CONTAGIOUS DISEASE – EFFECTIVE CONTAINMENT

**CD01.** The practice utilizes a written protocol that addresses potentially contagious patients and effective containment of contagious diseases throughout the facility.

**Goal:** Reduce the spread of contagious disease within the practice environment

At a minimum, the protocol will address the following matters:

# Personal Hygiene

* Hand washing - who, when, how, how often
* Attire - what must be worn, how apparel is disinfected (if applicable)
* Footbaths - where, how maintained, what is used

**Patient Care**

* How practice team members will be assigned patient care duties when dealing with contagious or zoonotic disease
* How/by whom/when/where patient care will be performed for:
	+ Contagious patients
	+ Zoonotic patients
	+ Quarantine patients
* Who/how/when patients will be identified as isolation candidates

## Facility Organization

* Isolation room
	+ How constructed and lit
	+ How ventilated
	+ What equipment stored/used there
	+ Which supplies stored/used there
* Traffic flow
	+ Which rooms will be utilized for potentially infectious cases
	+ How patients will move through the hospital
	+ Exam rooms - how and when they are to be disinfected
	+ Where necropsy will be performed

## Disinfection of Facility (how, when, and by whom)

# Isolation rooms

* Main hospital areas
* Examination room(s)
* Equipment

**Waste Disposal**

* How packaged
* What is disposed of as infectious waste
* Method of disposal

## Client Education

* Who does client education
* What is the content of the discussion
* How and when the client is educated (i.e. contagious disease)

## Practice Team Member Training

* Who will be trained
* How training will be provided
* How often practice team member training will occur

## Zoonotic Diseases

## Who/how/when to inform clients and practice team members of potential zoonotic disease exposure

# Prevention of spread

* Susceptible species
* Symptoms in other animals and humans

**Contagious Disease**

* Which particular diseases are treated as contagious
* If/how/by whom clients are informed about potential exposure of their pets within the hospital environment

## Oversight of Contagious Disease Control Efforts

Who will be responsible for following procedures outlined in this plan?

### Example

###  “ABC Animal Hospital” will utilize the following protocol to reduce the spread of infectious disease both within and from its facility.

# Personal Hygiene

* Hand washing will be practiced by all practice team members after handling every patient before moving to the next or starting administrative or client service tasks. Practice team members are expected to wash hands following use of the restroom and prior to consumption of food, beverages, or use of personal hygiene products such as lotions, chapstick, or contact lens solutions. Hands should also be washed just prior to leaving the practice for the day or on a break. The soap available in the dispensers above each wash area is adequate for routine hygiene unless you are advised to the contrary.
* Attire

◾ Uniforms consisting of scrubs will be issued at hiring and must be worn while on premises. These scrubs are to remain on premises at the end of each day and will be laundered by the practice. A fresh set must be brought in by the practice team member and changed into once on premises.

◾ Surgery team members are to bring one pair of footwear to be worn into surgery and nowhere else, or provided foot-covers must be worn.

◾ While in isolation areas, an additional disposable surgical gown will be worn over scrubs, as well as mask and gloves. Gloves must be discarded each time a practice team member departs the area. Gowns, booties, and masks must remain within the area and are disposed of when the patient is released to the main ward or is discharged. Hair must be worn short or tied up close to the head.

* Footbaths: A bactericidal footbath will be placed just inside the isolation area doorway. All practice team members must dip soles of shoes immediately prior to departing this area and step onto towel provided.

**Patient Care**

* One practice team member will be assigned each day to care for the needs of contagious patients. They alone will be responsible for ward cleaning, patient treatments, supplemental client communication, and assistance of attending veterinarian. If the patient is to undergo surgery, a different anesthesia assistant may be assigned if the practice team member is not trained adequately in this area.
* Contagious, zoonotic, or quarantined patients will all be handled in the same manner. The veterinary technician or assistant assigned to the patient will be informed that a patient is to be handled with this status. Practice team members who believe they have additional risk factors may inform the veterinarian and be excused from this responsibility. Factors such as pregnancy status, previous experience, and concurrent medication will be considered. The attending veterinarian will provide treatment orders to be placed on a form kept just inside the isolation doorway. The patient will be released from the isolation area only upon the orders of a veterinarian. In the case of rabies suspects, only practice team members with current rabies protective titers or practice team members with extensive aggressive patient handling experience will be assigned these cases. If the practice team member feels the patient is too dangerous, this issue should be discussed with attending veterinarian.
* A list of potentially infectious, contagious, or zoonotic disease justifying the isolation protocol may be found in the Hospital Procedures Handbook or in *Kirk’s Current Veterinary Therapy* most recent issue.

