Communication among department veterinarians is limited.

The Downey veterinarian does not have a Los Angeles County e-mail address and utilizes his private e-mail address for electronic communication (i.e., with contractor and other department veterinarians).

November through December 2006, the contractor was able to send e-mail messages to the Chief veterinarian, but as reported by the Chief veterinarian, she was unable to send e-mail responses to recipients outside of the County e-mail system. As a result, the Chief Veterinarian sent messages or responded to the contractor's e-mail secondarily through an e-mail of a county employee located at the Long Beach administrative offices.

LSI – 5 Recommendations:

All department veterinarians should receive a county e-mail address that functions consistently. Reliable e-mail correspondence helps ensure communications that are unvaried and timely between department veterinarians.

E-mail communication is also used by all shelter staff to receive announcements, policy changes, safety information, and many other important correspondences. Inclusion of

the veterinary staff in this communication system ensures all shelter employees are consistently informed thereby enhancing the opportunity to function as a unified shelter team.

The e-mail communication problem for the Chief Veterinarian where she is unable to send e-mail correspondence to non-County addresses needs to be repaired as soon as possible. Delays in correspondence to external veterinary hospitals, vendors, and various medical divisions/companies, and the current contractor create additional work and opportunity for error.

LSI – 6 Observation: All staff working in shelter animal holding areas do not wear identification and can not easily provide contact information to the public or rescue groups.

Veterinarians, RVTs, and KA staff do not wear name badges which provide the first and last name of the employee, their position (medical versus kennel staff) and rank (supervisor/manager).

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

LSI – 6 Recommendations:

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

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

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

Medical Care of Shelter Animals (MCSA)

MCSA – 1 Observation: Disease prevention is not adequately practiced in the antiquated Hospital Room.

The hospital room is located in Building #7 and is adjacent to the RVT office and washrack room. The room contains a small number of stainless steel cages mounted

on moveable racks (three of the cages are not used to house animals but are currently being used for storage of food and bedding), the room has poor air circulation, and there is poor floor drainage. At the time of the site visit (prior to noon) the cages had not been cleaned in this room and there was food, paper and cat litter scattered on the floor.

Dogs and cats are housed together in the hospital without any attention to separating species, which may cause stress for the cats in addition to being ill.

There were no disease transmission prevention procedures in place in accordance with an individual's entry, activity once in the room, and exit from the hospital based on the manner in which the RVTs led the tour of the room for the contractor. In addition, the contractor observed a member of a rescue group enter the hospital area prior to the shelter being open to the public (permission granted by RVT staff) and after the rescuer interacted in the room unaccompanied by staff, upon exiting the room she did not take any precautions to prevent further disease transmission (i.e., didn't wash her hands in the only available sink in the area in the RVT office).

MCSA – 1 Recommendations:

Regarding the physical limitations of the room; all cages should be made available for housing ill animals and those being used for storage of supplies need to be cleaned out, cages need to be pushed out of the room utilizing the moveable racks so that the floors can be thoroughly cleaned and disinfected, some additional air flow can be provided (when ambient temperatures allow) by keeping the door open to the room during hours the shelter is not open to the public, and the floor drains need to be cleaned and cleared of hair and cat litter on a regular basis.

KA and RVT staff need to work together to maintain better hygiene in this room, while upholding disease prevention practices. 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.

There should be a separate isolation area for dogs and cats. Staff told the contractor that during the busy summer months, so many cats become ill with upper respiratory tract infection that they are not isolated and treated because there is no place to relocate them from the main population and they are generally euthanized after completion of the legal holding period. Several options for feline isolation areas are presented in this report under the section, Facility Layout/Modifications (FLM). Please refer to this section for more details on this topic.

The hospital is in a good location (near the RVT office) if RVT staff takes advantage of the close proximity and monitors these animals frequently throughout the day and implements basic disease prevention practices.

As indicated in LSI – 2 (Current daily duties required of RVTs exceed time allotment for one RVT per day shift) currently, there is very little time for RVT staff to monitor and provide supplemental care for ill animals once morning treatments are administered. Recommendations to LSI – 2 provide options that will allow RVT staff to better manage their time to provide higher quality medical care which should include improved monitoring of animals in the hospital room.

Regardless of which animals are housed in an isolation room, basic disease prevention practices should be implemented and enforced. Minimally, anyone who exits this room should be washing their hands with soap and warm water (using hand sanitizers is not acceptable) prior to handling any other animals outside of the hospital (including ill animals awaiting veterinary examination in the washrack room) or prior to moving through any main animal population holding areas.

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

- Providing disposable booties or shoe covers for all people entering 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 the hospital to only those that may suspect their lost pet is in that room based on the photograph or are interested in adopting a special needs animal,
- Cages need to be thoroughly disinfected once they are vacated, and
- Supplies and equipment should be dedicated to this room and not removed from the room for use in other areas of the shelter.

MCSA – 2 Observation: Medical staff don't monitor shelter animal nutrition and feeding specifications.

KA staff are in charge of feeding all shelter animals, but need oversight by the medical staff to ensure animals are receiving the proper balanced nutrition dependent on their age, species, and size.

KA staff reported to the contractor that special diets (i.e., kitten dry food) are available to order, but are not always in stock at the shelter to feed animals with special needs. Also, there is no commercial milk replacer products available to feed to young kittens that are starting to eat on their own, but still require supplementation.

The contractor observed small dogs in kennel enclosures that were being fed oversized bowls of large sized kibble.

MCSA – 2 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. This policy contains specific information regarding feeding practices of dogs and cats, rabbits, guinea pigs, birds, iguanas, livestock and other domestic farm animals. It would be helpful to add feeding recommendations for gerbils, hamsters, ferrets, and expand the reptile section to include snakes, turtles and monitor lizards. In order to make these recommendations more readily available to KA staff this protocol should be posted in food storage rooms and/or special diets for exotics could be posted in animal holding rooms for exotics. To ensure the feeding recommendations are being followed, the Lead KA (see LSI – 4, which recommends placement of a supervising KA "on the floor" seven days per week) and the medical staff should be working together to monitor feeding practices.

Medical staff can make feeding recommendations (which should include the type, amount, and size of kibble fed to each animal) to KA staff throughout morning rounds and afternoon shelter walk throughs.

Shelter staff that is directly responsible for food ordering should order food before inventories are low to ensure the warehouse in Long Beach can deliver the items that are needed. Likewise, the warehouse should be able to estimate seasonal food order needs by reviewing past shelter food order records and maintaining appropriate amounts of food in the warehouse that are readily available for delivery to the shelter in an expedient manner. The warehouse stocking of food should include products for young animals like milk replacer.

MCSA – 3 Observation: Medical assessment and support of shelter animals by RVTs is limited due to staff scheduling.

Currently, there are days when the shelter has no medical presence (veterinarian or RVT) on site. This 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. In addition, on days that an RVT is present, but a veterinarian is not on-site, the RVT performs limited medical assessment and support for previous and current impounds.

During the graveyard shift, new impounds classified as ill (by KAs or field officers) are placed in the washrack room waiting veterinary examination which occurs that morning between 7:00 – 8:00 a.m. during morning rounds. If the veterinarian is not scheduled for duty that day, the animals are examined by the RVT (when he/she is on duty) and when no medical staff is on duty the animal remains in the washrack area until a KA places them in isolation (if there is space or time allows) or the main population.

During the day shift, new impounds classified as ill that arrive between 8:00 a.m. – 2:00 p.m. are placed in the washrack room waiting veterinary examination (up to six

hours regardless if the RVT is on duty or not) which occurs post completion of spay/neuter surgeries. Ill animals impounded after 4:00 – 5:00 p.m. when medical staff is no longer on duty, will not be treated until the following morning (14-15 hours later) if medical staff is on duty the following day. If medical staff is not on duty the following day or has two consecutive days off, it is conceivable that these ill animals may not be treated for almost three days.

When the veterinarian returns from any combination of days off from the shelter, there is no system or itemization of where ill animals requiring examination have been placed in the shelter during his/her absence. The veterinarian walks through all animal holding areas and arbitrarily discovers animals that are ill and independently recalls if he has examined and/or treated these animals earlier.

MCSA – 3 Recommendations:

Currently during the day shift, KA and RVT staff depends on the veterinarian to first examine all possibly ill animals prior to transport from the washrack temporary holding cages to other permanent holding areas in the shelter. RVTs should be tasked with performing initial assessments and determining if an animal should be placed in isolation or the main population (for non-contagious diseases). This should expedite moving animals out of the washrack holding area. When no medical staff is on duty, there should be a protocol for KA staff to inform the officer in charge (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 and eight hours should be established as the maximum temporary holding period for any animal placed in this area.

RVT staff currently maintains a list of animals that require examination by the veterinarian, and as they approve animals to be relocated from the washrack room, these animals should be added to the list for the veterinarian. This list should also be made available and utilized by graveyard personnel who may impound more ill animals than can be accommodated in the washrack room during their shift. When this occurs, they are forced to house these animals in other areas of the shelter making it difficult for medical staff to identify and locate these animals for examination and possible treatment that morning.

When the veterinarian is not scheduled to be on-site, RVTs should not only be relocating animals from the washrack room without veterinary approval, but 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), the RVT should administer initial treatment 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, toxooplasmosis), and
- Zoonotic diseases found in other animals (psittacosis in birds, Q-fever in pregnant/parturient goats and sheep).

In order for RVTs to take on this additional responsibility, refer to recommendation LSI – 2 Observation: Current daily duties required of RVTs exceed time allotment for one RVT per day shift, which proposes two RVTs per day be assigned to the shelter on days the facility is open to the public. Not only will this result in expediting medical care for ill animals, but on days the veterinarian is not on-site, RVT scheduling for two

technicians should ensure at least one RVT assigned to duty each day of the week and a greater medical presence.

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. Training for KAs will also include maintaining documentation of care provided on each animal's medical record and Chameleon record.

MCSA – 4 Observation: No established procedures for performing emergency stabilization and triage at the time of impound and for animals housed at the shelter.

Medical staff could not identify for the contractor any formal procedures on emergency triage for shelter animals and there are no written procedures in the County of Los Angeles Department of Animal Care and Control Policy and Procedure Manual, Policy No. OPK140, Maintenance of Animal Health.

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.

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

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

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

(1) Application of tourniquets and/or pressure bandages to control hemorrhage.
(2) Administration of pharmacological agents to prevent or control shock, including parenteral fluids, shall be performed after direct communication with a licensed veterinarian or veterinarian authorized to practice in this state. In the event that direct communication cannot be established, the registered veterinary technician

may perform in accordance with written instructions established by the employing veterinarian. Such veterinarian shall be authorized to practice in this state.
(3) Resuscitative oxygen procedures.
(4) Establishing open airways including intubation appliances but excluding surgery.
(5) External cardiac resuscitation.
(6) Application of temporary splints or bandages to prevent further injury to bones or soft tissues.
(7) Application of appropriate wound dressings and external supportive treatment in severe burn cases.
(8) External supportive treatment in heat prostration cases.

MCSA – 5 Observation: Vaccinating shelter animals.

Currently at impound, animals that are approved to receive vaccination are being placed in the main population without being vaccinated. RVTs are the only staff members that currently administer vaccinations to dogs and cats. Depending on the work schedule and medical workload for RVT staff it may take up to two days post-impound before an animal receives a protective vaccination.

The County of Los Angeles Department of Animal Care and Control Policy and Procedure Manual, Policy No. OPK140, Maintenance of Animal Health states that animals remaining at the shelter for more than fifteen days must be given a dose of the approved vaccines. This is currently not completed in a timely manner due to the fact that it is difficult for RVT staff that is regularly behind in administering the initial vaccine to meet protocol timelines for administering the booster vaccine.

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 RVT time currently spent locating unvaccinated animals in the main population, administering vaccine and returning to the RVT office to record the immunization in the animal's Chameleon record, all impounders (KAs and field officers) 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 and the impounder should make every attempt to request assistance from a coworker in order to ensure the vaccine is administered prior to the animal moving to main housing. If the animal can not be safely immunized at the time of impound, the medical division should keep a clipboard in the RVT office 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.

