



Policies and Protocols During the COVID-19 Pandemic

Effective until April 30, 2020 or amended by the Glynn County Board of Commissioners.

*****Carry a copy of these protocols in your vehicle and also keep a copy at your desk. Keep your County employee ID card and badge with you at all times.*****

As members of the public safety community, we have an obligation to perform our sworn duties during disasters both natural and man-made. For the safety of our officers and the public we serve, the National Animal Care and Control Association is advising all animal control officers to take extra measures to mitigate the short and long-term effects of the COVID-19 pandemic. These measures include protecting ourselves properly to reduce risk of spreading the virus, as well as working to manage and minimize the number of new animals entering our shelter. Our protocols are adapted from sample policies, statements, and recommendations distributed by:



Table of Contents

ANIMAL CONTROL = ESSENTIAL SERVICES.....	3
REMOVING PETS FROM HOMES DURING A PANDEMIC	5
HOUSING AND IN-SHELTER DAILY CARE OF EXPOSED PETS.....	5
COVID-19: PRACTICAL TIPS FOR MAINTINING SERVICES DURING PANDEMIC	9
VISITORS AT THE SHELTER	9
KITTEN INTAKE DURING PANDEMIC (rev. 4.2.20).....	11
Personal Protective Equipment (PPE) Alternatives: COVID-19	14
Sanitation Alternatives for Animal Shelters: COVID-19	16
How to make your own hand/surface sanitizer to share.....	18
SHELTER MEDICINE STATEMENT BY THE AVMA (3/31/20).....	23
VETERINARY RESOURCES, updated 4/2/20.....	24
INTAKE EXAMS	24
ROUTINE TESTING OF ANIMALS FOR COVID-19 NOT RECOMMENDED (4/3/20)	25
LIMITING NON-ESSENTIAL SURGERIES DURING PANDEMIC, rev. 4.2.20	26
Surgical Hand Hygiene for Animal Shelters: COVID-19	27
HUMANE EUTHANASIA	27
DECEASED ANIMALS	32
EMPLOYEE & VOLUNTEER ILLNESS/EXPOSURE PERSONNEL PROTOCOLS	33
No Evidence of Companion Animals Spreading COVID-19 (4/2/20 ASPCA)	35
Additional Resources	37

ANIMAL CONTROL = ESSENTIAL SERVICES

We are known as “Public Safety” and “Critical Infrastructure”. As such, we will continue “essential services” throughout the pandemic unless ordered to cease by the Glynn County Board of Commissioners. “Essential services” are those which are necessary for the functioning of an animal control agency. These services protect human health and safety; maintain lifesaving; and ensure our shelter does not become overcrowded, leading to additional risks for people who have to continue to care for those animals housed in the institutional setting of the shelter during the COVID-19 pandemic.

Goals of maintaining performance of essential animal services during COVID-19:

1. Help our shelter maintain a slow and steady flow of animals in and out of the shelter system, with a focus on responding to emergency field and intake needs, providing emergency care for sick and injured animals, and quickly placing incoming animals into foster or adoptive homes.
2. Minimize risk to staff, volunteers and the public by suspending all services that do not directly contribute to emergency rescue, intake and care of pets in immediate need or placement of those animals in temporary or permanent homes.
3. Operate the shelter as a disaster/emergency response center.

High priority/emergency calls: At this time, officers will continue to respond to emergency and high priority calls. High priority/emergency calls include law enforcement assistance, injured or sick stray animals, cruelty and neglect complaints, bite complaints, and dangerous and aggressive dog complaints.

Non-emergency calls and activities: Officers will suspend low priority/non-emergency activity. This includes non-aggressive stray animal pick-up, leash law complaints, barking and nuisance complaints, trapping and transport of community cats, and conflict mitigation scenarios.

Shelter intake reduction: We will take active measures to reduce non-essential shelter intake. Measures taken should include returning pets in the field instead of impounding them (as we already do), suspending non-emergency owner surrender intake, and encouraging owners who are ill to keep their pets at home whenever possible.

Personal protective equipment: Personal protective equipment (PPE) is required when interacting with the public, especially for cases requiring a response to a location with someone who is sick or has been exposed to COVID-19. Officers should make every effort to not enter the home of anyone who is known to have been exposed to the virus. At this time (March 31, 2020), we will consider everyone as having been “exposed”.

Essential Services Include:

- Information, support and expertise for the community related to pets
- Social media, new releases and public information about animals during COVID-19
- Volunteer services, when volunteers are central to performing essential operations
- Intake services: Intake of pets who truly need shelter services including:
 - Sick and injured animals
 - Surrendered pets who have no other viable options and cannot remain sheltered where they live or elsewhere in the community
 - Telephone triage for various types of calls to determine urgency and pathway of animals
 - Intake of dogs that pose a threat to public safety

Animal Care

- Emergency medical care for sheltered and incoming pets
- Medical care required to maintain the health of sheltered pets
- Routine care of sheltered pets to maintain health of animals

Animal Control and Outreach Services

- Animal control dispatch services
- Animal control priority calls including:
 - Cruelty and neglect
 - Public safety calls including bite complaints, dangerous animals and rabies concerns
 - Law enforcement assistance
 - Animals in immediate danger for any reason
 - Impounding pets of sick or deceased people
 - Hoarding case response where pets are in immediate danger
 - Disaster relief efforts including food and supply delivery
 - Pet support services to help pet owners in crisis

Outcomes

- Return of found stray pets to their owners
- Foster and adoption placement of sheltered pets to prevent overcrowding
- Volunteer services in cases where volunteers contribute to essential functions of organization
- Transport/transfer in cases where shelters will become above critical capacity without these services

Non-Essential Services

Non-essential services, while they may be critically important under normal operating conditions, are not necessary in this immediate moment, as shelters across the country reduce services to protect workers and the public, conserve precious medical supplies, and minimize the spread of COVID-19.

These non-essential services include:

- Training, events, gatherings
- Community outreach
- Community microchip clinics
- Trapping of companion or wildlife animals that are not public safety concerns
- Intake of healthy cats and kittens
- Pick up and/or intake of healthy, friendly stray animals who are not in immediate danger

REMOVING PETS FROM HOMES DURING A PANDEMIC

As more and more people fall ill as a result of this virus, animal control officers will increasingly be required to remove animals from homes occupied by COVID-19 cases. This poses an additional risk to the health and safety of our team. We are implementing the following procedure be utilized when faced with a call for service involving the removal of an animal from a home.

***No officer should feel required to enter a property with proper protection. ***

- Dispatch should obtain information as to the residents' COVID-19 status (If information is unknown, this call should be treated as though a resident is infected).
- Information about the animal should be gathered as well as contact information for the person that will be on scene to release the animal.
- Upon arrival, verify that you have the legal authority to enter the property and remove the animal. This should be obtained through your normal process of entering a property. We do not enter a residence without a police officer escorting us.
- If there is no one at the residence that can safely bring the animal out to you, officers should enter the property wearing the proper PPE equipment consisting of: N95 face mask (there are no N95 masks available as of this date), disposable gloves and gown. If possible, your shoes or lower legs should also be covered by PPE. This may likely cause additional fear in the animal so extra precaution in humane handling may be required.
- Once inside the residence, Officers should avoid physical contact with anything other than the animal.
- Safely and humanely secure the animal and exit the residence. In the case of fearful animals, traps may need to be set and rechecked. In this case be sure to discuss with those who have access to the property.
- Once the animal has been secured into the vehicle, PPE can be removed. Remove PPE before entering the vehicle. Have an empty garbage bag for this purpose. Remove and dispose of all PPE except face protection. Sanitize hands with alcohol gel then remove and dispose of face protection. Sanitize hands again. This will avoid contamination of the door handle, steering wheel etc.
- Transport the animal to the shelter and conduct intake as per shelter protocols. Using PPE as needed.

The transporting officer should now disinfect the equipment and vehicle. When disinfecting, ACOs should wear a disposable gown and gloves. A face shield or N95 respirator and goggles should be worn when spray devices such as a hose or spray bottle during cleaning are utilized. In addition to the animal compartment, the passenger area should also be disinfected.

HOUSING AND IN-SHELTER DAILY CARE OF EXPOSED PETS

1. Develop and communicate an animal housing plan in the shelter for companion animals that were in contact with a person with known or suspected COVID-19 infection or a known high-risk environment. Until more information is known, it is recommended that these animals be housed in an area separate from the rest of the shelter population,

preferably in double-sided housing that is spot cleaned as needed when soiled. (See below for information on cleaning and disinfection).

2. If possible, keep animals that were in contact with COVID-19 separated from the general animal population during the animal's stay in the shelter due to the unknown risks associated with this rapidly evolving emerging infectious disease. While there is no evidence at this time that any animals, including companion animals, in the United States, might be a source of infection for humans, it is prudent to keep companion animals that came from households where a person was infected with COVID-19 separated from the general shelter population out of an abundance of caution to protect both human and animal health.

In this shelter, in the area of the facility listed below should be used for potentially exposed companion animals:

- *Dogs: Far left end of Stray Side*
 - *Cats: If possible, close the Catio and use for quarantine. If not possible, completely tarp the right catio and house cats in there.*
 - *Ferrets: Ferrets can transmit more zoonotic diseases than some other companion animals (i.e. influenza). Ferrets should be housed in a tarped police pen and transferred to a rescue as quickly as possible.*
 - *Farm Animals: The Farm at Oatland North on St. Simons Island will temporarily house farm animals until they can be placed in a home or transferred to an appropriate rescue.*
 - *Others: Any other species of animal that has to come into the shelter in an emergency should be housed separately from all other animals in a cage or enclosure appropriate to their specific needs. These animals should be transferred to an appropriate rescue as quickly as possible.*
3. When possible, dedicate separate staff for each group of animals or enhance hygiene precautions for staff that need to transfer between groups.
 4. Address human health, animal health, and animal welfare needs when making plans for and implementing daily care of companion animals from households where humans with COVID-19 were present.
 5. Personal Protective Equipment (PPE)
 - a. Current shortages in commercially available PPE are causing a crisis due to the overwhelming need in the human healthcare field. See updates from [CDC](#), [FDA](#) ([mask](#), [gown](#), and [glove](#)), and [AVMA](#).
 - b. Use routine basic PPE to prevent transmission of contagious pathogens, per usual shelter protocols. Unfortunately, due to a lack of available supplies nationally, we must sanitize and re-use PPE as long as it will provide protection.

