



## NCR/UASI Animals in Disaster Veterinary Operations Field Guide

### Colorado NCR/UASI Animal Emergency Committee

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# Animals in Disasters Veterinary Operations Field Guide

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## **Introduction**

All emergencies are local and therefore the local agency always has the option and latitude to respond to an emergency involving animals in the way and method that best suits the entity involved.

This document is meant only to provide some quick guidelines and suggestions to local veterinary disaster response volunteers or others who are designated to take responsibility for animal issues during an emergency or disaster by identifying key points and critical issues that will be useful to the veterinary first responder and his/her agency during the initial stages of an emergency.

Flexibility and adaptation are critical during emergency situations. If the field guide or existing policy and procedure does not make sense for the situation, do what works. If you don't have the ideal supplies and equipment, adapt to what you do have available. Sometimes it is a matter of doing the best that you can with what you have available.

Anticipate chaos. In the early stages of an event, high energy, high volume, and high stress will create frustration, frayed nerves, and short tempers. Chaos is part of the response and in no way indicates failure or sub-standard performance. If there wasn't chaos, it would not be an emergency.

If your team is working under an Incident Management Team (IMT) or other organization that utilizes ICS forms, the veterinary Team Leader should fill out an ICS201 upon arrival and provide the completed form to the Temporary Animal Shelter Manager (TASM) who will pass it on to the ICS Command and General Staff.

The ICS201 is used to gather initial size-up information on the situation, including health and safety concerns, current and future objectives for veterinary operations tactics, an initial organizational chart and a first inventory of available resources.

After the initial size-up, the veterinary Team Leader should complete an ICS214 form for each operational period or shift and provide the ICS214 form to the TASM. The ICS214 form is intended to capture notable activity for the shift as well as resources utilized.

The NASAAEP Disaster Veterinary Care Best Practices Document is the primary source of information utilized in this Field Guide. The NCR/UASI Animal Emergency Committee would like to express our appreciation for the work of the NASAAEP Disaster Veterinary Care Best Practices Working Group and our ability to utilize their excellent work in this Field Guide.

## Catastrophic Events

- If an emergency event is large enough, severe enough, or long lasting to the point that it fundamentally prohibits the day to day functioning of a community, your temporary animal shelter veterinary clinic may look a lot different than the scenario described in this guide. During a catastrophic event like a tornado, earthquake, wildfire or some manmade event the shelter is likely to have to address animals of any type, including domestic animals, wildlife and exotic pets. These animals may have owners or may be stray animals. Their shelter needs may involve short or extended stays over many days or weeks. Their care may involve foster care, decontamination or euthanasia. The care and support of people will need to be integrated into the scenario.
- In addition to the regular intake process, stray animals without identification should be examined by a veterinarian, vaccinated per the on-scene veterinary recommendation, microchipped and kenneled in an area separate from owned animals. If animals that are sick or injured cannot be moved to a more appropriate location, they should be kenneled in a separate area and provided the level of veterinary care that is possible with the given staff, supplies, and medications that are on hand. If the intake volume is high, set up a triage procedure so that the most severe cases are treated first. If staffing allows, create a triage team with one veterinarian and one vet tech, and put together as many 3-person treatment teams that you can – one veterinarian, one vet tech, and one animal handler.
- If a system is available, lost or stray intakes should be photographed and reports/pictures posted on a web-based lost and found network.
- If an animal is sick or injured to the point of undue suffering and alternate facilities are not available for advanced treatment, the attending veterinarian may make the decision to perform humane euthanasia. Ideally, all euthanasia decisions should be decided by two veterinarians, with both names identified on the medical record. If euthanasia is the recommended course of action, the diagnosis/prognosis should be clearly articulated on the impound paperwork and the veterinarian should record the date and time and sign the form. Deceased animals should be double-bagged, tagged with the animal ID number for reference, and stored at an appropriate location – to be determined by the chain of command depending on the particular circumstances and facility availability.
- Wildlife handling should be avoided as much as possible due to zoonotic disease concerns and the risk of bite and scratch injuries. If the animals cannot be transported to a more appropriate location for treatment or turned over to Colorado Parks and Wildlife personnel, euthanasia is recommended.

- Exotic animals should be kenneled in a separate area if possible and in an area where temperature control is somewhat possible. Arrangement should be made at the earliest possible time to move them to a more appropriate location. If moving the animals is not an option, shelter and veterinary staff will provide the best care possible with the staff, supplies, and expertise available.
- In the event that the temporary shelter has to be set up outdoors, the emergency sheltering team will use the tarps, canopies, and plastic sheeting available in the cache trailer to provide cover until such time as a tent, generator, water, latrines, etc. can be requested via the chain of command.
- If the temporary shelter will need to be in operation more than one week, consideration will be given to utilizing licensed rescue organizations with foster home capacity or the regular animal shelter if space and adequate staffing is available.
- For extended operation, the emergency sheltering team and disaster veterinary medical team will likely have to reach out to other sheltering teams in the NCR/UASI area and/or the PetAid Colorado Disaster Services Program area for shift relief resources. National level resources may be called in through PetAid Colorado.

## **Disaster Veterinary Job Descriptions**

### **Veterinary Technician:**

- Assess animal behavior;
- Safely and humanely handle animals;
- Track and record animal populations;
- Ensure appropriate sanitation for animals;
- Feed and water animals;
- Exercise animals;
- Assist with animal health care;
- Assist with animal euthanasia;
- Assess needs of animals;
- Collect specimens from animals;
- Assist with establishing, preparing and maintaining medical records;
- Assist with vaccination, microchipping and deworming of animals;
- Assist with clinical exams of animals;

- Assist with identifying the presence of disease and abnormal conditions of animals;
- Assist in risk reduction of animal to animal disease transmission;
- Monitor for the emergence and reemergence of disease;
- Assist with disease control and prevention.

