LOS ANGELES COUNTY
DEPARTMENT OF ANIMAL CARE AND CONTROL
ANIMAL CARE/MEDICAL ASSESSMENT – Animal Center #5,
December 13, 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 #5 located in Lancaster. The following staff from the medical, animal care, law enforcement division and management provided input and insight into operational procedures.

Veterinary Medical staff:

Registered Veterinary Technicians (RVT):

Animal Care Staff:

Law Enforcement:

Shelter Management:

Observations and recommendations were placed in seven categories:

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

Additional sections:

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

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

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

LSI– 1 Potential Liability:

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

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

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

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

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

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

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

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

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

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

LSI – 1 Recommendations:

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

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

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

<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: There is minimal coverage of shelter medical duties with one RVT assigned to the Lancaster facility.

There is only one RVT assigned to the Lancaster shelter and she spends the majority of her time in the spay/neuter clinic. The RVT does not perform, provide assistance or monitor the euthanasia process. The veterinarian and RVT do not perform assessments on animals at the time of impound and do not vaccinate animals.

LSI – 2 Recommendations:

Currently, several areas of shelter operations that require medical support are deficient in delivering high quality of care for shelter animals. These include euthanasia practices, evaluations of animals at the time of impound, and not vaccinating animals at the time of impound (see the following section of this report, Medical Care of Shelter Animals and Euthanasia Practices for more details). The shelter veterinarian and the RVT remain in the spay/neuter clinic until early afternoon. 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, there should be two RVTs assigned to the shelter on a daily basis in order to provide sufficient medical support for shelter animals as well as to assist the veterinarian in the spay/neuter clinic.

LSI – 3 Observation: Shelter sergeant provides lead supervision for the medical division.

There is only one sergeant assigned to the Lancaster shelter and he is responsible for field and kennel operations. Supervision of RVT and unregistered veterinary assistant staff is included in kennel operations supervision. The RVT works directly with the veterinarian but is supervised by the sergeant in charge of kennel operations. Under this current reporting structure, the veterinarian does not monitor/supervise medical staff to ensure follow through with instructions for administration of medical treatments, feeding practices, and other medical related duties.

In addition, the veterinarian is not involved with the scheduling of medical staff to cover shifts when he is on and off-site. The lieutenant at the shelter is formulating monthly schedules for all 45 staff at the shelter, including the medical division.

In regards to problems resulting from the veterinarian not assigned to supervision of medical activities, during the site visit the following situation and concerns were discussed with the consultant.

- During the day of the site visit at morning rounds, the shelter veterinarian identified a comatose cat around 7:00 a.m., and upon examination of the animal made a medical determination that the animal was in dying condition and requested that the animal be immediately euthanized in order to prevent any further suffering. The animal was not immediately euthanized and it was reported to the veterinarian while he was in surgery (around 10:00 a.m.) that the animal was found dead in its cage. The animal was not euthanized as instructed by the veterinarian due to non-approval of euthanasia by the sergeant in charge of kennel operations pending his assessment of the animal's condition.
- Animals that are transported to private veterinary hospitals for supplemental and advanced care are not tracked sufficiently and there is confusion regarding communication/responsibility on follow up care for these animals once they return to the shelter.

LSI – 3 Recommendations:

The shelter veterinarian should supervise the RVT and unregistered veterinary assistant staff as well as oversee medical activities including:

- Developing or approving medical staff schedules,
- Directing medical staff daily activities including, providing instruction/orders to ensure continuity and that medical decisions are based on professional medical practice standards,
- Overseeing the RVT administering medications and other medical practices,
- Monitoring RVT and/or unregistered veterinary assistant while performing euthanasia,
- Making determination of animals to be euthanized based on medical assessments,

- Monitoring shelter cases at private veterinary hospitals and ensuring continued care once the animal is returned to the shelter,
- Completing annual personnel performance evaluations, and
- Taking disciplinary action on medical staff when necessary.

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

In regards to the euthanasia situation that occurred on the day of the site visit, when the euthanasia of an animal is predicated on a medical determination that the animal is in dying condition or irremediably suffering, the shelter veterinarian should be the authority on whether or not an animal should be immediately euthanized. It may be to the detriment of the animal (undo suffering) if the euthanasia technician must wait for a prolonged period of time for the sergeant's personal assessment of the animal's condition (medical determination) and final conclusion which may be in conflict with and override the veterinarian's medical recommendation for euthanasia. With that said, in addition to medical input from the veterinarian, it is important to incorporate a review of animal records (legal holding periods) by the sergeant or OIC to ensure no animal is mistakenly euthanized. In order for both divisions (medical and law enforcement) to better collaborate, the veterinarian should receive training on the following in order to better understand state and county policy "holding" requirements for shelter animals in a variety of circumstances:

- The state mandated legal holding period,
- Special holding periods (i.e., animals wearing identification, rescue group interest, animals on the Red Alert Program),
- Medical circumstances and how they may affect the holding period (i.e., animals with contagious diseases like Parvovirus, disease outbreaks in the shelter, animals that are suffering and can not be stabilized with reasonable efforts),
- The holding period for Personal Property animals,
- The holding period for Humane Investigation Cases,
- Rabies Quarantine cases, and
- Holding period affected by shelter overpopulation and health maintenance.

LSI – 4 Observation: The Lancaster shelter veterinarian is not always included in department-wide veterinary meetings.

The veterinarian reported to the contractor that he is not always included in department-wide veterinary meetings because his attendance at the meetings located at the Long Beach administrative offices would cause him to be absent from the shelter for an entire day (due to the distance between the shelter and the Long Beach offices). The Chief Veterinarian does report to the Lancaster veterinarian after the meeting to relay the topics discussed.

LSI – 4 Recommendations:

All shelter veterinarians should be included in department-wide meetings to ensure policies and procedures, announcements, and programs are similarly communicated to all and implemented in the same manner to maintain continuity within the medical division. It is helpful that the information is provided to the Lancaster veterinarian (by the Chief Veterinarian after the meeting) but the shelter veterinarian may have valuable input or insight into issues that may be different at the Lancaster facility stimulating discussion during the meeting that may result in policies being amended or the veterinarian may provide new ideas for consideration and discussion among his peers.

If the physical distance prohibits the Lancaster veterinarian from attending all medical staff meetings, consideration of teleconferencing into the meeting should be explored. By including all staff at these meetings, it will ensure everyone receives the same information, has equal opportunity to comment on issues and makes it easier for veterinary staff to rotate among facilities to cover shifts when staff is on vacation, on sick leave, or in emergencies.

LSI – 5 Observation: All staff working in shelter animal holding areas do not wear identification and can not easily provide contact information to the public or rescue groups.

Veterinarians, RVTs, and KA staff do not wear name badges which provide the first and last name of the employee, their 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 – 5 Recommendations:

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

Members of the public and rescue groups may need to refer to or identify shelter staff when discussing administrative matters (adoptions/redemptions) with clerical staff or shelter managers, or when writing commendations/complaints. In addition, by

identifying lead staff and/or supervisors it may help expedite solutions and/or diffuse situations involving members of the public.

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

LSI – 6 Observation: In the absence of Animal Control Officers, kennel staff are assigned to field duty without adequate training or equipment.
KAs reported to the contractor that they are assigned to limited field duty (prohibited from writing citations) when Animal Control Officers (ACOs) are not available. KAs do not receive any formal training prior to this assignment and are not designated appropriate field equipment like the officers in order to safely and efficiently complete field assignments.

LSI – 6 Recommendations:

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

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

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

All vehicles assigned to staff should be in good working order. If not, they should be sent for repairs, or be placed out of commission and unable to be assigned to employees.

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

LSI - 7 Observation: Not all staff were in uniform while working at the shelter on the day of the site visit.

The contractor observed several new employees working in the kennels wearing jeans and t-shirts. Staff reported to the contractor that in order to place their uniform order they were required to drive to the Long Beach administrative offices to be measured for their uniforms and it would cause them to be absent from the shelter one full day so the appointment had not been scheduled by their supervisor.

Medical division staff were not in uniform that would identify them as county employees, however, the RVT was wearing surgical scrubs which could indicate to the public that she was working in the capacity of medical personnel. The veterinarian reported to the contractor that Angelica Uniform Supply was supposed to supply uniforms for the spay/neuter clinic. He commented that there had been some unresolved issues between the County and Angelica and they have been waiting to receive uniforms for about six months.

LSI – 7 Recommendations:

In order to maintain professionalism at the shelter, all staff should be in uniform (as required per their position) when working at the shelter. If it is inconvenient (i.e., staff can not be absent from the shelter due to no back up coverage) to have recently hired staff travel to the Long Beach location to have measurements taken so that a supply of uniforms can be ordered, arrangements should be made where staff can fax the appropriate measurements to Long Beach in order to expedite the process.

The medical division should also be in uniform. This should include availability of lab coats, surgical scrubs, more formal uniforms similar to what the KAs are assigned, and coveralls for working with large animals. In addition, the medical team should have rubber knee high boots distributed to them to be worn as needed.

LSI – 8 Observation: Staff requires additional training in humane animal handling.

The Animal Care division (KA staff) is handling animals in the kennels and cattery, impounding animals over the counter in cooperation with the clerical staff, implanting microchips during the Microchip Clinics, restraining animals during the euthanasia

process, and handling exotic and large animals. All of these situations require expertise in safe and humane animal handling skills at different levels.

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

Liability:

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

LSI – 8 Recommendations:

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

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

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

  - Removing cats from cages
  - Feral cats
  - Moving cats from one area of the shelter to another
  - Restraining cats for vaccination
  - Restraining cats for microchip implantation
  - Restraining cats for euthanasia
  - Safety with cats and the public
- Humane handling of exotics
  - Handling reptiles
  - Handling snakes
  - Handling ferrets
  - Handling birds
- Humane handling of equine and large animals
  - Handling horses
  - Handling cattle
  - Handling goats
  - Handling pigs
  - Handling sheep

Advanced training in equine handling could be provided by Dr. Byerly at the Lancaster shelter by utilizing his equine specialty expertise.

Medical Care of Shelter Animals (MCSA)

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

The current method for informing the medical division of an animal that requires medical examination is for the KA to make a copy of the cage card, hand write on the card observations of illness or injury, and place the card in the veterinarian's mailbox. Alternatively, KA staff also physically contact the veterinarian and request he examine animals that are suspected of illness or injury. However, as reported by the veterinarian, this does not occur with consistency and most ill animals are identified by the veterinarian during morning rounds of the shelter (prior to spay/neuter surgery). The veterinarian may find ill animals placed in the washrack holding cages (these are generally owner requested euthanasias), cats may be placed in cat isolation (but generally are taken to the stray cat room awaiting veterinary examination and orders to isolate), and dogs are interspersed in the main kennel housed with other healthy animals (i.e., are not designated as "keep alone"). As discussed in MCSA – 2, (Cat and dog isolation practices are inadequate for disease containment) there is no specified area for ill, contagious dogs to be isolated from the main population.

Once the veterinarian diagnoses the animal and recommends a treatment, it is placed on a "pink" card which is affixed to the animal's cage, the treatment is entered into the animal's electronic medical record in Chameleon, and the treatment is added to the Vet Check List (similar to a Daily Medical Treatment Log). The contractor noted on the day of the site visit:

- Building #1, Kennel #22 contained a dog that was non-weight bearing on the right rear limb. There was no indication (pink card) on the cage that the animal had been examined or was under veterinary treatment.
- Cats located in the isolation room did not have pink cards or other indication that the animals were under treatment.
- In the barnyard area it was reported to the contractor that the horse that was located there was under treatment, but there was no pink card to indicate veterinary care instructions (there was also no soft copy of an impound card).

Currently, there are days when the shelter has no medical presence (veterinarian or RVT) on site. If medical staff has two consecutive days off, it is conceivable that ill animals not yet examined may not be treated for almost three days and will likely be placed in the main population. Of animals currently under treatment, the medical division reported that treatments on these days are not consistently completed by KAs as instructed. 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.

