Vet Volunteer Information
February 2019
Introduction

Lanta Animal Welfare (LAW) is dedicated to improving the lives of all animals, alleviating pain and suffering through sterilisation and medical care.

Southern Thailand is predominantly Muslim and traditional beliefs often create a fear and resentment of dogs. After the 2004 Tsunami and resultant dog population boom, neglect and abuse such as poisoning, hot oil burns and machete attacks were commonplace. LAW set out to help these animals, opening LAW’s sterilisation centre in 2010.

LAW remains the only veterinary service on Koh Lanta. Its catchment area is growing providing sterilisation and treatment for stray, community and owned animals of neighbouring islands and mainland areas. To date, LAW has helped over 20,000 animals. For cats and dogs unable to be safely re-released after treatment, the centre has a small rehoming facility.

This manual is a key tool for the operation of LAW. It establishes a baseline for how all staff and volunteers perform routine tasks. This helps make life less stressful for animals and people. You will be given a full introduction on arrival.

The Clinical Team

On a daily basis, the clinic team is tasked with emergencies, out-patient and in-patient care, sterilisations and other surgeries, and healthcare within the rehoming centre. In order to help as many animals as possible, team work, excellent communication and a positive attitude are essential. The clinic team is an integral part of LAW. Professionalism is required at all times.

Veterinary Volunteers

LAW accepts qualified vets and vet nurses/vet nurse assistants as volunteers to assist our resident clinic team. Priority is given to experienced vets and nurses as they are of most benefit to our team, especially during mobile clinics when skilled cover is required at the centre. All veterinary volunteers report to, and perform tasks under the direction of staff veterinarians and Centre Director.

The clinical team cannot provide veterinary training programmes for new graduate vets as LAW does not have adequate staffing or time capabilities. Applicants requesting surgical training are directed to Worldwide Veterinary Service (WVS) International Training Centre, Chiang Mai. New graduate vets will take an assistant role in the clinic, under supervision of the staff veterinarians. It is at the discretion of the staff veterinarian and Centre Director as to the tasks they are able to perform.

LAW does not accept non-Thai veterinary students for clinic placements. They may apply as General Volunteers only. Selected students will gain experience during one day per week observation in the clinic.

LAW is keen to support veterinary training and improve animal welfare within Thailand so will accept Thai veterinary graduates and undergraduates for clinic placement.

Hours of Operation

The hours of operation are designed to ensure that all animals are properly and humanely cared for. Veterinary-related services: 9am - 5pm Monday to Saturday. Closed on Sunday. Animal Emergencies: The centre responds 24 hours a day, every day of the year. Every night, one vet (staff or volunteer) will be on-call.
Rota Scheduling and Working Hours

The Centre Director will produce a weekly rota for the clinic team. Vets and vet nurses volunteering for one month or less, will be on clinic duty 6 days (9am to 5pm), with one day off per week. Work at the centre requires flexibility - the animals always come first. Sometimes this means late lunch breaks, early starts and late finishes. Personnel in different departments are expected to help each together to complete the daily tasks, especially during low season when there may be fewer general volunteers.

Veterinary Services At LAW

LAW provides sterilisation and treatment for sick and injured, stray or community animals within its catchment area. It also offers sterilisation and treatment for sick and injured owned animals on Koh Lanta and those of low-income families of neighbouring islands where there is no veterinary service.

LAW does not receive any monetary support from the government. The services provided at LAW are entirely funded by community support. In order to be able to continue, all pet owners are requested to make a contribution of whatever they can afford towards their pets treatment. It is clearly explained by reception staff to all owners that they will always be invited to make a donation to LAW each time their pet receives treatment. They should be presented with a donation slip to show the full medical costs for their animal. They are informed that donations above the requested amount will go directly towards the treatment of stray animals. The donation amount is at the discretion of the owner.
Walk-in Clinic

1. Opening hours
2. Client waiting area
3. Consultation and examination
4. Disease control
5. Unsterilised animals presenting to the clinic
6. Out-patient Treatment
7. Admissions

1. The walk-in clinic opens 9am to 5pm. It provides preventative healthcare and basic medical treatment for a variety of species. The walk-in clinic is on a first-come first-served basis, unless an emergency is presented in which case this takes priority. The clinic is closed on Sunday, emergency service only.

2. The reception staff will take a brief history from the owner, complete the out-patient log sheet, and alert the vets who will carry out a consultation as soon as possible. There are separate waiting areas for dogs and cats. In the waiting area, cats should remain in their basket. Dogs should be kept under control and on a lead. This is for the safety of other animals, visitors and respect for the muslim community. Animals with infectious diseases are commonly presented therefore they should not be allowed to directly contact each other. Owners are prohibited from entering the re-homing centre including Kitty City, until a diagnosis has been made and the vet can ascertain if the condition is considered infectious.

3. The consultation room should be used for veterinary examination. It is at the vet’s discretion whether the owner accompanies the animal into the consultation room. A thorough examination should be performed. The ears are always checked for a sterilisation mark.

4. Clinical staff handling the patient must wear a new pair of gloves. Gloves should be removed and discarded before touching any other objects (for example door handles, drug bottles and refrigerator). Hands and arms must be thoroughly disinfected between patients, as must any equipment such as tables, stethoscopes, thermometers and weigh scales.

5. As population control is LAW’s primary focus, in order to receive treatment (including vaccination and preventative healthcare) for animals over 4 months old, the owner must consent to sterilisation. If the owner declines sterilisation of their animal, LAW will provide first aid only (where necessary) and they must be advised to seek veterinary care at a private vet. The Centre Director should be alerted if any difficulties arise.