**Veterinarian:**

- Coordinate with the ASAR Group Supervisor and the Temporary Animal Shelter Manager;
- Assess animal behavior;
- Safely and humanely handle animals;
- Track and record animal populations;
- Ensure appropriate sanitation for animals;
- Feed and water animals;
- Exercise animals;
- Assist with animal health care;
- Assess needs of animals;
- Collect specimens from animals;
- Assist with establishing, preparing and maintaining medical records;
- Investigate cases of animal disease;
- Perform clinical examinations and makes diagnoses of animal diseases;
- Identify presence of disease and abnormal conditions in animals;
- Recommend risk reduction procedures for animal-to-animal disease transmission;
- Monitor for the emergence and re-emergence of disease;
- Provide healthcare to animals;
- Advise on animal depopulation;
- Perform euthanasia;
- Oversee vaccination of animals;
- Advise on disease control and prevention;
- Monitor and recommend humane care standards of animals.



## Activation

In consultation with the chain of command, the disaster veterinary response team should begin the process of setting up a veterinary clinic at the Temporary Animal Emergency Shelter(s) or designated triage site whenever they know that evacuation orders have been given.

For the veterinary team leader:

- If evacuation orders are contemplated, put the disaster veterinary team on stand-by.
- If evacuation orders have been given, find out what location has been designated for the temporary animal emergency shelter.
- Call the emergency sheltering team leader (also known as the Temporary Animal Shelter Manager or TASM) or other person in the chain of command and determine the location/address where the disaster veterinary response team should respond and begin to set up the temporary animal shelter veterinary clinic.
- If a veterinary medical component is not a part of the emergency sheltering team, the Animal Response Branch Director or designee will contact a veterinary service provider (either paid or volunteer depending on your local animal emergency response plan) to send a veterinarian and a veterinary technician to the temporary shelter – **OR** contact the Colorado Veterinary Medical Reserve Corp (CO VMRC) via the Disaster Services Program of PetAid Colorado (formerly the Colorado Veterinary Medical Foundation).
- Appoint a Veterinarian to serve in the Disaster Veterinary Response Supervisor role and send that person to the site to serve as a liaison with the ASAR Group Supervisor and the Temporary Animal Shelter Manager.
- Confirm the availability of adequate lighting, ingress/egress through all doorways, fire extinguishers, functioning water and power, functioning restrooms, non-carpeted floors or floors that can be covered with a barrier, and operational ventilation for the Temporary Emergency Shelter Veterinary Clinic.
- If the emergency veterinary team needs access to veterinary supplies, the Disaster Veterinary Response Supervisor should make a request to have the Veterinary Medical Cache delivered or should make a request, via the chain of command, to Incident Command to have the needed supplies delivered to the shelter location.
- The Animal Sheltering Group Supervisor will establish a communication plan for use between the Temporary Animal Shelter Manager, the Animal Sheltering Group Supervisor, the Animal Search and Rescue Group Supervisor and the animal control dispatch center (exchange phone numbers, radio frequencies, etc.).

- Disaster Veterinary Response team members will wear their appropriate group ID badge. Their vehicles in the field should be identified with a door placard or a dashboard placard.

## Supervisory Considerations

Provide an immediate safety message to all staff: **Safety is the most important consideration.** Personal safety first, followed by team safety, and then public safety.

- The Disaster Veterinary Response Supervisor should establish contact with the Temporary Animal Shelter Manager.
- In consultation with the Temporary Animal Shelter Manager and ICS personnel, estimate the number of animals that may require sheltering.
- Strays or evacuated animals - not with their owners - should be taken to the normal animal shelter/animal control facility as the Red Cross temporary animal shelter should be reserved for those pets belonging to people staying at the Red Cross shelter. The temporary shelter should designate a stray and/or a “no owner present” holding area and an animal control officer can be called to transfer those animals to the regular shelter. A separate Disaster Veterinary Medical Response Team may need to be formed to cover each of these “additional” temporary animal sheltering locations.
- Exotic animals that require special housing and temperature considerations and special diets should not be held at the temporary animal shelter but should be taken by the owners to the regular shelter, a boarding facility or to pet friendly lodging. If the owner is unable to transport the animal, arrangements should be made for an animal control officer to transport the animal to an appropriate location.
- Assure that the Disaster Veterinary Response Supervisor records (on a log) all purchases, attaches receipts to a purchase log and saves all documentation for final accounting and reconciliation. All donations of medical supplies should be recorded on a log (see donation management).
- Assure that the Disaster Veterinary Response staff are providing good self-care, i.e. eating healthy meals, drinking plenty of water, taking breaks, and going home for at least 12-hours of downtime and recuperation.

# Veterinary Disaster Medical Responder Safety

- **Safety is the most important consideration.** Personal safety first, followed by team safety, and then public safety.
- Each disaster poses its own distinct health and safety risks. Therefore, these recommendations are general guidelines only and should not be expected to cover or account for all possible dangers. In addition, because the disaster landscape varies with region and time of deployment, it is important that the Temporary Animal Shelter Manager and the command staff closely monitor current conditions at deployment sites so that elements of PPE can be modified as necessary.
- Selection and use of personal protective equipment (PPE) should be appropriate to the obvious, potential or suspected hazards and should include considerations for inhalation, skin absorption, ingestion, and eye or skin contact.
- Standard wear or breakthrough time of PPE should exceed work shift durations and tear resistance and seam strength should be appropriate to veterinary staff activities.
- Multiple layers of PPE may be appropriate and should be considered.
- Mobility of the veterinary staff and possible heat stress risk should be considered when selecting PPE.
- National Institute for Occupational Safety and Health (NIOSH) has identified a number of potential health and safety hazards associated with caring for animals in disaster. These include:
  - Bites;
  - Scratches;
  - Crushing injuries;
  - Exposure to zoonotic organisms and bodily fluids;
  - Injuries related to sharp, jagged debris;
  - Heavy-lifting injuries.
- NIOSH Guidelines for PPE to be worn when handling animals include (guideline only):
  - Gloves
    - Thick nitrile or polyvinyl chloride gloves offer protection from gasoline, diesel fuels, grease, other oils, and acids;
    - Provide additional protection against bites and scratches, double gloving with an outer heavy fabric glove may be required.
  - Protective eyewear