- c. Use protective clothing, such as gowns or coveralls, that can be laundered, and dedicated footwear as an alternative to preserve disposable PPE. The use of gloves is recommended.
 - d. Clean hands often. Washing hands with soap and water before and after handling a companion animal should be done.
 - e. Wash your hands with soap and water for at least 20 seconds.
 - f. If soap and water are not readily available, use a hand sanitizer that contains at least 60% alcohol. Cover all surfaces of your hands and rub them together until they feel dry.
 - g. Avoid touching your eyes, nose, and mouth with unwashed hands.
 - h. Hand washing should also be done right after removing gloves.
6. Walk dogs outside for elimination and exercise but avoid direct contact with other companion animals as a best practice to protect animal health.
- a. Collect feces using gloved hands or a bag and disposed of immediately. See hand washing information above.
 - b. Ideally, walk dogs with possible COVID19 exposure in an area that can be readily sanitized and is separate from the general animal population.
7. Routinely clean and disinfect animal areas. Cleaning visibly dirty surfaces followed by disinfection is a best practice measure for prevention of COVID-19 and other viral respiratory illnesses. Coronaviruses are readily inactivated by disinfectants typically used in animal shelters, including accelerated hydrogen peroxide (Rescue) at concentrations used for other more common shelter pathogens (e.g. 1:64 (2 oz/gallon) for 5 minutes for coronaviruses, 1:32 (4 oz/ gallon) for 10 min. for parvoviruses). Normal cleaning and disinfection protocols for both animal housing and common areas used in shelters are sufficient.
- a. Disinfectants licensed by the EPA must be used in accordance with their label directions. Many disinfectants have the potential to cause significant harm if direct contact with human or animal skin occurs. It is inappropriate (and potentially illegal if not labeled accordingly) to apply liquid disinfectants directly onto animals.
8. Increase sanitation of surfaces frequently touched by people (e.g. light switches and door knobs) to reduce exposure to/from humans.

Release from the shelter – Exposed Pets

- 1. Promptly reunite sheltered companion animals with their owners.
- 2. Hold animals that need to be adopted or sent to a foster home for 14 days out of an abundance of caution.

Safety During Exams and Treatment – Exposed Pets

All employees and volunteers performing and assisting with exams and medical treatments must follow these protocols:

- Wear gloves and gowns or coveralls,
- Wash hands before and after the exam or treatment,
- Perform our routine cleaning and disinfection of the intake area and other materials.
- Bathing animals is not recommended because “at this time there is no evidence that the virus that causes COVID-19 can spread to people from the skin or fur of pets.”
Bathing of animals except in an emergency circumstance (exposure to pepper spray, tar, gasoline or other corrosive chemicals) will not be done during the pandemic. If bathing must be done, all PPE must be used correctly.

COVID-19: PRACTICAL TIPS FOR MAINTAINING SERVICES DURING PANDEMIC

Shelters should actively adhere to social distancing and stay-at-home recommendations by shifting their schedules and operations. This includes:

- Reducing or eliminating all non-essential shelter intake, prioritizing sheltering only for animals who are the victims of cruelty or neglect, are sick, injured or otherwise in immediate danger, or who pose a significant public safety risk.
- Providing guidance/alternatives to the community concerning animals they would normally bring to the shelter (i.e. non-emergency owner surrender intake, healthy strays, and underage kittens).
- Arranging for care or placement of shelter animals via foster care and/or adoptions, transfer to rescue groups or other community organizations, and continuing to offer return to owner programs in a way that adheres to social distancing recommendations and ensures safety of people and animals.
- Contingency planning for reduced availability of staff and volunteers directly impacted by COVID-19 and/or proactively reducing staff and volunteers in the building to ensure adherence to social distancing recommendations.
 - This may include making adjustments to roles and responsibilities, implementing scheduling changes to extend or consolidate the regular workday in order to limit the number of people in the building, and/or staggering teams to avoid any overlap in the event that an individual becomes infected with COVID-19.
- Postponing all non-urgent veterinary examinations, procedures, and surgeries, including routine spay/neuter, in order to conserve critical medical supplies and staffing resources.

VISITORS AT THE SHELTER

To limit visitors at the shelter in order to limit possible virus exposure for officers and volunteers, we are implementing the following protocols at the shelter:

- Adoptions, Intakes and Return to Owners are to be done by appointment only. Staff will ask questions to pre-screen potential visitors.
- No general visitors are allowed at this time.
- Potential adopters are asked to pre-identify 2-3 dogs or cats who they would like to meet prior to arriving at the shelter.
- Donors will be asked to leave donations on the front porch of the shelter.
- When we are open to the public, the front doors on the main building and trailer should be kept locked.
- Signage will be posted alerting visitors to call the (912) 554-7505 shelter phone number to alert staff that they have arrived.
- The staff member who assists the visitor should be wearing a mask and gloves.
- Volunteers should not engage with visitors unless they are wearing the appropriate PPE.
- Intake and Return to Owner appointments should be done in the main lobby.
- Cat meet-ups may be done in the Big Cat Room if proper sanitation and social distancing protocols are followed.

- Adoptions should be done in the Dog Room. The volunteer “table” has been moved to the trailer lobby to limit volunteer exposure to the Dog Room.
- The lobby and the Dog Room should be disinfected after the visitor has left.
- No more than 2 staff members should be in the front desk room at one time to provide for a level of “social distancing”.

***UPDATE 4/2/20: Volunteer services will temporarily cease during the Georgia Shelter in Place Order. If the capacity of the shelter or the number of sick employees becomes such that employees are not able to provide necessary care and enrichment, we will develop protocols to re-engage trained and experienced volunteers who are not considered “most vulnerable” due to a health condition or being age 60 years or older. ***

KITTEN INTAKE DURING PANDEMIC (rev. 4.2.20)

In order to support human and animal health in the midst of the current pandemic, healthy kittens of any age should **NOT** be admitted to animal shelters. Contact No Kill Glynn County immediately for assistance in removing healthy cats and kittens not in urgent need of sheltering.

Kitten season is approaching and, in many places, has arrived – and this year we have additional challenges (understatement of the year) in terms of intake, care and outcomes – everything that we do in response to helping these little ones.

This year more than ever we must acknowledge that:

1. Healthy, unweaned kittens do not fall into the category of sick or injured.
2. Healthy, unweaned kittens are unlikely to be orphaned – and only become so when they are removed from where their mother is likely nearby.
3. Kittens are healthiest, short and long term, when raised by their mother.
4. **Healthy cats/kittens of any age found/seen outside are not an emergency for shelter intake; intake is only appropriate for cats that are sick, injured, dangerous, or are in immediate danger, as in the case of cats that are victims of neglect or cruelty.**

Our protocols are designed to balance human and animal health and safety.

1. COVID-19 risk for staff coming to the shelter to intake and care for animals, especially kittens because juveniles require greater intensity of care in shelters:

- Close contact and/or prolonged exposure (> 10 minutes) to people shedding virus, even if not apparently sick, are the biggest risk factors for spread leading to infection with COVID-19.
- People can shed virus, although lower amounts compared to when sick, up to three days before being symptomatic.
- Care of kittens in a shelter setting will be difficult if not impossible to perform with appropriate social distancing (>6 feet) between caregivers and sufficiently frequent hygiene (hand washing, hand sanitizer application, avoiding touching one's face).
- Infection control between litters of kittens is also critical to prevent spread of infections such as panleukopenia. Meeting these needs often requires use of scarce PPE resources. Compromises in infection control due to limited staffing or supplies will place kittens at increased risk.
- The more kittens are in care, the more difficult it will be to meet the requirements for human and animal safety. **Any available shelter capacity should be reserved for sick and injured kittens and other animals as described above.**

3. One of the needs of juveniles is a prompt positive outcome. In addition to the risks to staff described above from providing care, facilitating adoptions and/or foster care increases contact and thus exposure between people.

TRANSPORT AND TRANSFER

The University of Wisconsin-Madison Shelter Medicine Program, University of Florida Maddie's Shelter Medicine Program, University of California- Davis Koret Shelter Medicine Program, Cornell Maddie's Shelter Medicine Program, Humane Canada, The Association for Animal Welfare Advancement, Association of Shelter Veterinarians, Ontario Shelter Medicine Association and the Association Vétérinaire Québécoise de Médecine de Refuge endorse the following statement and recommendations for animal movement by shelters, agencies, and rescues during the COVID-19 pandemic. We will follow their recommendation to cease non-emergency transport and transfer.

Every exception to social distancing decreases its efficacy. Social distancing is the current strategy our nations have chosen to combat COVID 19. The hope is that by implementing social distancing we can avoid the collapse of our health care system in the short run by slowing the spread of disease and decreasing the rate of human patients in need of hospitalization and critical care. Our health care workers are putting themselves at great risk trying to care for the thousands of infected individuals presenting to hospitals each day.

Social distancing puts our nations at substantial economic risk but has the intention of saving perhaps millions of human lives. Decreasing the efficacy of social distancing puts us all at risk of failing with our intervention to control disease while also jeopardizing our economy. The more stringent we are in our efforts at social distancing, the more likely the constraints on our activities will be released quickly and the fewer human and animal lives are likely to be lost.

While we have all invested our lives in preventing the loss of animal lives, we are called now to protect human life as well as animal lives, which means finding new ways to prevent euthanasia and promote care for animals in need. The key request coming from our governments and health advisors is for people to stay at home and limit travel, with exceptions made only for the minimum needed to carry out essential functions. Travel includes the transport of animals from one community to another.

While this type of animal movement has been an important approach to lifesaving for many organizations, continuing to transport animals increases the risk to human lives. Just as non-emergency intake should be suspended to limit numerous risks within every community, travel for routine transport outside the immediate community of each shelter should also be discontinued.