6. Animals are treated as out-patients wherever possible. This is to reduce the risk of disease spread to the centre population, minimise patient stress, and hospitalisation costs. Medications and care are clearly explained to owners/carers by the veterinarian and reception staff. See dispensing section.

7. If an animal requires admission, see in-patient care section
Diagnostic Procedures At LAW

Blood sampling
Blood samples are normally taken from the jugular vein using a 22g needle. The skin is shaved and aseptically prepared prior to sampling.
In-house tests: FeLV/FIV snap test, Idexx 4Dx snap test (Ehrlichia Canis, Ehrlichia Ewingii, Anaplasma Phagocytophilum, Anaplasma Platys, Dirofilaria immitis (Heartworm), Borrelia Burgdorferi (Lyme Disease)). These tests are performed immediately after sampling, on whole blood.

Microscopy
The clinic has a basic microscope for cytological examination

Urine Analysis
In-house: Dipstick, urine specific gravity (refractometer) and cytology are available

Other In-house tests
Distemper snap test, Parvo snap test

External Laboratory Testing
Labelled samples are sent to SriTrang Lab (Trang province) by minivan in a sealed ice box with completed form attached. The last minivan from Koh Lanta is 12.30pm. The sample must be taken to the minivan stop near Saladan, transport fee 50THB.
Blood samples stored at the centre are clearly labelled and kept in the top of the fridge. Samples for culture/sensitivity and histology do not require cooling.
Routine blood results are received by email to info@lantaanimalwelfare.com within 12-24 hours. Histopathology and culture/sensitivity results can take 2 weeks.

Radiography
The x-ray facility at LAW should only be used by trained personnel. It is for animal use only.

1. The animal information is logged in the computer system and x-ray book
2. The x-ray machine is turned on and the appropriate setting is selected
3. The large cassette is transferred to the x-ray room in its protective envelope
4. The cassette is placed carefully into the table drawer
5. The animal is sedated (where possible) and transferred to the x-ray room. The door is closed.
6. The animal is positioned as shown in the x-ray guidelines according to what is being imaged. Mechanical supporting and restraining devices should be used.
7. The light is centred on the area to be imaged.
8. All personnel should vacate the room and the x-ray room door closed
9. Personnel must give a verbal warning to inform everyone an x-ray is being taken
10. The x-ray button is pressed half way until the ‘ready’ light shows then it is pressed fully down until a beep is heard, and released.
11. Personnel may then re-enter the room
12. The cassette is removed from the table, placed into the protective envelope and transferred to the x-ray computer.
13. The cassette is introduced into x-ray viewer and ‘scan’ selected.
14. The image will appear on the screen
15. The cassette must be removed from the viewer and placed into its protective envelope for storage
Health and Safety Precautions

No person should routinely hold patients during diagnostic x-ray examinations. If there is no other way to provide restraint except an individual assist in the procedure, that individual shall be protected with appropriate shielding devices (lead apron, thyroid protector and gloves) and be positioned so that the unattenuated useful beam does not strike any part of the body. Efforts should be made to limit the number of times any one person is called upon to do such work.

The x-ray room door should be fully closed during radiography to prevent human exposure. Pregnant women and persons under the age of 18 shall not be permitted to hold the patient.
Dog and Cat Sterilisation

Lanta Animal Welfare (LAW) is primarily a sterilisation centre, advising sterilisation for all dogs and cats as the only humane way to end overpopulation. All animals will be sterilised prior to rehoming unless there are veterinary reasons not to do so. The Centre Director should be consulted about specific animals.

1. Animal Admissions
2. Physical examination
3. Pre-medication and induction
4. Pre-operative medications
5. Sterilisation identification
6. Surgical preparation
7. Surgery
8. Anaesthetic monitoring and emergencies
9. Recovery
10. Discharge

1. Admissions
Reception staff will consult with the staff vets or Centre Director to authorise admission.

LAW will sterilise:
- Stray cats and dogs from 2-3 months old
- Owned cats and dogs from 4 months old
- Pregnant and in-season female animals
- Lactating females once offspring are over 1 month old and/or eating solid food

The owner/carer must be asked if their animal:
- Is fit and well: If there is question over an animal’s health, appropriate treatment should be provided first.
- Has eaten that day, and when: Adult animals that have knowingly eaten within the last 6 hours are clearly marked so clinical staff know to postpone sterilisation until a 5-6 hour period of withholding food has passed, or they are requested to return the following day having suitably withheld food. It is not appropriate to starve juvenile animals.
- Has been ill in the last 7 days or suffers from any ongoing condition/disease
- Has puppies/kittens and how old they are

An admission form which also acts as a consent form, is completed – name, address and at least one phone number are essential. Cats are placed in a clean kennel with newspaper in short-term recovery (STR). Dogs are placed in a clean kennel in the dog prep area (Section D). The admit form is placed on a clipboard on the front of the kennel. Owner baskets and leads are returned to the owner, they are not stored at the centre due to misplacement and disease risks. The owners are given a discharge time, normally 4pm same day.

Special Notes

Pregnant Animals:
Inevitably some animals admitted for sterilisation will be pregnant. If a female animal in LAW’s care is known to be pregnant, she should be sterilised as soon as possible. It can be difficult in the early stages to detect a pregnancy. If an animal is admitted for sterilisation and is found, on opening the abdomen to be pregnant, then she should be sterilised at that time as not to do so would compromise the welfare of the female. Under no circumstances should the abdomen be closed and the pregnancy allowed to continue.
Caesarian Sections:
LAW does not perform caesarian sections unless it is an emergency situation and in the interest of the mothers health to do so. It is then an en-bloc sterilisation that is performed. LAW cannot support breeding of any dogs and cats.