- Safety glasses do not protect against splash hazards, so tight fitting goggles should be used instead;
  - Full face shields may be worn for major splashing and to protect against claws and flying debris.
- Durable clothing
  - Coveralls or long-sleeved pants and shirts should be worn to protect against animal bites and scratches;
  - Lightweight, waterproof garments can be worn to prevent liquids from soaking through the undergarments.
- Protective footwear
  - Knee-length rubber boots with slip-resistant soles.
- N-95 particulate respirator
  - Protect against spray mists during decontamination;
  - Fit testing is required.
- Veterinary staff and shelter staff should monitor animals for any signs of illness or disease and should notify the Temporary Animal Shelter Manager immediately if something amiss is discovered. Of particular concern are zoonotic diseases that can be transmitted between animals and people and infectious diseases that can be spread quickly between animals in the shelter.
- Gloves should be worn at all times when cleaning. Masks should be available for staff members who wish to use them.
- If anyone is bitten, animal control must be called to complete a bite report and institute a quarantine. In most situations, a bite animal will have to be moved to a more suitable location where separation from people and other animals can be maintained. There should be a standard operating procedure (SOP) in place for this possibility as animal control may not be readily available.
- The Temporary Animal Shelter Manager must be notified immediately if any shelter or veterinary staff is injured. An incident report should be completed and the Animal Sheltering Group Supervisor should be contacted immediately. Medical treatment or first aid should be initiated if applicable.

## **Shelter in Place**

- If people and their pets are requested or ordered to shelter in place in response to an emergency situation, animal emergency response personnel will provide support as needed with delivery of supplies or transportation to outside facilities if needed. Disaster Veterinary Response Teams may be asked to assist

with the support of pets and owners sheltering in place. If animals are left behind without care and owners cannot return, animal emergency response personnel will either bring the animals out upon request or will make arrangements to provide food and water on site. The course of action will be determined by the Animal Response Branch Director with authorization of the chain of command.

## Shelter Set-Up

- Disaster Veterinary Response volunteers must sign in upon arrival (and sign out upon leaving) and must also complete a volunteer waiver form if one is not already on file with the designated emergency sheltering team.
- The Temporary Animal Shelter Manager (member of the emergency sheltering team) is in charge of managing the operation of the temporary animal shelter.
- Identify space in the room/building for the Temporary Animal Shelter veterinary clinic.
- The Disaster Veterinary Response Supervisor is responsible for setting up the veterinary clinic at the Temporary Animal Shelter(s) and reports to the Temporary Animal Shelter Manager.
- Assign veterinary team leaders for each area of the temporary animal shelter, i.e. intake/discharge, dog care, cat care, temporary stray hold, etc. Expand or contract as needed for the particular situation.
- Identify communication flow and/or chain of command.
- Identify entry and exits points and mark these areas clearly with large signs. If separation of areas cannot be accomplished with existing doors/walls, use crime scene tape to rope off, separate, and mark areas.
- Post large signs to name/designate the established areas.
- Place a barrier (tarps, plastic sheets, etc.) on walls and floors to protect the property. Use duct tape to seal down the edges to avoiding tripping hazards.
- Inventory and record the amount and type of beginning veterinary supplies.
- Set up veterinary clinic cages:
  - Bedding (disposable, i.e. newspaper, puppy pads, etc.);
  - Sturdy, washable water bowls (that can be sanitized);
  - Litter trays with litter (disposable);
  - Comfort items, i.e. hide boxes, towels to cover kennels;
  - Attach cage card to record feeding, exercise, behavioral or medical notes.

- The Temporary Animal Shelter Manager will need to begin immediate planning for shift relief – including the Disaster Veterinary Response Supervisor position and veterinary staff support. Nobody should be allowed to work more than a 12-hour shift.
- Staffing assignments will need to consider and plan for an overnight shift and necessary overnight accommodations (cots, blankets, access to restrooms, security, etc.). Typically, this can be coordinated with Red Cross personnel.
- The Temporary Animal Shelter Manager will need to determine and post a briefing schedule – a time to brief the arriving shift, and periodic shift briefings to keep shelter and veterinary staff and volunteers apprised of the situation.

## **Temporary Animal Shelter Intake**

- Intake personnel will confirm that paperwork is complete, will assign a unique ID number to the animal and will affix a paper collar with that ID number written in permanent marker, the date, breed, color, and name of the pet. A photo will be taken if possible and will include the animal owner and the paper collar with ID number visible.
  - If a computer generated ID numbering system is not available, a list of ID numbers should be written up using the month and day followed by a dash and then sequential numbers. For example, the first animal impounded on March 5<sup>th</sup> would be 35-1. The numbers on the sheet should be crossed out as they are used to avoid duplication of use.
- The animal will receive a brief veterinary evaluation and will be scanned for a microchip. The veterinarian will determine if the animal is a suitable candidate for the rigors of a temporary shelter. The on-site veterinarian will also determine if vaccinations of any type are warranted, and if so, will administer those vaccines. The animal will be treated for external and internal parasites as determined by the protocol or the veterinarian. The vet or vet tech will make observations and/or treatment notes on the animal intake (impound) form.
- Once the initial intake is complete, it is not necessary to have a veterinarian on site at all times – a daily walk-thru to visually check the animals is generally sufficient. A veterinary technician, working under the supervision of a veterinarian, should be on site at all times – including the over-night shift.
- If an animal is taking/receiving maintenance medications, the vet will note of this on the impound form with instructions for administering the medications. Medications will be placed in zip lock bag and will be zip-tied to the kennel or cage. The animal ID number will be written on the bag and on the medication package.

- A copy of the impound form and a cage card or follow up sheet will be marked with the animal's ID number, placed in either a Ziploc bag or heavy duty sheet protector and zip-tied or hooked to the kennel.
- Animals should be kept in like groups (cats, small dogs, large dogs, etc.) and situated in such a way to reduce stress and anxiety. As time goes on, rearrangement may be necessary to keep animals as comfortable as possible.
- Sick or aggressive animals, or animals that are otherwise not suited for the temporary shelter, should not be housed at the temporary facility. Owners will be advised to take the animal to the regular shelter, a veterinary clinic, arrange for private boarding, or if the owner is unable to make these arrangements, animal control officers should be contacted to transport these animals to an appropriate location.

