

# Volunteer Handbook

## Policies and Guidelines

### August, 2021

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### **Membership Criteria Policy**

To be a member of the CAVMRC, an applicant must fit into one of the following categories:

1. Veterinarian
2. Registered Veterinary Technician
3. Veterinary Assistant currently employed by a California licensed Veterinarian
4. Office staff currently employed by a California licensed Veterinarian
5. Veterinary student or faculty at Western University of Health Sciences School of Veterinary Medicine or UC Davis School of Veterinary Medicine
6. Animal Control Officer or shelter staff working under the direct supervision of an in-house California licensed Veterinarian
7. CVMA staff members

Members must not have any felony drug or alcohol convictions.

Membership is free.

Those who wish to join the CAVMRC do not have to be members of the CVMA; however membership in the CVMA is encouraged.

The CAVMRC reserves the right to discontinue membership of individuals whose conduct is unbecoming of a veterinary medical professional or who violate CAVMRC policy.

## **Roles and Responsibilities in the CAVMRC**

### **CVMA Board of Governors**

The CVMA Board of Governors is the ultimate governing body of the organization. All decisions are finalized by Board approval. The Board will receive information and recommendations from the CVMA Executive Director on behalf of CAVMRC coordinators and the CAVMRC Steering Committee. The Board of Governors makes the ultimate CAVMRC policy and governance decisions.

### **CVMA Executive Director**

The CVMA Executive Director reports to the CVMA Board of Governors any relevant matters pertaining to the CAVMRC. In the absence of the CAVMRC State Coordinator, the Executive Director is responsible for carrying out tasks appointed to the CAVMRC such as corps representation at meetings and functions, grant compliance, member deployment, and member notification of training and events.

### **CAVMRC Steering Committee**

The CAVMRC Steering Committee is a CVMA committee that works with other animal support groups, animal welfare organizations, and governmental agencies to ensure the most efficient and effective emergency response network to preserve animal life and to provide emergency care during a disaster. The committee also can assist with guiding the CAVMRC by creating and maintaining a member manual, and by determining priorities for training and supply procurement.

### **CAVMRC Unit Coordinator**

The Unit Coordinator oversees membership throughout California. The coordinator performs the following functions:

1. *Membership development:* Recruits new members at VMA meetings, sets-up new DHV webpage profiles for new members, helps members manage their DHV profiles, applies for grants for training and supplies, plans and coordinates training events, makes members aware of disaster related events.
2. *Deployment:* works with both government and NGO stakeholders to plan and execute disaster response. Operates the DHV system to deploy and coordinate scheduling of volunteers during disasters.

## CAVMRC Region Coordinators

Region coordinators:

- ✓ Support the CAVMRC County Coordinators and serve in their place if a county coordinator seat is vacant.
- ✓ Assist in the planning and implementation of CAVMRC trainings that may be taking place in their region.
- ✓ Meet and know State Mutual Aid Region Coordinators (Office of Emergency Services) and assist in representing the CAVMRC to them.
- ✓ Meet with and serve as a point of contact for the Regional Disaster Medical Healthcare Service (California Emergency Medical Services Authority) and assist in representing the CAVMRC to them.
- ✓ Serve on the CVMA CAVMRC Steering Committee and attend meetings once to twice yearly.

## CAVMRC County Coordinators

County coordinators are asked to be part of any discussions that the CAVMRC has with local animal authorities regarding animal disaster plans. For instance, if a local authority needs assistance developing and implementing an animal disaster plan in a county, county coordinators can act as liaisons/ facilitators and contacts for that process.

- County Coordinators should be acquainted with the key points of contact for emergency services in their County including local public health officials and local Office of Emergency Services authorities, local animal control authorities, and the county Agricultural Commissioners.
- During a disaster, if possible a county coordinator would work directly with the CAVMRC Unit Coordinator or a deputy coordinator to oversee/ facilitate the CAVMRC role in a local disaster.
- County coordinators may be asked to speak on behalf of the CAVMRC at various community events (such as special interest club functions or city council meetings)→ overall just to represent animals in disasters
- Help disseminate information about trainings to CAVMRC members and also help facilitate trainings by helping out with logistics and planning, etc.

## CAVMRC Members

Members must keep their DHV profile current with any changes in contact information or updates on completed training. Members are asked to complete various online self-guided trainings and are given opportunities to attend classroom trainings put on by the CAVMRC or other organizations.

Members must respond with their availability if asked to deploy. If they deploy, the scope of their responsibilities can vary widely depending on the type of disaster, number and type of animals involved, magnitude of the disaster, and number of other available volunteers.

Members should read the CAVMRC Member manual and be prepared to deploy. Such preparations include:

- 1) Keeping DHV contact information up to date (online profile at [www.healthcarevolunteers.ca.gov](http://www.healthcarevolunteers.ca.gov)),
- 2) Having a personal deployment kit ready on hand,
- 3) Having sufficient minimal training completed and logged in their DHV profile.



### **Volunteer Member Code of Conduct**

**Volunteers working for or representing California Veterinary Medical Reserve Corps (CAVMRC) shall adhere to the following policies:**

1. Volunteers for CAVMRC will only enter into an emergency event when formally activated by CAVMRC through state or local emergency management requests and shall not be considered active until they sign in at a designated staging area. CAVMRC identification shall never be used to gain access to a disaster scene without formal activation. Individuals engaged in any response activities without formal activation are not authorized to be working as part of the CAVMRC.
2. Volunteers who deploy should be emotionally and physically prepared to work in a disaster response setting. If they are not, they should exercise personal discretion in responding to a deployment request.
3. Volunteers shall project a professional manner and appearance while participating in any CAVMRC-related activities. The following will not be tolerated while on site at a disaster, training, exercise or other CAVMRC activity:
  - a. Consumption of alcoholic beverages while on duty in an emergency response or any display of public drunkenness.
  - b. Possession, use or selling of any illegal drugs.
  - c. Violation of any laws.
  - d. Public outbursts, public derogatory remarks about other organizations or individuals, sexual harassment, or racially offensive behavior.
  - e. Illegal use or illegal display of a firearm.
  - f. Deviating from the mission assignment or violating CAVMRC policies.
4. Volunteers should understand and acknowledge that they will be accepting work assignments based on direction from a supervising authority (Incident Command). Volunteers may need to make moment-to-moment discretionary decisions based on reasonable judgment and appropriate intent, but with consideration of direction provided by the supervising authority.
5. Volunteers shall remain in contact with the appropriate incident authority (CAVMRC Field Coordinator), and confine their activities to the state mission and directives of the deployment.
6. Volunteers while representing the CAVMRC will not participate otherwise in operations that serve to promote personal gains or ideologies.
7. Volunteers will wear appropriate clothing including personal protective equipment, CAVMRC issued identification, and CAVMRC issued articles of clothing intended to identify volunteers.
8. Volunteers will carry copies of appropriate professional credentials and CAVMRC-issued identification during emergency activation or exercises.
9. Volunteers shall be expected to accept assignments and/or orders as directed by the supervising authority (Incident Command), or if required, make discretionary decisions based on appropriate intent and reasonable judgment.

10. Volunteers shall not enter private properties to perform search and rescue or other duties without permission from either an owner or the supervising law enforcement agency.
11. Volunteers shall remain in contact with the appropriate incident authority, and confine their activities to the stated mission and directives of the Incident Command System.
12. Volunteers shall not transport animals to facilities other than the ones that have been assigned by the supervising authority.
13. Volunteers will interact with the media only through official CAVRMC and incident command public information channels and will keep all information concerning disaster victims or criminal investigation support confidential.
14. Photographic responsibilities during emergency activation will be assigned to specific personnel and be conducted strictly for purposes of animal identification and/or documentation of the condition of the animal for cases. Photographs are not for public distribution via any electronic or printed media, or through social media. Promotional photography may only be performed by a CAVMRC designee and use of such photographs must be approved by agencies having authority and, if applicable, the subject. CAVMRC volunteers must respect the privacy of people and animals affected by emergencies and not take or distribute photographs.
15. Volunteers shall not accept personal cash gratuities. All donations shall be directed to the appropriate California Veterinary Medical Association staff for documentation and issuance of receipts.



## **Deployment Policy**

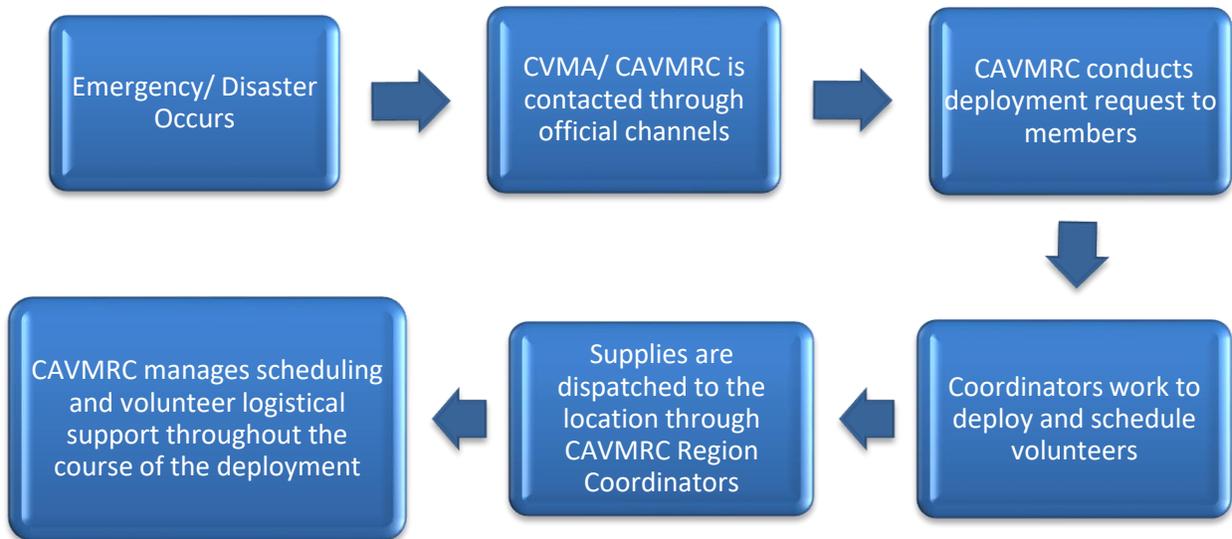
### **Criteria for Deployment**

The California Veterinary Medical Reserve Corps (CAVMRC) responds to emergencies in which local resources are overwhelmed and unable to provide adequate services to address the veterinary care needs of animals. Such emergencies do not include large scale disease outbreaks which are under the jurisdiction of the California Department of Food and Agriculture. Such emergencies do not include humane or legal cases.