MCSA – 1 Recommendations:

Continually (day through grave shift), a clipboard with an official form listing animals that require examination by the veterinarian should be maintained in the designated medical examination room (for details on creating a medical examination room, see MCSA – 4 Observation: No established procedures or location for performing emergency stabilization/triage and physical examination at the time of impound and for animals housed at the shelter). Any staff member identifying an animal that requires veterinary care should enter the animal's impound number, shelter location (if other than the washrack area), and observations of illness/injury to this list. This should eliminate the time consuming practice for KAs and officers of making a copy of the soft copy of the impound card, manually adding observations of illness, and delivering the card to the veterinarian's mailbox at the opposite end of the shelter.

To further assist the KA in collecting and accurately transferring this information from the cage card to the list of animals requiring medical examination, KAs should carry pocket notepads with them while working "the floor" and copy the appropriate information from the cage card to the notebook, then enter that information onto the list in the medical examination room. Once this is completed, they can check it off on their notepad so when they review their notes at the end of their shift, they can be assured they have completed all extra duties or tasks they have listed. In addition, the notepads can be used for a variety of other reasons including writing down impound

numbers when researching animal availability information for the public, identifying and listing damaged equipment, and keeping track of animals that require special care or feeding.

Once the animal is examined, the veterinarian will issue a Pink card to be affixed to the cage or kennel door, the prescribed treatment will be entered on the Vet Check List, and administration of the treatment will be recorded in Chameleon in accordance with current policy.

When the veterinarian is not scheduled to be on-site (is unavailable to examine animals that have been determined to be ill) but an RVT is on site, 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).

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. In addition, there should be a protocol for KA staff to inform the OIC of all injured animals and those seriously ill that require immediate veterinary care. The OIC should arrange for a field officer to transport these animals to a private veterinarian for stabilization. No animal should be permanently housed in the washrack room with an eight hour maximum temporary holding period for any animal placed in this area.

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

The shelter veterinarian commented on the cat isolation area as not of sufficient size, poorly ventilated, improperly temperature controlled, and located too closely to the healthy cat population in the stray cat holding area.

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

In addition, signage indicating an animal is under medical care and/or needs to be kept alone may be placed on an animal's cage. However, the veterinarian reported that KAs often do not pay attention to these directions and animals that initially were isolated in a cage, are often found the next day with additional healthy animals added to the enclosure. The contractor noted on the day of the site visit in Building #2, Kennel #238 had a quarantine sign on the gate which contained five dogs.

MCSA – 2 Recommendations:

Ideally, the cat isolation area needs to be enlarged and updated to reflect improved ventilation, number of air exchanges, and change the housing arrangement so cages are not facing each other with a small distance in between them (allowing cats to sneeze into each other's cage). Until these renovations are implemented, there are other disease prevention practices that can be applied to this area. Upon inspection,

this room was not kept in a clean manner. The floors had an accumulation of cat litter and water resulting in a paste consistency creating a safety hazard for staff and the public. 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.

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

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

Minimally, any staff member who exits 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.

There currently is no designated dog isolation area for animals with contagious diseases. Ideally, a separate building should be constructed that serves as a triage hospital containing examination and preparation area, a section of holding cages for smaller animals, and an isolated kennel section. This would solve the problems listed above for the current cat isolation area and the non-existent dog isolation area. Until this can be implemented, a section of the kennels in building #1 or #2 located at the end of the kennel drainage system (the direction water is directed when hosing down the drains) should be designated to place ill dogs. This will at least keep these animals from being interspersed throughout the main population. Signage needs to be affixed to these cages indicating these animals are under treatment and the public is not to touch these animals. If it is possible to cordon off this area from the public, that would help decrease the spread of disease.

Regarding housing of all ill animals, policies need to be established that designate primary isolation locations, then secondary (i.e., overflow when rooms designated specifically for isolation are filled), and tertiary locations. Instructions for KA staff

regarding animal housing especially in the kennels designated as, "Keep Alone," "Isolation," etc., must be adhered to and monitored. Staff will need training to understand that these disease prevention steps are imperative in preventing a shelter-wide disease outbreak which may result in large numbers of euthanasia. This is another area in which the Lead KA (see LSI – 3 Observation: Shelter sergeant provides lead supervision for the medical division) is greatly needed and can work with the medical division to ensure isolation is maintained when requested by medical staff.

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

On the day of the site visit the contractor observed in the grooming trailer:

- Turtles were kept in a substandard environment for this species, no food was evident and the room reportedly had already been cleaned and animals fed for the day.
- A medium sized poodle was housed in a cage too small for this animal to be comfortable for an extended period of time.

Staff reported to the contractor that there are no protocols or instructions for what to feed exotic animals and no petty cash to purchase special food items (i.e., fresh fruits and vegetables for reptiles, birds etc.).

The contractor observed that daily supplies of dry food for cats and dogs was stored in garbage cans that were commonly left uncovered or in large bins that were readily accessible to free roaming feral cats on the premises and vermin during the day and evening.

Currently daily feeding practices for dogs include feeding times beginning around 2:00 p.m.

MCSA – 3 Recommendations:

County of Los Angeles Department of Animal Care and Control Policy and Procedure Manual contains Policy No. OPK130, Kennel Responsibilities – General Duties is the only section that addresses the issue of exotic animal housing:

- Wild or exotic animal housing areas shall be maintained in a clean and sanitary manner. All food and water containers shall be cleaned and disinfected as often as necessary. CAUTION WILL BE USED WHEN CLEANING OR HANDLING WILD OR EXOTIC ANIMALS.

This policy in the Manual needs to include a section on animal housing requirements for animals commonly impounded as well as exotics that are commonly impounded.

Despite the fact that KA staff commented that there are no protocols indicating feeding requirements for exotic animals, the current County of Los Angeles Department of Animal Care and Control Policy and Procedure Manual contains Policy No. OPK100, Animal Feeding and Nutrition does include specific information regarding feeding

practices of dogs and cats, rabbits, guinea pigs, birds, iguanas, livestock and other domestic farm animals. It would be helpful to add feeding recommendations for gerbils, hamsters, ferrets, and expand the reptile section to include snakes, turtles and monitor lizards. KAs should be made aware of this section in the Manual and review its contents. In order to make these feeding recommendations more readily available to KA staff this protocol should be posted in food storage rooms and/or special diets for exotics could be posted in animal holding rooms for exotics. To ensure the feeding recommendations are being followed, the Lead KA (see LSI – 3 Observation: Shelter sergeant provides lead supervision for the medical division) will be the supervising KA "on the floor" seven days per week and will coordinate with the medical staff to monitor feeding practices.

Medical staff should be working with KAs making feeding recommendations (which should include the type of food, amount of food, and size of kibble fed to each animal) during morning rounds and afternoon shelter walk throughs.

The shelter should have a petty cash fund managed by the Lead KA that could be used for purchasing special food items (i.e., fresh fruits and vegetables) when needed.

Shelter staff that is directly responsible for monthly food orders 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.

Daily food supplies should not be left uncovered and should not remain outdoors in the washrack area overnight. Staff reported to the contractor that feral cats eat from the open bins on a regular basis. Allowing this practice could result in disease transmission from ill feral cats to cats fed from the same bins that are impounded at the shelter. In addition, allowing vermin access to these bins is also a means of disease transmission, contamination by fecal material and subsequent discarding of large amounts of food resulting in unnecessary additional food replacement costs. All food storage containers need to contain a cover with a tight seal that prevents access by cats, vermin, and other wildlife. These moveable bins should be stored in the stray cat room overnight.

Daily feeding for dogs begins at 2:00 p.m. Ideally, the kennel grave shift should feed the dogs one to two hours before the end of his/her shift (around 6:00 a.m.), and after allowing the dogs to eat and defecate then start the morning kennel cleaning and disinfecting (to be augmented by KAs coming in on day shift). This will allow the day kennel shift to "be ahead of the game" in regards to kennel cleaning, and allow them more time to make sure daily euthanasias are completed prior to the shelter opening to

the public, have more time available to clean other animal holding areas (i.e., feral cats, grooming trailer), and be more readily available to assist the public upon opening.

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

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

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.

Not only does the shelter need a specific location to perform emergency triage, but a location to perform general physical examination of animals at the time of impound and/or examination of animals identified as ill, needs to be identified. Currently, these assessments are being performed within an animal's enclosure or visually at a distance from outside the enclosure. The Lancaster shelter needs to create a medical treatment room. This area can also serve as the location for all impound procedures for the shelter. These procedures include initial physical examination, microchip scanning, tagging each animal (placing shelter external identification), and vaccine administration. In addition, the shelter also needs to identify an enclosed euthanasia room (see EP – 2 There is no identified euthanasia room).

The current feral cat room adjacent to the washrack could be transformed into a euthanasia/medical room. By extending the current physical space occupied by the feral cats and enlarging the area, the new room could serve the dual purpose of medical examination/treatment and euthanasia. This will require attention to the following details:

- Feral cats will need to be relocated,
  - A separate section of the large sized washrack area will need to be designated for feral cat housing. This area will need to be enclosed to provide protection from the weather, appropriate temperature control, and lighting.
- Security of the euthanasia/medical room will require a key entry door,
- Stainless steel examination table,
- A bank of cages on a moveable rack should be placed in the room,
- A daily supply controlled substance safe should be installed,
- A sink with eye wash station should be installed,
- A computer terminal with Chameleon access should be installed,
- Counter space,
- Refrigerator for vaccine,
- Electrical outlets preferably in the ceiling should be accessible for retractable cord and clippers,
- Improved lighting,
- Temperature control,
- Telephone emergency access to the administration building and 911, and
- Lockable storage cabinets need to be installed.

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. The unregistered veterinary technician is the only staff member that currently administers vaccinations to dogs and cats. Depending on the work schedule and workload for the assistant, it may take up to three to four days post-impound before an animal receives a protective vaccination.

Vaccine is being kept in the refrigerator located in the grooming trailer (also the office for the unregistered veterinary assistant). The assistant fills up a cooler with ice packs and vaccine vials and stores it in the Cham Cam room as the readily available daily supply of vaccine. At the end of the day, any leftover vaccine is replaced in the refrigerator. When the assistant is not scheduled for work (two days off in a row) he leaves a small supply of vaccine in the cooler in the Cham Cam room to be used by staff who may vaccinate in his absence. Vaccine is not replaced in the refrigerator until the assistant's return to the shelter.

In addition, the County of Los Angeles Department of Animal Care and Control Policy and Procedure Manual, Policy No. OPK140, Maintenance of Animal Health states that animals remaining at the shelter for more than fifteen days must be given an additional inoculation of the approved vaccines. This is currently not being completed because there is no protocol for staff to follow to query Chameleon to generate this type of list.

MCSA – 5 Recommendations:

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

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

Some animals may require additional restraint (two employees to administer vaccine) at the time of impound. The impounder should make every attempt to request assistance from a coworker in order to ensure the vaccine is administered prior to the animal moving to main housing. If the animal can not be safely immunized at the time of impound, the medical division should keep a clipboard in the medical examination room where an impounder can place an animal on the list that they were unable to vaccinate. This will allow the unregistered veterinary assistant or RVT to more efficiently identify occasional animals that were unvaccinated at the time of impound.

In order to ensure efficacy of vaccine, it needs to be stored in compliance with manufacturer's instructions, which include proper refrigeration. Storing vaccine in a cooler for an entire day does not ensure a consistent refrigeration temperature. Storing vaccine in this manner for over 48 hours is not appropriate and should be discontinued. Until the euthanasia/medical examination room is established (which will contain a refrigerator to store vaccine) a refrigerator should be placed in the Cham Cam room or other accessible area in close proximity to where animals are impounded and all vaccine should be stored there. The refrigerator can be locked when not in use.

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

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

It was reported to the contractor that the Los Angeles County Veterinary Public Health division is responsible for animals housed at the shelter under quarantine for rabies observation and is to make daily visits to the facility. There are times the public health veterinarian does not make the scheduled rounds and these animals are not being assessed. It was reported to the contractor that once these animals are placed in quarantine, the shelter medical staff does not make any observations of these animals or include them in their daily rounds.

