University of Prince Edward Island Animal Care Committee Standard Operating Procedure

SOP #: ACC - CT06

SOP Title: Reporting Animal Health & Welfare Concerns to Veterinary Staff
SOP Section: Clinical Technique Issued by: Dr. Jonathan Spears
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1.0 Introduction

1.1 All health and welfare concerns for animals belonging to UPEI for the purposes of teaching and research must be brought to the attention of the University Veterinarian or a designated veterinary staff member immediately.

1.2 The purposes of this SOP are to:

- i. Ensure that all individuals are able to report animal health and welfare issues to the responsible veterinary staff member.
- ii. Animal health and welfare concerns are documented appropriately.

2.0 Materials

- Communication
- Current veterinary emergency contact list
- Medical records animal illness/injury report (Appendix 1)
- Daily animal observation record sheets

3.0 Procedures

3.1 Facility Manager's Responsibilities

- i. Ensure all animal care personnel have undergone appropriate training to recognize animal health and welfare concerns before allowing them to perform unsupervised animal care.
- ii. Assign staff schedule to ensure that all animals will be observed at least once daily, including weekends and holidays.
- iii. Provide record sheets to document daily animal checks by animal care personnel.
- iv. Post veterinary, principal investigator (PI), and research personnel contact and emergency numbers in a prominent location, preferably near a phone.
- v. Post the current Veterinary Emergency Contact List in a prominent location.

vi. Inform the Clinical Veterinarian and/or the University Veterinarian of all current and potential animal health and welfare concerns in a timely manner.

3.2 <u>Animal Care Personnel and PI Personnel Responsibilities</u>

- i. Observe each animal daily, including weekends and holidays, for signs of illness or injury.
- ii. If an ill or injured animal is found, determine whether the animal requires immediate attention.

Note:

If unsure of the status of the animal, always treat the case as requiring immediate attention.

iii. Proceed as follows:

- 1. Refer to Facility Emergency Contact sheet for sick or injured animals.
- 2. Contact the veterinarian or technician listed on the veterinary contact sheet.
- 3. Non-emergency notifications may be sent by e-mail, text message or telephone at the numbers/e-mail addresses provided.

Note:

In cases that require immediate attention a direct telephone call must be placed instead of e-mail or text message.

- 4. If there is no immediate answer, leave a voice mail message with a contact number to return the call. If no response after 5 minutes, call the next number on the emergency contact list.
- 5. Describe the nature and the urgency of the health concern to the veterinary staff member.
- 6. State the location of the animal, the name of the researcher, and the name of the person reporting the concern.
- 7. Isolate the animal if necessary and possible.
- 8. Flag the animal's cage/tank with a Sick Animal Card or make sure the animal is identified, and fill in the shaded portions of the illness/injury report.
- 9. Perform treatment and follow up as instructed by veterinary staff.

3.3 <u>Veterinarian Staff Responsibilities</u>

 Respond to all telephone calls, text messages, or e-mails regarding animal health concerns in a timely manner. Immediately attend to all notifications described as urgent.

Note:

Initial case assessment may be done by a designated technician, followed by a veterinary consultation when needed.

- ii. Locate and examine the sick or injured animal.
- iii. Assess the need for treatment and consider a plan to manage the case.
- iv. Where possible contact the PI to discuss the treatment or management plan.
- v. Where possible obtain authorization from the PI to proceed with the plan or consult with the PI to discuss an alternative plan.
- vi. Treat the animal as the individual health concern, veterinary consultation and PI communication dictates. If the PI or designated staff cannot be reached, treat as required by veterinarian.
- vii. Fill out the appropriate medical records see: Maintaining Medical Records.
- viii. If treatment is required fill out a treatment sheet (depending on species) with specific instructions listing the treatment, the duration and who will be treating.
- ix. Arrange for a follow-up evaluation.
- x. Perform follow-up assessments and care until the case is resolved.
- xi. Document the dates and details of all observations and interventions throughout the case including the case resolution date.
- xii. File records of closed cases in the appropriate location for each facility.
- xiii. Keep records for 3 years after the end of the protocol.

4.0 Safety

- 4.1 Medical emergencies: call 9-911
- 4.2 When working with animals, wear appropriate PPE, observe proper hygiene, and be aware of allergy, zoonosis, and injury risks.

Revised From: October 13, 2011

APPENDIX 1 - Animal Illness/Injury Report

PHYSICAL EXAMINATION											
IDENTIFI	CATION										
Clinical C	Case Number (CC	YEAR-	#):								
PI:				Anin	Animal ID #:						
Protocol	#:			Spec	Species: Sex:			Age/DOB:			
Technician Name:											
Reason for Exam:											
Temperature:				Арре	Appetite:						
Pulse:				Fece	Feces:						
Respiratory Rate:				Urin	Urine:						
Body Weight:				Activ	Activity/Behaviour:						
OBSERV	ATION										
1. General Condition			5. Eyes		9. Neck and back			13. Uro-go	enital		
2. Neuro	ological		6. Ears		10. Thorax			14. Anus			
3. Lymph Nodes			7. Mouth		11. Abdom	1. Abdomen		15. Circula	atory		
4. Skin			8. Muzzle		12. Extremities			16. Respir	atory		
NO	DESCRIPTIONS										
										_	
	DIAGNOSTICS						S				
										_	
COMMENTS											
Performed by:								Date:			
Vet time:				Billable	Yes	No	Billing /	Amount (\$):			

	PR	OGRESS NOTES						
GENERAL INFORMATION								
Clinical Case	#:	Date of Arrival:						
Animal ID #:		Species:	Sex:	Age/DOB:				
DOCUMENTATION								
Date:	Description:				Initials:			

TREATMENT SHEET							
TREATMENT							
Initial and date treatment							
RECORD OF GIVEN	TREATMENTS						
Initial and record time of treatment as it is completed.							
Date	Day	☐ 1x/day	☐ 2x/day	☐ 3x/day	☐ 4x/day		
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
COMMENTS							