Within the context provided above, the CAVMRC may only deploy under the following circumstances:

1. The Governor of California proclaims a state of emergency. In this situation, the CAVMRC will be contacted/ implemented as a secondary responder at the state level. State agencies that may contact the CAVMRC and request deployment on behalf of the governor are:
  - The California Governor's Office of Emergency Services (Cal OES)
  - The California Emergency Medical Services Authority (Cal EMSA)
  - The California Department of Food and Agriculture (CDFA)
2. The CAVMRC will only deploy in circumstances which require animal care veterinary care and shelter oversight in the call-out scenario listed above.
3. The CAVMRC primarily trains and functions as a secondary responder and therefore does not provide "first responder" type services in a deployment.
4. The CAVMRC deploys during the response phase of an emergency only.
5. Being a registered Medical Reserve Corps, the CAVMRC functions under ESF-8, coordinated by the California Emergency Medical Services Authority.

## Deployment Sequence of Events



## Deployment Qualifications

Members must, at a minimum, be certified in the following courses:

- ✓ Introduction to Incident Command System ([ICS or IS-100.c](#))
- ✓ ICS for Single Resources and Initial Action Incidents ([IS-200.c](#))

Members are strongly encouraged to also be certified in:

- ✓ Animals in Disasters: Awareness and Preparedness ([IS-10.a](#))
- ✓ Animals in Disasters: Community Planning ([IS-11.a](#))
- ✓ Livestock in Disasters ([IS-111.a](#))
- ✓ Introduction to National Incident Management System ([ICS or IS-700.b](#))

Members who meet the above criteria, will then be chosen for deployment based on the following qualifications:

1. Their proximity to the emergency location
2. Other training/ qualifications such as:
  - a. Species expertise
  - b. Shelter management experience
  - c. Experience with the specific injuries/ problems being encountered in the given emergency

- d. Other training and qualifications beyond ICS
3. The extent of their availability
4. When they respond with their availability
5. How long they indicate that they can be available

### Disaster Service Worker Volunteer Registration

Volunteers must be sworn Disaster Service Worker Volunteers for the incident to which they are deploying. This is accomplished by jurisdictional authorities at the incident or by completing a [Disaster Service Worker Volunteer Registration](#) along with the Loyalty Oath at the beginning of a deployment. A Disaster Service Worker registration form is included on the following page.

Please see the [DSW Guidance](#) for more information.

\* The CAVMRC, CVMA, and CVMF are not responsible or liable for any illness, injury, acts or occurrences incurred by volunteers prior to them being sworn in as disaster service volunteers at the incident.

### Supply Cache Deployment

The CAVMRC provides equipment to members including but not limited to:

- Reflective vests
- Pocket deployment guides/ ICS guides
- MRC lapel pins
- ID badges, badge holder, lanyard
- In some circumstances, the CAVMRC may be able to make a limited emergency medical supply cache available for member use during deployment. The availability of the cache will depend on the location of the event, the type of emergency, and the status of the cache at the time.

# DISASTER SERVICE WORKER VOLUNTEER REGISTRATION

## LOCAL AND STATE INFORMATION

Loyalty Oath under Code of Civil Procedure §2015.5 & Title 19, Div.2, Chap.2, Sub-Chap.3, §2573.1

TYPE OR PRINT IN INK:

**SHADED AREAS REQUIRED BY PROGRAM REGULATIONS**

ATTACH  
PHOTOGRAPH  
HERE

**This block completed ONLY by Accredited Disaster Council, designated government agency or jurisdiction.**

**CLASSIFICATION:** MEDICAL AND ENVIRONMENTAL HEALTH **SPECIALTY:** VETERINARY

**REGISTERING AGENCY OR JURISDICTION:** \_\_\_\_\_

**SIGNATURE OF AUTHORIZED PERSON:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_

**REGISTRATION DATE:** \_\_\_\_\_ **RENEWAL DATES:** \_\_\_\_\_

**EXPIRATION DATE:\*** \_\_\_\_\_ **DSW CARD ISSUED?:** NO? YES? #: \_\_\_\_\_

**PROCESSED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_ **TO CENTRAL FILES:** \_\_\_\_\_

|  |              |              |                |   |                               |                           |             |
|--|--------------|--------------|----------------|---|-------------------------------|---------------------------|-------------|
| <b>NAME:</b> <b>LAST</b>               |              | <b>FIRST</b> |                | <b>MI</b>                               |                               | <b>SSN:</b>               |             |
| <b>ADDRESS:</b>                        |              |              |                | <b>CITY:</b>                            |                               | <b>STATE</b>              | <b>ZIP:</b> |
| COUNTY:                                |              |              |                | HOME PHONE:                             |                               | WORK PHONE:               |             |
| PAGER:                                 |              |              |                | E-MAIL:                                 |                               | DATE OF BIRTH: (optional) |             |
| DRIVER LICENSE NUMBER: (if applicable) |              |              |                | DRIVER LICENSE CLASSIFICATION: A? B? C? |                               | LICENSE EXPIRATION DATE:  |             |
| OTHER DRIVING PRIVILEGES:              |              |              |                |   |                               |                           |             |
| IN CASE OF EMERGENCY, CONTACT:         |              |              |                |   |                               | EMERGENCY PHONE:          |             |
| <b>PHYSICAL IDENTIFICATION:</b>        | <b>HAIR:</b> | <b>EYES:</b> | <b>HEIGHT:</b> | <b>WEIGHT: (optional)</b>               | <b>BLOOD TYPE: (optional)</b> |                           |             |
| COMMENTS:                              |              |              |                |   |                               |                           |             |

### **PARENT/LEGAL GUARDIAN CONSENT FOR MINOR**

As the parent or legal guardian of \_\_\_\_\_, a minor, I hereby give my full consent and approval for him/her to participate as a DSW volunteer. I understand there may be risks of serious bodily injury inherent in DSW volunteer activities, as well as in traveling and other related activities incidental to his/her participation, and I hereby assume these risks on behalf of him/her.

\_\_\_\_\_  
**SIGNATURE OF PARENT/LEGAL GUARDIAN**

\_\_\_\_\_  
**DATE**

### **Government Code (GC) §3108-3109:**

Every person who, while taking and subscribing to the oath or affirmation required by this chapter, states as true any material matter which he or she knows to be false, is guilty of perjury, and is punishable by imprisonment in the state prison for two, three, or four years. Every person having taken and subscribed to the oath or affirmation required by this chapter, who, while in the employ of, or service with, the state or any county, city, city and county, state agency, public district, or disaster council or emergency organization advocates or becomes a member of any party or organization, political or otherwise, that advocates the overthrow of the government of the United States by force or violence or other unlawful means, is guilty of a felony, and is punishable by imprisonment in the state prison.

### **LOYALTY OATH OR AFFIRMATION (GC §3102) If SELF-CERTIFICATION approved by ADC, official's signature and title not required.**

I, \_\_\_\_\_, do solemnly swear (or affirm) that I will support and defend the  
**PRINT NAME**

Constitution of the United States and the Constitution of the State of California against all enemies, foreign and domestic; that I will bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of California; that I take this obligation freely, without any mental reservations or purpose of evasion; that I will well and faithfully discharge the duties upon which I am about to enter. I certify under penalty of perjury, under the laws of the State of California, that the foregoing is true and correct.

Executed on \_\_\_\_\_ in \_\_\_\_\_, \_\_\_\_\_, California.

**DATE**

**City**

**COUNTY**

**SIGNATURE OF VOLUNTEER**

**DATE**

**SIGNATURE OF OFFICIAL AUTHORIZED TO ADMINISTER LOYALTY OATH**

**TITLE**

### **Policy on Services Provided**

The CAVMRC provides veterinary assistance to animals during the response phase of proclaimed or federally declared emergencies. Please see the CAVMRC Deployment Policy for circumstances which would qualify as an emergency in which the CAVMRC would be eligible to deploy.

#### **Services**

The CAVMRC primarily functions as a secondary responder, meaning that it supports the efforts of first responders to provide care for animals during emergencies. The role of a secondary responder includes providing assistance with:

- Triage veterinary care
- Vaccination of animals in shelters
- Shelter health programs/ management
- Shelter policies for animal care
- Biosecurity

In some circumstances, the CAVMRC may be able to advise sheltering entities with shelter design/ layout to minimize animal stress and spread of communicable disease.

In some circumstances, the CAVMRC may be able to more closely assist first responders with tasks such as search, rescue, evacuation and transport. This is dependent on the volunteers available, their qualifications and their willingness to do so.

In some circumstances, the CAVMRC may be able to make a limited emergency medical supply cache available for member use during deployment. The availability of the cache will depend on the location of the event, the type of emergency, and the status of the cache at the time.



## **Communication within the CAVMRC**

The California Veterinary Medical Reserve Corps is structured according to the chart attached. County, region, deputy and state coordinators will serve as points of contact for their respective jurisdictions.

All coordinators will keep their contact information current in the Disaster Healthcare Volunteers database ([www.healthcarevolunteers.ca.gov](http://www.healthcarevolunteers.ca.gov))

### **Obligations**

All members will communicate using Incident Command System (ICS) principles, including recognition of chain of command and the incident command structure. All members will follow ICS guidelines in using plain English, and simple terminology, avoiding the use of acronyms and abbreviations.

All members will communicate in an effective and professional manner.

### **Emergency Response**

The CAVMRC will primarily utilize the Disaster Healthcare Volunteers (DHV) website to communicate during a deployment. The system will function to send e-blasts as well as individual emails, request deployment availability of members, and commit members to deploy, assign tasks and manage schedules / missions via the Mission Manager system.

As a secondary method of communication, the CAVMRC administrators will set up a Private Group through the CVMA database or through social media. This method of communication will only be used if the DHV System is experiencing technical difficulties.