Hospitalised patients undergoing sterilisation:
For animals hospitalised prior to surgery, it is the vets responsibility to ensure the animal does not receive food for 6-8 hours prior to surgery. For young puppies and kittens it is not appropriate to starve them for prolonged periods. All animals undergoing surgery are allowed free access to water prior to anaesthesia.

2. Physical Examination
Where possible, animals should receive a physical examination prior to sterilisation. In the case of feral or aggressive animals, as a minimum they should be observed for difficulty breathing, pallor, low body condition and nasal discharge.

3. Pre-medication and Induction

A. Dogs
- Pre-medication: Xylazine by intramuscular (I/M) injection. After 10-15 minutes, this will cause moderate-heavy sedation. Common side effects are nausea, vomiting.
- Induction:
  (i) Intravenous (I/V) catheterisation
  (ii) Intravenous induction agent:

<table>
<thead>
<tr>
<th></th>
<th>&lt; 6 months old</th>
<th>&gt; 6 months old</th>
</tr>
</thead>
<tbody>
<tr>
<td>Induction Agent</td>
<td>Zoletil 100</td>
<td>Propofol</td>
</tr>
<tr>
<td>Induction dose</td>
<td>1ml/20kg to effect</td>
<td>1ml/10kg to effect (see chart)</td>
</tr>
<tr>
<td>Surgery time</td>
<td>20 minutes</td>
<td>10 minutes</td>
</tr>
<tr>
<td>Top-up</td>
<td>0.1-0.2 ml</td>
<td>2-3ml</td>
</tr>
</tbody>
</table>

(iii) Intubation: All dogs are intubated after induction.
(iv) Connect to anaesthetic ventilator (see anaesthetic monitoring)

Note: Darts containing Xylazine and Zoletil are sometimes used for dog capture. It may be possible to catheterise, intubate and prepare the dogs for surgery under this alone. However, some animals can be very stressed or waking up by the time they reach the centre so require repeat sedation before they can be induced. See the Centre Director for advice. Propofol is used for induction but with caution as animals can easily become too deep.

B. Cats
Double combination anaesthesia is used: Xylazine + Zoletil 100, I/M injection:

<table>
<thead>
<tr>
<th>Body Weight</th>
<th>XYLAZINE (ml)</th>
<th>ZOLETIL (ml)</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 1.5Kg</td>
<td>0.05-0.07</td>
<td>0.05-0.07</td>
</tr>
<tr>
<td>&lt; 3Kg</td>
<td>0.1</td>
<td>0.1</td>
</tr>
<tr>
<td>&gt; 3Kg</td>
<td>0.15</td>
<td>0.15</td>
</tr>
<tr>
<td>5kg</td>
<td>0.2</td>
<td>0.2</td>
</tr>
</tbody>
</table>
Cats must be closely monitored as vomiting is a common side effect. If vomiting occurs and the animal is unconscious (unable to swallow) the airway must be checked and cleared immediately.

(i) The cat is weighed
(ii) Both eyes are lubricated
(iii) The airway is checked and the tongue is pulled gently out of the side of the mouth

Note: Cats are not routinely intubated unless there are concerns over respiratory function.

4. Pre-operative Medications

<table>
<thead>
<tr>
<th>TYPE</th>
<th>TOLFENAMIC ACID</th>
<th>TRAMADOL</th>
<th>PENDISTREP LA</th>
<th>IVERMECTIN</th>
<th>RABIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOSE</td>
<td>1ml/10kg</td>
<td>1ml/20kg</td>
<td>1ml/10kg</td>
<td>1ml/20kg</td>
<td></td>
</tr>
<tr>
<td>ROUTE</td>
<td>S/C</td>
<td>I/V</td>
<td>I/M</td>
<td>S/C</td>
<td>S/C (over hindleg)</td>
</tr>
<tr>
<td>NOTE</td>
<td></td>
<td>Dogs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TYPE</td>
<td>Nsaid</td>
<td>opioid</td>
<td>Antibiotic</td>
<td>Anti-parasitic</td>
<td>Vaccine</td>
</tr>
<tr>
<td>ROUTE</td>
<td>S/C</td>
<td>I/V</td>
<td>I/M</td>
<td>S/C</td>
<td></td>
</tr>
<tr>
<td>NOTE</td>
<td></td>
<td>Dogs</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Disposables:
Syringes used for subcutaneous (S/C) and I/M injections are re-used to minimise waste and cost. Each syringe is labelled for use, ‘PRE-MED’(pre-medication), ‘TOLF’ (Tolfenamic), ‘IVM’ (Ivermectin), or ‘PSLA’ (Pendistrep LA). A 20g needle is kept in each injection bottle. The required drug amount is drawn up into the correspondingly labelled syringe. The syringe is detached from the bottle, the contents drawn back into the syringe and a new sterile needle attached before injecting the animal. Multi-use syringes are discarded at the end of each working day.
I/V syringes are not re-used due to higher risks of contamination of drug bottles and transfer of disease between animals.

Animals are placed on a clean towel during prep and surgery to keep them dry and warm.

5. Sterilisation Identification

All animals undergoing sterilisation receive a permanent ear mark (tattoo or ear notch) under anaesthesia. This is to avoid re-capture. Ears are cleaned first with ear cleaner/saline as necessary.