Transport should not be utilized as a means to continue non-emergency shelter intake. Instead, transport source shelters should be supported in implementing the recommendations to limit intake to only emergency situations (e.g. sick, injured, dangerous, or endangered). Transport may be considered when a source shelter lacks the capacity to provide appropriate care for an animal admitted appropriately on an emergency basis. For example, some shelters may lack the medical capacity to provide necessary care for a sick or injured animal. Even in such cases, opportunities for care within the community should be sought prior to transport (such as at another shelter or private veterinary clinic).

Where local options have been exhausted, transport partners should observe the same precautions for maintaining social distancing and limiting personnel exposure as have been developed for the release of animals to adoption, foster, etc. We must acknowledge that each exception carries risks for humans.

Transports should not travel to areas that do not yet have significant numbers of COVID19 cases or to states or communities that have asked for specific travel restrictions. As an alternative, transfer between shelters in the same community and delivery for foster care or adoption is encouraged because it promotes live releases while maintaining recommended social distancing guidelines.

Be respectful of #safeathome orders in each state and municipality. While shelters and clinics have been identified as essential organizations, not every service or function of a shelter is essential. It is our obligation to reduce our activities. When intake is decreased to emergencies only, the capacity to find a lifesaving outcome within the community is increased. This is why it is so essential to follow NACA guidelines for intake reduction and call response. Visit our information sheet for more information on COVID-19.

Personal Protective Equipment (PPE) Alternatives: COVID-19

N-95 Masks

- In most situations in animal shelters and veterinary clinics, N-95 masks are unnecessary.
- However, these masks are recommended for people entering areas known to be contaminated with COVID-19 (such as the homes of COVID-19 patients). **ALL HOMES ARE TO BE CONSIDERED AS CONTAMINATED** during the pandemic.
- If commercial N-95 masks are available, they should be used in circumstances where risk of COVID-19 exposure is high.

If commercial N-95 masks are unavailable, here is a pattern for making them using Halyard H600 two-ply spun polypropylene, commonly used in surgical pack wrapping in human hospitals.

- <https://anest.ufl.edu/clinical-divisions/alternative-n95-mask-production/>

Since these handmade masks are made of autoclavable material, they can be reused if they are sterilized in the autoclave before and between uses.

Commercial N-95 reuse and conservation: While commercial N-95 masks are not labeled for reuse, here is some guidance for reuse during the COVID-19 pandemic

- <https://www.sages.org/n-95-re-use-instructions/>

N-95 conservation strategies from the CDC for the COVID-19 pandemic:

- https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Frespirator-supply-strategies.html

Using N-95 masks (commercial or handmade): The better the seal on the mask, the more effective it will be at filtering particles. If the fit of the mask is poor, then particles can travel around the edges of the mask to the mouth and nose. And remember that no PPE is a replacement for hygiene—wash hands often, and avoid touching the mask or your face.

Face Shields and Protection

Face Shields and Protection are worn as a way to protect the human rather than as a way to protect the animal. Many veterinarians wear surgical masks during dentistry, but even standard surgical masks are unlikely to filter out all the aerosolized particles. An option for better protection may be to use a face shield, perhaps in combination with a cloth or other handmade surgical mask.

How to make a plastic face shield:

- <https://www.sailrite.com/how-to-sew-face-mask-shield>

It is also possible to make a plastic face shield using a two-liter soda bottle:

- <https://www.youtube.com/watch?v=dLk-oK5Ckp4>

Isolation Gowns

Isolation gowns are often used in animal care to prevent disease transmission between patients, and sometimes to prevent disease transmission between animals and humans. In most cases it is not necessary that the gowns provide a fluid barrier and thus fabric gowns are sufficient.

Fabric gowns: Do you have an army of seamstresses at the ready, looking to donate something useful to your shelter? Here are some fabric isolation gown patterns. The second link also includes an instructional video.

- <https://www.peakaboopatternshop.com/isolation-gown/>
- <https://www.fashiongirlsforhumanity.org/products/gown-pattern-package>

The barrier characteristics of the gowns will depend on the type of fabric used. A tighter weave fabric will offer a better barrier, but may also be hotter for the wearer. Lightweight fabric gowns will be sufficient for most animal shelter isolation areas.

Plastic isolation gowns: Plastic isolation gowns are recommended, if available. Here is a link to a plastic isolation gown designed by a pediatrics clinic in Washington State:

- <https://www.instructables.com/id/DIY-Plastic-PPE-Gown/>

Since these plastic gowns create a waterproof barrier, they could be a useful part of PPE for working with animals with known COVID-19 exposure or for entering COVID-19 households.

Last Resort – Trash Bag PPE: Other options for isolation gowns include garbage bags or plastic ponchos. Several online videos describe options for constructing PPE from trash bags.

- <https://www.youtube.com/watch?v=1RL-layuEig>
- <https://www.youtube.com/watch?v=eUjoLdwzdZs>

Footwear

Rubber boots are commonly used as part of PPE for biosecurity in ambulatory veterinary practice and animal agriculture, and are also good options as waterproof, disinfectable PPE in animal shelters and small animal clinics. Rubber boots can be cleaned with soap and water and disinfected with any of the disinfectants commonly used in shelters and veterinary practices.

Here are World Health Organization instructions for donning and doffing full PPE that includes rubber boots:

- https://www.who.int/csr/disease/ebola/put_on_ppequipment.pdf
- https://www.who.int/csr/disease/ebola/remove_ppequipment.pdf

Sanitation Alternatives for Animal Shelters: COVID-19

Fortunately, COVID-19 and other coronaviruses are enveloped viruses, which means they are destroyed by most of the common agents used for sanitation in the animal shelter or veterinary clinic environment. This means that if you have a good cleaning and disinfection protocol already in effect at your animal shelter facility, there is no need to change your protocol in order to be effective against coronaviruses.

But what happens when the sanitation solutions you use become unavailable? And what about hand sanitizer—what options are available while drug store shelves are empty? Even better, are there solutions that are tough enough for kennel disinfection, kind enough for hand sanitation, and still available to buy? Yes, there are!

Common Sanitation Alternatives for Animal Shelters

Accelerated Hydrogen Peroxide (AHP; marketed as Rescue or Accel)

AHP is already the darling of animal shelter sanitation, but did you know it can also be used as a hand sanitizer? While there have been some shortages and backorders, at the moment of this writing, Rescue is available on allocation (limited number can be purchased) from several national distributors.

Dr. Kate Hurley writes about using Rescue at a dilution of 1:16 as a hand and surface sanitizer on the [UC Davis Koret Shelter Medicine Program website](#) or as a [Microsoft Word download](#).

Calcium Hypochlorite (HTH or high test hypochlorite)

The commercial form of calcium hypochlorite for kennel disinfection is Wysiwash, marketed in capsule form for use with a hose-end sprayer. But this chemical is also available in granular form as a swimming pool shock.

HTH pool shock generally contains between 65% and 78% HTH (the 78% is “turbo” shock); either concentration is suitable. For general sanitation, HTH can be mixed to provide 100 ppm chlorine (the concentration that the Wysiwash system delivers). Higher concentrations can be used for disinfection: Doctors Without Borders suggests 500 ppm chlorine to disinfect hands and 5000 ppm to disinfect nonliving things (contaminated surfaces and dead bodies).

Like other chlorine sanitation products, HTH does not have any detergent properties, so surfaces or hands need to be clean before use.

How to mix calcium hypochlorite:

- Use a plastic measuring spoon—metal spoons in contact with chlorine will corrode.
- To make a general sanitation solution, use 1/8 teaspoon of HTH pool shock per gallon of water. This will provide 160-195 ppm chlorine (depending on the concentration of pool shock you have).
- To make a hand disinfection solution, use ½ teaspoon HTH pool shock per gallon of water, or 1/8 teaspoon per quart or liter. This will provide 650-780 ppm chlorine (depending on the concentration of pool shock you have).
- 4 teaspoons per gallon will make a 5000 ppm chlorine solution; This solution would be more concentrated than necessary for all but the most contaminated surfaces and situations (think, bodies of people who died of ebola).

How long does HTH last? In its powdered form, HTH should be stored in a dry place that is below 95 degrees Fahrenheit. In this form it will last for years. Be aware, however, that the fumes from HTH may penetrate the container in which it is stored and will corrode any metal they come into contact with, including not only metal measuring spoons but also metal pipes and fixtures. Once mixed, HTH retains its chlorine concentration for longer than many other chlorine solutions: it has been shown to retain potency for a week or more.

For hand sanitation, isn't HTH hard on your skin? No. In a study of people sanitizing their hands with 500 ppm HTH solution 10 times a day for 4 weeks had less skin irritation than people using bar soap. Because of the neutral pH (compared with bleach's alkaline pH), HTH does not feel slippery or irritating on the skin, and the chlorine scent is noticeable but not overwhelming.

Sodium Dichloroisocyanurate (NaDCC), sold as BruClean

Another solution that can be used as kennel disinfectant or hand sanitizer is NaDCC. This product is similar to HTH but comes in tablet form. When mixed 1 tablet per gallon according to instructions, the resulting solution contains 1000 ppm chlorine and is neutral pH and non-irritating to skin, even with repeated use (10 times a day for 28 days).

The shelf life of the tablet form is several years, but once mixed the shelf life is about 1 day. Like other chlorine sanitation products, NaDCC does not have any detergent properties, so surfaces or hands need to be clean before use.

How to make your own hand/surface sanitizer to share

Kate Hurley, DVM, MPVM (*Caveat: I am a shelter veterinarian, not a human infectious disease specialist or epidemiologist. This is my best interpretation of methods to prevent spread of disease based on what I've learned working with disease outbreaks in animal shelters. THIS IS NOT A SUBSTITUTE FOR FOLLOWING STAY-HOME OR SHELTER IN PLACE RECOMMENDATIONS. See this link for more: <https://sites.google.com/view/stayhomesavelives/home>. Hand/surface sanitation is a method to mitigate risk for those times when you do need to go out and for use on an ongoing basis even after such recommendations have been lifted. The basics are in the first section with more detail on the how and why in the second section below if you are interested.*)

When you must go out, either because you work in an essential function or for necessary trips such as groceries or doctor's visits, breaking the chain of transmission between your face (especially nose/mouth/eyes) to surfaces that will be touched by others and from there to other people's faces (and vice versa), may be the most important and practical thing you can do to lower risk of coronavirus spread for yourself and everyone else.