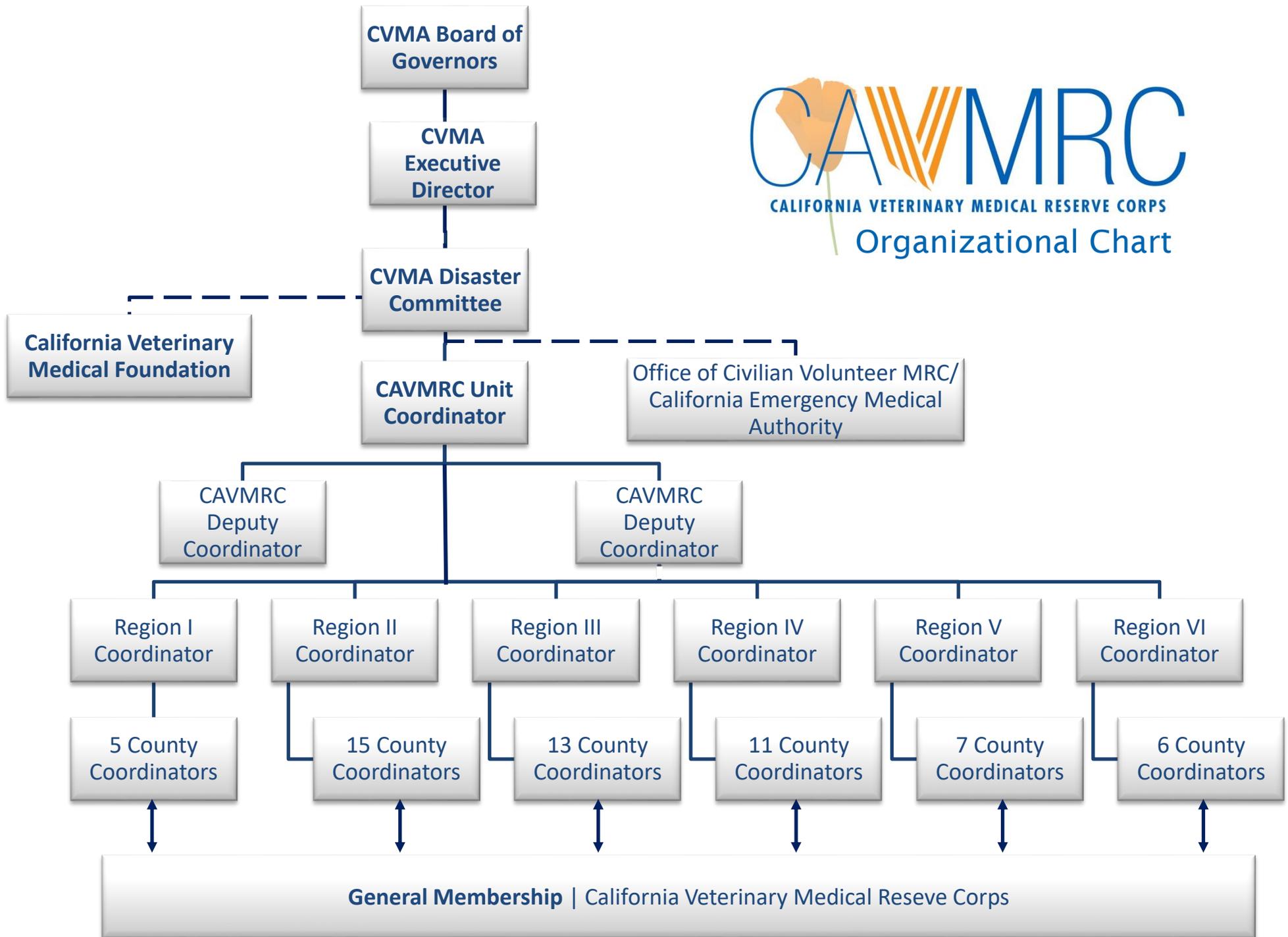
In the event of significant compromise to telecommunication infrastructure, email list-serve and group texting will be utilized (as a tertiary and/ or last resort effort.)

### **During a Deployment**

While CAVMRC members are deployed and the organization is active in assisting with an emergency response, it will be the general goal of the CAVMRC to have a conference call twice daily in the morning and the evening. Members of the conference call should include if possible: any key members deployed, any applicable coordinators, and any outside points of contact that are integrally involved in the activities of the CAVMRC during that response.

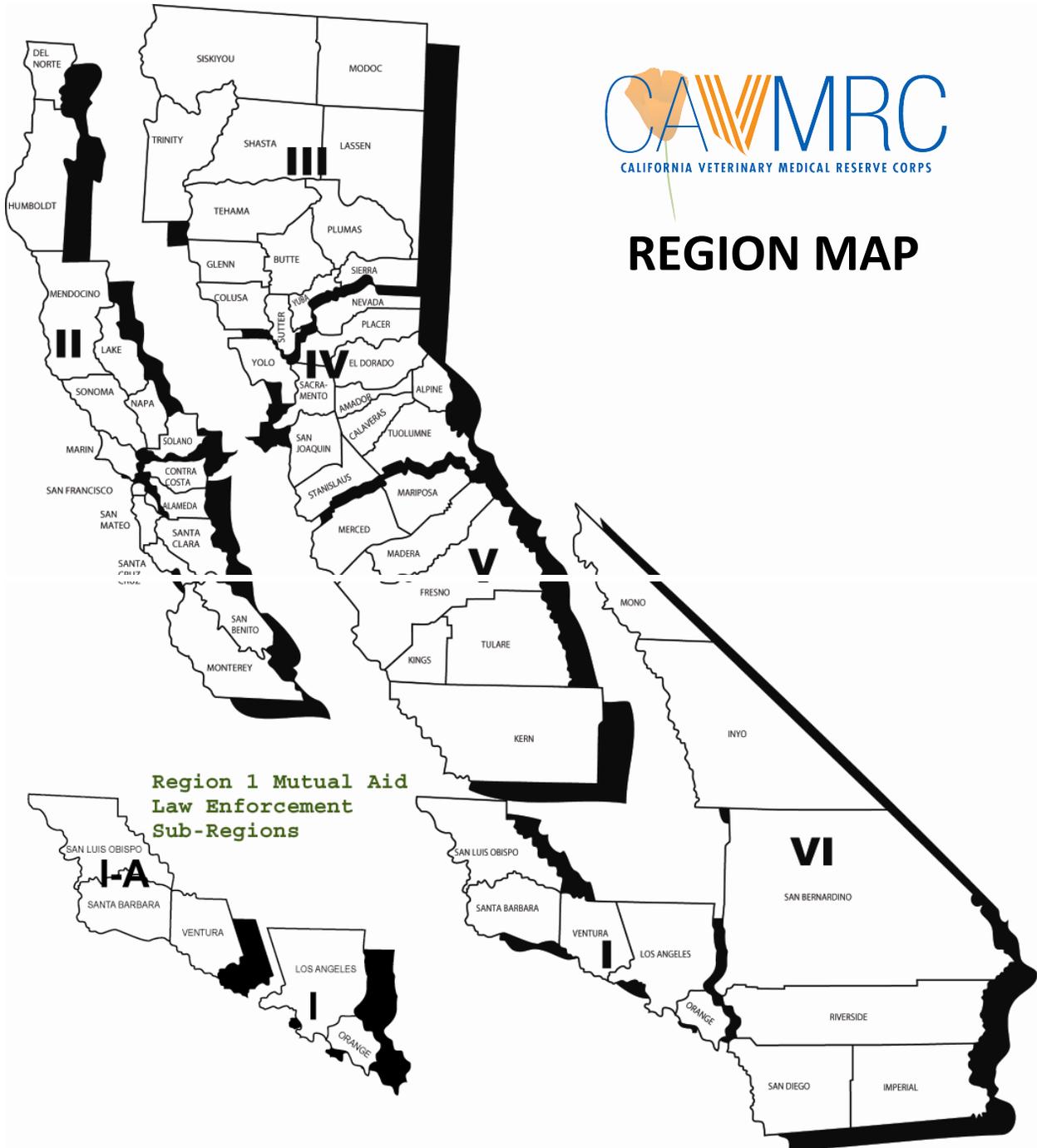
Confidentiality

All communication within the CAVMRC is confidential and should not be shared with outside sources unless authorized by the CVMA. Communication includes but is not limited to CAVMRC activities and membership information.





# REGION MAP





## **Financial Policy**

### **Reimbursement**

The CAVMRC does not provide direct reimbursement to volunteers for expenses endured during a deployment. Volunteers may apply for reimbursement to a number of non-profit foundations, including the California Veterinary Medical Foundation, and the American Veterinary Medical Foundation.

### **Purchasing Authority**

No member of the CAVMRC, aside from the CVMA President, CVMA Treasurer, CAVMRC Unit Coordinator, or the CVMA Executive Director may enter into financial agreements or contracts on behalf of the CAVMRC, and nor may they purchase goods or services as an agent of the CAVMRC.

### **Signing Authority**

Only the CVMA President, Treasurer, or Executive Director have signing authority on behalf of the California Veterinary Medical Association, California Veterinary Medical Reserve Corps, and California Veterinary Medical Foundation. Signing authority extends to any grants, contracts, purchases, agreements, memorandums of understanding, commitments, or any legally binding document.



## **Privacy Policy for Disaster Healthcare Volunteers of California**

The State of California Emergency Medical Services Authority (EMSA) is strongly committed to protecting the privacy of registrants of the Disaster Healthcare Volunteers Site (Site) to the extent allowable under applicable California law. EMSA wants to contribute to providing a safe and secure environment for our users.

The purpose of this Privacy Policy is to inform you, as a user of the Site or as a user of any Site content, what kinds of information EMSA will gather about you when you visit the Site, how EMSA may use that information, whether it can be disclosed to anyone, and the choices you have regarding EMSA's use of, and your ability to revise or update, that information. This Privacy Policy applies to the Site and any information collected through this Site. This policy applies only to the Site and any information collected through this Site and not to any other companies' or organizations' Web sites to which this Site links.

### **Information About All Site Visitors**

In general, this Site automatically gathers certain usage information, such as the number and frequency of visitors to the Site. EMSA only uses such data in the aggregate. This aggregate data helps EMSA determine how much certain parts of the Site are used so that EMSA can improve the Site and assure that it is as appealing as it can be for as many users as possible. The Site uses a technology called "cookies" that tells EMSA how and when pages in the Site are visited and by how many users. EMSA may partner with other organizations (such as professional associations) to recruit volunteers through those organization's websites. In such cases, EMSA may provide aggregate statistical information to those partnering organizations to indicate how many volunteers were recruited via partner websites. This reporting is entirely statistical (e.g., how many volunteers were recruited), not lists of names of specific volunteers solicited at a given partner's site. Most browsers are initially set up to accept "cookies." You can reset your browser to refuse all "cookies" or to indicate when a "cookie" is being sent.