- Ear Tattoos
For cats and non-roaming pet dogs an ear tattoo is applied to the inside of both ear pinnae/flaps.
(i) Wipe the tattoo site with an alcohol swab to remove dirt/grease
(ii) A bleb of ink is placed centrally on the inside of each ear flap using a cotton bud
(iii) Ensure the clamp pins are sharp and clean
(iv) The clamp is closed onto the ink and held tightly for 10 seconds. Release.
(v) Apply more ink to the tattoo site and rub the ink into the puncture holes with a cotton bud
(vi) Do not remove excess ink as it can reduce the effectiveness of the tattoo
(vii) Allow the site to dry and the ink to wear away naturally
(viii) Repeat the same procedure on the other ear

After tattooing the equipment should be kept clean. It can be soaked in Povidone to prevent contamination and disease transmission. Dry thoroughly after use.
• **Ear Notch**
For all roaming dogs an ear notch is placed half way down the medial edge of the left ear pinna. The ear notcher must be kept clean and should be soaked in Povidone.

(i) Heat the cautery gun
(ii) Ensuring the animal is suitably anaesthetised, the medial edge of the left ear is cut with the ear notcher
(iii) The cautery gun is held on the cut edge for 10-20 seconds until haemostasis is achieved

6. **Surgical Preparation**

(i) The bladder is checked and gently expressed if full
(ii) The surgical area is wetted with dilute Betadine Scrub
(iii) A wide area of fur (minimum 5cm) is clipped from incision site with a razor;
  - Pre-scrotal for male dogs
  - Sternum to caudal abdomen for female dogs
  - Scrotal for male cats
  - 2-3cm above umbilicus to caudal abdomen for female cats

(iv) Povidone on cotton wool is used to prepare the surgical site using an inside-out circular technique, repeating until clean.
(v) The surgical site is sprayed with alcohol. Care should be exercised in young/small animals as it can cause hypothermia.
(vi) The animal is transferred to the operating table being careful not to touch the surgical area.
(vii) A final spray of alcohol may be applied

7. **Surgery**

• **Intravenous (I/V) Fluids:** I/V fluids are given to dogs during sterilisation.

<table>
<thead>
<tr>
<th>Weight (kg)</th>
<th>Time between drops (seconds)</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>10</td>
<td>3</td>
</tr>
<tr>
<td>15</td>
<td>2</td>
</tr>
<tr>
<td>20</td>
<td>1.5</td>
</tr>
<tr>
<td>25</td>
<td>1</td>
</tr>
</tbody>
</table>

• **Surgical Procedure:**
Female dogs and cats: Complete ovariohysterectomy via a ventral midline approach. Two catgut circumferential ligatures are applied to the ovarian pedicles, and 2 catgut ligatures (one circumferential, one transecting) just cranial to the cervix. A 3 layer closure is performed with Vicryl. A continuous pattern is used for each layer. The body wall must include rectus fascia. All animals have intra-dermal dissolvable sutures. A small plaster of Fixamol is applied to cover/protect their surgical wound, this will fall off on its own in 2-3 days.

Male dogs: A pre-scrotal approach using a closed technique is used to completely remove both testes. 2 circumferential catgut ligatures are applied to both testicular pedicles. A double layer closure with Vicryl (subcutaneous and intradermal) is used. A small plaster of Fixamol is applied to cover/protect their surgical wound, this will fall off on its own in 2-3 days.

Male cats: A scrotal incision is made over each testicle. Hand-tie vessel/epididymis several times.
8. Anaesthetic Maintenance and Monitoring

Pulse oximeters:
Pulse oximeters do not replace nurse anaesthetic monitoring, they provide an additional monitoring tool. They are used only in anaesthetised animals. The probe is attached to the tongue, tail base, ear or foot of the patient. A SpO2 reading of less than 98% can indicate hypoxia and the patient requires immediate attention. If an animal becomes suddenly light, the pulse oximeter must be removed immediately to prevent damage to the sensors.

Anaesthetic Ventilator:
The anaesthetic ventilator is connected to adult, canine patients once they are transferred to the surgical theatre. It is not used to ventilate cats as it requires a cuffed endotracheal tube to be used. It can be used to provide flow-by oxygen via mask or ET tube to puppies and cats. You will be given an induction and full guidelines on how to use it correctly.

9. Recovery

Animals are extubated immediately post-surgery. Cats are placed on bedding in a kennel in STR, dogs are placed on bedding in kennels in Section D. Animals are monitored periodically by the clinic staff for incisional bleeding, gum colour and respiration, and vomiting. If the latter occurs and the animal is unconscious (unable to swallow) the airway must be checked and cleared immediately. They must be kept warm and dry. Staff need to remain vigilant. Recovering animals can be scared and very fractious.

10. Post-operative pain relief

A 3-4 day post-operative course of non-steroidal anti-inflammatory drugs is prescribed for dogs where there is an owner or carer available to administer the medication correctly.

11. Discharge

Most animals are returned same day, once conscious, swallowing and able to stand. Stray animals may be hospitalised overnight to ensure adequate post-operative nutrition and recovery, provided it does not cause overt stress or disease risk to the animal. The dog catchers return animals to the exact location of capture when authorised to do so by the staff vets. All owners/carers must receive a donation slip, post-operative care leaflet and a vaccination card to demonstrate rabies vaccination. All animals have intra-dermal dissolvable sutures so no post-operative check is required, however combi vaccination should be promoted. The owner should be asked to return in 1-2 weeks for this vaccine.
In-patient Care

**Admissions**

As mentioned, animals are treated as out-patients wherever possible. Following thorough examination and diagnosis, some animals may require admission for further work-up or treatment. For example;

- Owners unable to give satisfactory care or give the necessary medications
- The animal’s condition is deteriorating
- Wound management
- Surgical procedures
- Anorexic, dehydrated animals requiring intravenous fluid therapy
- Sick and injured stray animals
- Emergency patients

If admission is necessary, reception staff will complete the admission paperwork. Correct details including 2 phone numbers are essential. The phone number should be called to ensure it is correct.