MCSA – 6 Recommendations:

Even though the Los Angeles County Veterinary Public Health division is responsible for enforcing quarantine holding periods for rabies observation, these animals are still on shelter property and required to be cared for by county staff (daily feeding and enclosure cleaning). Animal care also includes medical care and in this situation is limited to observations by shelter medical staff when walking through the quarantine holding area during daily rounds and identifying animals that show signs of illness, documenting this information in the animal's Chameleon medical record, and contacting the public health veterinarian. No medical treatment should be administered by the Lancaster shelter medical division unless instructed by the county public health veterinarian.

If the public health veterinarian does not conduct rounds at the shelter on a daily basis, combined with the fact that Lancaster 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.

A procedure should be put in place for contacting the public health veterinarian (either by the Lancaster 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 of 10 test kits/month is inadequate) the number of kits needed to test suspect dogs when necessary.

Puppies are not receiving prophylactic treatment for internal parasites at the time of impound. RVT staff does not perform fecal testing of animals that present with diarrhea (after ruling out Parvovirus) 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 are periodically collected, but the facility does not have a Wood's Lamp or access to Dermatophyte Test Media (DTM) to conduct fungal cultures on animals with dermatologic conditions.

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

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

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 this infectious disease.

In order to prescribe treatments for shelter animals, laboratory tests may be required to accurately diagnosis an animal. At a minimum, medical staff should be providing prophylactic deworming (using a broad spectrum anthelmintic) for young animals and adult animals that appear emaciated upon impound. However, best practices require performing a fecal check, identifying the parasite(s), then administration of the anthelmintic specific to that parasite.

Staff should also be using a Wood's Lamp and for long term "holds," using DTM to confirm dermatologic conditions in order to administer appropriate treatment, monitor progress, 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, consider additional testing, or make a final disposition on positive animals.

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

The medical division should have available to them 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 at the shelter.
As reported to the contractor, behavior assessments had been conducted by a trained and certified RVT that has recently left the employment of the Lancaster facility. According to staff, no other employee at the shelter has obtained the two day behavior assessment certification, but several ACOs and KAs are performing the assessments on specific dogs that meet certain criteria. The behavior of cats is not assessed prior to adoption.

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

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

The written portion of the assessment consists of nine pages that are to be completed by the assessor during the "hands-on" behavior assessment that takes from 30-50 minutes per animal to complete. The assessment is performed in any of the following areas:

- Offices of officers,
- Grooming trailer, and

- Spay/neuter clinic storage/bathroom

MCSA – 8 Recommendations:

In order to assure staff is consistently performing the behavior assessment, each person should be trained and certified in accordance with County requirements. Current staffing levels make it difficult for animal care staff to complete baseline duties and adding the responsibility of performing lengthy behavior assessments compromises an already stressed staff and/or results in assessments not being performed due to lack of time. 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. Staff providing support with these projects could be re-directed to provide assistance in whichever activities become top priority, and
- Identify and provide specified training for a variety of staff (KAs, RVTs, ACOs) on performing behavior assessments so that there are more opportunities for the assessments to be completed.

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). Behavior assessments on shelter animals should not be performed in the spay/neuter clinic storage/bathroom due to the potential for disease transmission from shelter animals to the clinic. In order for the evaluator to reach this location in the clinic trailer, shelter animals must be lead through surgical patient exposed areas such as the lobby, hallway, examination rooms, and through the supply room, all of which should be avoided.

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 has no oversight by medical staff.

It was reported to the consultant that there is no formal foster program. The veterinarian stated that he has no idea how this program operates, does not participate, and does not 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 are eight weeks of age and can be returned to the shelter to be placed in adoption and scheduled for spay/neuter.

It is recommended that a more formal program be established through the volunteer division in order to recruit more foster parents and provide additional support for shelter animals. The medical division should play an integral part in the program by examining animals and determining if they should be fostered and providing medical support for ill animals that are fostered. The program should include:

- A foster program coordinator at the shelter,
- 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 has not received training in medical support of humane investigations. The veterinarian does perform necropsies as requested.

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 in certain cases. Especially in long-term holding situations, the shelter veterinarian will have greater direct knowledge of the case and should be the medical expert working with the district attorney and providing expert witness testimony.

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

Euthanasia Practices (EP)

EP – 1 Observation: Euthanasia Certification.

Euthanasia is a medical procedure. On the day of the site visit, the contractor observed euthanasia performed by a KA who was working in the capacity of an unregistered veterinary assistant with minimum veterinary or RVT supervision. Upon discussion with the KA regarding his training and through the contractor's observation of euthanasia techniques, it was discovered that the technician had not been properly certified (training must include at least eight hours with five hours of the curriculum consisting of hands-on training in humane animal restraint techniques and sodium pentobarbital injection procedures). It was reported to the consultant that the RVT does not perform euthanasia and the shelter veterinarian has no involvement with euthanasia procedures.

RVTs are certified euthanasia technicians due to their educational background and training and are not required to complete additional specific euthanasia training. Euthanasia can be performed by certified euthanasia technicians.

It was stated to the contractor that the unregistered veterinary assistant is the primary euthanasia technician. Other KAs (also with incomplete certification) are deemed certified by the shelter and can perform euthanasia but due to the infrequency of performing the procedure they are unable to maintain these specific skills. As a result, when called upon to perform euthanasia, 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 Lancaster shelter.

Liability:

The current euthanasia training and certification of non RVT staff at the Lancaster 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. RVTs will be available to rotate through this task if the recommendation from LSI – 2 <u>There is minimal coverage of shelter medical duties with one RVT assigned to the Lancaster facility</u>, to maintain two RVTs on day duty, is implemented.

The euthanasia process is technically a medical procedure and should have veterinary oversight. The shelter veterinarian should take the lead in monitoring all euthanasia technicians while performing euthanasia, assessing the competency of technicians and providing additional training and guidance for those who do not meet minimum

standards, and making observations of technicians who may be experiencing euthanasia fatigue and direct them to County support services.

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

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

The euthanasia technician uses a euthanasia supply cart that is wheeled into the area which serves as a writing tabletop for the technician and has an unlocked drawer used for temporary storage of the euthanasia solution, needles, and syringes, controlled substance logs, euthanasia log, and the cart also transports the microchip scanner and sharps container.

EP – 2 Recommendations:

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

- If an animal handler is unable to humanely control an animal in the washrack area (that is not enclosed) and the animal escapes after he/she has received any portion of the injection of euthanasia solution, it could result in the animal becoming injured and/or suffer prior to death if he/she is not immediately located.
- There is no secure storage for daily supply of controlled substances in the washrack area making it necessary for the bottle of Fatal Plus to be carried from the administrative building daily storage safe to the washrack area (opposite end of the shelter), to the feral cat room, to the stray cat holding room and back again to the administrative building, whenever euthanasias are performed. Whenever controlled substances are removed from the room where they are stored, secured, and logged there is an increased risk that medications may be misplaced, stolen, and/or not replaced in the secure lock box in a timely manner.
- The controlled substance log can be misplaced or destroyed because it is rubber banded to the bottle of Fatal Plus which is carried from the washrack area back to the administrative building where it is placed in the daily supply safe.
- The washrack area does not facilitate a supply safe for non-controlled substances (i.e., xylazine) which results in this substance being stored in the daily supply safe in the administration building which is time consuming for the euthanasia technician to retrieve these pharmaceuticals and prolong the euthanasia process.
- The washrack area does not facilitate a secure location for storage of supplies (i.e., needles, syringes, muzzles, gloves). Currently, some of these items that are available to the euthanasia technician are being stored in the unlocked drawer of the moveable cart and are never secured.

- There is no way to separate recently euthanized animals not yet verified of death from subsequent animals being brought to the open washrack area for pre-euthanasia anesthesia or euthanasia. This is in violation of The County Policy and Procedure Manual, Policy No. OPK 120, Euthanasia Policy specifically states under the section, Euthanasia Etiquette that:
  4. Animals will not be euthanized in view of live animals.
  5. Animals will not be euthanized where they can see dead animals.
- Euthanasia technicians do not have convenient access to electrical outlets (near the stainless steel examination table) for clippers and due to water accumulation on the floor of the washrack area, using electrical instruments in this area is dangerous for staff.
- Lighting is poor in the washrack area and when euthanasias are performed in the early evening or during the grave shift, it creates a dangerous situation for staff.
- Members of the public and volunteers may have access to the area while euthanasias are being performed.
- Employee traffic flow in the washrack area is high causing distractions for euthanasia technicians and enhancing the possibility of mistake and/or injury.
- Because the washrack area is not enclosed, weather extremes (i.e., heat of summer, high winds) result in unacceptable conditions for technicians and animals.
- In the washrack area, ACOs may unload vehicles at the time euthanasia is performed allowing new impounds to view animals being euthanized in violation of County Policy and Procedure Manual, Policy No. OPK 120, Euthanasia Policy.
- When euthanasia is performed in cat holding rooms, those areas may not be configured in a manner that encourages safe, humane euthanasia (i.e., appropriate tabletops, lighting).
- Animals are euthanized in view of live animals.
- 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 like a designated euthanasia room, the animal may end up loose on County property where it may become injured, suffer and die a tragic death.
- 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.

There are several options for creating a designated euthanasia room at the Lancaster facility:

1. Transform the current feral cat room adjacent to the washrack into a euthanasia/medical room (see MCSA – 4 : <u>No established procedures or location for performing emergency stabilization and triage at the time of impound and for</u>

animals housed at the shelter, for greater details). Generally, by extending the current physical space occupied by the feral cats and enlarging the area, the new room could serve the dual purpose of medical examination/treatment and euthanasia.

2. Designate one of the new refrigeration units in the washrack area as a euthanasia room.

Advantages

- Minor interior modifications including affixing a daily supply controlled substance safe to the wall, relocating the stainless steel exam table, relocating a bank of cages on a moveable rack, and develop some storage cabinets,
- Continue to use the moveable cart as a tabletop and to hold supplies,
- Cleaning and disinfecting is feasible,
- Close proximity to the operational dead animal freezer,
- Lighting is acceptable, and
- Electricity to the unit is available, but may need to create outlets for clippers.

Disadvantages

- Does not allow the shelter to have a separate small and large animal dead animal freezer,
- The space is not large enough or compatible with doubling as a medical examination/treatment room,
- There is no sink in the room and no safety eye wash station,
- Inability to have telephone access, and
- Inability to have computer access.

3. Designate the current cat isolation area to a euthanasia/medical treatment room

Advantages

- Currently set up for cleaning and disinfecting with floor drains,
- Cage banks already in the room,
- Controlled substance safe could be affixed to the wall,
- Sink in stray cat holding area outside of the door is readily accessible,
- Electricity to the room is available, and
- Computer terminal could be installed.

Disadvantages

- A new holding area for cats with contagious diseases would have to be identified and created,
- Designate a separate section of the large sized washrack area to house ill cats,
- This area will need to be remodeled in order to provide protection from the weather, and contain appropriate temperature and lighting control,
- The current space is very small for a medical room, and
- After animals are euthanized, they would have to be transported through the stray cat holding area to the outdoor dead animal freezers.

EP – 3 Observation: Staff safety in the washrack area and identification of animals prior to euthanasia needs improvement.

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

- There is a sink in this area but no eye wash station in case of an emergency where euthanasia or tranquilizing solution is accidentally squirted in an employee's eye.
- In the stray cat holding room where feline euthanasia is performed, there is no eye wash station and staff is not provided with cat nets, leather gloves, squeeze cages, or plexiglass shields for humanely and safely handling cats.
- There is no control pole permanently located in the washrack area. The closest available pole in an emergency situation would have to be retrieved from an employee's locker or from an ACO's vehicle if it happens to be in the washrack area at the same time of the emergency.
- There is no emergency telephone or outside telephone line for staff to use if faced with an emergency situation requiring assistance or rescue and radio communication is either ineffective or nonexistent.
- Staff reported to the contractor that they do not have squeeze cages to humanely restrain animals for pre-euthanasia tranquilization or euthanasia by intraperitoneal injection for cats.
- Lighting in this area is poor and euthanasia technicians are compromised when attempting to perform the procedure after daylight hours.