### **Disclosure of Personal Information**

When registering on the Site as a volunteer health professional in the Disaster Healthcare Volunteers System, volunteer registrants agree to provide certain personal identifying information and professional credentialing information (collectively, Registration Information). EMSA collects, uses and maintains this Registration Information in implementing the Disaster Healthcare Volunteers System. EMSA does not use the Registration Information provided by volunteer registrants to the Site except to the extent described in the Site's Terms of Service. EMSA does not disclose any Registration Information provided by volunteer registrants to the Site except to the extent that such disclosure is required pursuant to a California Public Records Act request (Government Code sections 6250, et seq.) Disclosure of highly sensitive personal information will only be done in accordance with the California Information Practices Act (Civil Code 1798.24), and any other relevant state or federal laws. Additionally, as described above, EMSA may share aggregated statistical "ratings" information about the use of this Site with Web site partners.



### **Site Privacy Policy Changes**

If changes are made to this Privacy Policy, EMSA will post those changes here so that users will be informed as to what information is collected, how it is used and whether such information is disclosable.

Effective as of July 1, 2010



## **Supply Cache Policy**

The CAVMRC supply cache consists of both medical and non-medical parts. The policy for each is below.

### **Medical Supply Cache**

Medical supply caches will be deposited at strategic locations in California and will be made available during CAVMRC deployments if the circumstances warrant their use. They are intended to provide medical supplies during the initial stages (first 72 hours) of an emergency response and are not designed to sustain a sheltering effort over the long term.

The medical supply caches are intended for use by CAVMRC members during deployment. The CAVMRC is only eligible for deployment by request from government agencies during a proclaimed state of emergency.

The CAVMRC medical supply caches should not be utilized if like equipment is readily available through another source such as a city or county logistical division or a private veterinary hospital that is allowing use of its supplies.

The CAVMRC Medical Supply cache consists of both perishable and non-perishable items and is cataloged and arranged into several containers that can be lifted by one individual. The perishable items (pharmaceuticals) are grouped together and their expiration dates are kept in a database by the CAVMRC Unit Coordinator. The Unit Coordinator will work with points of contact who store the caches to ensure that cache items remain current. This can be achieved by several methods including:

1. Working with a wholesale distributor to swap and replace items that are nearing expiration
2. Working with the host hospital/ practice to swap and replace items that are nearing expiration
3. Accepting donations of items to the cache

Use of the medical supply cache should only occur with the prior consent of the CVMA President, CVMA Executive Director, or CAVMRC Unit Coordinator.

The medical supply cache should only be used for CAVMRC disaster response efforts by CAVMRC volunteers.

The CAVMRC volunteers who utilize the cache will keep a detailed inventory log of items used (type and number) and submit it to either the region coordinator or to the unit coordinator.

All efforts will be made by the CAVMRC unit coordinator to seek reimbursement for used items from the local jurisdiction, the state, or from federal resources.

### Non-Medical Supply Cache

Non-medical supply cache items include promotional/ outreach items such as flags, table clothes, banners and brochures and uniforms/ personal equipment such as vests, deployment guides, MRC lapel pins, lanyards and badges.

Supply caches will be disbursed to each of the six CAVMRC region coordinators to have on hand for events in their region. Events can either be preparedness/ outreach events or deployments. Supplies will not be used for activities outside of the CAVMRC and will not be distributed to non-CAVMRC members.

CAVMRC volunteers will return items to the cache when their activity is complete. All items will be kept in the best condition possible and cleaned if applicable before returning to the cache.

CAVMRC region coordinators must keep an inventory of the cache in their possession and report to the CAVMRC unit coordinator any items used or missing.

All efforts will be made by the CAVMRC unit coordinator to seek reimbursement for used items from the local jurisdiction, the state, or from federal resources.



## **BURN PROTOCOL- August 2021**

**GLOVES MUST BE WORN AT ALL TIMES WHEN TREATING BURN PATIENTS.**

**Wound Treatment: Required Daily during the early phase (usually 3-5 days post presentation), and then possibly less often depending on the condition of the wounds, the products being used, and the discretion of the treating veterinarian. General anesthesia may be required in most cases.**

### **Task 1: CLEANING**

- a) Initial Debridement: Massage mineral oil or petroleum jelly into “paw mitt” concretions to help loosen matted debris. Alternatively: soak burns with warm, dilute chlorhexidine or betadine solution for 10-15 min to loosen “paw mitts” and tar/debris on distal limbs in cases of dogs/ cats. For horses and livestock, use dilute betadine or chlorhexidine and rinse with copious amounts of temperature appropriate water.
- b) Rinse with clean water: (take bottled water, poke holes in the cap) lavage with copious amounts of bottled water for small animals or with a hose if available for horses and livestock.
- c) Monitor for signs of hypothermia → consider the extent of burns as well as ambient temperature and be mindful of monitoring patient temperature.

### **Task 2: DEBRIDE**

Using a gauze pad, gently debride devitalized, necrotic or damaged tissue from wound surface. Wounds will not be completely debrided on day 1. This will likely take several days (usually 3 to 5 days) to get them completely debrided. Repeat Task 1 as needed on a daily basis until debridement is complete.

### **Task 3: ANTISEPTIC**

Apply hypochlorous acid (Vetericyn/ Microsyn) to burn surface.

### **Task 4: BANDAGING**

- a) Primary Dressing
  - i. For first degree (superficial) burns, topical application of triple antibiotic, silver sulfadiazine, honey, or chlorhexidine ointment.
  - ii. For second or third degree burns: if available, apply silver plated or silver impregnated bandage material (Silverlon®, Mepilex AG®, or Microlyte VET®). → These bandages are reusable. For Microlyte VET bandages, . It completely absorbs within a week, and can be reapplied during bandage changes at any interval. There is no need to debride for the sake of removing any remaining material. If silver bandages are not available, use silver sulfadiazine ointment as wound dressing.
- b) Secondary Dressing
  - i. For non-exudative wounds, white kling gauze, vet wrap, and elastikon as needed.
  - ii. For exudative wounds, an absorbent foam pad or cast padding, followed by vet wrap and elastikon as needed.
- c) Initial and date bandage

**Other treatments:**

- 1) Stain eyes to check for corneal ulcers.
- 2) Remove soot from animal using disinfecting wipe or damp towels.
- 3) SQ fluids q daily during burn treatment or IV fluids for horses / livestock.
- 4) Charts/ records.
- 5) If possible, for cats, record weight daily.



## CANINE CARE PROTOCOL- August, 2021

**GLOVES MUST BE WORN AT ALL TIMES WHEN TREATING PATIENTS.**

**Sedation:**

**OPTIONS:**

- 1) Butorphanol 0.2-0.4mg/kg , Dexmedetomidine (Dexdomitor) 2.5-7ug/kg, +/- Midazolam 0.1-0.3 mg/kg  
(Reversal for Dexmedetomidine: Antisedan (antipamezole) same volume as dexmedetomidine IM)
  
- 2) KDT (Doggy/Kitty magic)  
In a sterile 10 mL vial, add 3.3 mL dexdomitor, 3.3 mL butorphanol, and 3.3 mL ketamine.  
DOSE: Approx: 3/10ths of a cc IM per 10 lb for surgical anesthesia plane.

| Dexdomitor-Opioid-Ketamine Sedation/analgesia In Dogs, |      |                                 |          |          |                   |
|--|------|---------------------------------|----------|----------|-------------------|
| Weight   |      | Volume                          |          |          | IM route          |
|  |      | Dexdomitor-Butorphanol-Ketamine |          |          |                   |
| Lbs  | Kg   | Light                           | Mild     | Moderate | Profound /Surgery |
| 4-7  | 2-3  | 0.012 ml                        | 0.025 ml | 0.05 ml  | 0.1-0.15 ml       |
| 7-9  | 3-4  | 0.025 ml                        | 0.05 ml  | 0.1 ml   | 0.2-0.25 ml       |
| 9-13   | 4-6  | 0.05 ml                         | 0.1 ml   | 0.2 ml   | 0.3-0.35 ml       |
| 13-15  | 6-7  | 0.1 ml                          | 0.2 ml   | 0.3 ml   | 0.4-0.45 ml       |
| 15-18  | 7-8  | 0.15 ml                         | 0.3 ml   | 0.4 ml   | 0.5-0.55 ml       |
| 18-22  | 8-10 | 0.2 ml                          | 0.4 ml   | 0.5 ml   | 0.6-0.65 ml       |

- 3) Trazodone  
Daily medication only: 1.9 mg/kg/d to 16.2 mg/kg/d (mean = 7.3 mg/kg/d)  
As needed only: 2.2 mg/kg/d to 14 mg/kg/d (mean 7.7 mg/kg/d)
  
- 4) TTDex **DO NOT REFRIGERATE ONCE RECONSTITUTUED OR IT WILL BECOME INACTIVE**  
In a sterile 10 mL vial, add 5 mL of 100 mg/mL Telazol, 2.5 mL of 10 mg/mL Torbugesic (butorphanol), and 2.5 mL of dexdomitor.

If only Telazol powder is available, add 2.5 mL Dexmedetomidine (500 mcg/mL) and 2.5 mL Butorphanol (10 mg/mL) to 1 vial (500 mg) of Telazol powder.