**For entire animals over 4 months old, consent for sterilisation must be agreed prior to admission.**

For owned animals, a monetary deposit is requested for the first 24-48 hours of treatment. The animal is placed immediately into a clean, set-up kennel in the appropriate ward. Owner baskets and leads are returned to the owner, they are not stored at the centre due to misplacement and disease risks.

**Patient Recording**

For every animal receiving veterinary treatment, an admission form and hospitalisation sheet is attached to their kennel. These forms are essential. The animal care team are responsible for completing the feeding/urinating/defaecating/drinking section of the form every day. The vets complete the ‘notes’ and treatment sections when they perform their hospital rounds.

**Hospital ward rounds**

In-patients are examined by clinical staff minimum twice a day (9am and 4pm), and any necessary treatments are administered. The in-patient board gives an overview of the animals under LAW’s care and the treatments prescribed. Ward rounds are completed in a specific order to minimise the spread of disease: cats (STR, LTR), kennel dogs, re-homing centre cats and dogs, cat quarantine, section-C, cat isolation block.

Ward round tasks include;

- Checking the hospital forms to ensure the animal is eating, drinking, defaecating and urinating normally
- Performing a full examination of each animal. A new pair of gloves must be worn for each patient, alongside regular hand and arm disinfection. Patients are examined and treated within their kennel wherever possible as this is less stressful for them and minimises disease transmission
- Ensuring all patients have clean, dry, comfortable kennels, cleaning out where necessary
- Ensuring patients receive the correct palatable food type and frequency, updating feeding boards as required
- Recording all clinical findings and treatment on the hospital form
- Alerting the Centre Director to any concerns

If an animal within the re-homing centre becomes sick or injured and requires a veterinary examination, the Veterinary Examination Checklist is completed by the supervisor on duty. The animal will then be examined during the next ward round. In the case of an emergency, the vets must be alerted immediately.

**Patient Wellbeing**

Sick cats and dogs often spend long periods in kennels. Cats should have a clean litter tray, dry bedding and filled water bowl at all times. Dogs should have a clean, dry kennel with comfortable bedding and filled water bowl.
Where possible cats hospitalised more than 24 hours should be moved to the larger kennels in STR, or LTR. They should have a stool which can provide both a hiding place and an elevated bed. If the cat or dog is receptive to human touch, then volunteers should be encouraged to socialise with these animals inside their kennel.

If a sick animal is in a dirty kennel, the first team member to attend to that animal should change any soiled newspaper/bedding, then inform the supervisor on duty that the kennel requires further cleaning. No sick animal should be placed back into or left in a dirty or wet kennel.

**Wound Care**

At LAW, wounds are commonplace. In order for wounds to heal they need to be kept clean and dry.

- Gentle cleaning with sterile saline or dilute iodine removes any crusty or sticky debris, reduces the potential for re-infection, and allows new healthy tissue to develop.
- Close attention should be paid to pain assessment and management in these cases. Oral antibiotics may be required if gross infection is present.
- Wounds and bandages must be checked regularly by Animal Care team and clinical staff to ensure:
  - They stay clean and dry at all times. If wet or soiled any dressing must be changed.
  - The bandage does not slip or become too tight, causing wound exposure or painful bandage sores
  - No swelling above or below the dressing
  - No foul-smell or excessive discharge
  - No licking/biting or interfering with the wound. It could indicate the animal is in pain.

- Animals with wounds or dressings must not be allowed outside unless on a lead and under supervision. A plastic bag can be placed over a limb bandage for walks/showers. If the bandage still becomes wet or soiled, the clinical staff must be informed.

Note: E-collars are rarely required. If an animal has its E-collar removed for walks or feeding, the animal must be supervised at all times until the collar is replaced.

**Animal Pain Assessment**

During every clinical examination, after temperature, pulse and respiration are checked, pain should also be assessed. Observation of the animal is very important. Behavioural changes indicating pain may be unexpected for example a cat sitting quietly in the back of the cage after surgery can be a sign of pain. For cats, changes in facial expression can be an important tool to assess pain.

Pain guidelines can be found at https://www.wsava.org/WSAVA/media/PDF_old/jsap_0.pdf

**Care of Animal's Receiving Intravenous Fluid Therapy**

The clinical team are responsible for applying and monitoring drips regularly to ensure;

- The drip is running and there is sufficient fluid remaining in the bag
- The catheter is in place
- The leg with the drip does not becomes swollen
- The drip bandage is not wet or soiled
- The infusion set is not twisted or tangled
- There is no back flow of blood up the tubing
• **Medicated Bathing**

Dogs may require bathing as a routine task or as part of a treatment plan. It is performed by the Animal Care team and general volunteers. Generally bathing cats is poorly tolerated and causes them undue stress.

Malaseb is a medicated shampoo with anti-bacterial and anti-fungal action. Ninazol is a cheaper alternative with anti-fungal action. Lime Sulphur is used in the case of ringworm outbreaks and as part of a tick prevention programme for dogs under 6 months old.

• **Alternative Therapies**

Hydrotherapy and/or physiotherapy may be advised for some patients. Case selection is the responsibility of the clinical team who will also decide frequency and duration of treatment. The organisation of sessions is the responsibility of the Animal Care Manager. Some dogs will need to undergo habituation training to accept treatment. This process is overseen by the Animal Care Manager. Initial sessions will be short duration, increasing length as the animal adapts. If an animal refuses to accept either treatment, alternative therapies should be sought.

• **Patient Discharge**

Animals may be discharged once the vet is sure no further treatment is required, the animal has a good quality of life, and/or the owner is able to take good care during the remaining recovery period.

Animals must not be discharged with non-dissolvable sutures unless authorised by Centre Director.

