

BACKGROUND

The NSNRT program is designed to mentor organizations for the successful opening & running of a high-quality, high-volume spay/neuter clinic. Humane Alliance/ASPCA offers you our “recipe” for success. However, we are not a franchise, therefore, your organization may choose to tweak that recipe.

One component of the recipe that is not variable is the high-quality standards of our medical protocols. Humane Alliance makes it a point to have our protocols reviewed and audited by outside experts to ensure that the medical standards in our clinic and training programs are above reproach. When in Asheville, we will train your team using our recipe and all written materials will reflect our Standard of Care. We recommend reviewing *The Association of Shelter Veterinarians’ Veterinary Medical Care Guidelines for Spay-Neuter Programs*, printed in JAVMA on July 15, 2016: <http://avmajournals.avma.org/doi/pdf/10.2460/javma.249.2.165> for additional useful information on running a spay/neuter clinic.

While your veterinarian will have significant leeway in the day-to-day decisions of your clinic, the fundamentals of our high-quality protocol must be followed for your organization to be considered an NSNRT clinic. To offer lesser quality is a disservice to your patients, to other NSNRT clinics and to our industry as a whole.

Below is the Humane Alliance’s *Veterinary Standards of Care*. As an organization, you must understand and agree to these standards before acceptance into the NSNRT program. Further, your organization is responsible for ensuring these minimum standards are met by your clinic veterinarian(s) both at the time of your initial training and as you have staff turnover.

GENERAL

- Licensed veterinarians must perform all procedures that are classified as “irreversible change.” For example: surgical sterilizations (including cat neuters), ear tipping, removing teeth, or dew-claws.
- We strongly discourage the use of volunteers in any medical capacity. You would not expect a volunteer to handle your pet at a private vet practice. The same holds true for a non-profit clinic.
- Publicly owned animals should have at least two hours of recovery time after surgery before return to their owners. Three hours is optimal. Recovery time may be longer depending on drug protocol used.
- Your organization must provide a room dedicated to surgery that is physically separated from the room where animals are being prepped.
- Patients who stay overnight must be offered small amounts of food and water. Pediatric patients and others, as noted by the vet, should be offered food/water/sub-q fluids for any length of stay.
- Owners should be given both verbal and written instructions on how to properly care for their pet. Any medications prescribed by the vet should have dispensing instructions clearly marked.
- If at some point you are not meeting the *Standards of Care* during our team’s on-site training with you, we will discuss with your management to address the concern. If it is not addressed and our team is concerned, we may choose to leave and end the training early.

PATIENT SELECTION & HANDLING

- Licensed veterinarians will examine all tractable patients to determine suitability for surgery.
- No medications or anesthetics should be given to patients unless prescribed by a veterinarian and a veterinarian must be on-site when any medications/anesthetics are given.
- All NSNRT-trained clinics must perform surgeries on suitable pediatric patients 2 months and older and suitable in-heat and pregnant patients.
- Patients will be housed in temperature-controlled rooms that are designed to reduce stress (i.e. dogs will be housed separately from cats).
- Cages must be of a material that can be disinfected and are of proper size for the animal to stand-up and turn around.
- Patients should not wear muzzles, choke chains or leashes while in the cages.
- Staff must be trained to properly and gently restrain & carry patients (especially when patient is intubated).

SANITATION & DISEASE CONTROL

- Your organization must use an autoclave for sterilizing surgical packs and instruments. Separate sterile instruments and suture material are required for each patient. Cold sterile is not acceptable.
- Veterinarians must wear a cap, mask, and sterile gloves for all surgeries (including cat neuters). Gowns are recommended.
- Any equipment that has direct patient contact must be disinfected between patients (for example, prep and surgical tables, endotracheal tubes, anesthetic masks, and pulse oximeter clips).
- A thorough sanitation protocol for kennels and laundry must be in place and all staff should be trained to follow that protocol. This includes prompt cleaning of soiled cages.