SEE ATTACHED CHART at end of document for doses by weight.

| TTDex Dosing Chart for Dogs |   |
|-----------------------------|---|
| 0.005 mL/kg IM              | Geriatric, cardiac compromised, or profound systemic dysfunction, light sedation. |
| 0.01 mL/kg IM               | Mild to moderate sedation.  |
| 0.02 mL/kg IM               | Moderate to profound sedation- for minor surgery, painful procedures.             |
| 0.03 mL/kg IM               | Surgical plane anesthesia for 30-40 min.  |
| 0.04 mL/kg IM               | For wild and fractious animals.   |

### **Wound Treatment:**

**Required Daily during the early phase (1 to 3 days post presentation), and then possibly less often depending on the condition of the wounds, the products being used, and the discretion of the treating veterinarian.**

**For burn treatment- refer to the CAVMRC Burn Treatment Protocol.**

### **Antibiotics: (options)**

- Convenia: 8mg/kg SQ Q 7days
- Cephalexin: 22mg/kg PO BID
- Clavamox: 14mg/kg PO BID
- Baytril: 5-10 mg/kg IM SID

### **Pain Control:**

- Buprenorphine: 5-15 ug/kg SQ Q 8-12 hours
- Simbadol (buprenorphine): 0.12 mg/kg SQ Q 24hours PRN (monitor for excessive sedation)
- NSAID: Meloxicam 0.1mg/kg PO Q 24hrs
- NSAID: Galliprant: 2 mg/kg PO Q 24 hrs.
- NSAID: Previcox: 57-224 mg PO Q 24 hours
- NSAID: Carprofen: 4.4 mg/kg PO once every 24 hours OR divided and given as 2.2. mg/kg PO Q 12 hrs.
- Gabapentin: 10-20mg/kg PO Q 8-12 hours
- Cerenia: 1-8 mg/kg PO or 1 mg/kg SC or PO Q 24 hours

### **Appetite Stimulation**

- Entyce: 3 mg/kg PO SID for up to four days unless otherwise directed.
- Cerenia: 1-8 mg/kg PO or 1 mg/kg SC or PO Q 24 hours

### **Other treatments:**

- 1) Eyes: Rinse debris with sterile saline; Stain eyes to check for corneal ulcers; apply BNP Q 6-12 hours pending severity of ulcer
- 2) Remove soot from animal using disinfecting wipe (Hero wipes) or damp paper towel.
- 3) SQ fluids q daily during treatment
- 4) Vitamin B12 250-1200ug per dog (based on size) SQ q weekly; please note received since they can have red/orange urine post

### **Other considerations:**

- All patients with wounds must be bandaged for pain relief and protection
- Heat support is essential since body temperature regulation with sedation and burn wounds will be compromised.

TTDex Dosing Chart

| Lbs     | Kg    | Mild Sedation | Moderate Sedation | Profound Sedation | Surgical Anesthesia | Profound Surgical Anesthesia |
|---------|-------|---------------|-------------------|-------------------|---------------------|------------------------------|
|         |       | 0.005ml/kg    | 0.01ml/kg         | 0.02ml/kg         | 0.035ml/kg          | 0.04ml/kg                    |
| 2-4     | 1-2   | 0.005 ml      | 0.01 ml           | 0.02 ml           | 0.035 mL            | 0.04 ml                      |
| 4-7     | 2-3   | 0.013 ml      | 0.025 ml          | 0.05 ml           | 0.09 ml             | 0.12 ml                      |
| 7-9     | 3-4   | 0.018 ml      | 0.035 ml          | 0.07 ml           | 0.12 ml             | 0.15 ml                      |
| 9-11    | 4-5   | 0.023 ml      | 0.045 ml          | 0.09 ml           | 0.16 ml             | 0.19 ml                      |
| 11-22   | 5-10  | 0.038 ml      | 0.075 ml          | 0.15 ml           | 0.26 ml             | 0.37 ml                      |
| 22-29   | 10-13 | 0.06 ml       | 0.12 ml           | 0.24 ml           | 0.40 ml             | 0.48 ml                      |
| 29-33   | 13-15 | 0.07 ml       | 0.14 ml           | 0.28 ml           | 0.49 ml             | 0.58 ml                      |
| 33-44   | 15-20 | 0.09 ml       | 0.18 ml           | 0.36 ml           | 0.61 ml             | 0.78 ml                      |
| 44-55   | 20-25 | 0.12 ml       | 0.23 ml           | 0.46 ml           | 0.79 ml             | 0.98 ml                      |
| 55-66   | 25-30 | 0.14 ml       | 0.28 ml           | 0.56 ml           | 0.96 ml             | 1.25 ml                      |
| 66-73   | 30-33 | 0.16 ml       | 0.32 ml           | 0.64 ml           | 1.1 ml              | 1.3 ml                       |
| 73-81   | 33-37 | 0.18 ml       | 0.35 ml           | 0.7 ml            | 1.2 ml              | 1.45 ml                      |
| 81-99   | 37-45 | 0.21 ml       | 0.41 ml           | 0.82 ml           | 1.44 ml             | 1.7 ml                       |
| 99-110  | 45-50 | 0.24 ml       | 0.48 ml           | 0.96 ml           | 1.66 ml             | 1.95 ml                      |
| 110-121 | 50-55 | 0.26 ml       | 0.53 ml           | 1.1ml             | 1.84 ml             | 2.2 ml                       |
| 121-132 | 55-60 | 0.29 ml       | 0.58 ml           | 1.2 ml            | 2.0 ml              | 2.3 ml                       |
| 132-143 | 60-65 | 0.32 ml       | 0.63 ml           | 1.3 ml            | 2.18 ml             | 2.5 ml                       |
| 143-154 | 65-70 | 0.34 ml       | 0.68 ml           | 1.4 ml            | 2.36 ml             | 2.7 ml                       |
| 154-176 | 70-80 | 0.38 ml       | 0.75 ml           | 1.5 ml            | 2.63 ml             | 3.0 ml                       |
| >176    | >80   | 0.4 ml        | 0.8 ml            | 1.6 ml            | 2.8 ml              | 3.2 ml                       |



## FELINE CARE PROTOCOL- August 2021

**GLOVES MUST BE WORN AT ALL TIMES WHEN TREATING PATIENTS.**

**Sedation:**

**OPTIONS:**

- 1) Butorphanol 0.2-0.4mg/kg , Dexmedetomidine (Dexdomitor) 2.5-7ug/kg, +/- Midazolam 0.1-0.3 mg/kg (Reversal for Dexmedetomidine: Antisedan (atipamezole) same volume as dexmedetomidine IM)
  
- 2) KDT (Doggy/Kitty magic)  
 In a sterile 10 mL vial, add 3.3 mL dexdomitor, 3.3 mL butorphanol, and 3.3 mL ketamine.  
 DOSE: Approx: 3/10ths of a cc IM per 10 lb for surgical anesthesia plane.

| Dexdomitor-Opioid-Ketamine Sedation/analgesia In Dogs, |      |                                 |          |          |                   |
|--|------|---------------------------------|----------|----------|-------------------|
| Weight   |      | Volume                          |          |          | IM route          |
|  |      | Dexdomitor-Butorphanol-Ketamine |          |          |                   |
| Lbs  | Kg   | Light                           | Mild     | Moderate | Profound /Surgery |
| 4-7  | 2-3  | 0.012 ml                        | 0.025 ml | 0.05 ml  | 0.1-0.15 ml       |
| 7-9  | 3-4  | 0.025 ml                        | 0.05 ml  | 0.1 ml   | 0.2-0.25 ml       |
| 9-13   | 4-6  | 0.05 ml                         | 0.1 ml   | 0.2 ml   | 0.3-0.35 ml       |
| 13-15  | 6-7  | 0.1 ml                          | 0.2 ml   | 0.3 ml   | 0.4-0.45 ml       |
| 15-18  | 7-8  | 0.15 ml                         | 0.3 ml   | 0.4 ml   | 0.5-0.55 ml       |
| 18-22  | 8-10 | 0.2 ml                          | 0.4 ml   | 0.5 ml   | 0.6-0.65 ml       |

- 3) TTDex: **DO NOT REFRIGERATE ONCE RECONSTITUTED OR IT WILL BECOME INACTIVE**
  - In a sterile 10 mL vial, add 5 mL of 100 mg/mL Telazol, 2.5 mL of 10 mg/mL Torbugesic (butorphanol), and 2.5 mL of dexdomitor; or,
  - If only Telazol powder is available, add 2.5 mL Dexmedetomidine (500 mcg/mL) and 2.5 mL Butorphanol (10 mg/mL) to 1 vial (500 mg) of Telazol powder.

SEE ATTACHED CHART at end of document for doses by weight.

| TTDex Dosing Chart for Cats |   |
|-----------------------------|---|
| 0.005 mL/kg IM              | Geriatric, cardiac compromised, or profound systemic dysfunction, light sedation. |
| 0.01 mL/kg IM               | Mild to moderate sedation.  |
| 0.02 mL/kg IM               | Moderate to profound sedation- for minor surgery, painful procedures.             |
| 0.03 mL/kg IM               | Surgical plane anesthesia for 30-40 min.  |
| 0.04 mL/kg IM               | For wild and fractious animals.   |

### **Wound Treatment:**

**Required Daily during the early phase (1 to 3 days post presentation), and then possibly less often depending on the condition of the wounds, the products being used, and the discretion of the treating veterinarian.**

**For burn treatment- refer to the CAVMRC Burn Treatment Protocol.**

### **Antibiotics: (options)**

- Convenia: 8mg/kg SQ once
- Cephalexin: 10-40 mg/kg PO BID
- Clavamox: 10-20mg/kg PO Q 8-12 hours
- Baytril: 5-10 mg/kg IM SID

### **Pain Control:**

- Buprenorphine: 0.01-0.03 mg/kg IM, IV, or buccal Q 6-8 hours.
- NSAID: Onsiar: 1.0-2.4mg/kg PO Q 24hrs
- Gabapentin: 3-10 mg/kg PO Q 8-12 hours

### **Anxiety**

- Gabapentin: 50-100 mg/cat PO Q 24 hours
- Trazodone:
  - Daily medication only: 1.9 mg/kg/d to 16.2 mg/kg/d (mean = 7.3 mg/kg/d)
  - As needed only: 2.2 mg/kg/d to 14 mg/kg/d (mean 7.7 mg/kg/d)

### **Appetite Stimulation**

- Mirtazapine: 1.5 inch ribbon (~2 mg/cat) along inner pinna of ear Q 24 hrs or 2 mg PO q 24 hrs

### **Other treatments:**

- 1) Eyes: Rinse debris with sterile saline; Stain eyes to check for corneal ulcers; apply BNP Q 6-12 hours pending severity of ulcer
- 2) Remove soot from animal using disinfecting wipe (Hero wipes) or damp paper towel.
- 3) SQ fluids q daily during treatment
- 4) Vitamin B12 250 ug per cat SQ q weekly; please note received since they can have red/orange urine post

### **Other considerations:**

-All patients with wounds must be bandaged for pain relief and protection

-Heat support is essential since body temperature regulation with sedation and burn wounds can be compromised.