Any required medications are prescribed by the vet and placed in labelled dispensing bags on the animal’s clipboard along with a completed donation slip to show the medical costs. During morning ward rounds, the outreach assistant is informed by clinic staff of any animals to be discharged. If appropriate, they will then inform the owners as soon as possible and arrange collection time. Sometimes a staff vet may be required to call.

When the owner arrives, medications are explained clearly by reception staff and owners are given a ‘giving medications’ leaflet. Owners are informed of symptoms to look out for, any potential side effects of treatment, and/or any post-surgery care. Deposits are returned to the owner, the donation slip is explained to them and the owner is requested to make a donation to cover medical costs.

The animal is collected by reception staff from its kennel. Cats should be placed directly into the owner’s cat basket. Dog owners may be invited to collect their pet from the kennels. The animal’s name is erased from feeding/medication boards, and the kennel marked for deep cleaning. In the case of cats, the corresponding cat basket for that kennel is placed upside down in the kennel to signify the animal has been discharged. Paperwork is stapled together and filed appropriately behind reception.
House Visits

Occasionally LAW receives requests for veterinary assistance offsite. If there is sufficient staffing and the centre workload allows, house calls on Koh Lanta may be agreed. This is at the discretion of the Centre Director. Examples include vaccination of a large group of animals. Sometimes it may be more appropriate for the community care team to perform any preventative healthcare, or collect the animal(s) and transfer to the centre for veterinary assessment.

Out-of-hours Emergency Service

All vets are required to partake in out-of-hours duties. This involves being contactable by phone at all times from 5pm-9am the following morning, and attending the clinic should an animal emergency arise. The assigned vet is displayed on the weekly rota.

The centre phone is answered by the general volunteer or staff member on night shift at the centre. They may also initially respond to any members of the public arriving at the centre out-of-hours. Night shift will then contact the on-call vet to attend. The ‘Thai Phone’ is carried by the assigned Thai staff who can provide out-of-hours translation where required.

The night shift personnel are not permitted to admit any animals. All animals should be examined by a veterinarian who will decide if admission is required.

Additional Daily Veterinary Tasks

Throughout the day it is the clinic team’s responsibility to ensure smooth, organised working and the best standards of daily care for the animals. This includes:

• Staying informed and monitoring the wellbeing of sick animals during the day
• Communicating with the Animal Care Manager to ensure animals receive the appropriate care and welfare
• Communicating with volunteers both verbally and through the ‘volunteer book’
• Accurate and up to date record keeping
• Remaining professional, organised, calm and with a positive attitude to all aspects of work
• Being receptive to visitors and daily helpers, and utilising their skills where possible
• Socialising those animals that are frightened or scared of vets
• Using positive reinforcement and fear-free methods to handle cats and dogs
• Informing the animal care team of admissions in advance
• Ensuring cleanliness of clinic areas, kennels and isolation, and informing the Animal Care Manager or Centre Director of any issues
• Ensuring medical supplies are plentiful and informing the Centre Director of any low stock
• Staying aware of maintenance issues and informing the Animal Care Manager or Centre Director
• Ensuring cleanliness and good working function of all medical equipment
Dispensing and Security

Prescriptions
All animals should receive a full clinical examination prior to dispensing medications. For re-homing centre animals, the Shelter Manager system should be reviewed prior to prescribing or administering medications. If not accessible, the Centre Director should be consulted. This is to ensure there are no previous or pre-existing health problems where the use of certain medications would be contraindicated. For animals unable to be transferred to the centre due to temperament, photos of the animal and condition alongside a complete history may suffice. This is at the discretion of the staff vet or Centre Director. For each medication prescribed, the drug should be placed in a dispensing bag/bottle and labelled clearly with the date, animal name, drug name, dosage and frequency of dosage. For Thai nationals this should be completed in Thai. A ‘giving medications’ leaflet should be provided where appropriate.

Administering Medications
At LAW, all medications for feline patients are administered by the vets. Oral medications for dogs are administered by the supervisor on duty under the direction of the vet. It is recommended that gloves are worn for administration of all medications. The vet is responsible for ensuring the name of the dog and medication, start and end date of treatment, and correct dosage and frequency are recorded clearly on the dog medications board. The vet will place the medication in a basket labelled with the dogs name, on the treatment shelf. Any changes to prescribed medication are made by vets only. Unused medications which have been stored correctly, are returned to medication stock where possible to reduce centre expenses.

Oral medications are administered by supervisors after dog feeding, in balls of chicken or wet food. They are only given if the animal ate its meal. If the medication could not be given or the dog refused to take it, the vets will be informed. Medications should not be given in the area where other animals are present. This is to prevent dog fights, and also ensure the correct animal receives the medication.

Repeat Prescriptions
If an animal runs out of medication, the Animal Care Manager or supervisor will notify the vet, who will dispense further medication as required. For out-patients requiring repeat prescriptions, veterinary check-ups may be required before medication can be dispensed. The frequency of the check-ups is at the discretion of the staff veterinarian or Centre Director.

Stock Management
It is the Centre Director responsibility to maintain adequate and appropriate stock levels. The clinic team should inform the Centre Director of any low-stock. Receipt of orders can be taken by the clinic team. Any cooled items e.g. vaccines must be put in the refrigerator as soon as possible. Items are stored according to expiry date so those with the shortest expiry date are used first. A inventory of the received order is given to the Centre Director.

Out-of-date drugs and suture material are disposed of. Exceptions are non-steroidal, anti-inflammatory oral medications and parasitic preventives, within 12 month expiry.

Once broached, injection bottles must be marked with the date of opening. The injection must be stored in the correct environment as per manufacturer’s instructions. Single use vials such as vaccines must be either placed in the vaccine vial tray, or if this is full, placed in general waste.