Although the recommendation is out there to wash your hands and avoid touching your face, the reality is that hand washing stations are not present in many of the locations where we are likely to touch contaminated surfaces, and touching our faces is a common and often unconscious habit. So do follow those recommendations at every opportunity, but also use hand and surface sanitizer frequently when hand washing is not available and in case you do touch your face (or whenever you notice that you have done so).

Make this easy for yourself by having hand sanitizer in strategic locations: in your pocket whenever you are out and about, in your purse/backpack/toolbag, in your car, close to your door at home etc. Because our [phones especially are contaminated](#) frequently by our hands, spray bottles of disinfectant can be more practical even than the squirt gel of hand sanitizer as it's easier to spray phones, car keys, grocery cart handles and other frequently touched surfaces.

It has gotten hard to find hand sanitizer and many cleaning chemicals, but luckily coronavirus is easy to inactivate. It is an "enveloped virus", which means it is surrounded by a lipid envelope which is relatively easy to disrupt. Even good ol' soap not only removes virus but can [damage that lipid envelope](#) and help inactivate it. You can find [lists online](#) of effective disinfectants including accelerated hydrogen peroxide, bleach at 1:50, 70% alcohol, and other compounds that work well including quaternary ammonium disinfectants (these generally have the suffix -onium somewhere in their ingredient list). All disinfectants must be applied correctly for the required contact time.

Because accelerated hydrogen peroxide (AHP) is non-toxic, rapid acting, reliable against coronavirus and even has good activity in the face of organic matter (so if your hand isn't perfectly clean at the time of application it is still likely to work), I have been using this to make spray bottles for my family, friends (and their family, friends and coworkers), staff at my local grocery store, delivery drivers and pretty much everyone I can find who needs them. The concentrate is effective when diluted at 1:64 in 5 minutes and sanitizes in 30 seconds when diluted at 1:16. There is also a "ready to use" version which sanitizes in 30 seconds without dilution. Because in hand sanitation situations speed of action is often important, I've been using the 1:16 ratio.

As of this writing, AHP was no longer available on amazon but could still be found elsewhere on the internet such as at pet supply distributors. Just try googling “accelerated hydrogen peroxide disinfectant”, e.g. as of this writing: https://www.allivet.com/p-8380-rescue-disinfectant-concentrate.aspx?sku=51026-1&gclid=CjwKCAjwsMzzBRACEiwAx4ILG8QJFbsirAEI9DdIhQtRSIARg6BEYVhZLpjZ_nuOeVv0EMzQEWEoQhoCnpMQAvD_BwE. Note that plain hydrogen peroxide is NOT the same, so if you don’t find the brand name Rescue or Accel, check to be sure it really is *accelerated* hydrogen peroxide. The makers of accelerated hydrogen peroxide also have information on the various names under which it is marketed and where it can be found: <https://virox.com/covid-19-updates/>. One gallon of concentrate will make 16 gallons diluted at 1:16 so don’t over-order please – get what you need to make enough to share and there will more likely be enough to go around 😊.

Sanitizer does not have to be in an official container. Just put correctly diluted disinfectant into spray or squirt bottles in convenient sizes and in convenient locations. For instance I ordered these on amazon: https://www.amazon.com/gp/product/B07ZGB9JLL/ref=ppx_yo_dt_b_asin_title_o04_s00?ie=UTF8&psc=1 (1 ounce for pocket use) and these https://www.amazon.com/dp/B07R458KWQ/ref=dp_cerb_3 (3 ounce to have in car, by door, on desk etc.). Orders may be limited per person, but if we each fill 30 bottles and share them freely every week, that will go a long way. If you can’t find little bottles to buy, use empty bottles of lens cleaner and such – any little spray or squirt bottles that are a convenient size. Offer to fill any little bottles that anyone wants to bring to you.

Gloves and safety glasses are indicated when working with the concentrate as it can be a contact irritant. Also if you spill it, wipe it up quickly so it doesn’t eat into the finish on your kitchen table. I used a squirt bottle, like for condiments or salad dressing, to dilute and dispense the disinfectant into the little bottles. These slightly higher end bottles are really nice because the lid is sturdy, they don’t leak and they have the ounces marked on the side so it’s easy to do the dilution.

https://www.amazon.com/gp/product/B076PT3BD8/ref=ppx_yo_dt_b_asin_title_o02_s00?ie=UTF8&th=1. Get the 16 ounce size – there is room at the top for one more ounce of the AHP so it’s perfect.

I fill one condiment bottle with the full strength AHP concentrate, then fill another with 16 ounces of water and added 1 ounce (2 tablespoons) of AHP from the bottle of concentrate. Then I use the bottle of diluted AHP to fill all the little bottles. Make sense? That way I don’t have to mess around much with the gallon of concentrate as it’s kinda unwieldy to get two tablespoons out of there at a time. I just use the smaller bottle of concentrate to refill the other bottle as needed.

The high end condiment squirt bottles are really nice when you’re in production mode and filling lots of bottles because they don’t leak or spill, but when I want to give someone enough to refill their own little squirt bottles (like for a family or group at a workplace that is still in operation), I make up a cheaper condiment bottle with the 1:16 solution to give them to refill. You can get these for about 50 cents each. https://www.amazon.com/gp/product/B0845NSNB4/ref=ppx_yo_dt_b_asin_title_o03_s00?ie=UTF8&psc=1.

I made labels to put on the bottles of 1:16 AHP. I used Avery mailing labels, sheets of 30: https://www.amazon.com/gp/product/B001SN8ITI/ref=ppx_yo_dt_b_asin_title_o00_s00?ie=UTF8&psc=1. Here is a link to the sheet which you can print either onto the premade labels or just onto a piece of paper and cut and tape.

<https://www.dropbox.com/s/x3mwrzmy2idu5ur/homemade%20AHP%20sanitizer%20labels%203.docx?dl=0>. Here is the text I put on the labels if you want to make your own.

Accelerated hydrogen peroxide: 1:16 dilution, safe on hands and most surfaces but test sensitive surfaces in small area first to make sure there is no discoloration. Allow 30 seconds contact time. Avoid inhaling spray as it can be irritating. <https://virox.com/resources/safety-data-sheets-sds/> for more info.

I also added stickers to some bottles because, well, stickers! For wiping stuff, I bought a bunch of lens cleaner cloths and have them handy along with sanitizer spray (I use a different color for my glasses and actual lens cleaner). For example these:

https://www.amazon.com/gp/product/B00A7OTO74/ref=ppx_yo_dt_b_search_asin_title?ie=UTF8&psc=1. But really any little rags or tissues will do. Just get enough so they are in all your pockets and bags conveniently. And that's it! If you want to know more about the WHY behind hand sanitation read on, but otherwise you're good to go. Oh, and let me know if you have questions or suggestions.

Hand and fomite/surface sanitation considerations to slow the spread of COVID-19

Something we think about a lot in animal shelters is a concept called "dose effect". No pathogen (bacteria, virus, etc.) causes illness with just a single unit of infection. No matter how hot the virus, it still takes some amount to cause infection (including subclinical) and more to cause manifest illness. In general with higher exposure dose, the incubation period will tend to be shorter and the disease will tend to be more severe. This has been documented for animal coronaviruses (e.g. <https://www.ncbi.nlm.nih.gov/books/NBK92442/>).



However, importantly, dose effect gives us a fighting chance. Below a critical threshold, exposure *does not* equal infection. This is good news because even where it is not possible to completely eliminate potential exposure, lowering the dose we're exposed to in the environment will give our immune systems a fighting chance, while lowering the dose we spread in the environment will do the same for others.

The intention of the broad stay-at-home or shelter-in-place orders is to dramatically lower the dose of exposure for everyone. This is so important acutely to slow the spread and allow time for systems to ramp up. Please follow all orders and recommendations to the very best of your ability, not just for you but for everyone, especially those in the health care sector and all the immune compromised and older people who will be most impacted.

However, for those in essential job functions or for those times you do need to go out for groceries and necessary appointments, you can still meaningfully decrease the risk you experience and create for others by paying attention to hand and surface sanitation. (This is for asymptomatic people. If you are AT ALL symptomatic, even mildly, follow even stricter precautions. More on self-isolation here: <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html>).

When we are really careful in animal shelters about preventing close contact between sick and susceptible animals *and* interrupting the chain of exposure between sick animals to surfaces like hands,

clothing and equipment that come into contact with those animals, and susceptible animals, we are often successful in containing even highly contagious diseases. We even have an advantage as humans, in that we don't lick our bodies all over like animals do. That means we really just have to worry about keeping our hands clean before touching common surfaces, and keeping them out of mouths, eyes and noses when they are dirty. Bottom line, if we effectively interrupt the chain from mouth/eyes/nose to surface (doorknob, checkout counter touch screen, elevator button etc.) to another person's mouth/nose/eyes, we will substantially slow transmission.

So here is the super high yield habit we can all develop to reduce dose: have lots of bottles of hand sanitizer or tiny spray bottles of any of the number of non-toxic disinfectants that kill coronavirus, and use them freely. Make it really convenient and easy on yourself. Focus on when you come home, get back to your car from being out and about, get to your office in the morning or back from lunch or a meeting, after you've been grocery shopping, etc. Any time you've been out in the world touching elevator buttons, grocery cart handles, payment touch screens (that's why they're called "touch screens" :-0), doorknobs, hands, money, etc.