A portion of the current RVT office can be designated as the impound/medical examination area which can serve as the location for all impound procedures for the shelter. These will include initial physical examination, microchip scanning, tagging each animal (placing shelter external identification), and vaccine administration. Vaccine will be stored in the refrigerator currently in place in the RVT office, computer terminals are available for Chameleon access, a sink is located in the room for cleaning and disinfecting hands of staff in-between impounds, and an eye wash station needs to be installed in this sink for emergency eye rinses if vaccine splashes accidentally into an employee's eye.

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 more availability to complete this task in a timely manner.

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

It was reported to the contractor that the Los Angeles County Veterinary Public Health division does not conduct rounds at the shelter on a daily basis to assess the animals housed in the rabies quarantine section. In addition, animals are being released by the public health veterinarian some time after the required ten day holding period.

As reported in LSI – 2 Observation: Current daily duties required of RVTs exceed time allotment for one RVT per day shift, RVT staff are to monitor shelter animal health throughout the day and identify animals in the main population in need of medical care. Currently, Downey shelter veterinarians and RVTs are not monitoring quarantine animals that are housed at the shelter.

MCSA – 6 Recommendations:

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

When the public health veterinarian does not conduct rounds at the shelter on a daily basis, combined with the fact that Downey medical staff is not making any observations of these animals, there is the potential that early detection of clinical signs of rabies in these animals may be missed.

The quarantine area should be part of the Downey shelter's medical division daily morning rounds and periodic walk-throughs throughout the day. Any observations of clinical illness in these animals should be documented in the animal's Chameleon medical record and the public health veterinarian should be contacted on the day the observation was made. No medical treatment should be administered by the Downey shelter medical division unless instructed by the county public health veterinarian.

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

MCSA – 7 Observation: Laboratory tests conducted by medical staff.

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

Animals are receiving prophylactic treatment for internal parasites. RVT staff does not perform fecal testing in order to identify specific parasite infestation and administer applicable anthelmintics.

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

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

MCSA – 7 Recommendations:

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

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

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

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

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

MCSA – 8 Observation: Behavior Assessments conducted by RVT staff.
As reported to the contractor, behavior assessments are conducted by RVTs (the County Policy and Procedure Manual does not identify this as an RVT responsibility) on specific dogs that meet certain criteria. The behavior of cats is not assessed prior to adoption.

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

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

The written portion of the assessment consists of nine pages that are to be completed by the RVT during the "hands-on" behavior assessment that takes from 30-50 minutes per animal to complete. There is no specified area in which to perform the behavior assessment.

Per discussion with the RVT staff, the following procedures contained in the County of Los Angeles Animal Care and Control Dog Behavior Assessment Manual are not being followed:

- Re-testing by a separate evaluator of animals that have initially failed the assessment at Level One-Two, and some Level Three.
- Animals that are classified as "?" are not adopted, per recommendations from experienced animal trainers.

MCSA – 8 Recommendations:

As indicated in LSI – 2 Observation: Current daily duties required of RVTs exceed time allotment for one RVT per day shift, RVT staff does not have enough time to complete 2-3 behavior assessments per week under the current, lengthy assessment process.

There are several options to increase the number of dogs that are behaviorally assessed prior to adoption:

- Reduce the number or intensity of the current tests performed during the testing process which would lower the current 30-50 minute time interval taken for each dog assessment,
- Consider a new assessment test that is less detailed but still provides general baseline information on behavior,
- Determine the priority of procedures that support permanent adoptions (like behavior assessments) versus the number of spay/neuter surgeries completed, or the number of hours available to the public for the vaccine and microchip clinics. The unregistered veterinary assistant from the Spay/Neuter Clinic can be directed to provide assistance in whichever activities become top priority, and
- Train additional staff (KAs, Animal Control Officer, (ACOs)) on performing behavior assessments so that this responsibility does not fall solely on the RVT staff.

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

Behavior assessments need to be performed in a specified area that can be closed off from animal holding areas, is clean and uncluttered, is as free as possible from the distractions of noise and side-tracking odors, and contains safety equipment (including control poles and external communication devices – radio, telephone).

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

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

It was reported to the consultant that there is no formal foster program. Volunteers and staff who discover impounded animals that could be candidates for fostering request permission from the OIC to foster an animal. The medical division has occasional involvement with the foster program when asked to evaluate ill animals being considered for the program.

MCSA – 9 Recommendations:

Formal foster programs can provide assistance to sheltering agencies by enlisting volunteers to temporarily take unweaned animals off-site and provide nursing care for

them until they can be returned to the shelter when they become of age to be placed in adoption and scheduled for spay/neuter.

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

- A foster program coordinator,
- An official training program for interested volunteers,
- Registration of volunteers who have successfully completed the training,
- Availability of supplies for volunteers to use (i.e., milk replacers, syringes for feeding),
- Supportive medical assistance from the shelter medical division (including administration of vaccine when appropriate, and
- Monitoring of county property animals off-site to ensure they are returned to the shelter for adoption and altering when they are of appropriate age and health status.

MCSA – 10 Observation: Level of Veterinary Involvement in Animal/Abuse Cruelty Investigations.

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

MCSA – 10 Recommendations:

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

Each shelter veterinarian in addition to the Chief Veterinarian should be trained in proper humane investigative medical procedures and documentation of medical findings. The shelter veterinarian will be directly supervising the medical care at the shelter of animals involved in a humane investigation which may involve supportive care for up to one year post-impound on certain cases. Especially in long-term holding situations, the shelter veterinarian will have greater direct knowledge of the case and should be the medical expert working with the 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 veterinarian become the lead medical person with the investigation as soon as possible and review/approve all RVT

participation, including observations, physical examinations, and documentation they may have conducted at impound.

Euthanasia Practices (EP)

EP – 1 Observation: Euthanasia Certification.

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

Euthanasia is also performed at the shelter when the RVT is not on duty (RVT designated days off and during swing or grave shifts). Euthanasia is performed under those circumstances by certified euthanasia technicians (KA, ACO I, ACO II, ACO III, ACO IV).

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

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

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

Liability:

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

CCR § 2039. Sodium Pentobarbital/Euthanasia Training.

(a) In accordance with section 4827(d) of the Code, an employee of an animal control shelter or humane society and its agencies who is not a veterinarian or registered

veterinary technician (RVT) shall be deemed to have received proper training to administer, without the presence of a veterinarian, sodium pentobarbital for euthanasia of sick, injured, homeless or unwanted domestic pets or animals if the person has completed a curriculum of at least eight (8) hours as specified in the publication by the California Animal Control Directors Association and State Humane Association of California entitled "Euthanasia Training Curriculum" dated October 24, 1997, that includes the following subjects:

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

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

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

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

CERTIFIED EMPLOYEES

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

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

7. Demonstrate competency in the performance of intravenous and intraperitoneal injections on at least ten animals of varying sizes and physical conditions including aged, injured, sick, and unweaned. The shelter veterinarian shall determine such competency.

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

EP – 1 Recommendations:

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

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

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

EP – 2 Observation: <u>The status of the euthanasia room.</u>

The euthanasia room is very small and contains a stainless steel examination table, a permanent metal squeeze gate attached to one wall, a doorway to access the room from the washrack room, and an entrance to the dead animal freezer. A cart is wheeled into the room by the euthanasia technician (RVT) which serves as a tabletop for the technician and as storage for the euthanasia solution, needles, syringes, microchip scanner, controlled substance logs, euthanasia log, and sharps container.

The RVTs received clippers on the day of the assessment (prior to that over the past several years they had been using bandage scissors to clip hair from front and/or rear

limbs to visualize cephalic and saphenous veins) and they were plugged in and sitting on the floor of the room opposite to the examination table.

Upon commencement of euthanasias for the day, the walls in the room were filthy especially in areas near the squeeze gate and behind the examination table where there was an accumulation of dirt and blood stains.

The odor in the room, prior to euthanasia being performed, was pungent and smelled of rotting dead animals.

EP – 2 Recommendations:

The euthanasia room needs to be thoroughly cleaned every day. This includes not only washing down the floors with a hose but using a brush to scrub the floors, walls, and the squeeze gate in the room first with detergent and water, then a disinfectant. Initially, intensive cleaning will be required for this room in order to bring it to acceptable standards, before daily maintenance cleaning can be performed on a routine basis. A new cleaning policy specifically for the euthanasia room, including the areas requiring concentration listed above, needs to be developed and inspections of the room performed on a routine basis by supervisors.

It was discovered that the odor in the euthanasia room was coming from the adjoining dead animal freezer which contained carcasses that had been in refrigeration for several weeks. The freezer floor was filthy, wet with blood and secretions, and dead bodies in barrels and on the floor of the freezer. It was reported to the contractor that D&D Disposal company is scheduled for daily pick up, but the freezer still contained many animals from investigations, personal property etc., that have not been resolved by field staff.

This is another example of the importance of having a Lead KA (see LSI – 4 Observation: No direct shelter/medical staff supervision Sundays through Tuesdays) who, as one of his/her duties, would be monitoring the status of the dead animal freezer and resolving issues of sanitation in order to maintain industry and public health accepted standards.

EP – 3 Observation: Staff safety and humane animal handling in the euthanasia room.

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

The washrack room (adjacent to the euthanasia room) which is used to hold animals after administration of pre-euthanasia tranquilization has a sink that could be utilized if there is an accidental needle stick of staff or squirting of euthanasia or tranquilizing solution in an employee's eye, but there is no eye wash station set up at this sink.

There is no control pole permanently located in the euthanasia room or the washrack room. The closest available pole in an emergency situation would have to be retrieved from an employee's locker several buildings away from the euthanasia room.
KA staff on day, swing and grave shift may be called upon to euthanize animals. KA staff on day shift are required to wear radios in order to communicate to the administrative building if they require emergency assistance. KA staff on swing and grave shift are also required to wear radios but do not always have staff available on site that they can communicate with and receive immediate assistance in an emergency. There is no emergency telephone or outside telephone line in the euthanasia room, washrack room, and nearby RVT office if staff is faced with an emergency situation and requires assistance or rescue and radio communication is either ineffective or nonexistent. In addition, veterinary staff are not supplied with radios. It is not uncommon for the veterinarian to be performing morning or afternoon rounds independently without KA or RVT support, including examining injured or ill animals in the washrack area.

Several animals that were brought into the washrack area for euthanasia on the day of the assessment were classified as "caution" animals. The contractor observed some KAs not practicing safe animal handling techniques by allowing these designated animals to have full length of the lead or rope (control pole was used on one occasion, see the paragraph below) while being moved or walked and coming into close contact with staff and other dogs on lead in the washrack and euthanasia area.

KA staff did use a makeshift control pole on one "caution" animal but due to the pole containing a flaccid rope rather than a cable, the handler was unable to retrieve the rope from the animal's neck once placed in a cage and the dog continued to chew the rope resulting in lacerations to the lip and mouth and extensive bleeding prior to administration of a pre-euthanasia tranquilizer.

Staff did use a rolling cage to transport non-ambulatory, injured/ill large dogs from the kennels or washrack area to the euthanasia room. The front door/gate to the rolling cage was broken and could not be securely fastened and was held closed by a rope that was put in place by staff.

Staff reported to the contractor that they do not have squeeze cages to humanely restrain animals for pre-euthanasia tranquilization or euthanasia by intraperitoneal injection for cats. There is a permanent squeeze gate in the euthanasia room that is securely fastened to the wall and is safely and humanely utilized by staff.

Liability:

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

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

- Provide specific training and instruction on
  - Safety equipment location and use,
  - Shelter emergency communication,
  - Humane animal handling, and
- Maintain all animal handling equipment in good working order and repair or replace equipment that is broken or malfunctioning.

CCR, Title 8, Section 3202, Injury and Illness Prevention Program.
(a) Effective July 1, 1991, every employer shall establish, implement and maintain an effective Injury and Illness Prevention Program (IIP Program).

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

EP – 3 Recommendations:

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 officer in charge to ensure they are in working order.