Confirmation of the identity of animals by KA staff prior to euthanasia is not consistent and animals were observed by the contractor not wearing external identification and many of the feral cat cages did not have cage cards (in addition to these animals not wearing external identification). Three canine euthanasias were observed where only one out of the three dogs was wearing external identification and one of the remaining two dogs in addition to no external identification also did not have a cage card to compare the digital photograph of the animal.

Liability:

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

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

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

- Assure the physical working area is conducive to the tasks to be performed in that area.

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

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

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

EP – 3 Recommendations:

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

- Staff needs to be informed that when working in this room as well as in the euthanasia room, the eye wash station is available to them,
- All current staff (KA, RVT, and ACOs) needs to be trained on how the eye wash station operates,
- General safety orientation for new staff should include identifying locations and proper operation of eyewash stations, and
- All eye wash stations located throughout the shelter should be checked monthly by the OIC to ensure they are in working order.

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 area. If the pole becomes damaged or is stolen, it is the responsibility of the Lead KA or OIC to immediately replace the pole. Extra control poles in good working order need to always be in supply and available by the OIC when requested by staff.

An outside telephone line with speed dial access to the administrative building and 911, needs to be installed in the washrack area. The same safety training for the eyewash stations (above) also needs to be implemented for the emergency phone line.

Euthanasia technicians need to have available to them all equipment (i.e., squeeze cages, leather gloves, plexiglass shields) and a safe working area (i.e., proper lighting) that enables them to perform euthanasias safely and humanely. In addition, any

damaged equipment 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.

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

It is recommended that the current form of external identification (tab bands) used for dogs be changed to large tags inscribed with impound numbers (or animal assigned kennel numbers) that can be attached to chain collars. This will decrease the number of unidentified dogs in the kennels because the tags are much more difficult for the dogs to remove or destroy. It also would allow KAs to identify dogs from outside the kennel due to improved visualization of the tag number rather than the current practice of entering a kennel, isolating the dog from other dogs in the kennel, and reading the tab band which places employees at increased risk of injury. This new form of external identification is readily available, tags can be numbered to the shelter's preference, tags are inexpensive, reusable, and easily disinfected. Many other sheltering facilities that house multiple dogs per kennel use this identification system and have minimal problem with tags being removed by other animals, destroyed by animals, or creating problems with kennel drainage systems if collar or tag become unattached.

EP – 4 Observation: Euthanasia of cats.

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

In the feral cat room similar circumstances exist for euthanizing in the presence of live cats as described above for performing euthanasia of the stray/adoptable cats. Since feral cats can not be safely removed from their cages and none of the cages contain a Feral Cat Den, injection of euthanasia solution is delivered via a pole syringe placed through the cage bars.

The contractor observed the euthanasia technician performing feral cat euthanasia by intracardiac (IC) injection on a conscious, unanesthetized cat. Post-injection, the cat vocalized and flipped about within its cage for several seconds, kicking food and litter all over the room and moved to the back of the cage where it subsequently died. The contractor immediately stopped any further feral cat euthanasia and discussed with the technician that IC injection should never be administered on conscious animals. The technician was unaware of this requirement and knew that this form of injection was the most rapid, so that is why he performed IC injection in feral cats. He did express to the contractor that the post-injection reaction of the cat that occurred that day did distress him whenever he experienced it.

Liability:

Penal Code 597
(b) Except as otherwise provided in subdivision (a) or (c),...whoever, having the charge or custody of any animal, either as owner or otherwise, subjects any animal to needless suffering, or inflicts unnecessary cruelty upon the animal, or in any manner abuses any animal, is, for every such offense, guilty of a crime punishable as a misdemeanor or a felony and by a fine of not more than twenty thousand dollars ($20,000).

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

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

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

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

And under the section,
EUTHANASIA METHODS
...The euthanasia may be performed intravenously (IV) or intraperitoneally (IP). Intracardiac (IC) injections on conscious animals are a violation of department policy

and a violation of state anti-cruelty laws. Intramuscular (IM) injections are painful and are not permitted.

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

EP – 4 Recommendations:

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

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

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

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

Additional recommendations for feral cats include:

Ensure each cage in the feral cat room is equipped with a Feral Cat Den. Use of the Feral Cat Den allows a safe method of transport of feral cats from the animal holding room to the euthanasia room. Other features of the feral cat den ensure a safe and humane euthanasia process. The den has small openings that will allow the size of a pole syringe to be inserted for less stressful injection of anesthetic, without opening the door of the den. Once the animal is anesthetized, he/she can be safely removed for injection of the euthanasia solution. Some feral cats may allow IP injection of euthanasia solution using a pole syringe through the small openings of the den without the pre-euthanasia anesthetic.

No animal (including feral cats) should be IC injected when conscious. IC injection of euthanasia solution must only be used on animals that are already unconscious. Appropriate pre-euthanasia anesthetics should be chosen (see EP – 6 Pre-euthanasia anesthesia), administered, and a determination that the animal is unconscious prior to IC injection of euthanasia solution.

The recommended site for an IC injection is on the animal's lower left side in the fourth, fifth, or sixth intercostal spaces. This site can be alternatively located by placing the unconscious animal on its right side and bend the animal's left front leg in a right angle. At this angle, the injection site should be directly behind the animal's elbow. The IC injection is administered directly into one of the chambers of the heart. Because the blood pressure in the heart is very powerful, blood may be pushed into the syringe as soon as the needle enters the heart. The technician should aspirate before making the injection which should result in a large volume of blood being easily withdrawn. If only a small amount of blood is withdrawn, the needle may be incorrectly placed into heart muscle or lung and another attempt should be made. Once the needle is verified in the correct location, the injection should be completed and the heartbeat should stop within seconds. The animal should then be checked for terminal signs.

Per EP – 1 Euthanasia Certification recommendations:
All employees required 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.

EP – 5 Observation: Hygiene in the washrack area when euthanasia is being performed.

The contractor observed the stainless steel examination table top used for euthanasia in the washrack area was not cleaned in-between euthanasias and there were no spray bottles containing disinfecting solution or paper towels in the area. As a result, the table remained extremely dirty throughout the euthanasia process on the day of the site visit. The contractor observed that after euthanasias were completed and later in the morning, the table top was rinsed with water from the hose in the washrack area.

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

When technicians perform euthanasia they bring an empty dead animal barrel from the dead animal freezer to the washrack area. As reported to the contractor, this barrel remains in the washrack area (including overnight) and not in refrigeration until it is filled. A non-fitting metal cover is placed over the top of the barrel when it is not in

use. The barrel is readily accessible to wild animals, members of the public, volunteers when it is left in this location.

Liability:

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

EUTHANASIA ETIQUETTE:

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

By not securing dead animal bodies in the dead animal freezer it could result in:

- Public health issues due to improper handling of animal carcasses:
  - Odor of decaying animals,
  - Attraction of vermin and resultant sanitation and disease transmission issues,
  - Increased accumulation of bodily fluids resulting in additional sanitation demands on staff, and
  - Possible exposure to zoonotic diseases.
- Attracting wild animals (coyotes) which could:
  - Expose impounded dogs to contagious diseases carried by the coyotes,
  - Increase stress of impounded animals due to possible attack by wild animals, and
  - Result in unexpected and possibly dangerous encounters with staff and wild animals.
- Dead animals being stolen from the barrels during the night and used for illegal purposes (i.e., used for bait when training dogs for illegal dog fighting, religious ceremonies).

EP – 5 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 washrack area used for euthanasia during the process and after daily euthanasias are completed.

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

The dead animal barrels need to be secured in the dead animal freezer immediately after daily euthanasias are completed regardless if the barrels are completely filled. No barrel should be left outside, unattended day or night. If additional euthanasias are performed during the day (post-completion of scheduled euthanasia) a barrel is either brought out from refrigeration or the animal post-euthanasia is carried to refrigeration and placed in an appropriate barrel.

EP – 6 Observation: Pre-euthanasia anesthesia.

It was reported to the contractor that xylazine is the only pre-euthanasia anesthetic used for dogs and no pre-euthanasia anesthetic is used for cats.

Xylazine (not a controlled substance) is kept in the controlled substance safe in dispatch in the administrative building. The euthanasia technician does not routinely check out the bottle of xylazine with the daily supply of euthanasia solution each morning prior to euthanasia being performed. When a situation arises where an animal requires administration of xylazine, the technician has to walk up to dispatch and retrieve the solution from the locked cabinet. Due to this delay, the KA handling the unpredictable animal is forced to wait several minutes while restraining the animal and preventing contact with other animals that are being brought to the washrack area for euthanasia.

Per observations stated in EP – 4 Euthanasia of Cats, administration of pre-euthanasia anesthetics are not being used in feral cats prior to IC injection of euthanasia solution.

EP – 6 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 follow-up IC injection of sodium pentobarbital when properly administered.

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

Other disadvantages of using xylazine alone include:

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

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

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

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

In addition, prior to commencing the euthanasia process, all equipment, supplies and pharmaceuticals should be readily available if needed by the euthanasia technician. This can be solved by implementing the recommendation of creating a separate euthanasia room as indicated in EP – 2 No identified euthanasia room.

EP – 7 Observation: Policy on animals requiring immediate euthanasia.
It was reported to the contractor that owner requested euthanasia due to injury and/or aged animals are held at the shelter for the legal holding period rather than being humanely euthanized.

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

Other situations that may require an animal to be immediately euthanized include recommendations by the shelter veterinarian when an animal presents in dying condition or irremediably suffering (see LSI – 3 Observation: Shelter sergeant provides lead supervision for the medical division.)

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 – 7 Recommendations:

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

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

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

Policy No: OPK120, page 2 which states:
"Animals that are not held for the number of days designated above (exceeded the minimum holding period) may be euthanized if they are unweaned animals without their mothers, **irremediably suffering, or if the owner has requested that the animal be euthanized."** (Bolding added for emphasis.)

Policy No: OPK120, page 3 which states:

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

Despite the fact that these County policies and state regulations designed to prevent animal suffering exist, staff is not following them and/or is not informed of them. Staff requires additional training in order to ensure owner requested euthanasia is completed in a humane and timely manner and to ensure the department is not in violation of regulations preventing needless suffering of animals.

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

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

EP – 8 Observation: Controlled substance security.

The shelter (including the spay/neuter clinic) maintains a supply of the following controlled substances: sodium pentobarbital (euthanasia solution – Fatal Plus), diazepam (valium), ketamine, Telazol (tiletamine-zolezepam), and torbugesic. There are three locations throughout the shelter where controlled substances are stored. These include: central supply of euthanasia solution, daily supply of euthanasia solution, and central supply of controlled substances for the spay/neuter clinic.

The shelter central supply of euthanasia solution (unopened, sealed bottles) is kept in a horizontal single locked filing cabinet in the manager's office located in the administrative building. The Sergeant and the OIC have keys to this supply. The officers only access this cabinet when replenishing the daily supply of euthanasia solution or for receipt of delivery of Fatal Plus. When the drug is distributed or delivery

received, two signatures on the drug log attests to the removal or addition of bottles from and to the cabinet. However, upon inspection of the inventory log it was not accurate. There were ten bottles of Fatal Plus that were not on the log but were stored in the cabinet. Also, several of the signature entries on the log documenting removal or addition of controlled substance to the cabinet were duplicates of the same person, not two different individuals witnessing the change in the stock supply as required.

Each morning the euthanasia technician requests the daily supply bottle of Fatal Plus from the sergeant who retrieves it from the daily supply safe located in dispatch of the administrative building. The safe is opened by two separate keys, but both are kept together on the same key ring and accessible by the same individual in charge of security. This bottle is used by the euthanasia technician when performing morning scheduled euthanasias. When the scheduled euthanasias are completed, the technician returns the bottle of sodium pentobarbital to the safe in dispatch where it is secured. If euthanasia is performed at other times throughout the day, the technician will retrieve the bottle from the daily supply safe and return it after completion of the procedure. The daily supply bottle is provided to the swing technician by the PM OIC who also has keys to the daily supply safe. The controlled substance log remains folded and rubber banded around the bottle of euthanasia solution that is in use.