Also focus on immediately before and immediately after touching your face and especially your mouth, nose and eyes – before to protect yourself, and immediately after to protect others. However, remember that touching our faces is a very common and automatic thing for most people, so err on the side of sanitizing your hands immediately after touching a high contact surface so if you do happen to touch your face, you will already have broken the chain of transmission (and spray the high contact surface, like the handle of your grocery cart, if it's something you'll be in contact with more than just briefly).

Remember also that for many people your phone is almost an extension of your hand, we touch them so often. So when you sanitize your hands, consider spraying down your phone at the same time. It does no good to sanitize your hands and then immediately touch your phone if you've been handling the phone with your dirty hands previously.

Also wash your hands whenever the opportunity presents, and do it right (don't just moisten and not clean and dry, as moisture can enhance the ability of viruses to survive and translocate onto mucous membranes). But remember all those other surfaces – if you were walking around the grocery store touching stuff and playing with your phone, then still spray your phone or anything else you handled a lot and didn't wash, so you don't re-contaminate your fresh clean hands.

In between sanitizing your hands and when out and about at places like grocery shopping, at work, doctors office (!!!) or anywhere else where lots of people are around and touching surfaces, try really hard not to touch your face with your hands. Use a tissue or the inside of the top of your shirt or something to rub an itch if you must – something that will not come into contact with surfaces. In fact you might try and develop this habit at home too so it will start to feel strange to touch your face with your bare hand.

(A note though about using sleeves to cover your hand when opening doors and such – just remember that you won't be able to sanitize your sleeve as readily as your hand, and may touch your face, rub your nose etc. with your sleeve. So if that's something you tend to do, it might be better to just use your hand and then sanitize.)

Remember that this IS a habit, one that will serve us all well over time. How do YOU do best to develop new habits or strengthen existing ones? Would it help to think of every squirt of sanitizer as an act of love for yourself and the world? Would it help to leave your phone in your backpack or purse so you don't mindlessly touch it when you're out and about? Don't be embarrassed to use visual cues for yourself – putting rubber bands on your hands, drawing big NO signs on your hands, wearing something that covers your mouth and nose so you remember not to touch (this doesn't need to be a face mask and shouldn't be as those should be reserved for sick people and the health care workers who need them). A bandanna or a cloth face mask that you got back during some kind of smoke event (familiar to Californians) works just fine as a cue to not touch (but don't fool around with it with dirty hands, that's counterproductive).

Also think about how you can set up your office/home/car/wherever you commonly land after being out and about to cue the right behavior. Put a sign up on your front door or where you set down your car keys, put a bottle of hand sanitizer/spray in obvious places. Keep a couple in your car and if you find you went into a store without it, go back and get it.

Take extra care when you are going to be in a prolonged situation where you will be surrounded by high risk surfaces (those that are contacted by many peoples' hands). It's harder obviously to remember to be careful for hours or days than on a quick trip to the grocery store. For instance if you do end up needing to travel or you work in a situation where exposure is possible, that might be the time to break out the hard core visual cues and even set a timer reminder to sanitize your hands regularly.

If you do this – really solidly interrupt the chain between frequently touched surfaces and your own respiratory mucous membranes – that will lower your potential exposure dose greatly as well as the dose you put out there if you happen to be preclinically shedding when out in public.

And p.s. if this needs saying again: follow shelter in place/stay at home orders and self isolate when you're sick according to guidelines! Together we can all help slow this down and protect the most vulnerable, the folks on the front lines and truly all of us. Thanks!!!

SHELTER MEDICINE STATEMENT BY THE AVMA (3/31/20)

Shelter veterinarians, and the animal control agencies and humane organizations within which they work, play a key role in promoting public health and the welfare and humane treatment of animals. During the COVID-19 pandemic, the goal continues to be keeping companion animals together with their owners. However, there will be circumstances where shelters receive companion animals from a home with a person known or suspected to have COVID-19. In these cases, animal handling should address human health, animal health, and animal welfare needs.

To facilitate preparedness and establish practices that can help people and companion animals stay safe and healthy, the Interim Recommendations for Intake of Companion Animals from Households where Humans with COVID-19 are Present were developed in collaboration with The American Veterinary Medical Association, University of Wisconsin-Madison Shelter Medicine Program, The Association of Shelter Veterinarians, University of California-Davis Koret Shelter Medicine Program, University of Florida Maddie's Shelter Medicine Program, and the Centers for Disease Control and Prevention (CDC) COVID-19 One Health Team. In addition, during this time of declared COVID-19 National and State Public Health Emergencies, some *temporary* changes to the way animal care and control facilities provide services are needed to address the needs of human health, support conservation of scarce PPE, promote good animal welfare, and maintain adequate capacity for essential shelter services.

Therefore, the AVMA joins the Association of Shelter Veterinarians (ASV), University of Wisconsin-Madison Shelter Medicine Program, University of California-Davis Koret Shelter Medicine Program, University of Florida Maddie's Shelter Program, and Dr. Jeanette O'Quin of The Ohio State University in endorsing the following recommendations from the National Animal Control & Control Association (NACA) during the COVID-19 pandemic.

- Animal control agencies should take active measures to eliminate non-essential animal shelter intakes
- Discontinue low priority/non-emergency activity (e.g. non-aggressive stray animal pick-up, nuisance complaints)
- At this time, continue to respond to emergency and high-priority calls (e.g. law enforcement assistance, injured or sick stray animals, bite and dangerous dog complaints)
- To preserve critical medical supplies and minimize potential for human contact exposure, shelters and spay-neuter clinics should limit surgeries to emergency cases only
- The lack of immediately available spay and neuter services should not be a reason for shelter euthanasia

Also, the AVMA urges local policymakers to temporarily exercise discretion with respect to recommendations against sales or adoptions of intact dogs and cats by humane organizations and animal control agencies (e.g., those shared within the AVMA policy on dog and cat population control) during declared State and National COVID-19 Public Health Emergencies. Such discretion is needed to address the needs of human health, support conservation of scarce

PPE, promote good animal welfare, and maintain adequate capacity for essential shelter services. Potential negative impacts on efforts to effectively manage companion animal overpopulation are recognized, but deemed to be manageable at this time.

VETERINARY RESOURCES, updated 4/2/20

Emergency Services

Brunswick Pet ER has permanently closed as of 4/1/20. For emergency after-hours medical care, these clinics/veterinarians have stated that they are available to provide care. These veterinary clinics/veterinarians offer EMERGENCY SERVICES (in order of emergency need and distance):

- **Overman Relief Vet Services/Dr. Overman (912) 466-9510** (approved for vaccinations/health certificates at shelter)
- **Pine Harbor Animal Hospital (912) 832-2315** (approved for vaccinations/health certificates at shelter) – available 24/7 for animal control emergencies
- **First Coast Veterinary Emergency (Jacksonville)** – if access to Florida is not restricted - (904) 853-6310 (open 24/7)
- **Savannah Veterinary Emergency Care (912) 355-6113** (open 6pm – 8am)
- **EMERGENCY EUTHANASIA OF CRITICALLY ILL/INJURED ONLY 24/7:** Dr. Hill using Island Animal Hospital Facilities. Call Tiffani's or Dr. Hill's cell phones if after hours.

Limited Medical Care/Vaccinations/Surgeries

These clinics are currently open for limited medical care:

- **Cheek to Cheek Hospital for Animals (Dr. Cheek or Johnston only) (912) 262-6851**
- **Darien Animal Hospital (912) 437-2112**
- **Golden Isles Animal Hospital (912) 267-6002** (no emergencies; performing essential surgeries/procedures)
- **Island Animal Hospital (912) 638-2583** (medical care change of hours: closed Wed/Sat/Sun; no surgeries or elective procedures)
- **SE Georgia Vet Clinic (912) 554-8388** (performing essential surgeries & procedures)

INTAKE EXAMS

1. Wear gloves and gowns or coveralls while doing intake exams and treatments in order to reduce contagious disease risks.
 - a. Launder re-usable gowns or coveralls before reuse (see section on PPE below).
 - b. Wash hands with soap and water after gloves are removed and discarded.
2. Routinely clean and sanitize animal intake areas as well as materials in animal areas such as food and water bowls and bedding.
3. Do not bathe animals or use disinfectant topically on intake because of COVID 19 concerns. There is no need to bathe an animal because of COVID-19 concerns; at this time, there is no evidence that the virus that causes COVID-19 can spread to people from the skin or fur of pets.

- a. Disinfectants licensed by the EPA must be used in accordance with their label directions. Many disinfectants have the potential to cause significant harm if direct contact with human or animal skin occurs. It is inappropriate (and potentially illegal if not labeled accordingly) to apply liquid disinfectants directly onto animals.
4. Refer to the Compendium of Veterinary Standard Precautions for Zoonotic Disease Prevention in Veterinary Personnel by NASPHV for additional details on standard protocols for biosafety.

ROUTINE TESTING OF ANIMALS FOR COVID-19 NOT RECOMMENDED (4/3/20)

Routine testing of companion animals for COVID-19 is not recommended at this time. CDC/ AVMA recommends that shelter staff and/or the supervising veterinarian work with the appropriate public health and animal health officials to determine whether testing is necessary for a companion animal who has had close contact with a COVID-19 affected individual and has developed a new, concerning illness that can't otherwise be explained.

1. If a companion animal that has had close contact with a person suspected or confirmed to have COVID-19 develops an unexplained illness during their shelter stay, animal shelter staff should work with appropriate public health or animal health authorities to determine whether testing for COVID-19 (see #8) and further precautions are warranted. Existing biosecurity and infection prevention control protocols should be adhered to in this event.
2. Neither the CDC, USDA, nor AVMA recommends that companion animals be routinely tested for COVID-19 at this time. Companion animals presenting with illness or injury should receive veterinary care. Where appropriate, testing for infectious diseases that commonly cause companion animal illness should be conducted. If staff observe a new, concerning illness that cannot be otherwise explained, and the companion animal has had close contact with a person with confirmed or suspected COVID-19 infection, the supervising veterinarian should contact the state public health veterinarian or designated health official to discuss whether or not there is a need to test that animal for COVID-19. Some jurisdictions do not have state public health veterinarians, or geographic, resource, or time limitations may prevent public health veterinarian from managing a situation involving shelter animals.
3. If you need Shelter Medicine consultation, please reach out to the UW Shelter Medicine Program at UWSheltermedicine@vetmed.wisc.edu for assistance.