## Basic Animal Care

- Provide a cage or kennel that is large enough so that the animal can stand up, turn around and lie down comfortably.
- Post feeding times, cleaning times, visitation times, and kennel cleaning instructions on large poster board.
- Post cleaning instructions:
  - Wear gloves and other protective gear as necessary;
  - Dog Kennels: remove animal on a leash, remove and dispose of solid waste, bedding materials, disposable trays, and water dish;
  - Soak up moisture with paper towels, spray or wipe down with cleaning solution (as recommended by on-site vet).\* Rinse with clear water if necessary, dry with paper towels;
  - Add fresh bedding material, return dog to kennel, provide a clean, ½ full water dish;
  - Change gloves between kennels;
  - Spot clean throughout the day to remove solid waste and soak up urine or spilled food/water;
  - Cat Kennels: only remove the cat if escape can be prevented (move to a closed room, transferred to a holding/cage or carrier, etc). Remove litter tray, bedding materials, disposable trays, water dish;
  - Soak up moisture with paper towels, spray or wipe down with cleaning solution (as recommended by on-site vet). Rinse with clear water if necessary, dry with paper towels;
  - Add fresh bedding material, fresh litter tray, return cat to cage if applicable, provide a clean, ½ full water dish;

- Change gloves between kennels;
  - Spot clean throughout the day to remove solid waste and soak up urine or spilled food/water;
  - Double bag and frequently dispose of trash/waste.
- Provide fresh water at all times in a sturdy (tip resistant) washable (disinfectable) bowls. Refresh and refill (keep ½ full to avoid high-volume spills) water dishes throughout the day as needed.
  - Use high-quality dry kibble and canned food provided to pets in disposable containers two times per day in smaller amounts than would be normal per package instructions and/or follow veterinary instructions for feeding type and amount.
  - Provide disposable litter trays with minimal litter for cat cages.
  - Twice per day the veterinarian and/or vet tech should walk the kennel area, visually evaluate the animal for any medical or behavioral concerns and administer any prescribed medications. Concerns and medicine administration should be noted on the cage card. If an animal is ill or otherwise no longer suitable for the temporary sheltering situation, the Temporary Animal Shelter Manager should be notified and arrangements will be made to have animal control move the animal to a more appropriate location.
  - Dogs should be walked at least once per day. If the owner is not available or not able to provide some daily exercise, shelter staff will need to get the animal out to move and get fresh air. All activity should be noted on the impound form or card with the date/time and shelter staff member name.
  - The veterinarian on site will establish the cleaning/sanitation protocol:
    - Diluted bleach solution – 4-8 oz of bleach per gallon of cold tap water;
    - Diluted detergent solution – 5-8 drops of liquid detergent per 32 oz spray bottle;
    - Chemical Disinfectant.

## **Visitation**

- The Temporary Animal Shelter Manager (TASM) should determine pet owner visitation hours for the Temporary Animal Shelter and post those hours promptly and conspicuously. Visitation hours should be different than cleaning and feeding hours (schedules) to avoid congestion and confusion in the kennel area. Visitation hours should be strictly enforced.
- The Disaster Veterinary Response Supervisor should collaborate with the Temporary Animal Shelter Manager to determine what if any visitation accommodations will be made for owners of sick or injured animals.



- Visitors should be required to show ID prior to being allowed access to the kennel area. Shelter or veterinary staff should be on hand to assist owners with removing pets from cages.
- Pet owners should be discouraged from providing food and should limit treats to avoid digestional upset.

## Triage

Field Triage: Triage entails rapid examination followed by classification of a patient according to the urgency of treatment needs. The triage process requires an organized approach to multiple patients to ensure the most critical animals are identified and normalized first. Triage is based on two key points:

- The immediate medical needs of the patient;
- The available medical resources (facilities, equipment, personnel, and time).

For injured animals located in the field *that can be safely captured* apply basic triage categorizations:

- GREEN – “Likely to survive regardless if care is administered or not;”
- YELLOW – “Good chance of survival with timely appropriate care;”
- RED – “Critical: may survive if lifesaving measures are administered;”
- BLACK – “Dead or likely to die;”
- Provide first aid as required. Obtain an estimate of the number of animals that can be transported and confirm that veterinary resources can handle that volume. Consider whether RED animals can realistically be saved and whether available rescue, transport and veterinary resources should be concentrated on GREEN animals;
- Assess whether living BLACK animals require field euthanasia and follow Field Euthanasia protocols to assure a humane animal death;
- Inform the transport unit and the receiving veterinary professionals on the type of the animals, number of animals, nature of injuries and cases of suspected or confirmed contamination;
- Document all information;
- Note: Field triage is generally done by Animal Search and Rescue (ASAR) Teams. Veterinarians are not usually assigned to ASAR Teams.

Shelter Intake Triage: Prior to entry into a shelter intake area, each animal is given a brief evaluation by veterinary personnel to determine the health status of an animal and assess for any serious conditions or highly contagious diseases. Animals should have the following assessments recorded:

- If an animal appears healthy, it will then be allowed to proceed through the intake area to be processed;
  - If a minor injury is present and it is determined that the animal only requires a simple treatment, the animal is separated and moved into a treatment area with appropriate medication or treatment;
  - If greater care is required, the animal is assigned to a hospital area;
  - If the incoming animal appears to carry an infectious disease (e.g. nasal discharge, ringworm) the animal is assigned to an isolation ward or area;
  - If the incoming animal is in need of intensive veterinary care, the animal is referred to an off-site veterinary hospital, if available.
- Additionally, a behavioral assessment should be completed at intake. A veterinarian or behaviorist (if available) should assess an animal displaying aggressive behavior. When possible, local animal control should be consulted for handling aggressive animals. Aggressive animals are a serious sheltering issue and should be isolated from rest of the population as they pose a threat to other animals, caretakers, and themselves.

## **Nutritional Management**

### Shelter General Population

- Review animal's current food intake if provided by the owner in the intake history;
- Estimate the animal's energy needs at the Temporary Animal Shelter;
- Create a monitoring plan. Teach the owner and/or shelter staff how to monitor (?) food intake and make adjustments as needed to match changing needs over time;
- Adjust or include dietary supplements if necessary, recommending specific types and amounts;
- Make diet changes as necessary;
- If diet factors are determined to be inadequate, prepare a plan for food and treats that provides appropriate calories and nutrient content for the patient;
- Consider other food sources (i.e. treats) in total intake recommendations if necessary;

- Recommend a specific feeding plan that incorporates pet food, treats, feeding method, and frequency;
- When creating a feeding schedule, remember to factor in whether the shelter is a stand-alone or co-located shelter, staffing requirements, number of animals currently in the shelter, and the maximum number of animals that may be taken into the shelter, etc.;
- Confirm the use of an appropriate food-measuring device (e.g., an 8-oz or 237 ml measuring cup), and provide food in measured amounts;
- At all shelters, make certain shelter staff are aware of how to monitor that the animals are receiving their food, and eating the offered food;
- If an animal is obese, appropriate plans to modify the diet should be followed;
- Create opportunities for staff and owners to:
  - Follow up with any questions and verify compliance/adherence to recommended feeding management or environment changes;
  - Repeat intake examination/assessment on a scheduled basis.
- Record all feeding on cage card;
- Post special instructions on the Cage Card/Folder.