Stock levels are closely controlled in isolation to avoid expiration.
Drug Store Access

The drugstore is only accessible to the clinic team. The drug store keys are not generally accessible by volunteers or the public.
During the daytime when clinical staff are in attendance, the store can remain open for access.
If a medication runs out or is lost when a vet is not onsite, alternative arrangements will need to be organised.

Responsible Use of Antimicrobials

Basic guidelines for judicious use of antimicrobials are;
- Preventive strategies such as appropriate husbandry and hygiene, routine health monitoring, and vaccinations should be emphasised. The routine prophylactic use of antimicrobials should never be used as a substitute for good animal health management
- Avoid prophylactic antimicrobials for routine surgeries
- Adhere to best practices for infection control in the operating room
- Avoid antimicrobial therapy in healthy animals that are seropositive for vector-borne pathogens
- Culture and sensitivity testing aids the appropriate selection of antimicrobials
- Use narrow spectrum antimicrobials whenever possible
- Antimicrobials considered important in treating refractory infections in human or veterinary medicine should be used in animals only after careful review and reasonable justification
- Treat for the shortest effective period possible
- Appropriate dose form is critical for reliable application of the drug and safety of those administering it
- Veterinarians should ensure those responsible for administering the antimicrobial complete the entire course of medication even if signs of illness have abated, are warned of potential adverse reactions, and clearly informed how to administer the antimicrobial
- When combination antimicrobial use is necessary, avoid the use of drugs whose actions are antagonistic.
- Accurate records of treatment and outcome should be maintained
- Recognise risk factors for infections and prevent or correct them whenever possible
**Anaesthetic Emergencies**

The emergency kit contains adrenaline, yohimbine, chlorpheniramine, atropine and transamine. If respiratory arrest occurs (patient stops breathing but still has a heart beat), their airway should be checked to ensure no obstruction, they should be intubated (if not already) and ventilated using the ambu-bag at 10 breaths per minute, or the anaesthetic ventilator.

If cardiopulmonary arrest occurs (heart stops, there is no palpable pulse, heart beat or spontaneous breathing), initiate cardiopulmonary resuscitation (CPR) immediately.

i. Chest compressions: 100-120 compressions per minute of 1/3-1/2 width of the chest with the animal on its side. Switch person every 2 minutes. For cats/small dogs a one hand circumferential technique is used compressing directly over the heart with thumb, index and middle fingers. The other hand stabilises the back of the animal. For larger dogs a two hand technique is used, the hands are stacked on top of each other and use the palms of the hands to compress directly over the heart.

ii. Ventilation: Intubate in lateral recumbency to allow simultaneous chest compressions. Secure the tube and inflate the cuff. Connect the ambu-bag and ventilate at 10 breaths per minute, or connect the anaesthetic ventilator. If intubation is not possible, provide mouth-to-snout ventilation (alternate 30 chest compressions and 2 breaths)

iii. Initiate monitoring

iv. Obtain vascular access (forelimb vein)

v. Administer reversal (Yohimbine) according to the dosage chart

vi. Administer low-dose adrenaline and atropine every other cycle (every 4-5 minutes). If no recovery after 10 minutes give high dose adrenaline. If you do not have venous access, drugs can be administered down the tracheal tube as a last resort. The dose should be at least doubled and diluted with sterile saline or water. After drug administration a couple of breaths should be allowed to disperse the drug through the pulmonary circulation. Due to the risk of complications, direct intra-cardiac administration of drugs is strongly discouraged.

**Animal Mortality**

Should an animal die at the centre, the owner or carer should be contacted immediately. A mortality form should be completed and given to the Centre Director. Post-mortem is advised in cases where the cause of death is unknown.

**Animal Morbidity**

Animal morbidity is another term for illness. Should an animal in the hospital acquire an illness as a result of treatment, this should be recorded and investigated. Examples include post-operative wound infections.
**Animal Housing Areas at LAW**

Dogs and cats are housed according to their disease risk. The placement of individual animals is decided by the staff vets or Centre Director who will liaise with the Animal Care Manager. Animals often move between different zones depending on their disease status.

**Kennel dogs section A:** These animals are patients with non-infectious conditions.

**Dog group areas 1-6 and kennels section B:** These animals are adoptable, sterilised and fully vaccinated. They represent a low disease risk.

**Section-C:** This area is dog quarantine and isolation block. The quarantine section provides space for new dogs needing to be monitored for infectious disease. It can also be used for stray, unhandleable/aggressive dogs that are unable to be walked due to their temperament. The isolation area houses sick and injured dogs away from the general population to help prevent the spread of disease.

**Section-D:** These kennels are for dogs admitted for sterilisation.

**Short-term (STR) and Long-term recovery wards (LTR):** Feline patients with non-infectious conditions. Where possible, cats should be moved to LTR which is less stressful and in turn speeds their recovery.

**Kitty City:** These cats are adoptable and fully vaccinated. They represent a low disease risk and live as a colony.

**Kitten rooms:** These cats are sterilised, and awaiting their final vaccination and integration into the Kitty City colony. Strict hand hygiene and footwear rules are in place.

**Cat Quarantine:** These animals are healthy, adoptable but not fully vaccinated.

**Cat Isolation:** These animals are suspected or confirmed cases of infectious disease. They are high risk so are housed away from the general population.

The clinic team should be notified immediately of any animal showing signs of illness so that the animal can be moved to the isolation area. Sick animals cannot be housed in the healthy sections because this puts healthy animals at risk of disease.
Animal Nutrition

LAW believes dogs and cats should be fed a balanced diet. The centre provides paediatric and adult, dry and wet food. Chicken and rice are cooked daily. Tinned sardines and tuna are kept in stock for animals with reduced or fussy appetites. Chicken stock is used to create appropriate moisture so dry food is more appetising to the dogs. Occasionally owners may be requested to bring food from home if an animal is struggling to eat at the centre. For longterm patients with specific dietary requirements, prescription diets may be ordered by the Centre Director on request.