Practical Tips for Routine Testing for COVID-19

- No routine testing of animals for COVID-19.
- There have been no reports of companion animals developing clinical signs attributed to COVID-19 infection in the United States.
- Shelters should have procedures in place to ensure timely recognition and response to any animal health concerns. This includes ensuring that:
 - Rounds are conducted at least once every 24 hours by a trained individual in order to visually observe the health and well-being of every animal;
 - Monitoring procedures are in place to allow for early detection of problems and prompt intervention of individual animals and the population as whole;

- Timely and appropriate assessment and follow-up by trained staff and veterinarians is available.

Recommendations can and will change as new information becomes available. It is important to routinely monitor for new developments and changes in recommendations so that your organization's practices and protocols remain as current as possible in order to safeguard human and animal health and welfare. The Manager will regularly visit the websites of the CDC, AVMA, and WSAVA and routinely assess our organization's capacity for care.

LIMITING NON-ESSENTIAL SURGERIES DURING PANDEMIC, rev. 4.2.20

Background: A recommendation to limit "non-essential" or "elective" surgical procedures has been made by the U.S. Surgeon General. While the American Hospital Association has responded to this recommendation by noting it is important for doctors and hospitals to be able to make decisions about prioritized care independently, many hospitals including some hospitals for children have already announced their intention to comply. All health care professionals need to adopt strategies that will allow them to conserve PPE as much as possible, including veterinarians. Veterinary medicine is part of the overall health care umbrella we have in the United States. The AVMA recently stated that veterinary practices can and should defer elective procedures to preserve medical supplies when circumstances call for that but also must be able to provide medically necessary care.

For the purpose of these recommendations a non-emergency ("elective" or "non-essential") surgical procedure is one that is not urgently required in order to maintain the health of the patient. Most spays and neuters, even pre-adoption, are non-emergency procedures.

Conservation of PPE is not the only reason to defer non-emergency surgeries. Either currently or in the next several weeks it is expected that shelters will experience:

- Reduced staffing in shelters as staff and volunteers become ill or need to quarantine. If the number of animals in shelters does not also decrease dramatically a crisis of care may develop with insufficient capacity and supplies to care for the animals in the shelter.
- Continued need for veterinary care for animals with reduced veterinary capacity
- Scarcity of medical equipment and supplies
- Need to limit contact between people in an effort to reduce human exposure

Glynn County Animal Control's Spay/Neuter Policy

Given the current pandemic, in an effort to reduce resource use, workload, and the potential for human exposure, Glynn County Animal Control will cease non-emergency medical procedures. What constitutes a "non-emergency procedure" will be determined on the advice of a County-approved, licensed veterinarian.

Spay/neuter surgeries will continue until either it is illegal to perform, sufficient supplies are not available, or no County-approved, licensed veterinarian is available to perform them. County-approved veterinary clinics are chosen because they give a discount to our shelter and provide quality medical care. They include:

- *Brunswick Pet ER has permanently closed as of 4/1/20*
- Cheek to Cheek Animal Hospital (Dr. Cheek/Dr. Johnston only)
- Darien Animal Hospital
- First Coast Veterinary Emergency (Jacksonville)

- Golden Isles Animal Hospital
- Island Animal Hospital
- Overman Relief Vet Services/Dr. Overman
- Pine Harbor Animal Hospital
- Savannah Veterinary Emergency Care
- SE Georgia Vet Clinic

In the event that spay/neuter surgeries must cease, we will:

Option 1: Increase screening of potential adopters and place unaltered animals in adoptive homes with a voucher. We will provide a voucher to return for surgery when the pandemic has resolved; or

Option 2: Implement a foster-to-adoption program.

Our goal with these efforts is to help avert adding animal welfare crises to the current human crisis by keeping animals moving through the shelter. **Euthanasia should not be utilized as an alternative to releasing animals to adopters/foster unsterilized.** For some animals, spay or neuter surgery prior to adoption or foster may be deemed essential either to encourage placement, support the human-animal bond, or be in the best interest of the animal (e.g., pyometra).

Surgical Hand Hygiene for Animal Shelters: COVID-19

Surgical hand rubs are solutions that surgeons can use to prepare their hands for surgery. A commonly used commercial brand is Avagard; another one is Sterillium. But there are also formulas for making your own surgical hand rub for use in your clinic. This formula is based on the World Health Organization's formula (https://www.who.int/gpsc/5may/Guide_to_Local_Production.pdf) modified based on the results of this article studying the formula's effectiveness (<https://core.ac.uk/download/pdf/85220117.pdf>) that meet the European standards for effectiveness. For more information about the adaptation of this formula see this post on the Ergovet website: <http://ergovet.com/surgical-hand-hygiene/>. Here is the recipe for a surgical hand rub solution:

Modified World Health Organization isopropyl alcohol surgeon hand rub

- 1 quart (946 mL) 91% isopropyl alcohol
- 1 pint (473 mL) 70% isopropyl alcohol
- 62 ml hydrogen peroxide
- 10.8 mL glycerol (also called glycerine)
- Mix all ingredients together—I use a clean gallon jug for mixing and storage of the formula, and dispense into a repurposed hand sanitizer dispensing bottle for daily use.
- Yield 1492 mL 79.9% (v/v) isopropanol with 0.1246% H₂O₂ and 0.724% glycerol

HUMANE EUTHANASIA

Our first and best choice is to have humane euthanasia performed by a licensed veterinarian.

In the event that no licensed veterinarian is available/able to perform the euthanasia AND the animal is suffering severely, these protocols go into effect based on the Georgia Department of Agriculture Regulations.

Species other than dogs and cats should be humanely euthanized by a method recommended by the American Veterinary Medical Association, when such recommendation exists.

Use of Substances

Notwithstanding subsection (1) of the GDA rule, *any substance which is clinically proven to be as humane as sodium pentobarbital and which has been officially recognized as such by the American Veterinary Medical Association, may be used in lieu of sodium pentobarbital to perform euthanasia on dogs and cats. Succinylcholine chloride, curare, curariform mixtures, or any substance that acts as a neuromuscular blocking agent may not be used on a dog or cat in lieu of sodium pentobarbital for euthanasia purposes. The State Veterinarian will maintain a list of approved inhalants and injectable solutions that may be used for humane euthanasia.* <https://www.avma.org/sites/default/files/2020-01/2020-Euthanasia-Final-1-17-20.pdf>

In cases of extraordinary circumstance where the dog or cat [is suffering and no veterinary care is available] or poses an extreme risk or danger to the veterinarian, physician, or lay person performing euthanasia, such person shall be allowed the use of any other substance or procedure that is humane to perform euthanasia on such dangerous dog or cat.

Physical Methods

Physical methods of euthanasia include captive bolt, gunshot, cervical dislocation, decapitation, electrocution, focused beam microwave irradiation, exsanguination, maceration, stunning, and pithing. When properly used by skilled personnel with well-maintained equipment, physical methods of euthanasia may result in less fear and anxiety and be more rapid, painless, humane, and practical than other forms of euthanasia.

Some consider physical methods of euthanasia aesthetically displeasing. There are occasions, however, when what is perceived as aesthetic and what is most humane are in conflict. Despite their aesthetic challenges, in certain situations physical methods may be the most appropriate choice for euthanasia and rapid relief of pain and suffering. Personnel using physical methods of euthanasia must be well trained and monitored for each type of physical method performed to ensure euthanasia is conducted appropriately. They must also be sensitive to the aesthetic implications of the method and convey to onlookers what they should expect to observe when at all possible.

Since most physical methods involve trauma, there is inherent risk for animals and people. If the method is not performed correctly, personnel may be injured or the animal may not be effectively euthanized; personnel skill and experience are essential. Inexperienced persons should be trained by experienced persons and should practice on euthanized animals or anesthetized animals to be euthanized until they are proficient in performing the method properly and humanely. After the method has been applied, death must be confirmed before disposal of the remains. (AVMA M3.1)

GUNSHOT (AVMA M3.5 GUNSHOT)

A properly placed gunshot can cause immediate insensibility and a humane death. Under some conditions, a gunshot may be the only practical method of euthanasia. Shooting should only be performed by highly skilled personnel trained in the use of firearms and only in jurisdictions that allow for legal firearm use. The safety of personnel, the public, and other animals that are nearby should be considered.

- *The procedure should be performed outdoors and in areas where public access is restricted.*
- *In applying gunshot to the head as a method of euthanasia for captive animals, the firearm should be aimed so that the projectile enters the brain, causing instant loss of consciousness. This must take into account differences in brain position and skull conformation between species, as well as the energy requirement for penetration of the skull and sinus. Accurate targeting for a gunshot to the head in various species has been described.*
- *For wildlife and other freely roaming animals, the preferred target area should be the head. It may, however, not be possible or appropriate to target the head when killing is attempted from large distances (missed shots may result in jaw fractures or other nonfatal injuries) or when diagnostic samples of brain tissue are needed for diagnosis of diseases (e.g., rabies, chronic wasting disease) important to public health.*

Firearms: *The appropriate firearm should be selected for the situation, with the goal being penetration and destruction of brain tissue without emergence from the contralateral side of the head. A gunshot to the heart or neck does not immediately render animals unconscious, but may be required when it is not possible to meet the POE's definition of euthanasia.*

Basic Principles of Firearms: *To determine whether a firearm or type of ammunition is appropriate for euthanizing animals, some basic principles must be understood. The kinetic energy of an object increases as the speed and weight or mass of the object increase. In reference to firearms, the bullet's kinetic energy (muzzle energy) is the energy of a bullet as it leaves the end of the barrel when the firearm is discharged. Muzzle energy is frequently used as an indicator of a bullet's destructive potential. The heavier the bullet and the greater its velocity, the higher its muzzle energy and capacity for destruction of objects in its path. Muzzle energy (E) can be expressed as the mass of the bullet (M) times its velocity (V) squared, divided by 2.246. However, to accommodate units of measure commonly used in the United States for civilian firearms, energy (E) is expressed in foot-pounds. This is calculated by multiplying the bullet's weight (W) times its velocity in feet per second (V) squared and dividing the result by 450,450. The International System of Units expresses muzzle energy in joules (J). The muzzle energy of commercially available ammunition varies greatly. For example, the difference in muzzle energy generated from a .357 Magnum handgun loaded with a 180 grain compared with a 110 grain bullet may differ by as much as 180 foot-pounds. Velocity has an even greater impact on bullet energy than bullet mass.*

Selection of an appropriate bullet and firearm is critical to good performance when conducting euthanasia procedures. Lighter-weight, higher-velocity bullets can have high muzzle energy, but decreased penetration, which can be an issue when penetrating thick bones. Whereas most euthanasia using firearms is conducted at close range, calculations of muzzle energy are useful for determining which firearms are appropriate for euthanasia of animals of varying sizes. As the bullet travels beyond the muzzle of the firearm its energy gradually begins to decrease. While this is not a concern for the use of firearms in close proximity to the animal, when attempting to euthanize an animal from a distance, to ensure accuracy and that an acceptable level of muzzle energy is achieved, a high-powered rifle may be the better choice for conducting euthanasia. In all cases, the most important factors in ensuring successful euthanasia are the experience and skill of the shooter.