TTDex Dosing Chart

| Lbs     | Kg    | Mild Sedation<br>0.005ml/kg | Moderate Sedation<br>0.01ml/kg | Profound Sedation<br>0.02ml/kg | Surgical Anesthesia<br>0.035ml/kg | Profound Surgical Anesthesia<br>0.04ml/kg |
|---------|-------|-----------------------------|--------------------------------|--------------------------------|-----------------------------------|---|
| 2-4     | 1-2   | 0.005 ml                    | 0.01 ml                        | 0.02 ml                        | 0.035 mL                          | 0.04 ml                                   |
| 4-7     | 2-3   | 0.013 ml                    | 0.025 ml                       | 0.05 ml                        | 0.09 ml                           | 0.12 ml                                   |
| 7-9     | 3-4   | 0.018 ml                    | 0.035 ml                       | 0.07 ml                        | 0.12 ml                           | 0.15 ml                                   |
| 9-11    | 4-5   | 0.023 ml                    | 0.045 ml                       | 0.09 ml                        | 0.16 ml                           | 0.19 ml                                   |
| 11-22   | 5-10  | 0.038 ml                    | 0.075 ml                       | 0.15 ml                        | 0.26 ml                           | 0.37 ml                                   |
| 22-29   | 10-13 | 0.06 ml                     | 0.12 ml                        | 0.24 ml                        | 0.40 ml                           | 0.48 ml                                   |
| 29-33   | 13-15 | 0.07 ml                     | 0.14 ml                        | 0.28 ml                        | 0.49 ml                           | 0.58 ml                                   |
| 33-44   | 15-20 | 0.09 ml                     | 0.18 ml                        | 0.36 ml                        | 0.61 ml                           | 0.78 ml                                   |
| 44-55   | 20-25 | 0.12 ml                     | 0.23 ml                        | 0.46 ml                        | 0.79 ml                           | 0.98 ml                                   |
| 55-66   | 25-30 | 0.14 ml                     | 0.28 ml                        | 0.56 ml                        | 0.96 ml                           | 1.25 ml                                   |
| 66-73   | 30-33 | 0.16 ml                     | 0.32 ml                        | 0.64 ml                        | 1.1 ml                            | 1.3 ml                                    |
| 73-81   | 33-37 | 0.18 ml                     | 0.35 ml                        | 0.7 ml                         | 1.2 ml                            | 1.45 ml                                   |
| 81-99   | 37-45 | 0.21 ml                     | 0.41 ml                        | 0.82 ml                        | 1.44 ml                           | 1.7 ml                                    |
| 99-110  | 45-50 | 0.24 ml                     | 0.48 ml                        | 0.96 ml                        | 1.66 ml                           | 1.95 ml                                   |
| 110-121 | 50-55 | 0.26 ml                     | 0.53 ml                        | 1.1ml                          | 1.84 ml                           | 2.2 ml                                    |
| 121-132 | 55-60 | 0.29 ml                     | 0.58 ml                        | 1.2 ml                         | 2.0 ml                            | 2.3 ml                                    |
| 132-143 | 60-65 | 0.32 ml                     | 0.63 ml                        | 1.3 ml                         | 2.18 ml                           | 2.5 ml                                    |
| 143-154 | 65-70 | 0.34 ml                     | 0.68 ml                        | 1.4 ml                         | 2.36 ml                           | 2.7 ml                                    |
| 154-176 | 70-80 | 0.38 ml                     | 0.75 ml                        | 1.5 ml                         | 2.63 ml                           | 3.0 ml                                    |
| >176    | >80   | 0.4 ml                      | 0.8 ml                         | 1.6 ml                         | 2.8 ml                            | 3.2 ml                                    |



## **EQUINE CARE PROTOCOL- August 2021**

### **GLOVES MUST BE WORN AT ALL TIMES WHEN TREATING PATIENTS.**

#### **Sedation:**

- Detomidine: 0.02-0.04 mg/kg detomidine IV (+/- 0.02-0.04 mg/kg butorphanol IV.) If butorphanol is excluded, the higher end of the detomidine dose range should be considered\*.
- Xylazine: (for shorter acting sedation or a lower plane of sedation) 0.3-0.5 mg/kg xylazine (100 mg/mL strength) + 0.02-0.04 mg/kg butorphanol IV.

\*Geriatric horses, draft horses, and some gaited horses such as Kentucky Mountain Saddle Horses may be sensitive to sedation.

#### **Wound Treatment:**

**Required Daily during the early phase (1 to 3 days post presentation), and then possibly less often depending on the condition of the wounds, the products being used, and the discretion of the treating veterinarian.**

**For burn treatment- refer to the CAVMRC Burn Treatment Protocol.**

#### **Antibiotics:**

\*\*\*The use of systemic antibiotics in burned horses has not been shown to be useful if wounds are being managed and treated topically. In the event of wound infection, pneumonia, or immunosuppression, the following systemic antimicrobials may be considered:

- Trimethoprim/Sulfadiazine or Sulfamethoxazole 960 mg: 30 mg/kg PO BID.
- Excede (ceftiofur): 6.6 mg/kg IM; repeat in 4 days. A maximum of 20 mL per injection site may be administered.
- Gentamicin: 6.6 mg/kg IV every 24 hours.
- Doxycycline: 10 mg/kg PO every 12 hours.

#### **Pain control:**

- NSAID: Banamine: 1.1 mg/kg IV q 12 h or 1.1 mg/kg PO (oral paste) q 12 h
- NSAID: Bute: 2.2-4.4 mg/kg PO or IV Q 12 hr. DO NOT GIVE PERIVASCULARLY.
- NSAID: Equioxx: 57-114 mg PO Q 24 hr
- Gabapentin – especially if pruritus present: 5 mg/kg PO, q 12 h
- Pentoxifylline: 8-10 mg/kg PO, q 12 h (this should not be used as a sole source of pain control).
- Butorphanol: 0.1 mg/kg SC q 2 h

#### **Other treatments:**

- **\*\*\*STAIN all eyes to check for corneal ulcers!!!!\*\*\*** Treat with neomycin/ polymixin/ bacitracin or terramycin ophthalmic ointment 3-4 times daily.
- If >15% of body surface is burned, consider IV fluid therapy with Plasmalyte A, Lactated Ringers Solution, or Normosol to support kidneys since myoglobinuria and hypovolemia is common.
- Vitamin C (ascorbate): 30-50 mg/kg IV Q 12 hours → may assist in wound healing and immune response.
- Vitamin B12: 1,000-2000 mcg IM q 12 hours → to aid in appetite stimulation and stamina/energy.



## Shelter Considerations for Veterinarians

When deployed to support emergency animal shelters, CAVMRC members will likely find themselves in austere conditions with less than ideal facilities. With the potential for overcrowding and increased stress, it is essential to mitigate disease outbreaks and other negative impacts on animal health and welfare. This document provides an overview of type of animal shelters likely to be encountered in a response, facility, housing, and sanitation considerations, vaccination and parasite control strategies, and health screening, monitoring and stress-reduction practices that can be utilized to prevent shelter-acquired disease.

### Services

The CAVMRC primarily functions as a secondary responder, meaning that it supports the efforts of first responders to provide care for animals during emergencies. The role of a secondary responder includes providing assistance with:

- Triage veterinary care
- Vaccination of animals in shelters
- Shelter health programs/ management
- Shelter policies for animal care
- Biosecurity

In some circumstances, the CAVMRC may be able to advise sheltering entities with shelter design/layout to minimize animal stress and spread of communicable disease.

During a response, it is vital to understand our specific role and function and how the CAVMRC fits in to the overall response. Communication is imperative among all facets of the animal care team which include many agencies, organizations and individuals with varying degrees of authority and decision-making responsibilities. The lead agency in an animal response is typically the local municipal shelter (which often includes animal control,) but each agency is uniquely positioned within the local government. Lead animal response agencies may be part of the Sherriff's department, the police department, the health department or a "stand-alone" agency, and each will have specific legal obligations and departmental policies, protocols and procedures. CAVMRC volunteers are well positioned to provide direct patient care and address population health and welfare concerns however, other decisions that will have an impact on the lead agency (transport, transfer, disposition of owned animals vs. strays, etc.) should be communicated to the Field Coordinator who can then facilitate a discussion with the appropriate entity. By working within the scope and structure of the response and communicating well, many conflicts can be avoided.

The sheltering and animal care components (location, organization providing care, time period of operation, etc.) of a response will likely have already been established by the time MRC volunteers arrive; however, it is essential that responders are aware of the different type of animal shelters that may be employed, and are able to recognize when there are issues regarding the health and welfare of the animals in care. In most cases, the CAVMRC's role will be that specifically of medical support for the established shelter(s), but as veterinary professionals, it is important to address any concerns with the organization providing shelter and husbandry/ care support in a productive and respectful way, and in the context of a less than ideal situation for everyone involved. Everyone is coming in to the response with varying levels of experience and training, but in working together we can affect positive outcomes for the animals and the community we are supporting during a response.

## **TYPES OF SHELTERS/ SHELTER DESIGN MODELS:**

### **Open Animal Shelter**

This is the most common shelter model and what most people picture when they think of a "typical" animal shelter.

#### *Features*

- owned and stray animals housed in same facility and generally not associated with a human shelter
- animal care professionals and volunteers are responsible for providing all animal care
- potentially highest risk model from a disease control standpoint as large numbers of animals from mixed sources

#### *Benefits*

- control of the environment may be easier compared to other models
- existing brick and mortar open shelters are already designed for this purpose and requesting organization is likely to have existing protocols
- care and husbandry provided by trained staff/ volunteers

#### *Challenges*

- does not support the human-animal bond and can negatively impact both the animals and their people- particularly in the midst of a disaster
- shelter setting contributes to animal stress which can impact physical and behavior health (ex. poor appetite, immunosuppression/ stress-related illness, GI disturbances, poor sleep quality, increased anxiety, potential exacerbation of existing behavioral problems, etc.)
- animal behavior can be a concern and can become a serious problem depending on length of stay
- staffing falls entirely to sheltering organization to provide all animal husbandry, enrichment and veterinary care
- reconciliation after an event can be challenging

## **Co-location shelter**

### *Features*

- animal shelter is separate but adjacent/ in close proximity to the human shelter
- owner/ guardians are the primary caretakers of their pets with support from trained staff
- moderate risk for disease control as only owned animals in care (ideally a population that has received some level of veterinary care and from a known environment with known medical history)

### *Benefits:*

- owner/ guardians directly providing care for their pets (familiar with “normal” for their animal, less stress for animals as primary caretaker is not a stranger)
- staff helps owners when needed and full care only when owner/ guardians are unable to do so themselves, requires fewer staff/ volunteers
- supports the human-animal bond by keeping people and animals together and engages the owner/guardians in daily care

### *Challenges*

- owner/ guardians caring for their pets (different/ unfamiliar environment, use of leash/crates may be unfamiliar, commitment to responsibility of care will vary)
- potential for increased exposure to diseases from cross contamination by the large number of people in and out of the shelter (staff, volunteers and owner/guardian caretakers)
- requires monitoring of care and an agreement of expectations between the owner/guardian and the sheltering organization
- increased security required to prevent theft, escape, inappropriate handling of other animals, etc.