The shelter should be using industry recommended control poles made from light weight aluminum, a bite sleeve, foam handle grip, cable (not rope) that can be easily replaced/changed, and ideally those with an instant release mechanism.

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 room and/or the euthanasia room. The pole can be identified (permanent marker, color coded, etc.) for use in these specific rooms. 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.

Veterinarians need to be equipped with the same radios as other shelter staff and be mandated to wear the radios whenever working in the shelter.

KA staff requires additional training in safe and humane animal handling techniques. As reported to the contractor, new staff does not receive specific training in this area and learn by shadowing other KAs who do not have formal training. A training program needs to be developed which should include at a minimum:

- Humane handling of dogs
  - Body Language of dogs and safety
  - Using a rope lead
  - Rope muzzling
  - Use of a control pole
  - Removing dogs from kennels and cages
  - Moving dogs from one area of the shelter to another
  - Techniques for carrying/lifting injured animals
  - Restraining animals for vaccination
  - Restraining animals for euthanasia
  - Use of the squeeze gate/cages
  - Safety with dogs and the public
  - Techniques to avoid dog attacks
  - What to do if you are attacked by a dog
- Humane handling of cats
  - Body language of cats and safety
  - How to hold a cat
  - Use of restraint equipment (leather gloves, nets, squeeze cages, plexiglass shields)
  - Removing cats from cages
  - Feral cats
  - Moving cats from one area of the shelter to another
  - Restraining cats for vaccination
  - Restraining cats for euthanasia
  - Safety with cats and the public
- Humane handling of exotics
  - Handling reptiles
  - Handling snakes
  - Handling ferrets
  - Handling birds
- Humane handling of equine and large animals
  - Handling horses
  - Handling cattle

- Handling goats
- Handling pigs
- Handling sheep

Damaged equipment (i.e., rolling cages) needs to be reported to the Lead KA or the OIC and scheduled for repair or replaced as soon as possible. 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.

EP – 4 Observation: External identification of animals brought to the euthanasia room.

Several animals were brought to the euthanasia room not wearing external identification (tab bands). Staff reported that this is not uncommon and they use Chameleon digital photographs, and cage card information to verify accurate identification of animals prior to euthanasia.

EP – 4 Recommendations:

All animals should be wearing external identification at all times when housed at the shelter in order to check and confirm daily population inventories generated through Chameleon and as an additional safeguard to prevent mistaken euthanasia. It should be the responsibility of the Lead KA to monitor, replace and/or assign KAs to replace any missing tab bands with corresponding impound numbers on dogs and cats.

The dog population at the Downey shelter is very high and requires more than one dog be housed in each kennel. There are occasions when dogs may be housed together that are similar breeds or colors creating confusion regarding each animal's identification. The current method at the shelter of tab banding dogs as the form of external identification does not routinely provide adequate visualization of the animal's impound number from outside the kennel gate. There are times when an animal's identification is questioned and requires a KA to enter the kennel, restrain the dog and obtain the impound number while maintaining control of the other dogs in the kennel. Each time a KA enters a kennel with multiple animals there is the potential for injury of the employee. If the KA could visualize the impound number from outside the kennel, he/she would not need to enter the kennel and risk injury.

By utilizing large tags with impound numbers (or animal assigned kennel numbers) that can be attached to chain collars it would eliminate the problem of poor visualization of the numbers from outside the kennel and the need to enter the kennel to identify the animal and would expedite daily inventory comparisons. These tags are readily available, can be numbered to the shelter's preference, 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 – 5 Observation: Euthanasia process conducted with live and dead animals in the euthanasia room at the same time.

The contractor observed euthanasia technicians (RVTs) performing canine euthanasia on the day of the assessment. At one point in the process, three dogs that were recently euthanized, yet death not confirmed, were lined up at one end of the stainless steel examination table while a live dog was placed at the other end of the table (by the animal handler) to be euthanized.

Other dogs were also led into the euthanasia room to receive an intramuscular injection of a pre-euthanasia tranquilizer and placed behind the squeeze gate resulting in the dog facing the end of the stainless steel table where recently euthanized animals were placed in full view of the live animal.

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.

The consultant discussed these issues with the euthanasia technicians who were not aware of these specific policies. Technicians cited "time constraints" as the reason they needed to bring in live animals for euthanasia before confirming death and removing previous euthanasias from the room.

EP – 5 Recommendations:

Since RVT staff is generally assigned to be the daily euthanasia technician, he/she takes the lead responsibility in the euthanasia process and is expected to follow all state regulations and County policies regarding the procedure. These include animals not being euthanized in view of live animals and animals not being euthanized where they can see dead animals. In observations by the contractor, these procedures were repeatedly violated and even though RVTs are not required to complete state approved euthanasia training, it is recommended that they be assigned to review the state approved curriculum and/or complete the training as well as review the County Policy and Procedure Manual, Policy No. OPK 120, Euthanasia Policy.

Staff performing humane animal restraint (KA staff) during the euthanasia process also contributed to the violation of euthanasia procedures as listed above. County policy indicates that KAs are also required to be certified euthanasia technicians. It is recommended that regardless of previous training they have completed, KA staff should be enrolled in a state approved euthanasia course (see euthanasia technician certification requirements under EP – 1 Observation: Euthanasia Certification) which

can be customized to include a review of the County Policy and Procedure Manual, Policy No. OPK 120, Euthanasia Policy.

As recommended in EP – 1 Observation: Euthanasia Certification, the euthanasia process is technically a medical procedure and should have veterinary oversight. The shelter veterinarian should periodically monitor daily euthanasia procedures and evaluate euthanasia technician competency.

In addition to completion of euthanasia training, the Downey shelter may consider creating a small area in the euthanasia room that can be cordoned off (by a screen or curtain) where previously euthanized animals not confirmed of death can be placed while subsequent euthanasias can take place at the other end of the room.

EP – 6 Observation: Hygiene in the euthanasia room during the euthanasia process.

No items used in the euthanasia process are stored in the euthanasia room due to its small size. Consequently, all equipment, pharmaceuticals, and supplies are brought in on a cart by the euthanasia technician (RVT). Supplies should include spray bottles of disinfecting solution and paper towels. None of these cleaning supplies were available on the day of the assessment and as stated by staff, they are not routinely available. During the euthanasia process, the contractor observed that staff did not clean table tops between euthanasias and rarely cleaned the floors of excrement and secretions which eventually created a hazardous and demoralizing environment for staff.

There is a sink available in the adjacent washrack room, but the contractor did not observe any staff washing their hands at any time during the euthanasia process.

Liability:

The current presentation of the euthanasia room (slippery floors and table tops) during the euthanasia process creates the potential for staff injury due to slippage on the floor and inability to properly restrain animals due to slippery tabletops and/or floors which could result in injury through an animal bite or scratch. These injuries can be prevented by ensuring staff is practicing basic cleaning and hygienic procedures as indicated in the 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 – 6 Recommendations:

In order to ensure staff is practicing basic cleaning procedures they must be supplied with the appropriate equipment. The Lead KA should serve as the contact person to order and replenish cleaning supplies when they are low. The veterinarian and KA also

should be periodically monitoring the physical condition of the euthanasia room during the process and after daily euthanasias are completed (see EP – 2 Observation: The status of the euthanasia room).

EP – 7 Observation: Pre-euthanasia anesthesia.

The contractor observed several dogs (one small dog and one medium sized dog labeled as a "caution" animal) that the RVT administered xylazine as a pre-euthanasia anesthetic. The "caution" dog required several injections of the drug and became more fractious with each dose.

It was also reported to the contractor, that RVTs also use euthanasia solution through intraperitoneal injection as a form of anesthetic on animals (including dogs) to be euthanized.

When the first difficult animal was led into the euthanasia room, it was not anesthetized immediately because the RVT did not bring all of the pharmaceuticals on the cart to the euthanasia room and had to retrieve the solution from the RVT office in the locked cabinet. Due to this delay, the KA handling the unpredictable animal was forced to wait several minutes while restraining the animal and preventing contact with other animals that were being brought to the washrack area for euthanasia.

EP – 7 Recommendations:

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

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

When using xylazine alone, as is the practice at the Downey shelter, it serves as a moderately strong sedative and analgesic but may cause an animal to react unpredictably (as evidenced by the "caution" dog described above that became more fractious with each repeat dose of xylazine). But when used in combination with ketamine which is a potent immobilizing agent, a deep anesthetic plane is reached in which the animal is unconscious and not able to move.

Other disadvantages of using xylazine alone include:

- Loud noises or sudden movements may cause the animal to react violently, exhibiting an "explosive" response.

- The drug causes vomiting and occasional defecation or urination.
- It lowers the blood pressure which may make veins harder to find and inject and may delay the effects of sodium pentobarbital following administration.
- The use of xylazine alone does not provide sufficient anesthesia for an animal to be given an intracardiac injection.

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

Xylazine-ketamine is given intramuscularly and takes approximately five minutes for effect. In contrast, using sodium pentobarbital through intraperitoneal injection as an anesthetic as described by the RVT to the contractor, has a prolonged time to unconsciousness, up to 15-20 minutes. Also, intraperitoneal injections should only be used on very young small animals and not used on adult dogs.

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

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

In addition, prior to commencing the euthanasia process, all equipment, supplies and pharmaceuticals should be re-located to the euthanasia room and readily available if needed by the euthanasia technician.

EP – 8 Observation: Policy on owner requested euthanasia.

The contractor observed three cases of dogs impounded for owner requested euthanasia due to injury and/or aged that were scheduled to be held at the shelter for the legal holding period rather than being humanely euthanized.

Case One:

Contractor observed German Shepherd, presented as hit by car with fractured rear limb, non-ambulatory, residing in a large cage in the washrack room, without food or water and unable to move away from his own urination without assistance. The injured dog was impounded as an owner requested euthanasia on the prior day after the shelter veterinarian was off-duty. The dog was not euthanized and was not taken to a veterinarian for care at the time of impound. The dog was housed in the washrack room overnight and came to the attention of the euthanasia technicians at approximately 10:20 a.m., the following day. Staff commented that the dog would be held for the legal holding period (at least four (4) business days plus their day of impound) prior to euthanasia. Shelter veterinary staff commented that they saw the dog in the washrack area (generally where animals are placed that require veterinary

examination) during morning rounds (earlier that morning), but due to the fact that the animal was impounded for owner requested euthanasia, the veterinarian did not examine the animal assuming it was to be euthanized.

Case Two:
Contractor observed a Pit Bull that was impounded at 7:00 a.m., as an owner requested euthanasia. The dog presented with a fractured rear limb of unidentified cause and did not receive a medical examination, or stabilization, or humane euthanasia. The contractor questioned euthanasia technicians about the status of the animal three and a half hours after impound and was told the animal would be euthanized after completion of the legal holding period.

Case Three:
Contractor observed another German Shepherd, approximately 12-15 years of age, who was impounded as an owner requested euthanasia the night before and had been housed in the washrack room overnight. This dog was non-ambulatory (down in the cage) with the rear of the animal pushed up against the cage door and his head facing the far back corner of the cage. The status of the animal came to the attention of the euthanasia technicians after 10:30 a.m., the morning after impound, but needed to be researched because the impounding ACO did not place a cage card on the cage and no information was readily available on the animal. After the case was researched on Chameleon and the reason for impound was discovered, staff told the contractor that this dog would be held for the legal holding period and not be immediately euthanized as requested by the owners.

When the three cases identified above were discussed among the contractor and staff performing euthanasia that day, all agreed the animals were not adoptable, were seriously ill or injured, and were suffering. Despite these facts, staff was still reluctant to euthanize the three animals designated as owner requested euthanasias due to the possibility of disciplinary action if the owner requested euthanasia was mistaken.

When the contractor reviewed the cases with the officer in charge, he made the decision that all three animals should be euthanized immediately.

Liability:

Food and Ag 17006. Irremediable Serious Illness or Injury: Newborn Needing Maternal Care.

Animals that are irremediably suffering from a serious illness or severe injury shall not be held for owner redemption or adoption. Newborn animals that need maternal care and have been impounded without their mothers may be euthanized without being held for owner redemption or adoption.