Muzzle Energy Requirements: *For euthanasia, the combination of firearm and ammunition selected must achieve a muzzle energy of at least 300 foot-lb. (407 J) for animals weighing up to 400 lb. (180 kg). For animals larger than 400 lb., 1,000 foot-lb. (1,356 J) is required. Handguns do not typically achieve the*

muzzle energy required to euthanize animals weighing more than 400 lb. (180 kg), and therefore rifles must be used to euthanize these animals.

Some would argue that the muzzle energies recommended are well beyond what is necessary to achieve satisfactory results. Anecdotal comment suggests that the .22 LR is one of the most frequently used firearms for euthanasia of livestock with varying degrees of success. There is little doubt that success or failure is partially related to firearm and bullet characteristics, but probably more so to selection of the ideal anatomic site (i.e., a site more likely to affect the brainstem) for conducting the procedure. The Humane Slaughter Association lists multiple firearms for euthanasia of livestock, including shotguns (12, 16, 20, 28, and .410 gauges), handguns (.32 to .45 caliber), and rifles (.22, .243, .270, and .308). In general, when comparing handguns with rifles, the longer the barrel, the higher the muzzle velocity. Therefore, if a .22 is used for euthanasia it is best fired from a rifle. The .22 should never be used on aged bulls, boars, or rams.

Bullet Selection: *While much of the emphasis in euthanasia by gunshot is placed on choice of the most appropriate firearm, it should be remembered that the gun is only the means of delivery. Bullet selection is quite possibly the most important consideration for euthanasia of livestock by gunshot. There are 3 basic types of bullets pertinent to this discussion: solid points, hollow points, and full metal jacket bullets. Solidpoint bullets are preferred for euthanasia since they are designed for greater penetration of their targets. Under ideal conditions this type of bullet will also undergo moderate expansion to a mushroom shape that increases its destructive characteristics. Hollowpoint bullets are designed with a hollowed-out tip that causes rapid expansion and fragmentation of the bullet on impact. The hollow-point design allows maximum transfer of energy without risk of over penetration.*

For applications where it may be desirable to control or reduce the degree of bullet penetration, hollow-point bullets are preferred. However, for the purposes of euthanasia of livestock the first requirement is that the bullet possesses sufficient energy to penetrate the skull and enter the underlying brain tissue. The concern with hollow-point bullets is that, since the majority of their energy is released on impact through fragmentation, they may not have sufficient energy to traverse the skull.

The other extreme is represented by full metal jacket bullets, which do not expand or fragment on impact with their targets. These bullets have a lead core with a thin metal jacket cover that completely covers (surrounds) the bullet. Full metal jacket bullets generally achieve maximum penetration, which may have benefits for euthanasia but also creates additional safety hazards for bystanders. Shotguns loaded with shot shells (number 4, 5, or 6) have sufficient energy to traverse the skull but, unlike the possibility of bullets from either a handgun or rifle, rarely exit the skull. These are important considerations when selecting a firearm for on-farm euthanasia.

Probably the most important point to be made relative to the use of gunshot for euthanasia is that scientific information on firearm and bullet selection is lacking. This is an area of urgent need in euthanasia research.

Firearm Safety: *Firearm safety cannot be overemphasized. Guns are inherently dangerous and must be handled with caution at all times. This needs to become the mindset in handling and use of firearms. Common recommendations include the following:*

- 1) assume that all firearms are loaded,*
- 2) always know where the muzzle is and never allow it to point in the direction of oneself or bystanders,*
- 3) keep fingers away from the trigger and out of the trigger guard until ready to fire,*

- 4) be sure of the target and what lies beyond it, and
- 5) always be sure that the gun is unloaded when not in use.

Readers desiring more information or training on proper use of firearms are advised to contact local hunter safety programs. These programs offer training in firearm safety and also provide information on rules and regulations for firearm use.

Firearms should never be held flush to an animal's body. The pressure within the barrel when fired may cause the barrel of the gun to explode, placing the shooter and observers at great risk of injury. Ideally, the muzzle of the firearm should be held within 1 to 2 feet of the animal's forehead and perpendicular to the skull with the intended path of the bullet roughly in the direction of the foramen magnum. This will reduce the potential for ricochet while directing the bullet toward the cerebrum, midbrain, and medulla oblongata, which will assure immediate loss of consciousness and rapid death.

Advantages— (1) Loss of consciousness is instantaneous if the projectile destroys most of the brain. (2) Given the need to minimize stress induced by handling and human contact, gunshot may be the most practical and logical method of euthanasia for wild or free-ranging species.

Disadvantages— (1) Gunshot may be dangerous for personnel. (2) It is aesthetically unpleasant for many. (3) Under field conditions, it may be difficult to hit the vital target area. (4) Brain tissue may not be able to be examined for evidence of brain diseases (e.g., rabies infection, chronic wasting disease) when the head is targeted. (5) Skill in application of firearms and species-specific knowledge of appropriate target sites are required. In some states, firearm use is not permitted if the operator has been convicted of a felony.

General recommendations—When other methods cannot be used, an accurately delivered gunshot is acceptable with conditions for euthanasia.

Prior to shooting, animals accustomed to the presence of humans should be treated in a calm and reassuring manner to minimize anxiety.

In the case of wild animals, gunshots should be delivered with the least amount of prior human contact necessary.

Gunshot should not be used for routine euthanasia of animals in animal control situations, such as municipal pounds or shelters.

Unacceptable Methods of Euthanasia

Under no circumstance shall a chamber using commercially bottled carbon monoxide gas or other lethal gas or a chamber which causes a change in body oxygen by means of altering atmospheric pressure or which is connected to an internal combustion engine and uses the engine exhaust for euthanasia purposes be permitted. (GDA 40-13-13-.08 Euthanasia)

Exsanguination, stunning, and pithing are not recommended as a sole means of euthanasia by the AVMA. While the AVMA approves of using such methods in adjunct to other methods, Glynn County Animal Control will not use these methods under any circumstances.

Unacceptable Agents for Euthanasia

Strychnine, nicotine, insulin, caffeine, cleaning agents, solvents, pesticides, disinfectants, and other toxicants not specifically designed for therapeutic or euthanasia use are unacceptable for use as euthanasia agents under any circumstances. Magnesium sulfate, potassium chloride, and neuromuscular blocking agents are unacceptable for use as euthanasia agents in conscious vertebrate animals. These agents may be used for euthanasia of anesthetized or unconscious animals as previously described. (AVMA M2.21)

DECEASED ANIMALS

At Vet: If the animal passes away at the veterinary clinic, request group cremation services through the clinic. Leave the body with the clinic.

At Shelter: During an event where the pet cremation service is able to continue to provide service, there will be no change in how deceased animals are handled.

In the event that the pet cremation service is not able to provide service:

1. If the incinerator is able to run, cremate as many animals on site as possible.
2. If the incinerator fails and it is possible to transport the bodies of deceased animals to the landfill, cover the bodies and transport them to the landfill. Call ahead to notify the landfill that deceased animals are being brought to them. A copy of the County's Disposal of Solid Waste policy is on the Shares drive.

Eller-Whitlock Avenue Landfill

104 Key Drive, Brunswick, GA 31520 / (912) 264-3900

3. In the event that the incinerator is inoperable and we are unable to transport deceased animals to the landfill due to the inability to leave the animal control facility, follow the protocols outlined in the "Dead Animal Disposal Act." (Ga. L. 1969, p. 1018, § 1*).
4. Option 1: Pile the bodies a safe distance from combustible material and burn the bodies with a controlled fire.
5. Option 2: Dig a pit (see instructions below) and bury the bodies.