#### Hospital/Clinic Population

- Create a monitoring plan and a feeding plan as discussed under Shelter General Population;
- Offer usual and favorite (“comfort”) foods if at all possible to promote food intake. Avoid introduction of novel foods intended for long-term feeding in order to avoid the risk of inducing an aversion to the diet, especially in cats. A food aversion is avoidance of a food that the animal associates with an aversive experience;
- The optimal route required to achieve nutrient requirements should be reassessed daily, and may include:
  - Voluntary oral feeding;
  - Coax feeding – small changes, such as warming the food, taking the animal to a quiet area for feeding, having the owner feed the animal, or stroking the animal while eating can enhance food intake;
  - Syringe feeding (be careful in animals with any nausea or who are stressed, as this can induce food aversions).
- Other nutritional support techniques will be required for animals that have not eaten sufficient amounts by the aforementioned routes for 3-5 days (this includes the time of reduced appetite at home before hospitalization), and are not expected to resume reasonable amounts of food intake prior to further compromise of their nutritional status;

- Use a feeding tube with animals that are not eating adequate amounts voluntarily. Use parenteral nutrition with animals that have gastrointestinal dysfunction or in animals where enteral feeding has increased risk of aspiration;
- Evaluate closely and watch for complications associated with the route of nutrition used, particularly with recumbent or neurologically impaired patients.

### Monitoring healthy animals

- Adults in good body condition should be reassessed regularly;
- Decisions regarding specific frequency of monitoring are made appropriately on an individual basis, based on the age, species, breed, health, and environment of the pet;
- Healthy pregnant, lactating, senior, and growing animals require more frequent monitoring.

### Animals with disease conditions and/or recommended nutritional changes

- Non-hospitalized animals for which extended nutritional evaluation was indicated may require more frequent monitoring of nutritional assessment parameters;
- Frequent monitoring of body condition score (BCS) and muscle condition score (MCS) is important, as many diseases are associated with suboptimal scores;
- Also, animals with medical conditions are more likely to receive dietary supplements and to have medications administered with food, so specific attention to and review of these issues, with an update of the dietary plan, are important at each visit to ensure that the overall nutritional plan is optimized;
- Animals that are not in optimal body condition require frequent monitoring and adjustment of intake in order to achieve and maintain optimal body condition.

### Hospitalized patients

- Daily monitoring of hospitalized patients includes the above along with specific feeding orders which include diet, route, amount, and frequency;
- Monitor fluid balance. Conduct on-going assessment of clinical signs (e.g., body weight changes, pulmonary crackles) or diagnostic tests (e.g., central venous pressure);
- Addressing optimal route of intake. The optimal route required to achieve nutrient requirements could change during hospitalization and should be reassessed daily (see above);
- Quantifying and documenting nutrient intake (via all routes);
- Many hospitalized patients in Temporary Animal Shelters are discharged prior to complete resolution of their underlying disease. Document and communicate to the owner the feeding method, caloric intake, diet, frequency and specific monitoring parameters, and the recommended schedule for rechecks and re-assessment;

- Discuss with the owner any issues that may limit adherence to dietary recommendations (e.g., feeding schedule issues, complex instructions, and financial restrictions) and address appropriately (e.g., offer over-the-counter options for appropriate foods if financial restrictions will prevent the owner from consistently feeding the prescribed diet);
- If possible, create a specific schedule for follow up via telephone to elicit questions and verify compliance/adherence;
- Provide choices in foods that meet nutrient goals. Create a plan with the owner about what to do if calorie/nutrient goals are not achieved.

## **Parasite Treatment and Prophylaxis**

- Internal and external parasites are common in household pets. All animals entering disaster shelters should be treated for species-specific common parasites to protect against illness and protect against infestation of the population, prevent environmental contamination, and minimize zoonotic disease risk to shelter staff and the public;
- A basic parasite control protocol includes prophylactic treatment of all dogs and cats at intake for the most common internal and external parasites, including roundworms, hookworms, fleas and ticks. All dogs and cats should be treated with a basic de-wormer for roundworms and hookworms at intake, regardless of source, age, temperament, and health status;
- The variable geographic presence of heartworm infection in this country is acknowledged and although diagnosis, control, and treatment presents considerable challenges it is recommended that an appropriate heartworm management protocol be implemented when required;
- For animals that are heartworm positive, follow recommendations from the American Heartworm Society. Depending on Temporary Animal Shelter hospital capabilities, the cost of treatment may not be feasible for a positive animal to be treated at the Temporary Animal Shelter. Positive household pets may need to be referred to a local animal hospital for treatment with costs associated for the treatment to be worked out between the owner and the clinic.

## **Decontamination**

- Decontamination is the process of removing, or rendering harmless, agents that have contaminated animals, responder personnel, and equipment. The purpose for decontamination is to limit tissue damage and

absorption, to prevent systemic poisoning, confine contamination to a specified area, and to prevent secondary contamination to other animals, emergency responders, and veterinary hospitals;

- In the event that evacuated animals have been exposed to chemical, biological, or radiological contaminants, the decontamination process will most likely take place at the staging area and most likely occur in conjunction with human decontamination. This process will be supervised and facilitated by subject matter experts including hazmat professionals, physicians, veterinarians, and public health professionals. Animal emergency responders will work in a support capacity as directed by the experts;
- In situations where veterinary or other animal-care personnel are unable to enter the disaster site, communication technologies may allow a veterinarian or other qualified personnel to remotely assist on-scene responders with animal management, decontamination, and triage from an appropriate distance;
- Previously contaminated animals will only be handled at the Temporary Animal Shelter (or regular animal shelter) once they have been deemed safe. If a decontamination process is to be done in conjunction with the emergency shelter or at the regular shelter, it will only be initiated under the direct supervision of subject matter experts and only with the proper support, expertise, and personal protective equipment that is necessary to protect the health and safety of the animal emergency workers;
- Animals that survive natural or manmade disasters or are deployed to disaster regions as part of a disaster response may become contaminated with debris, toxic chemical compounds, or biological pathogens that may pose serious health risks to themselves and/or humans. Large-scale disasters can result in the dispersal of a combination of toxic chemicals and hazardous materials into the environment. The decontamination of animals exposed to the hazards dispersed by natural disasters is an important component of responsible emergency management.