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 – 8 Recommendations:

The two cases described above indicate staff's fear of disciplinary action if they perform a 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 by the shelter veterinarian/taken to a veterinarian 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.

EP – 9 Observation: Euthanasia of Cats.

Euthanasia equipment and controlled substances are removed from the euthanasia room (Building # 7) at the back of the shelter and transported to the Stray and Available Cat Building (Building #3) and the Feral Cat Room (Building #8) which are located at the entrance to the shelter where daily cat euthanasias are performed prior to the shelter being open to the public.

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 a euthanasia certified technician who administers an intraperitoneal injection of euthanasia solution. These cats are then replaced into their holding cage to allow the drug to take effect while the remainder of euthanasias is performed. The technician then must return to each cage of a previously euthanized cat and verify death, remove the body, and place them on a cart or in transport cages to be moved to the dead animal refrigeration and placed in barrels.

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

Staff is not provided with cat nets, leather gloves, squeeze cages, or plexiglass shields for humanely and safely handling cats. There is no eye wash station in Building #3 and #8.

Liability:

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

ANIMAL HANDLING

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

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

Potential for staff injury is high when they are not provided with the appropriate humane restraint equipment for cats, are not properly trained on the equipment, and do not have eye wash stations in the room or nearby where feline euthanasia is performed.

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

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

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

EP – 9 Recommendations:

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

The current euthanasia procedure for cats violates both #4 and #5 of the County Policy and Procedure Manual, Policy No. OPK120, Euthanasia Policy,

Euthanasia Etiquette

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

The manner in which both the stray/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.

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

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

Cats scheduled for euthanasia need to be transported to the euthanasia room. Cats can be transferred from animal holding areas by being placed in carriers or transport cages or moving feral cats in feral cat dens. These cages/dens can be lined up in the euthanasia room and cats can be given a dose of pre-euthanasia anesthetic (if necessary) or an intraperitoneal (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.

<u>Additional recommendations for feral cats include:</u>
Ensure each cage in the feral cat room is equipped with a Feral Cat Den.

In the feral cat cages where dens are currently not available, staff is transferring cats from the cage to a carrier/transport cage by using a control pole when performing daily cleaning of the enclosure. Using control poles on cats is generally not recommended

but can be performed humanely if staff is trained properly. Alternative humane restraint (use of Feral Cat Dens, nets etc.) is the preferred method for transferring feral cats from one enclosure to another.

Use of the Feral Cat Den also 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 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 – 10 Observation: Controlled substance security.

The shelter maintains a supply of the following controlled substances: sodium pentobarbital (euthanasia solution – Fatal Plus), diazepam (valium), ketamine, and torbugesic. There are five locations throughout the shelter where controlled substances are stored. These include: central supply of euthanasia solution, daily supply of euthanasia solution, overnight storage of daily supply of euthanasia solution, central supply of controlled substances for the spay/neuter clinic, daily supply of controlled substances for the spay/neuter clinic, and skunk kits which contain controlled substances (ketamine).

The central supply of euthanasia solution (unopened, sealed bottles) is kept in a double locked cabinet in the room where the sergeant's offices are located. The OIC, usually the sergeant, has a key on his/her key ring to open the first locked cabinet leading to the central supply and has another key on his key ring that opens the key cabinet which contains the key to open the second locked cabinet giving the officer accessibility to the central supply of euthanasia solution. The officer only accesses 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, one signature on the drug log attests to the removal or addition of bottles from and to the cabinet.

Each morning the euthanasia technician (usually RVT) requests a bottle of Fatal Plus from the sergeant or OIC who retrieves it from the overnight daily supply storage cabinet (double locked cabinet) located next to the Officer Write Up room. This bottle is used by the RVT throughout the day and becomes the daily supply of euthanasia solution. The RVT stores the individual bottle of sodium pentobarbital in a wooden, single locked built in cabinet under the sink in the RVT office when not in use. At the end of the day the bottle is returned by the RVT to the OIC who locks it back up in the overnight daily supply storage cabinet. This bottle is accessible to the PM OIC or grave shift officer (keys to these boxes are handed over from PM OIC to grave officer after midnight) for performing euthanasia during these shifts. The next morning, the day OIC retrieves the keys from the grave officer and removes the day supply of solution

from the overnight storage and matches up the controlled substance log and distributes the bottle back to the RVT for use that day in the shelter.

The spay/neuter (S/N) clinic secures all controlled substances except sodium pentobarbital (ketamine, diazepam, torbugesic). Currently, the only controlled substance distributed from the S/N clinic to the shelter is ketamine. The central supply of controlled substances is kept in a double locked cabinet attached to the wall in the stock room for the clinic. The key for this cabinet is secured in a locked drawer inside the shelter veterinarian's office. Only the shelter veterinarian and the unregistered assistant assigned to the S/N clinic have access to this key.

The daily supply of controlled substances for the S/N clinic is located in the surgical preparation area where it is kept in a free standing cabinet. The key to this cabinet is kept inside a locker, also located in the preparation area. The shelter veterinarian, unregistered assistant assigned to the S/N clinic, and Singita's surgical assistant have access to this key. Singita does not have a separate supply of controlled substances and uses opened bottles in current use by the county and indicates drug usage on the county's continuous daily use controlled substance log.

The daily log for use of ketamine also serves as the ketamine inventory list. If a bottle of ketamine is distributed to the shelter (to the OIC) it is placed on the daily use list. Ketamine bottles are not numbered and can't be traced once they leave the S/N central supply.

In addition, one weekend per month an animal welfare organization, Singita, contracts with the county to utilize the spay/neuter clinic to perform low cost spays and neuters for the public. They utilize the county's supply of controlled substances secured in the S/N clinic.

There are two skunk kits secured in a single locked, tall, wooden, free standing cabinet in the administrative building in the Officer Write Up room. The kits consist of small tackle boxes that contains:

- A bottle of ketamine:xylazine (controlled substance is ketamine in the mixture) for use by officers in the field to tranquilize skunks,
- A controlled substance (ketamine) log, and
- Supplies such as needles, syringes, and a sharp container.

Staff with access (have keys to the cabinet) to the controlled substance in the skunk kits include the sergeant or OIC (could be ACO II level/corporal or above) because they may be asked to distribute the skunk kits to officers in the field.

When ketamine bottles in the skunk kit are emptied and require replacing, the sergeant will obtain new bottles from the S/N clinic central supply distributed by the shelter veterinarian.

Liability:

Code if Federal Regulations 1301.75.

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

EP – 10 Recommendations:

There are too many locations throughout the shelter where controlled substances are being stored with over 7-10 staff members of various seniority that have access to these drugs. The total number of storage locations at the shelter for controlled substances should include: one central supply, daily supply for the shelter, and daily supply for the S/N clinic. Recommendation to eliminate the second central supply, overnight storage of daily supply of euthanasia solution, and cabinet to store skunk kits.

There should be one designated person (recommendation for the veterinarian who possesses the DEA registration certificate for the Downey shelter location) to be in charge of the overall oversight of dispensing and security of all controlled substances at the Downey 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. In addition, the Chief Veterinarian should mandate a written monthly report from the shelter veterinarian that verifies the log for each controlled substance is accurate and balances with the actual drug supply. The report should also include a monthly volume total of each controlled drug that was used at the shelter and the current quantity of unopened bottles in the central supply inventory.

The central supply of controlled substances should be secured in a floor safe (cemented into the floor); in a safe securely bolted to the floor; or in a safe weighing more than 750 pounds. All unopened, sealed bottles of each controlled substance should be kept in this safe. Each substance should have a separate inventory list. This will also ensure that ketamine has a separate inventory list (currently distribution of ketamine stock supply is maintained on the ketamine daily usage log). This will combine the central supply for the shelter and the S/N clinic.

A log recording every time the central supply safe is opened should be maintained. A witness should be present and the drugs counted (which should include itemization of each controlled substance kept in the safe) and documented in the log, every time a staff member opens the safe. This log should remain in the safe and be documented with each new shipment received or bottle removed for use in the shelter. Completion of this log will serve to maintain an accurate inventory of all controlled substances at any time (i.e., in the event a DEA inspector performs a site visit and/or to complete the monthly report requested by the Chief Veterinarian identified above). The drug log should contain the following entries:

- The drug's shipment lot number and manufacturer/distributor name
- The drug type and name
- The in-house assigned bottle numbers

- The drug's strength, volume, expiration date
- The date and amount of drug (number of bottles in consecutive order) received
- The date and amount of drug (number of bottles in consecutive order) removed

The daily supply of controlled substances for most shelters is ordinarily kept in the euthanasia room, but due to the small size of the euthanasia room at the Downey shelter it is not possible to bolt a cabinet to the wall of this room. The alternative location would be to keep these drugs in the RVT office secured in a double-locked steel cabinet bolted to the wall (a new cabinet will have to be purchased and bolted to the wall). Certified euthanasia technicians on all three shifts should be properly securing and logging these substances in close proximity to where they are being administered. For the same reasons that all euthanasias should be performed in the euthanasia room and not throughout the shelter (see EP – 9 Observation: Euthanasia of Cats.) there should be minimal relocation of these drugs throughout the shelter. Currently, these drugs are being removed from the euthanasia area twice daily when they are carried from the administrative building to the euthanasia room in the morning and then back again for overnight storage in the administrative building. By mandating daily use controlled substances used for the shelter be confined to the euthanasia area (RVT office) there is better control and security of these substances. In making these changes it should eliminate the need for the overnight storage cabinet of daily supply of euthanasia solution in the administrative building.

The shelter should continue to maintain a separate daily supply of controlled substances for the S/N clinic secured in a double-locked steel cabinet bolted to the wall. If Singita continues to utilize the clinic on the weekends, they should not have direct access to the keys for the cabinet to the daily supply of controlled substances. The OIC on the weekend should open the cabinet for Singita, confirm the inventory comparing it to the log also contained in the cabinet at the start and end of the day (by initialing the log), and secure the cabinet when the Singita clinic is completed. Singita should continue to log drug usage on the county's daily controlled substance logs.

For the daily supply of controlled substances in the shelter and the S/N clinic, a separate log of daily use for each controlled substance should be kept in a bound logbook/notebook with numbered pages. The daily drug log should contain the following entries:

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

Skunk kits contain ketamine and require the same level of storage security (double-locked steel cabinet bolted to the wall) and controlled substance logs (for each separate kit) as described above for daily supply of controlled substances. The current security for the skunk kits located in the Officer Write Up room is inappropriate. Once the RVT office is equipped to properly secure the daily use of controlled substances for the shelter, the skunk kits should be kept in the RVT office. The field officers should check out the skunk kits from the RVTs and return them to the RVT for proper storage in the steel cabinet. This should eliminate the controlled substance cabinet in the Officer Write Up room.

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

EP – 11 Observation: Field Euthanasia/Chemical Immobilization.
Staff reported to the contractor that the department does not currently perform euthanasia in the field and does not have the capability to perform large animal euthanasia in emergency situations (i.e., accidents involving animals that are irremediably suffering).

It was also reported that there are some officers that have been certified in chemical immobilization in the past but have not utilized these skills in several years.

EP – 11 Recommendations:
The County Policy and Procedure Manual, Policy No. OPK120, Euthanasia Policy, does not include a section pertaining to Field Euthanasia. Regardless if field officers perform euthanasia, there should be a section in this policy that describes who would perform euthanasia in the field (i.e., sheriff's department) and by what method (i.e., gunshot) so that ACO are informed and can summon assistance from the designated agency if an emergency (i.e, car accident involving deer, an overturned cattle truck etc.) necessitates field euthanasia of large animals to prevent further suffering.

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

EP – 12 Observation: Swing and/or grave shifts use of controlled substances.
Medical staff reported to the contractor their concern over incidents involving use and security of controlled substances by staff on the grave shift. Staff on this shift has keys to the RVT office daily supply of controlled substances in order to be able to perform euthanasia during their shift if it is necessary. They must retrieve euthanasia solution

from the RVT office and take it to the euthanasia room for use. Medical staff commented that on several occasions the following day that if a euthanasia was performed during the graveyard shift that the sharps container had been broken into (evident by damage to the container or top removed and not replaced) of which they concluded was to remove used needles to perform the euthanasia. Medical staff reported this was done if the graveyard person had forgotten to retrieve needle and syringe when obtaining the euthanasia solution.