HYPOTHERMIA PROTOCOL

Hypothermia is a serious medical complication that can adversely affect the patient's health and recovery. Risk of hypothermia is at its highest once an animal is under the effects of anesthetic agent, however hypothermia prevention should be maintained pre-surgery, during surgery, during recovery and post-recovery. Your organization must develop a comprehensive hypothermia protocol that includes:

- Proactive warming in holding cages such as newspaper or blankets.
- A multi-layer recovery area (the “beach”) which consists of at least a mat and common blanket. A heating pad for the beach is highly recommended.
- Each patient must have a recovery towel/blanket that covers his or her entire body while on the beach and remains with the patient post-recovery. This prevents excessive heat loss and provides protection from disease spread. Towels/blankets should be changed immediately if soiled or wet.
- Pediatric and small patients (cats, dogs <15lb) need additional measures such as rice bags, socks and/or thermal blankets.
- If a recovery area or beach is not used and animals recover in a cage, each animal must still have a blanket or towel to cover their entire body. Additional heat sources mentioned above are highly recommended. See *Patient Monitoring* below for additional considerations.

PATIENT MONITORING

Once a patient is under the affects of an anesthetic agent, they must be continuously monitored. Your clinic must be staffed with trained personnel to meet the following standards:

- Once anesthetized, patients should be continuously monitored. This can be accomplished via monitoring equipment (i.e. pulse oximetry) or manual monitoring.
- Anesthetized patients should not be left on an elevated surface without a trained staff member (including the veterinarian) within 2-3 feet.
- Machines are not infallible. Therefore if monitoring equipment is used, patients must still be checked manually at 2-minute intervals during prep, surgery, and recovery. Humane Alliance calls this the “two-minute loop,” and this process is reflected in the on-site training and in our materials.
- Any time a patient has the isoflurane turned above 3%, or the sevoflurane turned above 5%, they must be continuously manually monitored until the anesthetic gas can be turned back down to an appropriate maintenance level.

Recovery is the time immediately after surgery while the patient may still have an endotracheal tube, is not yet able to be sternal (almost able to sit upright) and is still at increased risk for hypothermia. Recovery options that meet the Humane Alliance standard include:

- A beach in either surgery or prep so patients can be monitored as part of the “two-minute loop.”
- If recovery takes place in an area separate from surgery or prep, a trained staff member (not a volunteer) must be in that room at all times. This can add to your staffing requirements.
- If recovery takes place in holding cages or in a carrier, there must be a trained staff member monitoring them at all times and the cage sizes and lighting must allow for good visibility.

SURGICAL SPECIFICS

- Your organization must use medical grade suture, either from a sterile medical-grade cassette or sterile packs of swaged-on suture and new suture must be used for each patient (no cold sterilization). Specific types of acceptable suture are listed in the *Guidelines for Spay-Neuter Programs*: <http://avmajournals.avma.org/doi/pdf/10.2460/javma.249.2.165>
- Your organization must have working anesthesia machines available in both prep and surgery and the ability to provide oxygen and supplemental gas anesthesia (isoflourane or sevoflourane).
- Your organization is responsible for incorporating analgesia (the inability to feel pain) into the anesthesia protocol, with the mandatory use of an opioid as part of the pre-surgical medication profile. Acceptable opioids options are: morphine, hydromorphone, or buprenorphine. Butorphanol is acceptable in cats only, and must be used in a multi-drug combination that includes Dexmedetomidine or similar alpha-2 adrenergic agonist.
- The opioid should still be actively “on-board” at the time of surgery. Specifically each type of opioid has a definitive length of time in which it is active. Surgery must occur within this window.
- Multi-modal analgesia is HIGHLY recommended because it reflects current practices in veterinary medicine, provides extra protection to the patient and offers peace of mind for the owner. Multi-modal means the use of more than one type of pain-relieving drug (i.e., an opioid plus an NSAID).
- Mask or chamber induction is not acceptable as a routine process to anesthetize a patient. This method can cause significant stress to the animal and can lead to injury or death. There are rare exceptions to this standard that will be reviewed during the training in Asheville.

SIGNATURES

- I have read and understand these *Veterinary Standards of Care*.
- I acknowledge that I am approved to act as a representative of the organization listed below, and that the organization is comfortable abiding by each item in these *Veterinary Standards of Care*.
- I understand that our organization is responsible for hiring a veterinarian(s) and medical support team that is comfortable and willing to comply with these *Veterinary Standards of Care*.
- I understand that our organization is responsible for ongoing compliance with these *Veterinary Standards of Care*, as we have staff turnover.

Organization: _____

Name: _____ Signature: _____

Title: _____ Date: _____

DVM Name: _____ Signature: _____

Title: _____ Date: _____

Please keep a copy of this signed form for your reference.