## **Cohabitation Shelter**

### *Features*

- shelter arrangement where people and pets are housed with each other in the same space as a family unit
- owner/guardians are the primary/ sole caretakers with minimal staff required for support
- potentially low to moderate risk for disease control as fewer animals in facility with defined space for each family

### *Benefits*

- supports the human-animal bond by not disrupting the family unit
- requires minimal staff to support animal needs, unlikely to have high level of medical concerns in this population

### *Challenges*

- many human mass sheltering organizations do not allow pets in shelters as a general policy with exceptions only for service animals

- difficult to find a suitable place for cohabitation shelters where each family unit has a separate and secure space of their own (180 square feet/ family of 4 with 2 pets)
- requires advanced planning for an ideal layout with designated areas for each species that may be encountered, difficult to rearrange space once residents have an established location in the shelter
- potential for safety challenges for both humans and animals (bites, dog-dog interactions, etc.) without established agreement/ expectations for residents

## **FACILITY**

### **Layout and Design**

Once the shelter model has been established, there are a number of factors regarding layout and arrangement of housing that can influence disease control and prevention. The following discussion is focused on open shelter plan but applies to other shelter models:

#### *Physical separation based on population characteristics*

- If possible, it is ideal to separate the shelter population by species/ predator-prey concerns, age, health/ medical condition, temperament/ behavior and status (known owner vs. stray).
- Each species should have their own designated space ideally with visual and auditory barriers in between (ex- cats not adjacent to barking dogs, small mammals housed away from predator species, etc.).
- Young/ underage animals, pregnant/ nursing animals, and special needs patients should be housed in a quiet, low traffic areas of the shelter if possible. This population is most susceptible to shelter-acquired disease and may require additional husbandry accommodations and more vigilant monitoring.
- Isolation areas should be designated for sick animals under treatment (ex. CIRDC, URI, ringworm, etc.). Estimate approximately 10% of housing for this purpose. Each isolation area should have clear signage with instructions for entry and indication of PPE required. Ideally these areas are also in low traffic areas and have limited access/ designated staff. Animals with a highly communicable disease with the potential for high morbidity and mortality (ex. parvovirus/ panleukopenia, canine influenza, etc.) should ideally be transferred out of the shelter to a hospital setting when possible. This ensures the best outcome for the individual and protects the overall population health.
- Do not comingle/ mix animals from different sources. Families may be housed together unless intact and opposite sex and with monitoring- behavior may be altered in shelter environment.
- Rabbits, rodents, birds and reptiles have unique needs and can be challenging to manage in a mixed species shelter. If the facility cannot support environmental controls and necessary husbandry, or lacks proper equipment and suitable housing, these species should be transferred if possible.

- Consider a shy/ quiet area for dogs as well as a strategy for aggressive animals or other behavioral concerns to reduce stress.
- Once areas are established for each category, avoid excessive movement throughout the shelter as this can lead to increased disease transmission.

## **Housing**

### *Primary enclosure*

- Enclosures should be secure, free of hazards (sharp edges, wire flooring, gaps that could result in limb or digit entrapment), made of non-porous materials (to allow for cleaning and disinfection) and large enough to allow for normal posture and movement appropriate for the species. In order to allow cats to assume most normal postures, housing needs to provide at least 28" by 30" of clear floor space (e.g. excluding space occupied by bed, food and water dishes and litter boxes). Floor space for dogs will largely depend on breed/ size.
- Ideally, enclosures should also be large enough to allow cleaning without having to remove the animal- particularly for vulnerable populations (underage/ young animals < 20 weeks). Use of transfer kennels and excessive handling can contribute to disease transmission.
- Enclosures should not be stacked if possible to prevent bedding, litter, waste, etc. from dropping on to the lower enclosures, and prevent the animals on the lower cages from being in a consistently dark or poorly ventilated environment.
- Animals should stay in their primary enclosure throughout their stay if possible. Every time an animal is moved to another location/ enclosure there is increased risk of disease transmission (added handling stress and mixing of population).
- Unless an animal is experiencing a medical emergency, do not move animals from their primary enclosure without communicating with the animal care team. A protocol should be established for animals who need to be moved for medical reasons (ex. communicable disease, behavior) so that all animals are accounted for and can be located easily.

### *Heating, ventilation/air quality, light, sound*

- Temperature and humidity requirements will vary by species and by individual based on haircoat, facial features, breed, acclimation, etc. Overall, dogs and cats typically should be housed in an area where temperature is between 60-80 degrees and 30-70% relative humidity to maintain normal body temperature. Young animals or those with other unique physical or specific medical conditions may require a different environment to maintain a comfortable body temperature. Medical conditions can develop or become exacerbated with extremes in temperature (brachycephalic animals, rabbits/ Guinea pigs).

- Proper ventilation is required for population health and to prevent spread of pathogens. Ideally facilities should have 10-20 air exchanges per hour- and potentially higher depending on density. Good ventilation does not replace the need for appropriate housing and cleaning/disinfection. This may prove challenging when ambient air quality is poor (ex. wildfire smoke).
- Canine respiratory pathogens become aerosolized and will require a physical barrier between the healthy and isolated areas. This could be as simple as a shower curtain or other barrier between the sick and healthy population. Feline respiratory pathogens are spread by droplets. Feline enclosures that are facing each other should be spaced at least 4 feet apart to prevent further disease transmission.
- Lighting should be adequate enough to allow for appropriate visualization of the animals and should approximate natural periods of light and dark to allow for normal sleep/wake cycles.
- Efforts should be made at noise abatement during cleaning and feeding. Cats and other species should be located away from barking dogs as much as possible. Consider a “shy/quiet” area for dogs not prone to barking.

## Sanitation

- *Cleaning* is the removal of organic material, including microorganisms. Cleaning does not kill microorganisms, but physically removes them with a detergent and mechanical action.
- *Sanitation* is the reduction of microorganisms to safe levels, as defined for a specific circumstance. Sanitation is achieved by either cleaning or disinfecting.
- *Disinfection* is the inactivation of microorganisms (excluding bacterial spores).

### *Selection of Disinfection Agents*

Selection of a disinfection agent is dependent on the likelihood of a particular target pathogen to be encountered (spores, bacteria, non-enveloped virus, etc.), ease of use, contact time and handling safety. Agents should be mixed at the proper dilution and recommended contact times observed to be effective.

### Characteristics of Selected Disinfectants

This table provides general information for each disinfectant chemical classes. Antimicrobial activity may vary with formulation and concentration. Always read and follow the product label for proper preparation and application directions.

| Disinfectant Category           | Alcohols   | Alkalis   | Aldehydes   | Oxidizing Agents  |  |   | Phenols  | Quaternary Ammonium Compounds  |
|---------------------------------|--|---|---|---|--|---|--|--|
|                                 |  |   |   | Halogens: Chlorine  | Halogens: Iodine   | Peroxygen Compounds   |  |  |
| Common Active Ingredients       | ethanol, isopropanol   | calcium hydroxide, sodium carbonate, calcium oxide  | formaldehyde, glutaraldehyde, ortho-phthalaldehyde,   | sodium hypochlorite (bleach), calcium hypochlorite, chlorine dioxide  | povidone-iodine  | hydrogen peroxide/accelerated HP, peracetic acid, potassium peroxymonosulfate   | ortho-phenylphenol, orthobenzylpara-chlorophenol   | benzalkonium chloride, alkyldimethyl ammonium chloride   |
| Sample Trade Names*             |  |   | Synergize®  | Clorox®, Wylswash®  |  | Rescue®, Oxy-Sept 333®, Virkon-S®   | One-Stroke Environ®, Pheno-Tek II®, Tek-Trol®, Lyso®   | Roccal-D®, D/Quat®, D-256®   |
| Mechanism of Action             | Precipitates proteins; denatures lipids  | Alters pH through hydroxyl ions; fat saponification   | Denatures proteins; alkylates nucleic acids   | Denatures proteins  | Denatures proteins   | Denature proteins and lipids  | Denatures proteins; disrupts cell wall   | Denatures proteins; binds phospholipids of cell membrane   |
| Characteristics                 | <ul style="list-style-type: none"> <li>Fast acting</li> <li>Rapid evaporation</li> <li>Leaves no residue</li> <li>Can swell or harden rubber and plastics</li> </ul> | <ul style="list-style-type: none"> <li>Slow acting</li> <li>Affected by pH</li> <li>Best at high temps</li> <li>Corrosive to metals</li> <li>Severe skin burns; mucous membrane irritation</li> <li>Environmental hazard</li> </ul> | <ul style="list-style-type: none"> <li>Slow acting</li> <li>Affected by pH and temperature</li> <li>Irritation of skin/ mucous membrane</li> <li>Only use in well ventilated areas</li> <li>Pungent odor</li> <li>Noncorrosive</li> </ul> | <ul style="list-style-type: none"> <li>Fast acting</li> <li>Affected by pH</li> <li>Frequent application</li> <li>Inactivated by UV radiation</li> <li>Corrodes metals, rubber, fabrics,</li> <li>Mucous membrane irritation</li> </ul> | <ul style="list-style-type: none"> <li>Stable in storage</li> <li>Affected by pH</li> <li>Requires frequent application</li> <li>Corrosive</li> <li>Stains clothes and treated surfaces</li> </ul> | <ul style="list-style-type: none"> <li>Fast acting</li> <li>May damage some metals (e.g., lead, copper, brass, zinc)</li> <li>Powdered form may cause mucous membrane irritation</li> <li>Low toxicity at lower concentrations</li> <li>Environmentally friendly</li> </ul> | <ul style="list-style-type: none"> <li>Can leave residual film on surfaces</li> <li>Can damage rubber, plastic; non-corrosive</li> <li>Stable in storage</li> <li>Irritation to skin and eyes</li> </ul> | <ul style="list-style-type: none"> <li>Stable in storage</li> <li>Best at neutral or alkaline pH</li> <li>Effective at high temps</li> <li>High concentrations corrosive to metals</li> <li>Irritation to skin, eyes, and respiratory tract</li> </ul> |
| Precautions                     | Flammable  | Very caustic  | Carcinogenic  | Toxic gas released if mixed with strong acids or ammonia  |  |   | May be toxic to animals, especially cats and pigs  |  |
| Bactericidal                    | +  | +   | +   | +   | +  | +   | +  | +  |
| Virucidal                       | ± <sup>a</sup>   | +   | ±   | +   | +  | +   | +  | + Enveloped  |
| Fungicidal                      | +  | +   | +   | +   | +  | ±   | +  | +  |
| Tuberculocidal                  | +  | ±   | +   | +   | +  | ±   | +  | —  |
| Sporicidal                      | —  | +   | +   | +   | ±  | +   | —  | +  |
| Factors Affecting Effectiveness | Inactivated by organic matter  | Variable  | Inactivated by organic matter, hard water, soaps and detergents   | Rapidly inactivated by organic matter   | Rapidly inactivated by organic matter  | Effective in presence of organic matter, hard water, soaps, and detergents  | Effective in presence of organic matter, hard water, soaps, and detergents   | Inactivated by organic matter, hard water, soaps and anionic detergents  |