In addition, medical staff would find used needles and syringes with residual solution still in the syringe and needles on the floor the following day.

There were other occasions where the day RVT discovered that the graveyard person who performed euthanasia the night before had properly logged into the controlled substance log that euthanasia was performed that night but falsified the record by placing the initials of the RVT (not their initials) as the technician who administered the euthanasia solution.

Liability:

Increased potential for staff injury, infection and disease transmission when handling items previously disposed of in the sharps container and inappropriate or lack of disposal of sharps (i.e., needles left in the euthanasia room and scattered on the floor.)

Falsification of records pertaining to controlled substances is in violation of Federal regulations.

EP – 12 Recommendations:

It is imperative that issues of this nature and severity be reported to the supervising officer as soon as they are discovered. Safety protocols regarding handling of sharps should include that no sharps placed in sharp containers can be removed from those containers and used for any reason. All sharps, after use, must be disposed of immediately in designated sharps containers.

As recommended in EP – 10 Observation: Controlled substance security, the euthanasia controlled substance log should be checked on a weekly basis by the shelter veterinarian and issues/concerns that come up between these periods should be addressed immediately by the veterinarian and supervisors of the staff involved with inappropriately logging information or falsifying information on the controlled substance logs.

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.

RVT staff keeps a sheet on a clipboard in the RVT office that lists new animals identified from the shelter population that require medical assessment and treatment. RVTs, KAs, and ACOs are aware of the list and add animals to it when appropriate. The shelter veterinarian uses the list to identify animals that are injured/ill and have not yet received a medical examination. In addition, animals at impound that require examination are held in the washrack room and are discovered by the shelter veterinarian when he performs his general rounds (for more details see MCSA – 3 Observation: Medical assessment and support of shelter animals by RVTs is limited due to staff scheduling).

Animals that are on a continuous treatment regimen are not on this list. There is no itemization of which animals are scheduled on a daily basis to receive treatments previously prescribed by the veterinarian (i.e., Daily Medical Treatment Log). In order to identify which animals are to receive treatments, RVT staff move through all animal holding areas and look for pink cards/sheets on cages which indicate an animal is under treatment. If an RVT misses a pink sheet during the daily rounds or the sheet has been mistakenly destroyed, the animal does not receive the prescribed treatment for the day. In addition, RVT staff has no idea what treatments (type of antibiotic, ocular drops etc.) they will be administering until they read the information on the pink card. They may not always have the proper medications in their portable medical supply (tackle) box and may have to return to the RVT office and retrieve the proper medications which taxes their already overloaded schedules (see LSI – 2 Observation: Current daily duties required of RVTs exceed time allotment for one RVT per day shift).

MRK – 1 Recommendation:

Development of a Daily Medical Treatment Log could assist the medical division in streamlining administration of treatments to shelter animals. The log should separate animals into two categories. One category of animals placed on the log should identify animals that have not yet received an initial examination, diagnosis, and treatment prescribed by the veterinarian (i.e., animals housed in the washrack room waiting veterinary assessment). The veterinarian is responsible for addressing this set of animals on the list.

The other category is animals previously diagnosed by the veterinarian who are receiving continual daily treatments administered by the RVTs. Once the veterinarian prescribes the treatment, it should be added to the Daily Treatment Log and the RVT should take over on follow-up of the animal and administering treatments the following day and for the duration of the treatment consulting with the veterinarian as needed. At the end of the treatment period, 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 you institute the Daily Medical Treatment Log, the current pink cards will not be necessary. 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. The Log will serve as the daily reference for which treatments were administered and to which animals.

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

MRK –2 Observation: Administration of daily medical treatments not recorded in patient's permanent medical, electronic record.

RVTs administer daily medical treatments to shelter animals and document the treatments on pink cards/sheets that hang on cage doors (see MRK – 1 Observation: Medical division does not utilize a Daily Medical Treatment Log to organize administration of medical treatments to shelter animals). RVTs do not enter the information into the animal's permanent record (Chameleon record) under the medical section.

MRK – 2 Recommendation:

For each animal impounded into the shelter there is an electronic Animal Record generated that contains basic impound information as well as other assessments or observations made by KA or ACO staff. However, the Animal Record is incomplete because medical staff does not currently enter any medical information (i.e., diagnosis, administration of medication etc.) electronically into the record.

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

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

MRK – 3 Observation: Hard copy record keeping of euthanized animals that were under medical treatment during impound.
The RVT office contains a group of large filing cabinets in the hallway leading to the Cham Cam room. The files contain records of animals that have been euthanized that were under medical treatment. Each record contains the hard copy of the cage card plus the stapled pink treatment card. RVTs stated that they utilize the records if there is a question or discrepancy over the euthanasia of an animal or whether treatment was administered to an animal.

The file cabinets are filled so tightly it is almost impossible to retrieve records from them. There are no visible filing tabs to indicate years or months if trying to locate records.

In addition, paperwork pertaining to community service workers is kept within this filing system.

MRK – 3 Recommendation:
These file cabinets take up a tremendous amount of space in the RVT office and should be removed. Administration needs to establish the length of time records will be kept and any records older than the established date need to be purged. A more organized filing system needs to be established and adheared to for future filing. The files should be stored with other paperwork in a designated clerical area, not near the animals where there is a greater chance the records can be damaged or destroyed.

Personnel paperwork on community service workers should be kept with other personnel files in the administrative building.

In regards to utilizing the space that will be vacated by moving the file cabinets, it is recommended that shelving or counter tops be installed to hold equipment required for the impound process (i.e., tab bands, microchip scanner, etc.) which should be relocated to the RVT office (see MCSA – 5 Observation: Vaccinating shelter animals) in order to complete vaccination (stored in refrigerators in the office) at the time of impound.

Shelter Cleaning Practices (SCP)

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

Cham cam room

The corner of the room where the digital photographs are taken consists of a small area of tiled floor and a wall with a background where the animals are positioned for the photos. The floor and walls that are visible for each photo are filthy. The wall and floor are streaked with dark stains.

Euthanasia room

Details regarding the level of cleanliness presented on the day of assessment can be reviewed under EP – 2 Observation: The status of the euthanasia room. Additional recommendations can be found regarding cleaning needs for the adjoining dead animal refrigeration area.

Building #8

The portion of building #8 which is used for housing impounded feral cats and is accessible to the public was unsanitary and an eye sore for the public. Cat litter, spilled dry cat food, and loose/torn paper was found scattered on the floor, many cat litter boxes appeared not to have been changed (due to the type of fecal odor in the room and observations of dried up feces greater than one day duration), and overall appearance of the room was of disarray (no organization to storage of supplies and disregard for numerous damaged cages that remained in the room). In addition to the deplorable appearance and smell of this room, the cages that are being used to house the animals are old, dirty and damaged. Staff reported to the contractor that many feral cats escape from the cages when attempts are made to clean the cages or move the cats. Once the cats escape the cages, the basic structure of the room (ceiling and walls) is damaged and cats can easily find access to the outside or to the separate rear portion of the building that is used for storage (see below).

The back portion of building #8 is not accessible to the public and appears to have been used as a kennel building (broken down kennels still are located around the perimeter of the room). The room is now being used as a "catch all" storage room for damaged cages/equipment and accumulation of junk. As described above, feral cats that have escaped their cages from the front of the building are living and hiding in discarded cages, file cabinets etc., that are piled up in this room. The floor throughout the room contains cat feces and there is evidence of empty cans of cat food placed there by staff to feed the loose feral cats.

Grave shift cleaning duties

As reported to the contractor, the grave shift that works in the kennels also handles field calls. This dual duty doesn't allow mandatory cleaning and maintenance responsibilities assigned to this kennel shift to be consistently completed. This creates

a domino effect where the day kennel shift must try to incorporate these uncompleted duties into their daily overloaded responsibilities. The result is that the grave shift cleaning duties just don't get completed which contributes to the overall deterioration of the shelter's appearance and hygiene practices.

SCP – 1 Recommendation:

Cham cam room

This room needs to be part of the daily cleaning responsibility of staff that cleans the washrack room. In order to get this room up to acceptable standards that can be maintained through daily cleaning, it must first be scrubbed with a brush and detergent to remove stains, disinfected and thoroughly rinsed.

Euthanasia room

See EP – 2 Observation: The status of the euthanasia room, for cleaning and sanitation recommendations for this room.

Building #8

Staff is not equipped to safely and humanely handle feral cats. As a result, staff is not providing these cats with enclosures that are cleaned on a regular basis. In order to upgrade the feral cat environment during the holding period without increasing the risk of injury to staff, the shelter should consider purchasing Feral Cat Dens (as recommended in EP – 9 Observation: Euthanasia of Cats). 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. Use of the Feral Cat Den would also reduce the number of feral cat escapes from the room and help lower the feral cat population that exists in the storage area of building #8 and on the shelter grounds.

The space that the storage area of building #8 occupies is currently being wasted. Ideally, the building should be removed and a new building put in its place. If that isn't possible, it would be worth exploring salvaging the building by having the exterior of the building inspected (i.e., roof, walls, floors) and determine if repairs can be made. Options for use of this building upon renovation or use of a newly constructed building include additional animal housing (since it was plumbed for kennels at one time) or converted into a larger main hospital (and make the current small hospital off of the RVT room a specialty feline hospital area).

Regardless if the building is going to be renovated or not, its current condition is unacceptable and poses a safety risk (large items are piled on top of each other which could fall on employees and sharp pieces of metal are protruding from damaged cages/equipment stored in the room) and a public health risk (i.e., disease transmission associated with fecal matter from loose cats and vermin attracted to the area by open cans of food). The majority of stored items in this area need to be removed and

discarded, the old kennel structures need to be taken down, loose feral cats need to be trapped and removed, and the entire room requires cleaning and disinfecting.

Grave shift cleaning duties

Instituting a kennel grave yard shift is advantageous in that additional detail cleaning and maintenance can be performed uninterrupted (by the public, impounding of animals, and general day duty responsibilities). However, the advantage is lost when the staff person is asked to also perform field duties. Ideally, the kennel grave shift should remain at the shelter for the entire shift. Their responsibilities should include: completion of special assignments designated by the kennel supervisor, transferring all adopted animals to the spay/neuter clinic, feeding the dogs one to two hours before the end of his/her shift (around 6:00 a.m.), 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 start ahead in regards to kennel cleaning, allow more time to make sure daily euthanasias are completed prior to the shelter opening to the public, have more time available to clean other animal holding areas (i.e., feral cats, hospital room), and be more readily available to assist the public upon opening.

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

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

- Moving animals to the opposite end of the kennel separated by the closed guillotine door,
- Pick up food and water bowls, empty bowls, spray with Triple Two ®, Health Technology, disinfectant and place on top of the kennel to dry,
- Hosing all feces, urine, and food particles to the main drain system,
- Applying Triple Two ® cleaning and disinfecting agent (concentration pre-determined by a calibrated pump) to the kennels for a 1- 1.5 hour contact time, and
- Once the kennel is dry, the dogs are allowed back into that section and the process is repeated for the other side of the kennel.

Staff does not use brushes or any other equipment to perform scrubbing of walls or doors of kennels during the morning kennel cleaning process. Brushes are currently not kept in stock at the shelter. 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.

It was reported that kennels are generally not scooped throughout the day, but are hosed when fecal accumulation is high. The contractor observed occasional hosing after the initial morning cleaning.

Cat adoption and Feral cat room

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

- Each cat is moved to a temporary holding cage while the animal's permanent cage is cleaned,
- The same temporary cage is used for each cat and not cleaned in between new cats being placed in the cage,
- Feral cats are coaxed into their Feral Cat Dens, secured and then removed out of their permanent cage for cleaning. Or, an empty den is placed in the cage of a feral cat that doesn't have a den in his/her permanent cage when removing them from the cage for daily cleaning, and
- Once the cats are removed from the permanent cage, the food and water bowl are removed, newspaper and disposable litter bowl are discarded, and the cage is sprayed with Triple Two ® and wiped down with a rag (the same rag or several rags are used to wipe down each cage). The rags are allowed to soak in a bucket of Triple Two ® for disinfection and are wrung out and allowed to hang dry.

