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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.

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 <u>information sheet</u> for more information on COVID-19.