## **Euthanasia**

### Field Euthanasia

- Field Euthanasia must be carried out by a licensed veterinarian or law enforcement officer;
- Any animal control officer or law enforcement officer may lawfully euthanize or cause to be euthanized, any animal in his or her charge when, in the judgment of the animal control officer or law enforcement officer and in the opinion of a licensed veterinarian, the animal is experiencing extreme pain or suffering or is severely injured past recovery, severely disabled past recovery, or severely diseased past recovery. In the event a licensed veterinarian is not available, the animal may be euthanized if, by the written certificate of two persons, one of whom may be selected by the owner if the owner so requests, called to view the animal

in the presence of the animal control officer, the animal appears to be severely injured past recovery, severely disabled past recovery, severely diseased past recovery or unfit for any useful purpose (C.R.S. 35-42-110);

- If the animal is in pain or suffering but not at the point of death:
  - *Immediately* consult with a veterinarian to determine if palliative measures can be taken while attempts are made to contact the owner *and* establish what time frame would be humane and appropriate given the circumstances;
  - Record all veterinary observations, prognosis and treatment prescriptions in the animal's documentation;
  - Follow veterinary recommendations regarding treatment or euthanasia;
  - Attempt to contact the owner. If it was determined by the veterinarian that the animal should be humanely euthanized immediately (prior to contact), the veterinarian or law enforcement officer should make the contact.
- If the animal is at the point of death:
  - Humanely euthanize the animal;
  - Record all observations regarding the condition of the animal in the animal's documentation;
  - Photographically document animal's condition, if possible;
  - Attempt to contact the owner. A veterinarian or law enforcement office should make the contact.
- Disposal of animal carcass:
  - Thoroughly document the euthanasia including a photograph of the deceased animal with a written description of the location, date, time, and animal's identification number in accordance with state and local laws;
  - Disposition and method of disposal for animal carcass should be determined by the Temporary Animal Shelter Manager after discussion with the Animal Response Branch Director who will consult with the appropriate local or state authorities via the chain of command.

#### Temporary Animal Shelter Euthanasia

- Euthanasia must be carried out humanely whenever it is indicated. A best practice would be to refer to the current *AVMA Euthanasia Guidelines*;
- It is recommended that euthanasia be performed in an area separate from the general shelter population, such that no members of the public or other animals will witness the euthanasia;.
- Trained personnel should be available to provide counseling as appropriate to owners;
- Euthanasia must be carried out by a licensed veterinarian or law enforcement officer;

- Any animal control officer or law enforcement officer may lawfully euthanize or cause to be euthanized, any animal in his or her charge when, in the judgment of the animal control officer or law enforcement officer and in the opinion of a licensed veterinarian, the animal is experiencing extreme pain or suffering or is severely injured past recovery, severely disabled past recovery, or severely diseased past recovery. In the event a licensed veterinarian is not available, the animal may be euthanized if, by the written certificate of two persons, one of whom may be selected by the owner if the owner so requests, called to view the animal in the presence of the animal control officer, the animal appears to be severely injured past recovery, severely disabled past recovery, severely diseased past recovery or unfit for any useful purpose (C.R.S. 35-42-110);
- It is important to establish protocols for euthanasia, including animals with identification for which the owner is unable to be contacted. The protocol must consider the humane ethics and realities of treating each animal in the disaster. The protocol should include provisions for when owner contact attempts have been exhausted and the animal's condition and risk to other animals and staff members requires timely euthanasia. Thorough written documentation must be generated to support these difficult decisions;
- If an animal is scheduled to be euthanized based on medical issues but has identifiable owner information *and* attempts to contact the owner have not been exhausted (as determined by the local or state jurisdictional authority):
  - If the animal is not suffering or in pain and does not pose a health or safety risk to other animals (or humans) in the shelter:
    - Place a notification hold on the animal. Follow normal procedures for owner contact;
    - If the animal is not in pain or suffering but is scheduled to be euthanized based on medical issues to protect the health of other animals in the shelter (for example, if it has been identified as having an infectious disease):
      - Consult with a veterinarian to determine whether any isolation and treatment procedures can be employed while attempts are made to contact the owner *and* establish what time frame would be humane and appropriate given the circumstances;
      - Record all veterinary observations and treatment prescriptions in the animal's log;
      - Follow veterinary recommendations regarding isolation and treatment or euthanasia;
      - Attempt to contact the owner. If it was determined by the veterinarian that the animal should be humanely euthanized immediately (prior to contact), the veterinarian, Temporary Animal Shelter Manager should make the contact;
  - If the animal is in pain or suffering but not at the point of death:



- *Immediately* consult with a veterinarian to determine if palliative measures can be taken while attempts are made to contact the owner *and* establish what time frame would be humane and appropriate given the circumstances;
- Record all veterinary observations and treatment prescriptions in the animal's log;
- Follow veterinary recommendations regarding treatment or euthanasia;
- Attempt to contact the owner. If it was determined by the veterinarian that the animal should be humanely euthanized immediately (prior to contact), the veterinarian, Temporary Animal Shelter Manager should make the contact;
- If the animal is at the point of death:
  - Humanely euthanize the animal;
  - Record all observations regarding the condition of the animal in the animal's log;
  - Attempt to contact the owner. A veterinarian or the Temporary Animal Shelter Manager should make the contact;
  - Disposal of animal carcass:
    - Best practices include thorough documentation of the euthanasia including a photograph of the deceased animal with a written description of the location, date, time, and animal's identification number in accordance with state and local laws;
    - Method of disposition for animal carcass should be determined by Temporary Animal Shelter Manager after discussion with the Animal Response Branch Director who will consult with the appropriate local or state authorities via the chain of command.