Food and water bowls used in the cat enclosures are of plastic material.

Overall cleanliness of the feral cat room upon inspection was poor. The floors contained cat litter, paper, and spilled food. The odor of the room was quite strong despite the fact that the door was open and allowed continual movement of fresh air into the room.

There is a sink in the cat adoption room but there is no hand soap for staff and/or the public to wash their hands during and after cage cleaning and/or in between handling cats. There also are no paper towels for drying hands after washing.

Staff also commented to the contractor that disposable gloves are not readily available upon request when monthly supplies are depleted.

SCP – 2 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, and guillotine doors. 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 (Triple Two ®) can be applied for adequate contact time, which is at least 10 minutes. The current contact time of one to two hours is excessive and because the surface of the kennels is not clean when it is applied, it is of limited effectiveness regardless of the extended contact time. 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 Triple Two ® being used to disinfect food and water bowls should be amended to include first soaking the bowls in a container (large plastic garbage can) filled with hot soapy water in order to loosen any solid debris from the surface of the bowls. Next, using a brush, any remaining debris can easily be removed. The bowls are then disinfected with Triple Two ® (contact time for 10 minutes), then rinsed with water and finally placed above the kennels for drying.

Staff may want to consider utilizing scooping the kennels throughout the day rather than hosing them every time when "spot" cleaning may suffice. If spot cleaning is incorporated, dirty scoops should be allowed to soak in buckets of Triple Two ® which are periodically changed throughout the day.

Cat adoption room

When performing daily cleaning of the cat adoption room, a new protocol should be developed to ensure that cats are placed in clean temporary cages while their permanent cages are being cleaned and disinfected. Either a cage bank (with 8-12 cages) on a moveable rack can be used to allow for multiple cages to be cleaned at one time and disinfected before the next group of cats is placed in them, or if cages are cleaned one at a time, the single, temporary carrier or cage, must be disinfected each time after a cat has been placed in it.

If rags are to be used to wipe down cages after they have been sprayed with Triple Two ®, then a new rag must be used for each cage. Another option would be to utilize disposable paper towels to wipe down each cage.

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

Cleaning and disinfecting supplies must be readily available to kennel staff at all times in order to maintain a sanitary environment. Ensuring that staff has hand soap and paper towels helps to lower disease transmission among animals and staff. As mentioned in other areas of this report, all staff working directly with animals must

have disposable gloves available to them and glove inventory should be adjusted so that supplies are not depleted and unavailable upon staff's request.

Stainless steel food and water bowls are recommended because they are more readily disinfected and will last longer than the current plastic food and water containers that are used in the cat rooms. All cat bowls that are sprayed or soaked with Triple Two ® must be rinsed thoroughly before placing food or water in them for the cats.

Feral cat room

There is not currently a feral cat den for each feral cat cage. It is recommended that a feral cat den be placed in every cage. Not only will this enhance employee safety during the daily cage cleaning process (and when transporting feral cats to the euthanasia room when necessary as recommended in EP – 9 Observation: Euthanasia of Cats), 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 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 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 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.

SCP – 3 Observation: Summary of required cleaning supplies/equipment for staff working directly with animals.

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

SCP – 3 Recommendation:
The following cleaning supplies/equipment are recommended to improve cleaning and disinfecting at the shelter:

- Readily available supply of disposable gloves for staff,
- Scrub brushes in a variety of sizes and handle length,
- Paper towels,
- Hand soap and soap dispensers,
- Large plastic garbage containers for soaking bowls, dishes, and
- Availability of sodium hypochlorite (bleach) and instructions for proper dilution as a cleaning and/or antiviral agent.

Employee Safety/Injury and Illness Prevention (ESIIP)

ESIIP – 1 Observation: There are no Material Safety Data Sheet Notebooks at the shelter.
The shelter does not have Material Safety Data Sheets (MSDS) on pharmaceuticals, laboratory solutions (test reagents for parvovirus tests), cleaning agents, or other products that staff utilizes on a daily basis.

Liability:
California Code or Regulations Title 8, Section 5194. Hazard Communication.
(h) Employee Information and Training.
(1) Employers shall provide employees with effective information and training on hazardous substances in their work area at the time of their initial assignment, and whenever a new hazard is introduced into their work.
(2) Information ad training shall consist of at least the following topics:
(C) Employees shall be informed of the location and availability of the written hazard communication program, including the list(s) of hazardous substances and **material safety data sheets** required by this section.

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

ESIIP – 1 Recommendations:

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

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

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

ESIIP – 2 Observation: Employee Injury and Safety.

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

Liability:

CCR, Title 8, Section 3202, Injury and Illness Prevention Program.
(c) Effective July 1, 1991, every employer shall establish, implement and maintain an effective Injury and Illness Prevention Program (IIP Program).

The IIP Program consists of eight elements:

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

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

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

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

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

ESIIP – 2 Recommendations:

Develop an IIP Program and select an IIP Program Administrator.

QUICK FIX ITEMS FOR THE DOWNEY SHELTER

1. Have the shelter veterinarian obtain DEA certificate and order forms.
2. Purchase and install appropriate controlled substance safes (see EP – 10).
3. Schedule euthanasia training and certification for KAs not formally trained
   a. Once certified, schedule KAs to partner with RVTs to gain experience performing daily euthanasia, and
   b. Schedule KAs to share daily euthanasia duties with RVTs when appropriate.
4. Appoint temporary Lead KA on the floor daily (see Long Term Fixes for requesting authorization of permanent Lead KA position).
5. Communications
   a. Ensure all staff (including veterinarians) have and wear radios when working in the kennels, and
   b. Establish outside telephone line in the RVT office.
6. Change type of external identification used – order large plastic tags and chain collars for dogs.
7. Change reporting structure so RVTs report to the shelter veterinarian who assigns duties and daily responsibilities
   a. Train RVTs on pre-euthanasia anesthetic options and make drugs and controlled substances available for use.
8. Purchase additional Feral Cat Dens so that all feral cat cages have dens available.
9. Schedule and monitor formal daily cleaning of dead animal freezer and weekly disinfecting, improve monitoring of disposal of bodies being held for humane investigation etc.
10. 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 euthanasia room),
    d. Disposable gloves,
    e. Purchase scrub brushes of various sizes and strengths for each building containing kennels, housing cats, washrack room, euthanasia room, and dead animal cooler,
    f. Knee-high rubber boots for all staff working in the kennels, and
    g. Disposable booties for isolation and hospital areas.
11. Equipment
    a. Order squeeze cages of various sizes,
    b. Order cat nets,
    c. Order leather gloves for handling cats,
    d. Order plexiglass shields for restraining cats,
    e. Order standard poles with steel cables and designate poles to be placed in each kennel building, the washrack/euthanasia area,
    f. Ensure all kennel staff is carrying ropes (not nylon leashes) and rope material is available for immediate replacement of damaged rope,

g. Order stainless steel bowls for cats,
h. Install eye wash stations in all sinks where chemicals or pharmaceuticals are used (i.e., washrack room, cat room),
i. Repair damaged guillotine doors on kennels,
j. Purchase new rolling cage or repair gate of cage currently used, and
k. Medical equipment
    i. Wood's Lamp
    ii. Parvovirus tests readily available
    iii. Fecalyzers
    iv. Dermatophyte test media.

12. Cleaning/Disinfecting
    a. Ensure staff is using scrub brushes when cleaning animal enclosures,
    b. Rinse Triple Two ® out of all food and water bowls, and
    c. Perform initial thorough cleaning of euthanasia room, Cham cam room, and washrack room and ensure maintenance cleaning.
13. Order identification badges for all staff who come in contact with the public to include their name and position/rank.
14. Purchase a curtain and install in the euthanasia room (see EP – 5).
15. Place signage on the Feral Cat Building to inform the public not to touch these animals.
16. Implement all healthy animals vaccinated at impound (train all staff to administer vaccine).
17. Revise behavior assessment test to perform general, basic assessment.
18. Ensure animal diets are available upon request (i.e. age specific diets – kitten and puppy chow, canned foods, milk replacer for foster parents).
19. Relocate filing cabinets from RVT office, purge and reorganize filing system.

LONG TERM FIX ITEMS FOR THE DOWNEY SHELTER

1. Request authorization of permanent Supervisor/Lead position for kennel staff recruit, interview, and fill position.
2. Develop Material Safety Data Sheet notebooks and have copies available in the RVT office, cat room, and front office.
3. Building #8 options:
   a. Remove and replace the building,
   b. Remodel the building,
   c. Replace or remodel to include either new animal housing area or larger main hospital, and
   d. In the interim prior to replacement or remodel, the building storage area needs to be cleaned out, damaged equipment removed, loose feral cats removed.
4. Amend protocols and implement by training staff and ordering proper equipment
   a. Example - Amend protocol OPK140
      i. Expand treatment protocols on common shelter illnesses, train RVTs and train KAs to administer treatments in RVT absence, and
      ii. Amend to include emergency stabilization/triage and order supplies and drugs to put together emergency "crash kit" for the shelter and train RVT staff.
5. Implement Daily Medical Treatment Log.
6. Implement recommendations for change in daily cage cleaning of cat rooms.
7. Establish RVT office as new impound/medical examination room.
8. Change grave shift to be exclusively kennel duty (no field duty)
   a. Change feeding times to grave shift, and
   b. Change grave shift cleaning responsibilities and assign special projects.
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:

0. Meets regularly, but not less than quarterly;

1. 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;

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

3. 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;

4. 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;

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

6. 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 #1
November 30, 2006
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 #1, the Spay/Neuter Clinic, located in Downey. 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: There are too many responsibilities for the medical division of the Spay/Neuter Clinic with current staffing levels.

Staffing for activities associated with the spay/neuter clinic consists of one veterinarian (two veterinarians for the morning hours only, on occasion) and one unregistered veterinary assistant. The activities consist of:

- Spay/neuter surgery for adopted animals,
- Spay/neuter surgery for publicly owned animals (once per month),
- Examining and providing medical care for recently altered animals adopted from the shelter that are now ill,
- Administering a vaccination clinic,
- Administering a microchip clinic, and
- Assistance with injured/ill animals brought in from the field by Animal Control Officers (ACO). For more details see, SI – 2 Observation: Protocols pertaining to

field officers requesting shelter veterinary assistance with ill/injured animals need refinement.

In addition, the clerical tasks of recordkeeping (controlled substance and surgical logs, vaccine and microchip certificates), dispensing medications to the public, pharmaceutical ordering and inventory, preparation of surgical packs, and cleaning and disinfection of the animal holding areas and the clinic are also the responsibility of the unregistered veterinary assistant.

Veterinarians from the clinic also have shelter medicine responsibilities in the morning and afternoon (in between surgical appointments). The two Registered Veterinary Technicians (RVT) who are assigned to the Downey shelter only work in the area of shelter medicine and do not engage in the spay/neuter clinic activities.

SI – 1 Recommendations:

The surgical and medical responsibilities associated with the spay/neuter clinic and the shelter were presented to the contractor as separate entities. In order to maximize surgical efficiency and delivery of quality animal care it is recommended that they be combined into a collaborative effort.

There should be an RVT assigned to the clinic in addition to the current unregistered veterinary assistant. If this is not possible, the shelter RVTs and the unregistered assistant should share duties and jointly participate in all activities (further information on specific clinic activities are highlighted in this report under, Spay/Neuter Services (SNS), Vaccination Clinic (VC) and Microchip Clinic (MC) sections). RVTs and unregistered assistants should not only be cross-trained to fill in for each other during days off, sick and vacation days, but also to provide assistance with pre-surgical duties and regular relief by rotating through daily euthanasias and other shelter stressful duties.

In order to optimize the number of surgical spay or neuter procedures performed at the Downey clinic and improve animal care in the shelter, two veterinarians should be assigned to the shelter Monday through Saturday.