The spay/neuter (S/N) clinic secures all controlled substances except sodium pentobarbital (ketamine, diazepam, Telazol, and torbugesic). Currently, there is no controlled substance distributed from the S/N clinic to the shelter. Euthanasia technicians do not use ketamine for pre-euthanasia tranquilization and there are no skunk kits (with ketamine) used by field officers. There is only a central supply of controlled substances at the clinic and it is kept in a double locked cabinet in the supply room. The shelter veterinarian and the RVT have keys to this cabinet. 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. On the day Singita is scheduled to use the clinic, county staff place the estimated daily supply of controlled substances Singita will need in a single locked drug cabinet in the clinic supply room that is accessible by the OIC. For more detail on security and use of controlled substances used by Singita see the report, Clinic Assessment – Animal Center # 5, RKS – 2, Procedures for inventory monitoring, dispensing, and security of controlled substances need to be modified.

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

EP – 8 Recommendations:

There should be one designated person (recommendation for the veterinarian who possesses the DEA registration certificate for the Lancaster shelter location) to be in charge of the overall oversight of dispensing and security of all controlled substances at

the Lancaster 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.

The central supply of controlled substances for the shelter 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. Current use of a filing cabinet does not provide adequate security and could easily be broken into and controlled substances taken. All unopened, sealed bottles of each controlled substance should be kept in this safe. Each substance should have a separate inventory log. Each time the cabinet is opened, the contents in the cabinet must be counted and documented in the log and confirmed by two different signatures. Since upon inspection, the log did not reflect this requirement is being upheld, both the sergeant and any officer that may be designated as the OIC, should be informed of this requirement and the log should be periodically monitored (by the veterinarian who is assigned the DEA number at the shelter) to ensure this procedure is followed. Consistent completion of this log will serve to maintain an accurate inventory of all controlled substances at any time (i.e., in the event a DEA inspector performs a site visit and/or to complete the monthly report requested by the Chief Veterinarian). The drug inventory log should contain the following entries:

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

At this facility, the recommendation will be not to combine the central supply for the shelter and the S/N clinic (as at the Downey facility) because this clinic is storing four additional controlled substances (none of which are currently being used in the shelter). As discussed below, the S/N clinic should continue to maintain the central supply cabinet they currently have.

Once a euthanasia room is designated (see EP – 2 No identified euthanasia room) there should be a daily supply safe, double locked for controlled substances (i.e., Fatal Plus and other pre-euthanasia anesthetics) located in this room. This will eliminate the often multiple trips by the euthanasia technician for daily transport of solution back and forth from the euthanasia area to dispatch. It also will ensure the euthanasia technician has pre-euthanasia anesthetics readily available to him/her if they are kept in the safe in the euthanasia room. Once this is instituted, it should eliminate the need for the daily supply safe in the dispatch area. The technician should have one of the two keys that access the daily supply safe. When the euthanasia technician picks up the daily euthanasia list from the sergeant at the beginning of the day shift, he/she can also

check out the second key for the daily supply of controlled substances cabinet in the new euthanasia room. Once the technician has both keys, he/she can open the safe and access the controlled substances. The technician will be on record for checking out the second key to the safe and is the person responsible for ensuring the substances are secured in the safe when not in use throughout the day. At the end of the shift, the technician will check the second key back in with the sergeant or the OIC.

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

The spay/neuter clinic should add a secured, double-locked steel cabinet bolted to the wall to maintain the daily supply of controlled substances for the S/N clinic. A separate log of daily use for each controlled substance (different than the surgical log) should be kept in a bound logbook/notebook with numbered pages. Singita should also place daily use of the county's controlled substances on these logs as well as maintain their own separate surgical logs. 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

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 daily supply 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.

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

EP – 9 Observation: Inconsistency in contacting rescue groups working with the shelter regarding animals that require immediate placement.

It was reported to the contractor that there is no designated procedure for kennel staff to follow to place an animal with a rescue group prior to a scheduled euthanasia. KAs working in the kennels and those assigned to clerical duty do contact rescue groups, but do not do so consistently.

EP – 9 Recommendations:

A protocol needs to be developed that outlines the procedures and documentation associated with contacting rescue groups to inform them of animals needing immediate placement (i.e. those that have completed the legal holding period, there is no public interest in adopting the animal, and the animal is scheduled for euthanasia). In order to ensure as many animals as possible have the opportunity for placement, the Lead KA (recommendation for adding Lead KA position per LSI – 3 Shelter sergeant provides lead supervision for the medical division) should monitor the process and stay in communication with rescue groups to maintain a positive relationship and address any issues that may arise.

EP – 10 Observation: Fatal Plus must be reconstituted prior to administration.

The shelter currently orders Fatal Plus in powder form that must be reconstituted prior to administration.

EP – 10 Recommendations:

It is recommended that Fatal Plus be ordered in liquid form that is ready to use. This will save time for staff as well as eliminate any discrepancies in total volume of solution available (dependant on proper dilution) and possible controlled substance log inaccuracies.

Medical Record Keeping (MRK)

MRK – 1 Observation: Record keeping issues discussed in other areas of this report.

Shelter record keeping practices that require amendment or revision:

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

MRK – 1 Recommendation:

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

- Cage cards (soft copies of the impound card)
  - EP – 3 Staff safety and animal identification in the washrack area where euthanasia is performed needs improvement
- Controlled substance inventory logs

  - EP – 8 Controlled substance security
- Controlled substance logs
  - EP – 4 Euthanasia of Cats
  - EP – 6 Pre-euthanasia anesthesia
- External identification of all impounded animals
  - EP – 3 Staff safety and animal identification in the washrack area where euthanasia is performed needs improvement.
- Foster Program
  - MCSA – 9 Foster program has no oversight by medical staff
- Laboratory Testing
  - MCSA – 7 Laboratory tests conducted by medical staff
- List of animals requiring medical examination
  - MCSA – 1 Identification of shelter animals requiring medical care and administering medical care needs improvement and standardized protocols

Shelter Cleaning Practices (SCP)

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

Kennels

- The contractor did not observe KAs using brushes or any other equipment to perform scrubbing of walls or doors of kennels during the morning kennel cleaning process. The only removal of dirt or debris from kennel surfaces occurs during the hosing process. In addition, dog beds and resting surfaces are not scrubbed. Because the beds do not receive regular cleaning, many appeared stained and discolored, and others were damaged and need replacing.
- Building #2 - Upon inspection in the afternoon, this building had an offensive odor of feces and urine. The contractor observed:
  - One kennel that housed nine puppies and the floor of the interior of the kennel was covered in fecal material that the puppies were walking through.
  - Kennel #209 contained a dog with severe diarrhea. There was no pink card affixed to the kennel gate to indicate the animal was under treatment.

Grooming Trailer

Upon inspection around 8:15 a.m., all dog and cat cages in the room had been cleaned, dogs and cats had fresh food and water, but the rabbits had not been cleaned or fed. The floor of the trailer had urine scalding/staining from the rabbits housed at the far end of the trailer.

Stray Cat Room/Cat Isolation

- It was reported to the contractor that cats are removed from their permanent cages and placed in a carrier or transfer cage while their enclosure is being cleaned.
  - One rag is used to wipe down each cage with disinfectant.
- The shelter uses disposable litter boxes for cats that are stacked in the room, but not pre-filled with cat litter.
- It was reported to the contractor that the floor drain in both rooms is plugged and water accumulates and pools in the room.

Feral Cat Room

The current enclosures utilized for feral cats are tall cage, not of modern design, consisting of a resting bar that would prevent placement of a Feral Cat Den in the cage. Because of these cage restrictions, staff is not equipped to safely and humanely handle feral cats. As a result, it is difficult for staff to properly maintain these enclosures.

Grave shift cleaning duties

As reported to the contractor, the grave shift that works in the kennels also handles field calls. This dual duty does not allow mandatory cleaning and maintenance responsibilities assigned to this kennel shift to be consistently completed. This creates a domino effect where the day kennel shift must try to incorporate the grave shift's uncompleted duties into their daily overloaded responsibilities. The result that often occurs is that some maintenance cleaning duties do not get completed and over time this contributes to the overall deterioration of the shelter's appearance and upkeep.

SCP – 1 Recommendation:

Kennels

- In order for cleaning agents to work, all surfaces must have contaminants (i.e., feces, urine) physically removed prior to applying soaps or disinfectants to surfaces like the kennels. Disinfectants are inactivated by organic material like feces, saliva, and dirt. Effective sanitation requires applying a disinfectant to a basically clean surface. In order to get a clean kennel surface, staff will need to use brushes and physical scrubbing to remove organic material. All surfaces of the kennel should be scrubbed including walls, gates, 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. 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 large sink or 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 returned to the kennels for drying.
- Building #2
  - The contractor observed in the afternoon that it was difficult to locate KA staff in the kennel buildings. When staff is unavailable to continually monitor sanitation conditions in kennels that house multiple animals, unacceptable conditions can materialize quickly. KA staff must be present to observe and take action when enclosures require additional cleaning. In addition, animals observed by staff with diarrhea and/or vomiting should be brought to the attention of the medical division and may need to be relocated to isolation areas of the shelter.

Grooming Trailer

All cages on racks in the trailer should be rolled out of the trailer each day in order to facilitate cleaning and disinfecting of the floor of the trailer. The rabbits housed here are not in species specific housing which exacerbates the problem of containing their urine and maintaining continuity of cleanliness in this room. Rabbit cages should be purchased and relocating the rabbits should be considered. The barn area that is scheduled to be constructed in the near future at the shelter may be a better location than the grooming trailer.

Stray Cat Room

- In order to prevent disease transmission from one cage to the next during the morning cleaning process, which currently consists of utilizing one rag to clean each cage in the room, KA staff should use spray bottles containing disinfectant, spraying the walls and cage front, and then wiping the cage dry with paper towels.
  - Staff reported to the contractor that spray bottles have not been available to them for a long period of time and that paper towels are available when donated from the public.
- Cats are removed from their permanent cages and placed in a carrier or transfer cage while their enclosure is being cleaned. Once the animal is returned to their enclosure, the carrier must be cleaned and sanitized in between each animal.
  - An alternative to this method would be to utilize a cage bank (with 8-12 cages) on a moveable rack to allow for multiple cages to be cleaned and disinfected at one time before the next group of cats is placed in them.

Cats could be placed in this bank of temporary cages while their permanent cages are cleaned. After they are placed back in the permanent cages, the entire bank of temporary cages can be hosed down and disinfected prior to adding additional cats.

- In order to expedite daily cleaning, assembled disposable litter boxes should be pre-filled with cat litter so they can quickly replace a dirty litter box in a cage.
  - This is a task that can be completed by volunteers that assist staff in maintaining a cleaner cat room on a regular basis.
- KA staff needs to report plumbing problems to their supervisor as soon as they are discovered. Floor drains need to be properly maintained. These types of issues could be handled by the Lead KA.

Cat Isolation

- KA staff should follow the recommendations for cage cleaning as indicated above for the Stray Cat Room.
- KA staff should follow the recommendations for cleaning transfer cages as indicated above for the Stray Cat Room.
- Cages in the isolation room are on moveable racks. These cages need to be pulled out of this room for daily cleaning and disinfecting and also to accommodate improved floor cleaning.
- After staff completes daily cleaning and feeding in this room, all moveable items used in the room (i.e., dirty and any extra clean feeding bowls, carriers, transfer cages, carts etc.) should be sanitized immediately.
  - A mop and mop bucket should be designated specifically for cat isolation and only used in this room. However, directly after completion of cleaning this room, the mop still needs to be cleaned and soaked in disinfectant prior to storage.
- KA and RVT staff need to work together to maintain better hygiene in this room, while upholding disease prevention practices.