*Methods which can be used for disposal of dead animals are burning, incineration, burial, rendering, or any method using appropriate disposal technology which has been approved by the Commissioner of Agriculture. Disposal of dead animals by any of the approved methods must be completed within 24 hours after death or discovery. **Dead animals that are buried must be buried at least three feet below the ground level, have not less than three feet of earth over the carcass, and must not contaminate ground water or surface water.** (Ga. L. 1969, p. 1018, § 5; Ga. L. 2000, p. 1297, § 1; Ga. L. 2002, p. 1397, § 3.)*

**4-5-7 Disposal of dead animals and waste material; approval by Commissioner. (a) Public livestock sales markets, livestock slaughter establishments, poultry dealers, poultry sales establishments, pet dealers, kennels, bird dealers, animal shelters, and stables licensed by the Georgia Department of Agriculture shall have a written, approved method and place for the disposal of all dead animals and all accessory waste material involved in the handling of dead animals which die on or within the premises of such establishments. (b) The Commissioner of Agriculture shall approve the methods and places for disposal of such dead animals and may establish procedures, methods and permits for disposal of dead animals. (Ga. L. 1969, p. 1018, § 4; Ga. L. 2002, p. 1397, § 4.)*

EMPLOYEE & VOLUNTEER ILLNESS/EXPOSURE PERSONNEL PROTOCOLS

*****REMEMBER THAT WE HAVE EMPLOYEES WHO ARE IMMUNO-COMPROMISED WORKING WITH US. WE HAVE A DUTY TO THEM TO FOLLOW PROPER PROCOTOLS. *****

COVID-19 in Humans (AVMA 3/31/20)

COVID-19 causes flu-like symptoms in people, including mild to severe respiratory illness with fever, cough, and difficulty breathing. Person-to-person spread has been indicated as the primary means of transmission and seems to occur when there is contact with an infected person's bodily secretions, such as saliva or mucus droplets in a cough or sneeze. Transmission via touching a contaminated surface or object (i.e., a fomite) and then touching the mouth, nose, or possibly eyes is also possible, but appears to be a secondary route. Smooth (non-porous) surfaces (e.g., countertops, door knobs) transmit viruses better than porous materials (e.g., paper money, pet fur) because porous, especially fibrous, materials absorb and trap the pathogen (virus), making it harder to contract through simple touch.

Time between infection and appearance of symptoms in people is not yet known with confidence, but initial estimates are approximately five to seven days. The COVID-19 quarantine period for people is 14 days.

Cases of COVID-19 and instances of community spread are being reported across the United States. People living in or traveling from places where ongoing community spread of SARS-CoV-2 is taking place appear to be at higher risk of exposure, with relative risk dependent on the location. Healthcare workers caring for patients with COVID-19 also have greater risk, as do close contacts of people with COVID-19.

Animal Control Employee Illness/Exposure Policy

The County EMA will keep us informed about the local COVID-19 situation and know where to turn for reliable, up-to-date information in our local community. Those employees are monitoring the [CDC's COVID-19 website](#) and your [state and local health department websites](#). The International Association of Emergency Managers' [Novel Coronavirus Hotspot Illness Radar](#) may also provide helpful information.

Because there is currently no vaccine available to prevent COVID-19, the best way to avoid becoming ill is to avoid exposure to the virus. AVMA has developed [guidance for protecting veterinary teams during the pandemic](#). Unless otherwise directed by County HR or the Board of Commissioners, GCAC will adopt these AVMA recommendations. Taking typical [preventive actions](#) is key. Animal Control Officers must remain healthy to be able to serve our community, both human and animal.

- Employees and volunteers must stay at home when they are sick and must avoid close contact (defined as being within approximately 6 feet [2 meters]) with anyone showing any symptoms of being ill.
- Employees and volunteers must wash their hands often with soap and water for at least 20 seconds, especially after blowing their nose, coughing, or sneezing, going to the bathroom, and before eating (if soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol).
- Avoid touching your eyes, nose, and mouth; cover coughs or sneezes with a tissue, then throw the tissue in the trash.

- Employees and volunteers who have symptoms of acute respiratory illness should stay at home and should not return to work until they are free of fever (fever is defined as a temperature of 100.4F or higher, using an oral thermometer), signs of a fever, and any other symptoms for at least 24 hours without the use of fever-reducing or other symptom-altering medicine (e.g., cough suppressants).
- Employees and volunteers who appear to have symptoms of acute respiratory illness upon arrival at work or who become sick during the day should be separated from other team members and sent home immediately.

If an employee or volunteer is confirmed to have COVID-19, the Manager and County HR is to be informed immediately.

- Employees and volunteers will be informed of their possible exposure to COVID-19, but maintain confidentiality as required by law.
- Employees and volunteers who are exposed to another employee with confirmed COVID-19 should contact their physician or local health department to determine how best to proceed. It is possible that public health officials may ask that the animal shelter be temporarily closed for personnel isolation and disinfection.

CDC has developed interim infection prevention and control recommendations for patients with suspected or confirmed COVID-19 in healthcare settings.

- Surfaces at the shelter and in the vehicles that are touched frequently, such as workstations, keyboards, doorknobs, countertops, and stethoscopes, should be cleaned often and wiped down by employees with disposable wipes between cleanings.
- Provide no-touch disposal receptacles.
- Place hand sanitizers in multiple locations, including in exam rooms, offices, and conference rooms to encourage hand hygiene.
- If you are not able to come in during an assigned shift, text via the group text that you will not be able to work.
- Enter the appropriate leave request in the online time system as soon as you are able. If you are not able to access the online time reporting system, email the Manager with the required information.

Preventing COVID-19 in Humans (AVMA 3/31/20)

There are currently no antiviral drugs recommended or licensed by FDA to treat COVID-19, and there is no immunization available.

Awareness and prevention are important to reducing the spread of COVID-19:

- Avoid people who are sick.
- Call your physician if you experience a fever and respiratory issues.
- If you are ill, stay at home except to get medical care and call ahead before visiting your doctor.
- Minimize your contact with other people, including separating yourself from other members of your household who are not ill.
- Cover your mouth and nose when you cough or sneeze.
- Avoid touching your face, especially your eyes, nose, and mouth.
- **Wash your hands often.** Use soap and water, and wash for at least 20 seconds. If soap and water are not available, use hand sanitizer that contains at least 60% alcohol.
- Practice social distancing

- CDC recommends keeping a distance of six to 10 feet from other people.
- Avoid gathering in public places, including attending or hosting large social gatherings. Postpone the latter, if at all possible. To reduce exposure, emergency orders on maximum sizes of gatherings have been issued and need to be followed.
- If considering a small gathering of friends that does not exceed issued limits, be careful that no one is showing symptoms of disease and/or is a close contact of someone who has. Virtual gatherings should be seriously considered as an alternative.
- Shop for necessities at off-hours when there are likely to be fewer people in the store.
- As difficult as it may be, refrain from visiting people who are in assisted living and nursing facilities; they are among the most vulnerable population. Many facilities have already severely limited or disallowed visitors.
- Consider virtual visits with friends and the elderly.
- Regularly clean and disinfect objects and surfaces in your home and workplace. A list of products determined by the EPA to be effective for combatting viral pathogens is available from the American Chemistry Council Center for Biocide Chemistries (CBC).
- Those living in households with a person ill with COVID-19 should closely monitor their health and call their healthcare provider right away if they develop symptoms suggestive of COVID-19.
- The use of facemasks is not recommended for healthy members of the general public as a means of protection from COVID-19. Facemasks should be used by people with symptoms of COVID-19 to avoid spreading the disease to others and facemasks are also important for healthcare workers and people who are taking care of someone at home or in a healthcare facility.

Guidance is available from the CDC to help your household get ready for COVID-19. AVMA also has advice and resources to support your wellbeing during this stressful time.

No Evidence of Companion Animals Spreading COVID-19 (4/2/20 ASPCA)

The Interim Recommendations make clear that there is no current evidence of companion animals spreading COVID-19 and that spread of the virus is the result of person-to-person transmission; therefore, whenever possible, it is preferable for companion animals to remain at home with their human families, which has the benefit of promoting both human and animal health and welfare, particularly in times of great upheaval. Keeping people and pets together also helps ensure that animal shelter resources are reserved to care for pets who truly have no other options. Additionally, the World Organisation for Animal Health (OIE) notes that “there is no justification in taking measures against companion animals that may compromise their welfare,” which according to the Interim Recommendations includes “harming them or abandoning them based on unfounded fears over COVID-19.”

While the risks of COVID-19 transmission from contact with companion animals coming from homes affected by the virus are considered very low, it remains prudent for shelters to follow general infection prevention and control measures. It is also important to note that these recommendations will change as new information becomes available.

Shelters are well positioned to provide guidance to pet owners in their communities so they can plan ahead. Some key points to share include:

Urge pet owners to incorporate pets into their preparedness plans.

- Individuals impacted by COVID-19 can and should keep their pets with them while they are in home quarantine, as recommended by CDC, WHO, AVMA, OIE, WSAVA and others;
- They should have another member of the household provide care for animals, if possible; where that isn't possible, they should limit close contact with their pets, wash their hands regularly and wear a facemask while caring for their animals.
- In addition to stocking up on essential supplies such as pet food and medications, pet owners should make contingency plans with family, friends or neighbors, so that they have someone who can provide care for their pet if they are unable to do so -either in the owner's home or by temporarily relocating the animal to the temporary caretaker's home, a boarding kennel or veterinary office.

When it's not possible for a pet to stay in the home and where other options have been exhausted, temporary relocation to a shelter may be necessary. The recommendations note that, where a companion animal has been in contact with a person known or suspected to have COVID-19, the greatest risk of exposure to staff, volunteers, and the public comes not from the animals but from person-to-person contact.

Additional Resources

General information relevant to COVID-19 and companion animals is provided at the following links:

- Centers for Disease Control and Prevention (CDC) COVID-19 Response: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>
- CDC Animals and COVID-19: <https://www.cdc.gov/coronavirus/2019-ncov/prepare/animals.html>
- American Veterinary Medical Association (AVMA): <https://www.avma.org/coronavirus>
- World Small Animal Veterinary Association (WSAVA): <https://wsava.org/news/highlighted-news/the-new-coronavirus-and-companion-animals-advice-for-wsava-members/>
- National Association of State Public Health Veterinarians (NASPHV) Compendium of Veterinary Standard Precautions for Zoonotic Disease Prevention in Veterinary Personnel: <http://www.nasphv.org/documentsCompendiaVet.html>
- United States Department of Agriculture (USDA): <https://www.usda.gov/coronavirus>
- World Organisation for Animal Health (OIE) Questions and Answers on COVID-19: <https://www.oie.int/en/scientific-expertise/specific-information-and-recommendations/questions-and-answers-on-2019novel-coronavirus/>

DOWNLOADABLE FILES

- [Limiting non-essential surgeries.pdf](#)
- [Transport recommendations in COVID 19 emergency.pdf](#)
- [FINAL COVID-19 UW NACA support 4 3 20.pdf](#)
- [4 3 20 Kitten intake recommendations during COVID pandemic.pdf](#)