On a rotating basis, one veterinarian should:

- Chiefly be assigned to performing surgeries through mid-afternoon, and
- In the latter part of the afternoon,
  - He/she could then oversee the vaccination clinic (see Vaccination Clinic (VC) section this report for rescheduling the clinic to the afternoon),
  - Complete electronic surgical record entries,
  - Review logs and order controlled substances
  - Receive clients (recent adopters) and dispense medications for animals that are ill.

The second veterinarian should:

- Begin the day with morning shelter rounds,
- Monitor euthanasia procedures,
- Perform spay/neuter surgery until noon, and

- Spend the afternoon in the shelter working with RVTs,
  - Performing physical examinations and making treatment recommendations on all new impounds that present with injury or illness,
  - Entering medical information into shelter animal electronic records,
  - Monitoring animals that are currently under treatment,
  - Reviewing feeding and housing practices as performed by the kennel attendants (KA), and
  - Collaborating with the Lead KA (see ANIMAL CARE/MEDICAL ASSESSMENT – Animal Center #1, LSI – 4, No direct shelter/medical staff supervision on Sundays through Tuesdays) in order to coordinate animal care provided by the kennel and medical divisions,
  - Assisting with behavior assessments, and
  - Assisting with the foster program.

SI – 2 Observation: Protocols pertaining to field officers requesting shelter veterinary assistance with ill/injured animals need refinement.
The County of Los Angeles Policy & Procedure Manual, Policy No. OPF180, Sick and Injured Animals – Field, identifies shelter veterinary staff to perform the assessment of sick or injured animals from the field. The logistics of where and when the veterinarian can evaluate these animals while performing surgery throughout the morning is not addressed. It was observed by the contractor that from 8:00 a.m. until noon, ACOs will bring ill/injured animals to the clinic and either leave them in the truck transport compartment or bring the animal into the clinic for veterinary examination in between surgical procedures.

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 washrack area and non-emergency cases housed in cages in that room, while emergency cases should be taken to the examining area in the RVT office (see ANIMAL CARE/MEDICAL ASSESSMENT – Animal Center #1, MCSA – 5, Recommendation: A portion of the current RVT office can be designated as the impound/medical examination area which can serve as the location for all impound procedures for the shelter, including initial physical examination and emergency triage.)

The RVT should initially examine the animal and determine the degree of illness or injury. If the RVT determines the animal requires emergency care, he/she can either request the veterinarian designated "on call" for shelter duty (identified as the second veterinarian in SI – 1 Recommendations) come to the examination area from the spay/neuter clinic to assess and treat the animal or the RVT can start performing emergency triage based on the following regulation:

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

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

RVT staff will require training on emergency stabilization and triage as specified in ANIMAL CARE/MEDICAL ASSESSMENT – Animal Center #1, MCSA – 4 Recommendation (establishing procedures for performing emergency stabilization and triage at the time of impound).

Animals that are non-emergency cases can be examined by the RVT while the veterinarian completes scheduled spay/neuter surgeries. The RVT can begin treatment for common shelter presentations based on written orders by the veterinarian (per ANIMAL CARE/MEDICAL ASSESSMENT – Animal Center #1, MCSA – 3 Recommendation: Title 16., California Code of Regulations § 2034. Animal Health Care Task Definitions.

. . . . (f) "Indirect Supervision" means (1) that the supervisor is not physically present at the location where animal health care job tasks are to be performed, but has given either written or oral instructions ("direct orders") for treatment of the animal patient).

When surgeries are completed, the veterinarian spends the remainder of the afternoon in the shelter and will work with the RVT reviewing cases that were originally assessed by the RVT.

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

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

Pre-Surgical Issues (PreSI)

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

The contractor observed clinic staff moving from the clinic to the shelter, to the outdoor entrance of the clinic, and to ACO vehicles parked in front of the clinic before, in between, and after daily surgeries. Staff wore the same shoes in each of these areas, including the surgical suite.

The contractor did observe veterinarians changing surgical gowns when called out of surgery to examine an animal brought in by an ACO from the field or in the clinic holding area.

PreSI – 1 Recommendations:

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

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

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

KAs on grave shift relocate adopted animals 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. Within four to five hours of the animal being relocated (7:00 -8:00 a.m.), the unregistered veterinary assistant and/or the veterinarian identifies ill animals in the clinic holding area that are unfit for surgery. It was observed by the contractor that these animals were not immediately removed from the clinic and placed in isolation in the shelter. They remain in the clinic in close contact with healthy animals awaiting surgery until mid-morning (when taken back to the shelter by an available KA) and/or are picked up by the adopter and placed on a surgical waiver due to illness.

PreSI – 2 Recommendations:

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

Opportunities for the grave shift staff to identify an ill animal in the clinic:
The grave shift KA starts the process of individually relocating animals from the kennels to the clinic (after 3:00 a.m.) by walking animals on leashes and/or placing them in carriers. It takes several trips to the clinic to relocate every animal scheduled for surgery that morning. During this sequence of events, the KA has two opportunities to identify ill animals in this group. The first opportunity is when the KA is individually handling each animal and placing it on a leash or in a carrier. The second opportunity is when the KA makes multiple trips to the clinic as he/she adds animals to the holding area. Each time he/she enters the clinic with another animal the KA can observe the animals previously placed in the clinic for coughing, sneezing etc. If an animal is discovered with any of these signs of contagious disease, the grave shift KA will immediately relocate the animal to shelter isolation and document the transfer and request for medical examination to the clinic staff.
Opportunities for the medical staff to identify an ill animal in the clinic:
When the unregistered assistant arrives in the morning, he/she should check the health status of all animals in the animal holding area as the first duty of the day. Upon identifying an ill animal, the assistant will present the case to the veterinarian for examination before shelter morning rounds are conducted. If the animal is deemed unfit for surgery by the veterinarian, the assistant will administer medication to the animal as ordered by the veterinarian, immediately contact by radio the Lead KA and request assistance to relocate these animals to shelter isolation. If a KA is not available, the assistant can relocate the animal (taking care to replace his shoe covers when he re-enters the clinic), the Lead KA can relocate the animal or request an ACO who has not yet left the shelter for field duty to assist and relocate the animal. Also, the assistant will inform the RVT on duty of the animal's status.

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

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

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

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

- Determining if an adopted animal is unfit for surgery,
- Contacting the adopter to determine if they choose to continue or discontinue the adoption,
- Veterinarian prescribing medication,
- Administering the initial dose of medication,
- Re-locating the animal to shelter isolation,

- Changing the animal's shelter location in the Chameleon record,
- Preparing the prescription for adopter pick up from the clinic and completion of the spay/neuter waiver form if the adopter still wants to continue with the adoption, and
- Placing the animal on the shelter Daily Medical Treatment Log if the adopter chooses not to continue with the adoption.

PreSI – 3 Observation: Animals in the spay/neuter clinic are not all wearing external identification.

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

PreSI – 3 Recommendations:

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

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

PreSI – 4 Observation: Clinic cage cards are hand written by the technician.

When adopted shelter animals are transferred from the shelter to the clinic, a cage card is hand written on a 3 X 5 card by the technician and each animal has an assigned ticket or information paper. The animal's shelter cage card is discarded.

Publicly owned animals receive a 3 X 5 hand written cage card.

PreSI – 4 Recommendations:

In order to ensure continuity of information on each cage card and to streamline pre-surgical intake, cage cards should be computer generated. For adopted animals, the shelter cage card should not be discarded but attached to the surgical cage card.

PreSI – 5 Observation: Early age spay/neuter minimum age requirements start at three months of age.

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

PreSI – 5 Recommendations:

Early age spay/neuter can be performed on animals as early as eight weeks of age. Clinic veterinary surgeons that are not comfortable performing surgery at this age

should receive advanced surgical training in early age spay/neuter (available locally in Los Angeles).

The department should recommend early age spay/neuter, as early as eight weeks of age for all healthy animals admitted to the clinic (shelter adoptions and publicly owned animals). Protocols need to be developed and incorporated into the Policy & Procedure Manual that reflect additional procedures and/or safeguards for pet owners and the clinic to follow pre and post-surgically (see PreSI – 6, 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 – 6 Observation: There are no special pre-surgical feeding instructions for early age spay/neuter surgical patients.
Currently, the county recommends food to be withheld for early age spay/neuter surgical patients the night before surgery and the day of surgery.

PreSI – 6 Recommendations:
Due to the age and size of early age spay/neuter patients they are readily susceptible to hypoglycemia. In order to enhance survival rates in these surgical patients it is essential that withholding food from them prior to surgery is at a minimum.

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

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

Spay/Neuter Services (SNS)

SNS – 1 Observation: Anesthesia induction performed by an unregistered veterinary technician.
Surgical patients are premedicated for surgery by the unregistered veterinary technician by administering an intramuscular (IM) injection of (ketamine/acepromazine/atropine) dosed at 1cc/20 lbs for dogs. Most animals are then directly placed on isoflurane gas by the unregistered veterinary technician for anesthesia induction. Animals that are not yet immobile after the premedication are injected intravenously (IV) by the veterinarian (induction phase) and then maintained on gas anesthesia during the procedure.

No animals are currently being intubated prior to surgery.

Liability:
Title 16. CCR § 2032.4 Anesthesia
(a) General anesthesia is a condition caused by the administration of a drug or combination of drugs sufficient to produce a state of unconsciousness or dissociation and blocked response to a given pain or alarming stimulus.

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

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

(a) Unless specifically so provided by regulation, a R.V.T. shall not perform the following functions or any other activity which represents the practice of veterinary medicine or requires the knowledge, skill and training of a licensed veterinarian:
1) Surgery;
2) Diagnosis and prognosis of animal diseases;
3) Prescription of drugs, medicines or appliances;

(b) An R.V.T. may perform the following procedures only under the direct supervision of a licensed veterinarian and when done so pursuant to the direct order, control and full professional responsibility of the licensed veterinarian:
1) Anesthesia induction by inhalation or intravenous injection;
2) Application of casts and splints;
3) Dental Extractions;
4) Suturing of existing skin incisions.

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

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

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

SNS – 1 Recommendations:

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

In order to come into compliance with *CCR § 2036 and 2036.5,* either an RVT should be assigned to the clinic in addition to the unregistered assistant (see SI – 1 Recommendations) or shelter assigned RVTs should share pre-surgical responsibilities with the unregistered assistant (dependent on implementation of the requirement of two

RVTs to be assigned to the shelter on a daily basis in ANIMAL CARE/MEDICAL ASSESSMENT – Animal Center #1, LSI – 2 Recommendations). One of the two shelter RVTs will have the time to participate in pre-surgical responsibilities if non-medical staff share some of the shelter job duties currently assigned to RVT staff (i.e., vaccinating animals at impound and rotating through euthanasia duty) as outlined in ANIMAL CARE/MEDICAL ASSESSMENT – Animal Center #1, LSI – 2 Recommendations.

It is also recommended that the veterinarian review the current anesthetic procedures and consider implementing all three phases of anesthetic administration for a surgical procedure; premedication, induction, and maintenance. This combination provides for a smooth plane of anesthesia and analgesia (pain relief) throughout the procedure and post-surgically.

The pre-medication phase includes administration of drugs pre-operatively generally by the subcutaneous or intramuscular route which suppresses salivary, gastric, and respiratory secretions (i.e., atropine, glycopyrrolate). Opioids (i.e., butorphanol) can also be administered in this phase to provide pre- and post-operative analgesia. The induction phase includes intravenous administration of drugs used for sedation and general anesthesia. The maintenance phase involves delivery of gas anesthesia during the surgical procedure by either isoflurane or halothane.

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

Post-Surgical Issues (PostSI)

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

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

PostSI – 1 Recommendations:

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

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

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

PostSI – 2 Observation: Handouts for post-surgical care feeding instructions for adopters and pet owners need to be updated.
Currently, the post-surgical care handout indicates that animals are not to be fed until the day following surgery.