Feral Cat Room

It is recommended that the current cages in this room be replaced by more modern cat enclosures. In addition, feral cat dens should be purchased and placed in every cage. Most feral cats remain in the den on their own or can be easily encouraged to move into the den. Once the cat is in the den, the KA can close the entrance to the den and easily remove the den with the cat from the cage which will allow staff to safely and completely clean and disinfect the cage. Not only will this enhance employee safety, but it will also decrease the opportunity for cats to escape during the cleaning process because staff can remove the cat from the cage by removing the den containing the cat.

Another recommendation to improve sanitation in this room, reduce stress for the cats, and lower the risk of injury for employees, is to maintain a lower feral cat population

that can be humanely managed in this room. This can be facilitated by shortening the legal holding period for cats that are deemed truly feral. In accordance with Food and Agriculture 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 rather than restraining cats and placing them in transfer cages during cage cleaning), and
- Reducing the number of cats in the room to a more manageable population.

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

<u>Grave shift cleaning duties</u>

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 complete duties in a more timely fashion, such as completing daily euthanasias prior to the shelter opening to the public, having more time available to clean other animal holding areas (i.e., feral cats, hospital room), and for staff to be more readily available to assist the public upon opening.

SCP – 2 Observation: Cleaning and sanitizing outdoor public intake area.
Intake of animals from the public is conducted on one side of the administration building at a window that communicates with the clerical staff. There is a sidewalk leading from the front entrance of the shelter to the intake window that is bordered on one side by grass and the administration building on the other. The contractor observed animals lined up on the sidewalk, in the grassy area, and urinating on various corners of the building while waiting to be impounded. There is also a water hose in this area but for the two day period of the assessment, the contractor did not observe the sidewalk or the side of the building being cleaned with water or disinfected. There also does not appear to be any drainage for water when the area is hosed down.

SCP – 2 Recommendation:
Animals are not separated in the intake line based on species, breed, or potential for harboring a contagious illness. This necessitates that the area needs to be cleaned and disinfected in the morning in the same manner that the kennel enclosures are maintained throughout the day.

This is not a good location to conduct events (vaccination or microchip clinic) or to direct members of the public through this area when they have their personal pets with them due to the increased opportunity for disease transmission. If this is the only location to conduct these events, the area should be disinfected prior to commencement of the pre-scheduled clinic.

Drainage issues should be assessed by the County's maintenance department.

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:

- Industrial size washer and dryer,
- Readily available supply of disposable gloves for staff,
- Scrub brushes in a variety of sizes and handle length,

- Paper towels,
- Spray bottles,
- 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: <u>There are a variety of staff safety issues that need to be addressed.</u>

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

ESIIP – 1 Recommendations:

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

- KA staff should be provided with hearing protection and should have their hearing tested by the County annually.
- Control poles need to be permanently placed in areas where animals are housed or handled (all kennel buildings, the washrack area, and the over the counter intake area).
- Decrease the number of times a KA may have to enter a kennel (housing 3-4 dogs) and risking employee injury in order to verify a dog's identity by changing the external identification from tab bands to large sized tags that can be visualized from the exterior of the kennel.
- Non-functioning guillotine doors need to be repaired.
  - Ensure that when counter weights are used to open doors, that they remain open.
  - Repair guillotine system where counter weights hang too low when the door is being closed resulting in the weight potentially hitting the KA in the face.
  - Ensure that doors can not be opened by dogs once a KA has closed an animal to the opposite side of the enclosure.
    - If a dog manually lifts the door there is the potential the KA can be hit in the head by the counterweight.
    - If a dog manually lifts the door there is the potential that a KA can unexpectedly be in contact with one or several fractious dogs in the enclosure and risk serious injury.
  - Develop a reporting system to supervisors for KAs to utilize to identify guillotine doors that are not functioning and protocols for follow up to ensure the doors are either repaired in a timely fashion or animals are not held in these enclosures.

- Ensure all staff is in uniform, including wearing appropriate shoes (rubber soles and steel toes) to protect them from slipping and falling, and possible bite injuries.
- Improve security of temporary holding kennels for over the counter impounds.
  - Place locks on the temporary impound kennels to prevent recent impounds from being stolen or released by members of the public.
  - Renovate one or all of the temporary impound kennels so that there is no direct communication between the chain length fence of the adjoining kennel and utilize that kennel for aggressive breeds to prevent a potential altercation between animals and the risk of injury for KAs when they must enter the enclosures to restrain animals.
- Install eye wash stations in all animal holding rooms that contain sinks and in the washrack area.
- Improve the lighting in the washrack area where euthanasias are currently being performed to prevent possible injury of euthanasia technicians performing the procedure during the swing or grave shift.
- Develop a Material Safety Data Sheet (MSDS) notebook for the facility and place copies of the notebook in the administrative building, the washrack area (where euthanasia is currently performed and chemicals are stored), and in the future euthanasia/medical room (see ESIIP – 2 <u>There are no Material Safety Data Sheet Notebooks at the shelter</u>.)

ESIIP – 2 Observation: <u>There are no Material Safety Data Sheet Notebooks at the shelter.</u>

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 – 2 Recommendations:

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

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

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

ESIIP – 3 Observation: <u>Employee Injury and Safety.</u>

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

Liability:

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

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

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

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

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

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

ESIIP – 3 Recommendations:

Develop an IIP Program and select an IIP Program Administrator.

Facility Layout Modifications (FLM)

FLM – 1 Observation: Building entrance and lobby need modification to improve efficiency.

- The sliding glass door at the entrance to the shelter contains a great deal of signage, including hand written information taped to the glass.
- A line painted on the sidewalk has become faded and unidentifiable that was intended to lead the public from the entrance of the shelter to the outdoor animal intake window.
- Outdoor, overhead lighting along the building entrance and side of the building by the animal intake window are missing.
- The contractor observed on multiple occasions that the public and "over the counter" impounded animals were directed by staff to enter the clerical area behind the counters through the animal intake door on the side of the building rather than be led by a KA through the locked gate near the intake window to place the animal in the temporary impound kennels.
- In the lobby, the counters are set up to service people on one side of the counters (with two clerks) and on the other perpendicular section of counter, another clerical station with computer access is set up. Only one line is formed waiting service from these three clerks that winds through the lobby and blocks the entrance from the lobby into the shelter.

FLM – 1 Recommendations:

- Signage on the sliding glass door should be limited to the most pertinent information (i.e., hours of operation, emergency telephone numbers, etc.) and should be presented in a professional manner and not hand written on small pieces of paper taped to the glass.
- At the corner of the front of the building that leads to the animal intake window, the faded line (color coded) on the sidewalk that extends from the administration entrance around the building to the animal intake window should be repainted and a sign should be placed (or a sign on an easel) near the building entrance that identifies the directional color coding (i.e., blue line leads to the animal intake window).
  - Due to the large number of buildings throughout the shelter, a directional color coded system for painted lines on sidewalks and walkways could be used for the public to follow to all desired destinations of the shelter. For example, a green painted line on the ground could trace the path from the lobby to the spay/neuter clinic, red lines could lead to all kennel buildings etc.
- All outdoor lighting along the perimeter entrance of the facility should be replaced as soon as possible to enhance safety for members of the public utilizing the animal intake window and those entering the shelter during early evening hours.
  - A staff member who is designated as the Injury Illness Prevention (IIP) Program Coordinator (see ESIIP – 3 Employee Injury and Safety) should be monitoring these potential safety hazards and be in charge of following up with maintenance staff to ensure the repairs are completed in a timely manner.
- It was reported to the contractor that allowing the public with recently impounded animals to enter the shelter through the animal intake door into the clerical area was prohibited despite the fact that it was observed on 3-4 occasions.
  - Once inside the clerical area, the public leads unpredictable animals near employees working in this area and recently impounded cats in carriers (placed on the floor awaiting transport to permanent housing) which has the potential of creating an altercation between animals and people which could result in injury to employees trying to contain the situation and innocent by-standers (including the public).
  - Intake staff should not allow the public and their animals to enter the clerical area through the animal intake door on the side of the building. All animals should be led through the gate at the end of the sidewalk past the intake window and directly to the temporary impound cages.
  - As reported to the contractor by seasoned clerical/KA staff assigned to the animal intake window, new employees or KAs inexperienced in the clerical area are not properly trained on policies and procedures and instead learn through observation or by making mistakes.

- Staff needs to be trained prior to placing them in situations where improper decisions could put themselves, the public or other employees at risk for injury.

- There is a tremendous bottleneck of people in the lobby who are waiting to see a clerk at all hours throughout the day. Factors contributing to this bottleneck and possible solutions include:
  - The lobby itself is very small.
    - Extend the lobby by creating a secondary staging area outside near the entrance to the shelter for busy seasons.
      - Rope off this area and set up canopies (similar to those used at an outdoor adoption event) for people to wait until they can be assisted by a clerk. Folding chairs or benches should be set up in this area (which can be secured to insure they are not stolen), as well as lined garbage cans to maintain a clean waiting area.
      - Set up two racks that contain cards identified by numbers and letters for people to take to indicate their position in line to see a clerk. The letters will be for people who are there for only licensing transactions and the numbers will be for people who are completing an adoption or multiple transactions.
      - Set up a speaker system that reaches the outdoor staging area where clerks can call the next number or letter from their clerical station without walking outside.
      - Once the clerk has completed a transaction, he/she will place the number or letter card in a designated place behind the counter in proper order and the Senior Clerk will monitor the cards to ensure they are replaced back on the rack in the secondary staging area as necessary.
      - This will limit the number of members of the public in the lobby to those who are being helped by a clerk (up to three at a time), those obtaining handouts or reading posted notices in the lobby, those looking through lost and found animal notebooks, and those walking through to the animal enclosures to view animals.
  - Untrained staff members are working as clerks that can not efficiently complete transactions without asking for assistance from other seasoned clerks or making mistakes that need to be corrected by other clerks.
    - Provide training for clerical staff prior to allowing them to work independently providing service to the public.
      - Training should include providing all employees who will be working in the clerical area with all office and clerical policies and procedures that are currently in the Manual.

- Procedures should be updated to include computer commands for common transactions (i.e., adoptions, licensing etc.) and trouble shooting commonly asked questions (as developed by the Senior clerk).

- Clerical stations should be differentiated by services (i.e., one line for licensing, one line for adoptions).
  - Even though many people come to the clerical counter with multiple issues, line per service may be momentarily disregarded, but this structure can be continually reinstated throughout the day to speed up single transactions.
  - The Senior Clerk should be in charge of managing the public flow and identifying single service transactions in order to expedite those and clear out the lobby when possible.
  - Implementation of the secondary staging area described above will greatly facilitate this effort.

FLM – 2 Observation: Animal holding buildings need repair or changes.

- Exterior of kennel buildings contain peeling paint, rust evident along doorways, ceilings have cracks and peeled paint.
- Front door to the Stray Cat room is damaged.
- Members of the public have unsupervised access to the Cat Isolation room.
- Dangerous Dog Kennels are antiquated and dangerous for staff.
  - Each kennel does not have a guillotine door which communicates with another section of the same kennel. Instead, guillotine doors are situated on the sides of the kennels to allow communication to adjacent kennels.
  - When performing daily cleaning on this row of kennels, initially one dog must be removed and is either placed in a temporary holding kennel or tethered while the remainder of the kennels are cleaned. The first kennel is cleaned and the dog in the adjacent kennel is allowed to move into the clean kennel through the guillotine door. This continues until all kennels are cleaned and the original dog removed at the start of the process is placed in the last clean kennel.
- Cage numbering in the grooming trailer is inaccurate.
  - There were two cages assigned the following numbers: 713, 714, 715, and 716. One cage in the trailer was not numbered, but housed an animal.

FLM – 2 Recommendations:

- All kennel buildings need to be re-painted and ceilings need to be checked for leaking and repaired when applicable.
- The front door to the Stray Cat room needs to be repaired or replaced.
- A lock should be placed on the door leading to the Cat Isolation room. This will ensure that public access is allowed only when accompanied by a KA in order to monitor interaction with ill animals and prevent spread of disease.