## **Shelter Biosecurity Considerations**

### Cleaning and disinfection of equipment and surfaces

- Routine cleaning and disinfection are important for environmental control of pathogens;
- Equipment and surfaces must be cleaned with water and detergent before they are disinfected because adherent organic material decreases the effectiveness of most disinfectants;
- Personnel engaged in cleaning and disinfection should be trained in safe practices and provided with necessary safety equipment according to the product's material safety data sheets.

### Isolation

- Animals with potentially communicable diseases should be examined, cared for, and housed in designated isolation rooms to protect other patients and veterinary personnel. Isolation protocols should be prominently posted.

### Handling of laundry

- Although soiled laundry may be contaminated with pathogens, the risk of disease transmission is negligible if soiled items are handled correctly.

### Decontamination and spill response

- Spills and splashes of vomitus, body fluids, or potentially infective substances should be immediately contained with absorbent material.

### Veterinary medical waste

- Medical waste is defined and regulated at the state level by multiple agencies;
- Veterinary medical waste may include sharps, tissues, contaminated materials, and dead animals. The Temporary Animal Shelter Manager should work with the Animal Response Branch Director who will consult with local and state animal health authorities via the chain of command to determine proper disposal of veterinary medical waste material generated by the response effort.

### Other environmental controls

- It is important to provide a staff break room or area for eating and drinking.;
- Separate, appropriately labeled refrigerators should be used for human food, animal food, and biologics;
- Dishware for human use should be washed and stored away from animal care areas.

## **Demobilization**

- When evacuation orders have been lifted and people are leaving the Red Cross or other temporary shelter to return home, the discharge process should be completed quickly and efficiently;
- The animal owner should produce a copy of the intake form, the ID index card (for operations where multi-copy impound forms or copy machines are not available), or other personal ID that satisfies shelter staff that the person is the animal owner;
- Staff members should retrieve the animal and any medications, toys, leashes/collars, etc. for the person and the animal owner should sign the original impound form indicating the date and time the animal was removed from the temporary shelter;
- Unclaimed animals should be transported by animal control to the regular animal shelter and should be held according to the local ordinances or state statutes addressing animal holding periods during times of

emergency or disaster. Reasonable attempts should be made to contact an owner before final disposition of the animal is determined;

- Shelter staff should begin cleaning, disinfecting, and dismantling cages as soon as the discharge process begins so that by the time the animals are gone, much of the take-down work has already been completed;
- Clean, disinfect, and dismantle cages, kennels, tables, counters and other surfaces and equipment in the veterinary clinic. Gather, sort, and stack all supplies;
- Cages and supplies should be neatly stacked with similar items for the final inventory. Items should be arranged in a way that allows quick and efficient access for the inventory count;
- Inventory supplies and donations;
- Return or make arrangements to return veterinary cache medical supplies.
- De-brief the veterinary team staff, have staff members sign out, and schedule an after-action review and meeting;
- The Disaster Veterinary Response Supervisor and team leaders will complete supply/donation reconciliation and prepare a list of donations to be distributed and supplies to purchase to re-stock the veterinary medical cache;
- Disaster Veterinary Response Supervisor will calculate staff hours from sign-in/sign-out sheets and assure that the Temporary Animal Shelter Manager has a copy;
- All paperwork will be turned over to the Animal Sheltering Group Supervisor. The Animal Sheltering Group Supervisor will arrange for excess donations to be picked up.

## **Donation Management**

- Depending on the size of the temporary sheltering operation and number of staff member available, the Temporary Animal Shelter Manager (TASM) should assign a donations manager or assign the responsibility of donations management to the intake staff;
- A simple donations log should be used that records the date/time, the item and amount, the name, address, and contact number (if provided) of the donor, and the name of the shelter staff member who received the donation. A space on the log should be reserved to record a transfer in the event that donations are moved

from the shelter location. Acknowledgement and receipts for donations will be prepared and sent after the operation;

- A separate area in the shelter should be set aside to store veterinary medical donations. If donations are of such a volume or type that storage is not practical, the Disaster Veterinary Response Supervisor will notify the Temporary Animal Shelter Manager who, via the chain of command, will arrange to have items picked up and moved (which will be noted on the donation log);
- A final inventory of donations should be conducted during de-mobilization. This inventory will be added to the supply inventory and the purchase/order list to determine what items and in what amounts supplies were expended, what supplies can be replenished through donations, and what items need to be purchased to restock the emergency shelter cache;
- The disposition of left-over donations will be decided via the chain of command.

## **Spontaneous Unaffiliated Volunteers (SUVs)**

- Absent extraordinary circumstances, SUVs will not be used in the operation of the temporary animal shelter veterinary clinic due to liability and safety concerns;
- People wishing to assist during an emergency should be asked to consider a monetary or in-kind donation in lieu of volunteer service or should be referred to an agency that is currently accepting new volunteers. It can also be suggested that after the incident, they may wish to pursue an affiliation and training with an animal welfare organization so that in the event of another emergency, they have the training and credentials they will need to volunteer in a temporary animal shelter;
- In the rare situation where the emergency sheltering team is in need of additional assistance and supplemental resources are not available, SUVs will need to fill out a volunteer waiver, provide identification and supply emergency contact information. They should be teamed with a regular volunteer for supervision and given tasks that do not involve animal handling, i.e. sweeping, mopping, washing dishes, emptying trash, re-stocking supplies, etc.