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

PostSI – 2 Recommendations:

Animals should be offered a small amount of food after 7:00-8:00 p.m. depending on their level of awareness (due to anesthetic recovery) and provided with fresh water. The pet's normal feeding schedule should resume the next morning.

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

PostSI – 3 Observation: Animals are released post-surgically by KA staff.
Currently, the unregistered veterinary assistant releases animals post-surgically until his shift ends (mid-afternoon) at which time KA's are called from the shelter to release animals in the clinic. KAs provide the post-surgical care handout to adopters and pet owners and answer any animal care questions that may be posed.

PostSI – 3 Recommendations:

Ideally, medical staff should be releasing post-surgical patients from the clinic to pet owners and adopters so that they can assess the animal's recovery (check mucous membranes etc.), check the surgical site, and answer any specific medical questions. If the unregistered assistant and the veterinarian are no longer on site in the late afternoon, the shelter RVT should be called up front to conduct post-surgical release of clinic animals through the end of their shift (when two RVTs are assigned to the shelter per day, they will stagger start and one will be scheduled to work through 5:00 or 6:00 p.m.).

KAs will be required to perform post-surgical release of clinic patients from 5:00 – 7:00 p.m., and should review the County post-surgical care handout and 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 shelter isolation overnight.

Animals that are not picked up post-surgically from the clinic prior to closure (7:00 p.m.) are relocated to shelter isolation overnight to recover post-surgically.

PostSI – 4 Recommendations:

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

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. When he/she checks the clinic at 7:00 p.m., (currently assigning the swing KA to relocate any remaining animals to isolation from the clinic) the remaining animals in the clinic should be identified (placed on the OIC's report and a list left on the unregistered assistant's desk in the clinic for follow up the next morning) and the swing KA should be instructed to provide them with water and a small bowl of food. The protocol should continue to direct the grave shift to monitor these animals when they are in the clinic (around 3:00 a.m.) during their regular responsibility bringing the next day shelter surgeries into the animal holding area. Monitoring will include cage changes and transport to a private veterinary emergency facility if an animal shows signs of hemorrhaging or an animal is non-responsive.

Vaccine Clinic (VC)

VC -1 Observation: Operational hours for the vaccine clinic interfere with morning rounds at the shelter and surgical start times.

Current hours for the vaccine clinic are Wednesday and Friday from 8:00 – 9:00 a.m. On these days the medical staff has minimal time to conduct morning rounds with shelter RVTs or interact with staff conducting other medically related shelter duties (i.e., monitor and/or assist with euthanasias). This also causes at least an hour delayed start time for the commencement of surgeries which results in surgeries ending later and less time spent in the afternoon with shelter medical cases.

VC -1 Recommendations:

Consider changing the current vaccine clinic to 1:30 – 2:30 p.m., after surgeries are completed, staff is able to take lunch breaks and shelter rounds can begin between 2:30-2:45 p.m. It also allows the veterinarian enough time in the morning to conduct rounds and observe/assist with euthanasias.

VC -2 Observation: Owners restrained their own pets during the vaccine clinic.

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

Liability:

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

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

VC -2 Recommendations:

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

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

Microchip Clinic (MC)

MC -1 Observation: Microchip clinic hours are too long with current level of veterinary assistant staffing.

The current microchip clinic hours are Monday, Tuesday, Wednesday from 10:00 a.m. – 2:00 p.m. The unregistered veterinary technician is the sole operator of the clinic during these hours which interferes with his ability to provide surgical assistance to the veterinarian and adequate post-surgical monitoring of animals in recovery. In addition, the technician is unable to take a lunch break, three out of his five days of his weekly schedule.

MC -1 Recommendations:

Under current conditions, the unregistered veterinary technician is required to leave the surgical suite and provide microchipping services to members of the public in the outer lobby and examination room throughout the morning when spay/neuter surgeries are being peformed. This is time consuming and includes completing microchip registration papers, collecting fees, and implanting the microchip. During this time, the veterinarian is without assistance in case of an emergency and animals are not being monitored in

post-surgical recovery (including additional care required for early age spay/neuter patients, see PostSI – 1 Observation: Post-surgical care for early age spay/neuter patients needs to be added to protocols.)

With current staffing, the microchip hours should be reduced to one or two hours three days a week. If the microchip clinic was rescheduled to Monday through Wednesday from 1:00 – 2:00 p.m. or from 1:00 – 3:00 p.m., there would be no interference with the technician's surgical responsibilities. There would be overlap with the vaccine clinic one day per week (Wednesday) at this time, but there is not generally a continuous line for microchiping like the public demand for vaccinations and appointments could be balanced. In addition, many pet owners that attend the vaccine clinic end up also obtaining a microchip for their pets, so overlap of these two clinics should be synergistic.

If an additional RVT is hired to staff the spay/neuter clinic it is feasible that the microchip clinic hours could continue in the morning as long as one of the technicians is available for clinic surgical work.

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

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

Liability:

See VC – 2 Liability section.

MC -2 Recommendations:

See VC – 2 Recommendations section.

Medical Services to the Public (MSP)

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

Throughout the day, 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 exam room and dispense medication free of charge.

MSP – 1 Recommendations:

Ill animals should not be admitted into the spay/neuter clinic. Ill animals should be taken to the examining area in the RVT office. See ANIMAL CARE/MEDICAL ASSESSMENT – Animal Center #1, MCSA – 5, Recommendation: A portion of the current RVT office can be designated as the impound/medical examination area which can serve as the location for all impound procedures for the shelter, including initial physical examination and emergency triage where the veterinarian will examine the animal.

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

Record Keeping/Security (RKS)

RKS – 1 Observation: <u>There is no computerized entry of surgical information to the shelter Animal's Record, or a surgical record maintained for publicly owned animals.</u>
For each animal impounded into the shelter there is an electronic Animal Record generated that contains basic impound information as well as other assessments or observations performed by KA staff. However, the Animal Record is incomplete because medical staff does not complete a surgical record on an animal after it is spayed or neutered.

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

RKS – 1 Recommendations:

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

The veterinarian is required to complete a surgical record on each animal that he/she performs a surgical procedure. The veterinarian is currently out of compliance with this requirement.

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

After all surgeries are completed, the veterinarian can use the Chameleon program to locate each animal's permanent record by using their impound number, click on the medical screen and utilize the customized drop down menu by clicking on the surgical procedure that was performed for each animal. Any deviations from normal procedure (i.e., additional umbilical hernia repair) can be entered in the "comments" section.

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

assigned a number which can be put into the Chameleon system. Once the animal is identified in the system, the veterinarian can input surgical information into the record as described above for shelter animals.

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

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

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

RKS – 2 Recommendations:

Title 16. CCR § 2032.3 Record Keeping; Records; Contents; Transfer.

(a)Every veterinarian performing any act requiring a license pursuant to the provisions of Chapter 11, Division 2, of the code, upon any animal or group of animals shall prepare a legible, written or computer generated record concerning the animal or animals which shall contain the following information:

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

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

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

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

- It is required per *Title 16. CCR § 2032.3 Record Keeping; Records; Contents; Transfer.*
- If the pet owner returns to the clinic with the animal because he/she has had an allergic reaction to the medication (and has discarded the bottle so the type of medication dispensed is unknown) there would be no way to definitively identify the medication that had been previously prescribed.
- If the animal returns to the clinic for follow-up treatment there would be no record of what was initially prescribed in order to prevent dispensing the same medication.
- If the pet owner requests a copy of the medical record of their pet in order to transfer it to their private veterinarian, it would be unavailable.

Similar to the recommendation in RKS – 1 (developing a drop down menu of surgical descriptions) a separate drop down menu could be developed by IT staff for Chameleon that lists pharmaceuticals that are commonly prescribed to pet owners from the clinic. At the time the unregistered veterinary technician fills the prescription as ordered by the

clinic veterinarian, he could document the medication prescribed in the animal's Chameleon record by using the drop down menu, click on the proper medication and fill in the appropriate dosage. This would bring the clinic into compliance with *CCR § 2032.3.*

RKS – 3 Observation: Procedures for inventory monitoring, dispensing, and security of controlled substances need to be modified.
(Observation and recommendations also covered in ANIMAL CARE/MEDICAL ASSESSMENT – Animal Center #1, EP – 10, Controlled substance security.)

The clinic secures all controlled substances utilized at the shelter and at the clinic (ketamine, diazepam, torbugesic) except sodium pentobarbital. The central supply of these controlled substances is kept in a double locked cabinet attached to the wall in the stock room for the clinic. The key for this cabinet is secured in a locked drawer inside the shelter veterinarian's office. Only the shelter veterinarian and the unregistered veterinary assistant assigned to the clinic have access to this key.

The daily supply of controlled substances for the clinic is located in the surgical preparation area where it is kept in a free standing glass faced cabinet. The key to this cabinet is kept inside a locker, also located in the preparation area. The shelter veterinarian, unregistered assistant assigned to the clinic, and Singita's surgical assistant (Singita is an animal welfare agency that contracts with the County to utilize the clinic to perform spays and neuters once a month) have access to this key. Singita does not have a separate supply of controlled substances and uses opened bottles in current use by the county. The clinic maintains a daily use controlled substance log which is also utilized by Singita employees.

Currently, the only controlled substance distributed from the clinic to the shelter is ketamine. The daily log for use of ketamine also serves as the ketamine inventory list. If a bottle of ketamine is distributed to the shelter (to the OIC) or for use in the skunk kits it is placed on the daily use list. Ketamine bottles are not numbered and can not be traced once they leave the clinic central supply.

RKS – 3 Recommendations:
The central supply of all controlled substances (including sodium pentobarbital) should be secured in a floor safe (cemented into the floor); in a safe securely bolted to the floor; or in a safe weighing more than 750 pounds. All unopened, sealed bottles of each controlled substance should be kept in this safe. Each substance should have a separate inventory list and each bottle should be sequentially numbered. This will also ensure that ketamine has a separate inventory list (currently distribution of ketamine stock supply is maintained on the clinic ketamine daily usage log). This will combine the central supply for the shelter and the clinic.

The clinic should continue to maintain a separate daily supply of controlled substances. Security for these substances should be improved and include a double-locked steel cabinet bolted to the wall. If Singita continues to utilize the clinic on the weekends, they should not have direct access to the keys for the cabinet to the daily supply of controlled substances. The OIC on the weekend should open the cabinet for Singita, confirm the

inventory comparing it to the log also contained in the cabinet at the start and end of the day (by initialing the log), and secure the cabinet when the Singita clinic is completed. Singita should continue to log drug usage on the clinic's daily controlled substance logs.

For the daily supply of controlled substances in the clinic, a separate log of daily use for each controlled substance should be kept in a bound logbook/notebook with numbered pages. The daily drug log should contain the following entries:

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

Clinic Sanitation (CS)

CS – 1 Observation: Clinic cleaning protocols are needed.
During the site visit, the clinic was clean and in good condition. However, there are no existing protocols which outline daily cleaning duties and long term maintenance cleaning requirements.

CS – 1 Recommendations:
Cleaning protocols need to be documented in the Policy & Procedure Manual to ensure continuity among employees who are employed in the clinic. The protocol should include:

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

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

Safety Issues (SI)

SI – 1 Observation: The following safety issues require attention or correction within the spay/neuter clinic.
There currently is no eye wash station at any sink within the spay/neuter clinic.

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

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

On the day of the site visit, the heater for the spay/neuter clinic was not in working order. The animal holding area was extremely cold for patients recovering post-surgically.

SI – 1 Recommendations:

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

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

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

The shelter should ensure expedient repair of the building's heating system upon report from clinic staff that it is not functioning. It is essential that surgical patients have a warm room for post-surgical recovery.

Clinic Equipment/Supplies (CES)

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

1. New safe for daily supply of controlled substances in the clinic,
2. Stethoscope needs to be replaced,
3. Eye wash station installed in the sink of the surgical preparation area,
4. Supply of disposable shoe covers,
5. Additional intubation tubes in 4 sizes,
6. Intravenous administration equipment,
7. Request four oxygen tanks per monthly order (currently only receive two),
8. Heating pads,
9. Control pole permanently placed in the animal holding area, and
10. Leather gloves to handle cats.