- The design of the Dangerous Dog kennels near the washrack area creates an increased potential for injury to staff when performing daily cleaning duties and creates opportunity for increased disease transmission. This kennel row should be replaced by kennels that are the most modern in construction and safest because they are housing the most fractious animals that have the potential to injure staff and the public.
  - Dogs are primarily placed in these enclosures because they do not get along with other dogs or are fractious indicating that handling of these animals should be at a minimum. With the design of these enclosures it is necessary to remove at least one animal daily during the cleaning process and if there are no other kennels available to temporarily hold the animal, it will be tethered outside near the enclosure with the possibility of breaking loose and injuring staff or others on shelter property.
  - In addition, each day a new dog from the row will be pulled as the initial dog to be temporarily housed during the cleaning process because they move from one kennel to the next every day. This creates a new risk with an unfamiliar, difficult to handle dog each day for the KA assigned to this row of kennels.
  - Because each dog is placed in a new kennel every day in this row of kennels (rather than remains in the same enclosure that is cleaned every day) there is greater potential for disease transmission.
- Each cage in the grooming trailer needs to be assigned an individual number and the number needs to be affixed to the cage.

FLM – 3 Observation: Summary of recommended new rooms and renovations identified throughout this report.

FLM – 3 Recommendations:

- Enlarge Cat Isolation room
  - MCSA – 2 Cat and dog isolation practices are inadequate for disease containment.
- Construct a kennel building for dog isolation.
  - MCSA – 2 Cat and dog isolation practices are inadequate for disease containment.
- Create a euthanasia/medical room.
  - MCSA – 4 No established procedures or location for performing emergency stabilization/triage and physical examination at the time of impound and for animals housed at the shelter.
- Options for creating a euthanasia room without medical room capacity.
  - EP – 2 There is no identified euthanasia room.
- Relocate the Feral Cat room.
  - MCSA – 4 No established procedures or location for performing emergency stabilization/triage and physical examination at the time of impound and for animals housed at the shelter.
- Identify a specific area in the shelter to perform behavior assessments.

- MCSA – 8 Behavior assessments conducted at the shelter.
- Create a secondary staging area for the public waiting to see a clerk.
  - FLM – 1 Building entrance and lobby need modification to improve efficiency.

QUICK FIX ITEMS FOR THE LANCASTER SHELTER

1. Have the shelter veterinarian obtain DEA certificate and order forms.
2. Purchase and install appropriate controlled substance safes.
3. Start ordering Fatal Plus in solution rather than in powder form.
4. Schedule euthanasia training and certification for KAs not formally trained (also listed under Training section for Long Term Fixes)
   a. Once certified, schedule KAs to partner with RVTs to gain experience performing daily euthanasia, and
   b. Schedule KAs to share daily euthanasia duties with RVTs when appropriate.
5. Appoint temporary Lead KA on the floor daily (see Long Term Fixes for requesting authorization of permanent Lead KA position).
6. Implement recommendations for change in daily cage cleaning of cat rooms.
7. Implement prophylactic deworming of puppies.
8. Communications
   a. Ensure all staff (including veterinarians) have and wear radios when working in the kennels,
   b. Establish outside emergency telephone line in the washrack area, and
   c. Purchase an additional fax machine to be placed in the clerical area.
9. Change type of external identification used – order large plastic tags and chain collars for dogs.
10. Place a lock on the door to the Cat Isolation room.
11. Replace the front door to the Stray Cat room.
12. Replace all outdoor, overhead, perimeter lighting.
13. Improve lighting in the washrack area.
14. Renovate temporary impound kennels to prevent direct communication through the chain length fence to adjacent kennels.
    a. Purchase locks for these cages.
15. Replace kennel resting beds.
    a. Contact Sergeant Denise Rosen at the Agoura shelter and request information on the donation program with Kuranda Dog Bed Company where she engaged the community to make donations which contributed to purchasing beds at discounted prices for each kennel.
16. Purchase cage card holders for all animal enclosures that have plastic sleeves and clips to attach to the cage door or kennel gate.
    a. Protects soft copy of the cage card and Pink cards, and
    b. Provides a more uniform, professional appearance to recordkeeping within the kennels and animal rooms.
17. Repair damaged, malfunctioning guillotine doors on kennels.
18. Purchase Feral Cat Dens so that all feral cat cages have dens available.
19. Order new updated cages for feral cats.
20. Order species specific rabbit cages.

a. Consider relocating rabbits from the grooming trailer to the Stray Cat room to improve viewing for adoption and enhance cleaning and sanitation of enclosures.

21. Install eye wash stations in all sinks where chemicals or pharmaceuticals are used.
22. Shelter supplies – ensure readily available supplies upon request
    a. Purchase food storage containers that can be covered and sealed,
    b. Paper towels,
    c. Soap dispensers installed at sinks for hand washing,
    d. Spray bottles for cage and surface cleaning with labels or markers to indicate bottle contents and concentrations (including washrack area),
    e. Disposable gloves,
    f. Purchase scrub brushes of various sizes and strengths for each building containing kennels, housing cats, washrack room, and dead animal cooler,
    g. Knee-high rubber boots for all staff working in the kennels,
    h. Disposable booties for isolation rooms, and
    i. Medical supplies to be ordered:
        i. Parvovirus tests readily available
        ii. Fecalyzers
        iii. Dermatophyte test media (DTM)
23. Equipment
    a. Order industrial washer and dryer,
    b. Order squeeze cages of various sizes,
    c. Order cat nets,
    d. Order leather gloves for handling cats,
    e. Order plexiglass shields for restraining cats,
    f. Order standard poles with steel cables and designate poles to be placed in each kennel building, the washrack/euthanasia area, and clerical intake area,
    g. Order new pole syringes for euthanasia technicians,
    h. Ensure all kennel staff is carrying ropes (not nylon leashes) and rope material is available for immediate replacement of damaged rope,
    i. Order back supports for all KAs to use when necessary and especially when assigned to euthanasia,
    j. Purchase supply of pocket notepads and distribute to KAs, and
    k. Medical equipment to be ordered:
        i. Stethoscope for euthanasia technicians
        ii. Wood's Lamp
24. Create a form for the ACOs and KAs to use when listing animals requiring veterinary examination.
25. Set up an agreement with a Veterinary Diagnostic Laboratory in the area.
26. Order identification badges for all staff that come in contact with the public to include their name and position/rank.
27. Expedite ordering uniforms for new employees
    a. Fax in required measurements for fitting rather than send employees to administration in Long Beach.

28. Implement all healthy animals vaccinated at impound (train all staff to administer vaccine, see Training section under Long Term Fixes).
29. Relocate the refrigerator to the Cham Cam room or near the impound area to ensure vaccine is properly stored and readily available prior to vaccinating animals at impound.
30. Revise behavior assessment test to perform general, basic assessment.
31. Ensure animal diets are available upon request (i.e., age specific diets – kitten and puppy chow, canned foods, milk replacer for foster parents).
32. Set up secondary staging area for public waiting to see a clerk.
    a. Purchase a canopy, folding chairs, racks, create cards with numbers and letters for the racks.
    b. Setting up the speaker system from the clerical area to the secondary staging may be a Long Term Fix Item. Alternatively, the clerk can ask the customer that has completed their transaction to call out the next number or letter to the secondary staging area as they exit the clerical area.

LONG TERM FIX ITEMS FOR THE LANCASTER SHELTER

1. Request authorization of permanent Supervisor/Lead position for kennel staff recruit, interview, and fill position.
2. Change reporting structure for medical staff to report to the shelter veterinarian.
3. Develop Material Safety Data Sheet notebooks and have copies available in the washrack area, front office, and future medical/euthanasia room.
4. Buildings/room renovations:
   a. Enlarge Cat Isolation room,
   b. Construct a kennel building for dog isolation,
   c. Create a euthanasia/medical room,
   d. Relocate the Feral Cat room, and
   e. Replace Dangerous Dog kennels.
5. Repaint shelter directional lines on sidewalks and walkways.
6. Replace handwritten signage on front sliding glass entrance with professional signage.
7. Provide training for staff in the following areas:
   a. Euthanasia,
   b. Humane animal handling,
   c. Vaccine administration for ACOs and KAs,
   d. Clerical training for KAs,
   e. Field duty training for KAs,
   f. Medical protocols and administration of medication for KAs, and
   g. RVT emergency triage.
8. Implement annual employee hearing tests.
9. 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.
10. 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). Written documentation of scheduled periodic inspections to identify unsafe conditions and work practices as required by subsection (a)(4).
2. 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:

   Meets regularly, but not quarterly;

0. 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;

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

2. 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;

3. 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;

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

5. 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 #5
December 14, 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 #5, the Spay/Neuter Clinic, located in Lancaster. The following staff from the medical division provided input and insight into operational procedures.

Veterinary Medical Staff:

Technicians:

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

Staffing Issues (SI)

SI – 1 Observation: Clinic medical staffing.
Staffing for activities associated with the spay/neuter clinic consists of one veterinarian (two veterinarians for the morning hours only, on occasion), one Registered Veterinary Technician (RVT), 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 have become ill,
- 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 and Chameleon entries), dispensing medications to the public, pharmaceutical ordering and inventory, preparation of surgical packs, and periodic cleaning of cages in the animal holding area are also the responsibility of the assistants.

Veterinarians from the clinic also have shelter medicine responsibilities in the morning and afternoon, as well as field emergencies.

SI – 1 Recommendations:

The RVT and the unregistered veterinary assistant should be assigned to the clinic during the morning hours while surgeries are being performed. As indicated in the report, ANIMAL CARE/MEDICAL ASSESSMENT – Animal Center #5, LSI – 2 Observation: There is minimal coverage of shelter medical duties with one RVT assigned to the Lancaster facility, there should be two RVTs assigned to the facility. One RVT should be primarily assigned to the clinic and one to shelter duties. The unregistered assistant should assist with clinic duties in the morning and shelter medical and/or kennel duties in the afternoon. RVTs should be cross-trained to fill in for each other during days off, sick and vacation days, providing assistance with pre-surgical duties and rotating through daily euthanasias and other shelter stressful duties.

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

On a rotating basis, one veterinarian should:

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

The second veterinarian should:

- Begin the day with morning shelter rounds,
- Monitor euthanasia procedures,
- Provide surgical support to the primary surgeon until noon,
- Respond to emergencies brought in by officers from the field, and
- Spend the afternoon in the shelter working with the RVT,
    - Performing physical examinations and making treatment recommendations on all new impounds that present with injury or illness,
    - Entering medical information into shelter animal electronic records,
    - Monitoring animals that are currently under treatment,
    - Reviewing feeding and housing practices as performed by the kennel attendants (KA),
    - Collaborating with the Lead KA (see ANIMAL CARE/MEDICAL ASSESSMENT – Animal Center #5, LSI – 3 Observation: Shelter sergeant provides lead

supervision for the medical division) 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 euthanasia/medical room (see ANIMAL CARE/MEDICAL ASSESSMENT – Animal Center #5, MCSA – 4 Observation: No established procedures or location for performing emergency stabilization/triage and physical examination at the time of impound and for animals housed at the shelter) which can serve as the location for all impound procedures for the shelter, including initial physical examination and emergency triage.

The RVT assigned to shelter duty 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 #5, MCSA – 4 Observation: No established procedures or location for performing emergency stabilization/triage and physical examination at the time of impound and for animals housed at the shelter).

Animals that are non-emergency cases can be examined by the RVT while the veterinarian completes scheduled spay/neuter surgeries. The RVT can begin treatment for common shelter presentations based on written orders by the veterinarian (per ANIMAL CARE/MEDICAL ASSESSMENT – Animal Center #5, MCSA – 1 Observation: Identification of shelter animals requiring medical care and administering medical care needs improvement and standardized protocols.

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

When surgeries are completed, the veterinarian assigned to the shelter will spend 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, the RVT, 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 and kennel attendants (KA) moving from the clinic to the shelter and back again, and to ACO vehicles parked near the clinic before, in

between, and after daily surgeries. Staff wore the same shoes in each of these areas, including the surgical suite.

The veterinarian had set up a boot wash outside of the clinic, but the contractor observed that many staff members by-passed the boot wash rather than using it upon entering the clinic.