# Disaster Veterinary Medical Responder Preparedness Kit and Medical Cache

- A simple inventory process should be instituted as follows: begin operations with a current and valid inventory sheet of the veterinary supply cache. Add perishables or other additional items to the inventory list. If no inventory list exists, create one before the shelter opens for operation or as soon possible. Record intake of new supplies on simple logs – one for ordered or purchased supplies and one for donations. At the end of the operation, an inventory should be completed during de-mobilization. A comparison of the event-end inventory to the event-beginning inventory plus purchased and donated items will result in a list of supplies that need to be obtained for re-stocking the cache in addition to a list of extra or unused donations;
- The veterinary team leader should ascertain if a Veterinary Medical Cache is available. If so, he/she should request that it be delivered to the Temporary Animal Shelter.
- If a local veterinary medical cache is not available, the Disaster Program at PetAid Colorado, [www.petaidcolorado.org](http://www.petaidcolorado.org) can be contacted to determine if the Colorado Veterinary Medical Reserve Corp cache is available for deployment;
- A Veterinary Medical Cache may not be available in all locations. The veterinary team leader should request any needed supplies or additional resources through the Animal Sheltering Group Supervisor. The Animal Sheltering Group Supervisor will notify the Animal Response Branch Director who will order the resources via the Operations Chief or the Logistics Chief. In some situations, the veterinary team leader may be directed to send a veterinary staff member to a retail or veterinary clinic or veterinary supply establishment to obtain necessary items – but in any regard, all acquisitions should be coordinated via the chain of command.
- Veterinary supplies will differ from disaster to disaster. A suggested list for a Disaster Veterinary Cache or requested list of supplies may include:
  - Personal Equipment
    - Paper Pad
    - Form, Medical Record SA
    - Form, Medical Record Exotic/Avian
    - Form, Medical Record LA
    - Band, Animal Identification Neck
    - Formulary
    - Pen

- Marker, Permanent (Sharpie®)
- Document Wallet
- Calculator
- Muzzle, Small
- Muzzle, Medium
- Muzzle, Large
- Muzzle, Feline
- Leash, Nylon
- Tourniquet
- Stethoscope
- Ferric Sub sulfate cauterizing agent
- Gloves, Exam Nitrile small
- Gloves, Exam Nitrile medium
- Gloves, Exam Nitrile large
- Flashlight with D-cell batteries
- Headlamp
- Penlight
- Clipper, cordless
- Blade, Clipper #40
- Thermometer, digital
- Sterile lubricant
- Cold Packs, disposable
- Otoscope/Ophthalmoscope Diagnostic
- Otoscope Cones
- Pet Piller device
- Microchips and microchip scanner
- Nail trimmer
- ID collars (disposable) large & small
- Digital Camera
- Surgical masks/eyewear/disposable surgical gowns
- PPE
- Disinfectant
- Paper towels
- Plastic trash bags

- Heavy duty bags for deceased animals
  
- Pharmaceuticals
  - Dexamethasone Sodium Phosphate 4 mg/ml
  - Diphenhydramine 50 mg/ml
  - Heparin 10,000 U/ml
  - Acepromazine 10 mg/ml
  - Cefazolin 1g vials
  - Ampicillin 1g vials
  - Dexmedetomidine 500 ug/ml
  - Atipamezole
  - Lidocaine 2% 20 mg/ml
  - Epinephrine
  - Sodium Pentobarbital
  - Ketamine 100 mg/ml
  - Diazepam 5 mg/ml
  - Propofol 10 mg/ml
  - Injectable Rimadyl
  - Hydromorphone 2 mg/ml
  - Enrofloxacin 22.7 mg/ml
  - Atropine Sulfate 0.54 mg/ml
  - Fluids, LRS
  - Fluid, Hetastarch 6% Sol
  - Injectable antiemetic (e.g. Cerenia)
  
- Oral and Topical Medications
  - Topical flea/scabies treatment
  - Cephalexin capsules 250 and 500 mg
  - Oral flea control
  - Oral pain control (NSAID) of choice (Rimadyl)
  - Oral anthelmenthic (e.g. Pyrantel)
  - Metronidazole 250 and 500 mg
  - Oral antiemetic
  - Oral Steroid (Prednisone) 5 and 20 mg

- Vaccinations
  - Distemper/Parvo combo
  - Rabies
  - Feline Upper Respiratory
  - Feline Leukemia
  - Bordetella Intranasal/Parenteral
- Vascular Access/Blood Collection
  - Butterfly, 21 G  $\frac{3}{4}$ "
  - Butterfly, 19 G  $\frac{3}{4}$ "
  - Butterfly, 23 G  $\frac{3}{4}$ "
  - Catheter, 18 G 1.25"
  - Catheter, 20 G 1.25"
  - Catheter, 22 G 1.25"
  - Syringe, LL 6cc
  - Syringe, LL 12cc
  - Syringe, LL 3cc 22g needle
  - Syringe, LL 1cc 25g needle
  - Syringe, 1cc No needle
  - Syringe, 3cc No needle
  - Syringe, 60 cc No needle
  - Needle, 18g x 1"
  - Needle, 20g x 1"
  - Needle, 22g x  $\frac{3}{4}$ "
  - Prep Pads, Isopropyl Alcohol 70%
  - Towelette, Antiseptic, Benz-Chloride
  - Pre Pad, Povidon Iodine
  - Blood tube, Serum Separator 4cc
  - Blood tube, EDTA, 3cc
  - Port, Injection
  - Infuser Cuff, Pressure
  - IV Catheter plugs
- IV Fluids



- IV drip sets 78", 15 drops
- IV drip sets 78", 60 drops
- IV extension set
- Eye Medication
  - Eye Irrigation Solution, 4oz
  - Artificial Tears
  - Ophthalmic Neo Poly Bac
  - Ophthalmic Neo Poly Bac w/Hydrocortisone
  - Flurorescein Strip
- Surgical Supplies
  - Laceration Tray 4 piece (disposable)
  - Suture, Vicryl 2-0
  - Suture, PDS 2-0
  - Skin Stapler, disposable
  - Nexaband
  - Gloves, sterile 6.5
  - Gloves, sterile 7.5
  - Gloves, sterile 8.5
  - Brush, Scrub w/PCMX
  - Surgical Blades, #10
- Bandaging/Coaptation
  - Non-Adherent Bandage, Telfa 3" x 4"
  - Gauze, Roll 3"
  - Cast Padding 2"
  - Cast Padding 4"
  - Tape, Porous 1"
  - Tape, Porous 2"
  - Tape, Cohesive Flexible 2"
  - Tape, Cohesive Flexible 4"
  - Tape, Elastic 2"
  - Gauze, 4x4 nonsterile
  - Gauze, 4x4 sterile

- Cotton Tipped Applicators
  - Applicators, Cotton Tipped
  - Splint, Spoon small
  - Splint, Spoon medium
  - Splint, Spoon large
  - Scissors, Bandage Lister 5 ½”
  - Pack, Thomas Transport
  - Vet Wrap/Adhesive Wrap
- Special Consideration: (Refer to State Veterinary Board and DEA)
    - Euthanasia solution