## Facility Organization

* Isolation room
	+ Solid walls, stainless steel or impermeable compartments or walls between runs, able to be totally disinfected in location, flush drains in runs, room lit with overhead fluorescent lighting suitable to provide adequate light for examination, sink
	+ Ventilated with negative airflow at appropriate rates of exchange
	+ Equipment stored/used there: Attachment for oxygen hose, oxygen hose, nebulizer and associated accessories, dedicated supplies for disinfection, covered waste receptacle, footbath, fabric towels and shallow tray, bandage scissors, infusion pump, IV stand, mayo stand
	+ Supplies stored/used there: Plastic waste bags, paper towels, cadaver bags, selection of syringes and needles, sterile lube packets, thermometer, stethoscope, cotton swabs, and tongue depressors, IV catheter selection, bandaging materials, IV fluids and administration supplies, stainless food bowls, cat litter pan, litter, disposable gowns, gloves, masks, disposable otoscope heads, source bottles for treatments such as cefazolin, metronidazole (multi-dose vials are discarded after patient is discharged)
* Traffic flow
	+ Only exam room 4 will be utilized for potentially infectious cases. If the receptionist or assistant feels the patient is potentially infectious, they shall be escorted in from the side door directly to the room. The veterinarian will decide if the patient is to be hospitalized; from the exam room the patient may be admitted directly to isolation area
	+ Potentially contagious patients coming in to the reception area will be admitted either to exam room 4 or taken directly to the isolation area if their admission is certain and owner approval has been obtained. The reception area, path from the side door, and exam room will be cleaned and disinfected immediately after the patient is admitted to isolation or released with its owner back out the side door. If the patient had been handled in any other areas of the hospital, these will be immediately disinfected as well. The rubber mat on the scale may be exchanged for another and the infectious one soaked in a tub of hot 1:32 diluted bleach water
	+ Exam rooms will be disinfected after a general cleaning. Antibacterial, virucidal solution and spray will be used with paper towels. All equipment used in the exam will be cleaned and disinfected as well. Porous or non-cleanable items must be discarded. The mop head used to apply this solution to flooring will be removed and soaked in a bleach solution before washing, moved for use in isolation room only, or discarded entirely. Practice team members are to wash hands after cleaning areas
	+ Necropsy will be performed in the treatment area at the end of a day. The entire treatment table area is disinfected afterward

## Disinfection of Facility (how, when, and by whom)

# Isolation rooms

* Main hospital areas
* Examination room(s)
* Equipment

**Waste Disposal**

* All potentially infectious waste is placed in plastic trash bags, (isolation room waste is double bagged) before being taken out. A special designated dumpster is used for biological waste and this material is collected by a service that comes once every two weeks. Items that may cause offensive odors are double bagged in bio-waste bags and frozen until the evening before pick-ups are scheduled.
* Items considered potentially infectious waste: Body fluids or tissues from any patient that was designated as contagious or zoonotic or any item that could have come into contact with them. Any item used in the isolation area is also handled as bio-waste.

## Client Education

* Who does client education: Veterinarian, veterinary tech, or assistant assigned to that patient care
* Content of the client education:
	+ What disease(s) are suspected
	+ How they were contracted
	+ Risk to family members and household or in-contact pets (susceptible species)
	+ Symptoms in humans and patients
	+ *Mandatory*: Advise client that if they have any suspicion of human exposure, they must see a physician. They must sign in the record that this has been advised
	+ How disease transmission may be prevented in the pet’s environment
	+ How the disorder is treated and confirmed
	+ Public health enforcement issues such as quarantine, submission of tissues to state labs, etc.
* Client is educated about these items immediately when the attending veterinarian identifies a reasonable suspicion of possible zoonosis or contagious disease. Notification is documented in the record
* The veterinarian informs a client about potential exposure of their pets within the hospital environment when they have reasonable suspicion that such exposure has occurred. This discussion is documented in exposed pets’ records

## Practice Team Member Training

* Who will be trained: All practice team members that are expected to provide direct patient care
* Training will be provided by practice team member meeting discussions and by practice team member supervisor and coworkers
* How often practice team member training will occur: As part of hiring, training, in sequence, and annually

## Oversight of Contagious Disease Control Efforts

The medical director, Dr. John Doe, will be responsible for procedures outlined in this plan