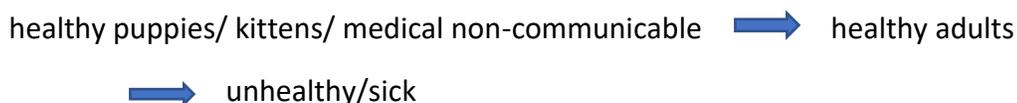
+ = effective; ± = variable or limited activity; — = not effective      a - slow acting against nonenveloped viruses (e.g., norovirus)

\*DISCLAIMER: The use of trade names serves only as examples and does not in any way signify endorsement of a particular product.

REFERENCES: Fraise AP, Lambert PA et al. (eds). Russell, Hugo & Ayliffe's Principles and Practice of Disinfection, Preservation and Sterilization, 5th ed. 2013. Ames, IA: Wiley-Blackwell; McDonnell GE. Antisepsis, Disinfection, and Sterilization: Types, Action, and Resistance. 2007. ASM Press, Washington DC. Rutala WA, Weber DJ. Healthcare Infection Control Practices Advisory Committee (HIC-PAC). 2008. Guideline for disinfection and sterilization in healthcare facilities. Available at: [http://www.cdc.gov/hicpac/Disinfection\\_Sterilization/toc.html](http://www.cdc.gov/hicpac/Disinfection_Sterilization/toc.html); Quinn FJ, Markey FC et al. (eds). Veterinary Microbiology and Microbial Disease. 2nd ed. 2011. West Sussex, UK: Wiley-Blackwell, pp 651-689.



- Daily cleaning is required in order to maintain the health and comfort of the animals. Disinfection may be required less often if the animal is housed in the same enclosure for a longer period of time. Spot cleaning for a few days is acceptable for animals staying in the same enclosure. Disinfection should occur *at least* weekly. DO NOT spray disinfectant in to an occupied enclosure.
- Disinfection MUST occur in isolation areas and when animals are moved or leave the facility before a new resident is housed in the same enclosure. If possible, isolation wards should be “deep cleaned” once the area is cleared/ empty and before a new population is introduced.
- The order and flow of cleaning is essential in order to prevent disease outbreaks. Cleaning should begin with the most susceptible population and end with those with active infectious disease (this order and flow also applies to medical staff when performing medical/monitoring rounds):



- Separate cleaning supplies and equipment should be used in each area and PPE (shoe covers, gowns and gloves depending on infectious disease present) should be employed between populations. Keep in mind mop heads can quickly become a fomite and footbaths can become ineffective after a short period of use. Foot covers are preferred to footbaths.
- Any outdoor areas used for walks should have waste removed immediately to mitigate parasitism or other infectious disease. Consider “carry only” and designated area for dogs under 5 months of age.

### *Fomite control*

- Hand hygiene (handwashing/ sanitizer- readily available and convenient)
- Clothing/ outerwear
- Equipment (muzzles, stethoscopes, etc.)
- Transport carriers
- Laundry (available based on utility status)
- Use disposable items whenever possible (litterboxes, toys, etc.)

### *Food safety*

- Litter pans should not be washed in same sink as food/ water dishes.
- Uneaten canned food should be removed from kennels in a timely manner (minimally within 24 hours) to prevent spoilage, attraction of pests, and food aversion.
- All opened canned diets should be dated, covered and refrigerated promptly (if refrigeration is available).
- Animal diets should be kept in sealed containers and off of the floor to prevent contamination by insects or rodents.
- Food and water bowls will need to be cleaned and disinfected regularly (dishwasher or disinfection solution/ proper rinsing).

## **MEDICAL CARE AND DISEASE SURVEILLANCE**

### **Intake procedures**

If CAVMRC is supporting the established local shelter, they will likely have their own intake protocols that can be followed for consistency provided the key components are included. For disaster / temporary shelters, a protocol will need to be developed that includes health screening, vaccinations and parasite control.

## **Screening Exams**

- All animals should be screened for existing disease at the time of admission to the shelter (or shortly thereafter) and any pre-existing conditions should be documented.
- Based on the health assessment and signalment, determine location to kennel based on status at time of intake (healthy adult, healthy juvenile, special needs (pregnant/ nursing; minor medical needs, etc.), active communicable disease, etc.).
  - Can animal be excluded altogether (needs can't be met in shelter setting- diabetics, severe injuries, complex medical issues, etc. or disease present that threatens population or human health?)
  - Need for critical/ intensive care beyond the capabilities of the shelter setting?

\* A note about transfers/ transport: each jurisdiction will have its own set of regulations and requirements related to legal holds depending on the status of the animal (stray vs. owned). Status however, should not prevent the animal from receiving needed care. Transfer for care and observation of the required hold period can be accomplished with effective record-keeping and communication. \*

## **Vaccinations**

- The shelter setting is high risk environment and vaccine protocols recommended for individual animals in a home environment are not sufficient. Vaccination is not contraindicated for pregnant/nursing animals or animals with mild illness as the benefits vastly outweigh the risks.
- Core vaccines for shelters currently include feline viral rhinotracheitis, calicivirus, panleukopenia (FVRCP) for cats and distemper, hepatitis, parainfluenza, and canine parvovirus (DA2PP) and *Bordetella bronchiseptica* for dogs. The use of modified live virus vaccines (MLV) is strongly recommended over killed products for core shelter vaccines because they provide a rapid immune response.
- Vaccinations should be administered at the time of impound or as soon as possible after entering the shelter.
- Re-vaccination is recommended for puppies and kittens until maternal antibody wanes. Puppies and kittens must be re-vaccinated at 2–3-week intervals for the duration of their shelter stay and/or until they are over 18–20 weeks old.

## **Parasite control**

Animals entering the shelter should receive internal and external parasite control upon impound. Parasites are easily transmitted, can cause significant disease, and can be of public health concern.

## Monitoring

- Daily monitoring is *essential* to managing population health. Monitoring strategies in shelter are key to promptly addressing concerns that could indicate the decline of an individual animal and/or the beginning of an outbreak.
- All animals in care should have a record of daily activity related to appetite, eliminations or change in health. The animal care team should record this information during the cleaning and feeding process. The animal care team should also be briefed on screening for common illnesses and there should be a protocol in place for reporting any concerns to the medical staff (diarrhea, vomiting, sneezing, etc.).
- Additionally, medical staff should perform a daily (minimally) round of the population to identify any change in condition and take note of any changes on the monitoring record.

## Prompt use of isolation and quarantine

- Take appropriate action (quarantine, isolate, transfer, treat) for the individual and the population once a communicable disease is diagnosed.
- *Allowing animals with severe infectious disease to remain in the general population is unacceptable.* Even animals with mild clinical signs of contagious disease should not be housed in the general population as doing so creates a substantial risk of widespread disease.
- Document response to treatment/ development of shelter-acquired disease and any trends in the population. An uptick in communicable disease among a population will require an examination of processes and protocols to determine if adjustments need to be made.

Emergency animal shelters can offer challenges to the health and safety of animals and their human caretakers. Because of stress, utility issues, intermingling of species, and other factors, it is more likely that animals will be exposed to infectious agents, and other potential threats than they would in their normal environment. It is critical to take precautions to minimize these threats within your emergency animal shelter.

Guidelines for Standards of Care in Animal Shelters 2010

The Association of Shelter Veterinarians

<https://www.sheltervet.org/assets/docs/shelter-standards-oct2011-wforward.pdf>

Louisiana Department of Agriculture and Forestry Emergency Response Actions Cohabitated Human/Household Pet Sheltering Toolkit

<http://www.ldaf.state.la.us/wp-content/uploads/2018/07/Cohabitated-Human-Pet-Sheltering-Toolkit-v-19-07.23.2018.pdf>

CAVMRC Volunteer Handbook 2019

[CAVMRC-MASTER-HANDBOOK\\_10-2019.pdf \(cvma.net\)](#)

[Sample Plans for Evacuation and Sheltering | ASPCApro](#)

Disease Prevention and Treatment

<https://www.aspcapro.org/resource/disease-prevention-and-treatment>

[California Animal Response Emergency System \(CARES\) \(cal-cares.com\)](#)

Vaccination in Animal Shelters

UCDavis Koret Shelter Medicine Program

<https://www.sheltermedicine.com/library/resources/?r=vaccination-in-animal-shelters>

Sanitation in Animal Shelters

UCDavis Koret Shelter Medicine Program

<https://www.sheltermedicine.com/library/resources/?r=sanitation-in-animal-shelters>

Interim Guidelines for Animal Health and Control of Disease Transmission in Pet Shelters

<https://www.cdc.gov/disasters/animalhealthguidelines.html>

Rescue Concentrate Reference Sheet

[https://learnaboutrescue.com/wp-content/uploads/2018/11/Reference-Sheet\\_Rescue-Concentrate.pdf](https://learnaboutrescue.com/wp-content/uploads/2018/11/Reference-Sheet_Rescue-Concentrate.pdf)

COVID-19: Interim recommendations for companion animal intake

<https://www.avma.org/resources-tools/animal-health-and-welfare/covid-19/interim-recommendations-intake-companion-animals-households-humans-COVID-19-are-present>

Wagner DC, Kass PH, Hurley KF (2018) Cage size, movement in and out of housing during daily care, and other environmental and population health risk factors for feline upper respiratory disease in nine North American animal shelters. PLoS ONE 13(1): e0190140. <https://doi.org/10.1371/journal.pone.0190140>

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