PreSI – 1 Recommendations:

The boot wash is a good method to decrease the amount of disease transmission when consistently used, but also becomes a high maintenance item when it needs to be changed at least once daily (which includes scrubbing the tub, cleaning and disinfecting). If this is not done, and the use of the boot wash isn't forced, it becomes much less effective.

Mandating the use of shoe covers generally is easier to enforce, monitor, and requires no maintenance time besides stocking of the shoe covers. 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 RVT and/or the veterinarian identifies ill animals in the clinic holding area that are unfit for surgery. It was reported to the contractor that these animals were not immediately removed from the clinic and placed in isolation in the shelter. The ill animal remains in the clinic in close contact with healthy animals awaiting surgery until either the adopter picks him/her up or if the adopter decides no longer to take the animal, he/she is relocated into the main population of the shelter at the end of the day by the swing shift KA.

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 RVT and unregistered assistant arrive in the morning, both 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 technicians will present the case to the veterinarian for further examination before shelter morning rounds are conducted. If the animal is deemed unfit for surgery by the veterinarian, either technician 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 clinic RVT will inform the RVT on shelter duty of the animal's status.

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

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

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

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

- Procedure and criteria in which to determine if an adopted animal is unfit for surgery,
- Contacting the adopter to determine if they choose to continue or discontinue the adoption,
- Medication prescribed by the veterinarian post-examination,
- Administering the initial dose of medication,
- Re-locating the animal to shelter isolation,

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

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

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

PreSI – 3 Recommendations:

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

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

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

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

PreSI – 4 Recommendations:

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

The department should recommend early age spay/neuter, as early as eight weeks of age for all healthy animals admitted to the clinic (shelter adoptions and publicly owned animals) at all six shelters. Protocols need to be developed and incorporated into the Policy & Procedure Manual that reflect additional procedures and/or safeguards for pet owners and the clinic to follow pre and post-surgically (see PreSI – 5, There are no special feeding instructions for early age spay/neuter surgical patients and PostSI -1, Post-surgical care for early age spay/neuter patients needs to be added to protocols.)

PreSI – 5 Observation: There are no special pre-surgical feeding instructions for early age spay/neuter surgical patients.

Currently, the county recommends food to be withheld for early age spay/neuter surgical patients the night before surgery and the day of surgery.

PreSI – 5 Recommendations:

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

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

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

Spay/Neuter Services (SNS)

SNS – 1 Observation: Additional surgical training for the veterinarian would be helpful to increase number of surgeries performed.

The veterinarian stated to the contractor that his specialty prior to working for the County was in equine medicine and surgery and that he was improving daily on his small animal surgical skills.

SNS – 1 Recommendations:

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

Post-Surgical Issues (PostSI)

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

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

PostSI – 1 Recommendations:

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

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

in a pet carrier lined with towels and surgical gloves filled with warm water in the interior of the carrier.

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

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

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

PostSI – 2 Recommendations:
Animals should be offered a small amount of food after 7:00-8:00 p.m. depending on their level of awareness (due to anesthetic recovery) and provided with fresh water. The pet's normal feeding schedule should resume the next morning.

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

PostSI – 3 Observation: Animals are released post-surgically by KA staff.
Currently, the clinic technicians release animals post-surgically until their shift ends (mid-afternoon) at which time the clinic is locked and releases become the responsibility of the KA's. However, after 6:00 p.m., the contractor observed members of the public had gained access to the clinic because the facility was not locked as required.

The contractor also observed that the KA had difficulty identifying the correct animal to be released (public surgeries were performed that day) because the cage card did not identify the pet owner's last name. The KA did not examine the animal or the surgical site prior to release to the pet owner.

KAs also provide the post-surgical care handout to adopters and pet owners and answer any animal care questions that may be posed. The contractor observed the KA instruct the pet owner to withhold food and water from the animal for the entire evening post-surgically.

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

KAs will perform post-surgical release of clinic patients if technicians have left for the day. In order to perform this duty, KAs should receive training in evaluating the condition of animals post-surgically. Other duties associated with post-surgical release include distributing the modified County post-surgical care handout. Staff should become familiar with the new instructions (providing food and water the evening after surgery is completed) cited in the handout and be monitored periodically by the swing officer in charge (OIC) to make sure consistent instructions are being given to adopters and pet owners.

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

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

PostSI – 4 Recommendations:

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

On occasions when these animals are not picked up by owners/adopters, they should remain in the clinic to recover from surgery overnight. The duties for the swing OIC need to be amended slightly to accommodate this change. When he/she checks the clinic at 7:00 p.m., (currently assigning the swing KA to relocate any remaining animals to the shelter main population from the clinic) the remaining animals in the clinic should instead, remain in the clinic overnight and be identified (placed on the OIC's report and a list left on the RVT's desk in the clinic for follow up the next morning). The swing KA should be instructed to provide these animals with water and a small bowl of food. 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. The Lead KA will follow up with the medical staff the following morning to ensure these duties were completed by KA grave shift staff.

Vaccine Clinic (VC)

VC -1 Observation: There are no current operational hours for a vaccine clinic at the Lancaster facility.
There currently is no vaccine clinic scheduled at the shelter.

VC -1 Recommendations:

Consider starting a vaccine clinic two days per week from 1:30 – 2:30 p.m., after surgeries are completed and medical staff has been provided a lunch break. This schedule should be coordinated with medical appointments with the veterinarian for animals that have become ill post-surgically (see MCSA – 1). If there is one veterinarian on duty, this will allow him/her to begin afternoon shelter rounds between 2:30-2:45 p.m. with the shelter RVT. If there are two veterinarians on duty, the responsibility of conducting the vaccine clinic will be assigned to the primary clinic veterinarian and the veterinarian assigned to the shelter will begin shelter work in the afternoon without interruption.

VC -2 Observation: Additional items for vaccine clinic protocol.
During the vaccine clinic, owners should not be restraining their own animals during vaccine administration.

Liability:

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

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

VC -2 Recommendations:

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

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

Microchip Clinic (MC)

MC -1 Observation: Owners restrained their own pets during the microchip clinic.
During the microchip clinic, the KAs request owners to restrain their own animals during implantation of the microchip.

Liability:
See VC – 2 Liability section.

MC - 1 Recommendations:
See VC – 2 Recommendations section.

Medical Services to the Public (MSP)

MSP – 1 Observation: Animals that have become ill five days post-surgically can return to the clinic for physical examination by the veterinarian and dispensing of medication.
Members of the public can return to the clinic with their ill pet post-surgically and the veterinarian will perform a physical examination on the animal in the clinic exam room and dispense medication free of charge.

In addition, the shelter has established a one hour time frame for this service (between 1:00 -2:00 p.m.) however, as reported to the contractor, this is not adhered to by the telephone staff at the call center in Downey when providing information to the public on veterinary availability. This results in the public requesting veterinary office visits throughout the day which does not allow the veterinarian to stay on schedule and complete clinic and shelter responsibilities in an organized and timely manner.

MSP – 1 Recommendations:
Ill animals should not be admitted into the spay/neuter clinic. Ill animals should be taken to the euthanasia/medical room (see ANIMAL CARE/MEDICAL ASSESSMENT – Animal Center #5, MCSA – 4 Observation: No established procedures or location for performing emergency stabilization/triage and physical examination at the time of impound and for animals housed at the shelter) which should serve as the only location where ill animals are examined by medical staff.

As recommended in VC – 1 (There are no current operational hours for a vaccine clinic at the Lancaster facility), the 1:30 – 2:30 p.m. vaccine clinic should be coordinated with medical appointments for the veterinarian dependent on the number of veterinarians scheduled to work at the Lancaster facility. If there are two veterinarians, there is more flexibility with scheduling the specific hour for public appointments since the clinic veterinarian will remain stationed at the clinic and not need to conduct afternoon shelter rounds which will be assigned to the second or shelter veterinarian. If there is only one veterinarian assigned to the facility, he/she should establish public appointments for the

same hour as the vaccine clinic so that upon completion he/she can conduct afternoon shelter rounds starting at 2:45 – 3:00 p.m.

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

Record Keeping/Security (RKS)

RKS – 1 Observation: The patient's surgical record is incomplete.
Either the RVT or the veterinarian is currently entering into the patient's Chameleon medical record, limited spay/neuter information post-surgically.

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

Liability:

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

RKS – 1 Recommendations:

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

In order to come into compliance with a complete surgical record for each animal in a high volume spay/neuter environment, without consuming an extraordinary amount of time for data input, a pre-existing drop down menu (specific for canine and feline spays or neuters) should be developed with the Chameleon Information Technology (IT) staff as part of the medical section of each electronic animal medical record. The contents of the drop down menu should be created and submitted by the veterinarian for input by IT staff and contain a short description of the surgical procedure identified. A separate menu should list the possible sedative/anesthetic agents that could be used, leaving the dosage area blank (to be filled in by the veterinarian or technician for each animal post-administration).

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

A permanent surgical record must also be completed for publicly owned animals that do not have a pre-existing Chameleon impound record. Each non-shelter animal can be assigned a number which can be put into the Chameleon system. Once the animal is identified in the system, the veterinarian can input surgical information into the record as described above for shelter animals.

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

RKS – 2 Observation: Procedures for inventory monitoring, dispensing, and security of controlled substances need to be modified.
(Observation and recommendations also covered in ANIMAL CARE/MEDICAL ASSESSMENT – Animal Center #5, EP – 8, Controlled substance security.)

The spay/neuter clinic secures all controlled substances except sodium pentobarbital (ketamine, diazepam, Telazol, and torbugesic). Currently, there is no controlled substance distributed from the clinic to the shelter. Euthanasia technicians do not use ketamine for pre-euthanasia tranquilization and there are no skunk kits (with ketamine) used by field officers. There is only a central supply of controlled substances at the clinic and it is kept in a double locked cabinet in the supply room. The shelter veterinarian and the RVT have keys to this cabinet. 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. On the day Singita is scheduled to use the clinic, county staff place the estimated daily supply of controlled substances Singita will need in a single locked drug cabinet in the clinic supply room that is accessible by the OIC.

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

RKS – 2 Recommendations:

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

A secured, double-locked steel cabinet bolted to the wall to maintain the daily supply of controlled substances should be purchased and installed at the clinic. A separate log of daily use for each controlled substance (different than the surgical log) should be kept in a bound logbook/notebook with numbered pages. Singita should also place daily use of the county's controlled substances on these logs as well as maintain their own separate surgical logs. The daily drug log should contain the following entries:

- The in-house assigned bottle number,

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

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 control the security of the daily supply cabinet by:

- Opening the daily supply cabinet for Singita upon their arrival,
- The OIC will confirm the inventory in the cabinet by comparing it to the log (also contained in the cabinet) and initialing the log at the start of the day along with a second signature (by the Singita RVT) confirming the inventory,
- The OIC will ensure that county medical staff has placed estimated quantities of controlled substances to be used for that day by Singita in the cabinet,
- When Singita has completed their surgeries for the day, the OIC will confirm the inventory comparing it to the log and initialing the log for a second time along with the Singita RVT confirmatory signature, and
- The OIC will secure the cabinet when the Singita clinic is completed.

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

Clinic Sanitation (CS)

CS – 1 Observation: Clinic cleaning protocols are needed.

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

CS – 1 Recommendations:

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

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

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

Safety Issues (SI)

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

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

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

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

SI – 1 Recommendations:
An eye wash station that mounts onto the faucet of the sink should be purchased and installed in the sink located in the surgical preparation area. Staff should be trained how to use the eye wash in case of an accident.

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

An MSDS notebook needs to be created and placed in the clinic for easy access. 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.

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

Clinic Equipment/Supplies (CES)

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

1. New safe for 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. Heating pads,
6. 6 cc syringes,
7. Braunamid (suture material),
8. Repair the shelter washing machine and relocate it and the dryer to the clinic,
9. Baytril (antibiotic) availability for special cases,
10. Control pole permanently placed in the animal holding area, and
11. Leather gloves to handle cats.