The Animal Care Manager and vets are consulted as to what food type to initially offer an animal. For most animals, especially those with a normal appetite dry food is adequate and relatively cheap compared to wet food.

Dietary requirements

Animals are fed according to the food boards displayed in the various animal housing areas. The feeding boards in the main kennels, STR, quarantine and isolation are updated by the vets as required. The Animal Care Manager is responsible for the feeding requirements of the re-homing centre. Most animals are fed twice a day (morning and evening). Puppies and kittens less than 6 months old, and underweight animals will be fed three or more times a day.

Feeding process

Adult animals undergoing surgery or travel should not receive food. For young puppies and kittens it is not appropriate to starve them for prolonged periods. The vets are responsible for clearly marking the kennel or feeding board with a ‘no food’ sign prior to surgery.

Animals recovering from anaesthetic should be fed once fully awake. Their appetite may be reduced so a small portion of bland food such as chicken (cats) and chicken and rice (dogs) can be offered.

If after a period of 10-15 minutes an animal has not eaten its food, the food bowl should be removed and contents discarded. This is recorded by volunteers on the hospital/kennel chart. Leaving food in the cage not only attracts flies and spoils quickly, it also creates food aversion where an animal will be further discouraged from eating when food is offered again. Cats are particularly susceptible to this.

Food and oral medications should not be taken into any dog groups unless specifically advised to do so by the Animal Care Manager. Food can create aggression and fighting amongst the group.
Biosecurity and Disease Management

At LAW there are 4 factors increasing the chance of disease;

1) Some animals entering the centre will be carrying or incubating infectious disease where other animals and staff could be at risk.

2) Virtually all animals are stressed on intake and consequently will have a degree of impairment of their immune system which increases their susceptibility to disease.

3) Young puppies and kittens with immature immune systems and in some cases inadequate maternal protection, increases the risk of developing disease.

4) A high throughput of animals means some organisms will be endemic within the centre.

It is therefore impossible to maintain a disease-free centre. For this reason, LAW has strict disease control protocols that must be adhered to at all times. These protocols aim to minimise the number of germs to which the animals are exposed. Failure to do so put’s animals at risk of disease and in some cases lives can be lost unnecessarily. This not only compromises the welfare of the animals but also the morale and working of the team.

Preventative healthcare such as vaccination cannot replace good sanitation. It is the responsibility of the clinic and animal care teams to implement, maintain and oversee disease control, and train and encourage all staff and volunteers to understand and comply with good hygiene practices.

Some diseases can persist in the environment or in a recovering animal for weeks, months or even years. Some diseases such as Parvovirus are resistant to routine disinfectants so specific protocols are in place to deal with these cases. The Animal Care Manager and vet team are responsible for informing supervisors and volunteers about special precautions for individual patients, and for overseeing disease control when outbreaks occur.

Biosecurity And Animal Intake

- Physical biosecurity: Animals are separated from LAW residents until confident they are less likely to have disease. They are housed individually. This is a minimum period of 2 weeks. For dogs, as the disease risk on the islands is lower, provided there is no history of potential exposure and the dog is deemed fully healthy, the dog may be walked from intake. Dogs from the mainland where the vaccine history is unknown, should be strictly kennelled for minimum 2 weeks. All food and water bowls as well as toys and other equipment (leads, cleaning utensils) used with intake animals should be used only for that animal. All items should be disinfected using Bleach at the correct dilution.

- Operational Biosecurity: The internal movement and mixing of animals in their first 14 days should be minimised. This includes touching noses. The most recent entrants should be cleaned out after all the more longstanding animals have been dealt with. Intake blocks (Section C, cat quarantine and isolation) need to be particularly vigilant in identifying disease. Assessment of general demeanour and inspection of faeces daily will enable early detection of more common problems.

- Chemical Biosecurity: All intake animals are to be examined by a vet at the earliest opportunity. A vaccination course is started immediately, and recorded. Animals are treated for parasites on intake.
**Effective Cleaning and Disinfection**

At LAW, Mr Muscle is used as a general cleaning detergent and bleach is used for disinfection. Incorrect use of disinfecting and detergent products is a common factor in the spread of disease in shelters.

- Fresh diluted solutions must be made daily. Any solution left from the previous day or any contaminated solution should be discarded as bleach rapidly degrades when mixed with water.

- Diluted bleach solution does not work if exposed to light, faeces/urine or any debris. Bleach solutions should be stored in opaque containers. Mr Muscle must be used first to remove dirt and debris.

- Bleach requires 10 minutes contact time to work

- The disinfectant must be used at the recommended dilution

- After disinfection with bleach, surfaces should be rinsed and dried as bleach can be irritating to skin

**Dilution of cleaning solutions:**

Mr Muscle: 1 cap of Mr Muscle in 1 litre of clean water

Bleach: General use (includes Parvovirus and cat flu): 1:32 dilution 1 cap (20ml) of bleach in 500ml water

Ringworm: 1:10 dilution 2 caps (40ml) of bleach in 500ml of water

**Cleaning and disinfection is performed in the following way:**

1. Solid material and all organic debris should be picked up immediately - this includes urine, faeces and any other bodily secretions

2. Scrub the object or surface with Mr Muscle detergent. This helps reduce the number of germs in the environment and ensures the disinfectant can work effectively

3. Rinse with water to remove the detergent and remove excess water. Disinfectants such as bleach are inactivated in the presence of detergents and should not be mixed. Drying prevents further dilution of the disinfectant which could make it ineffective.

4. Disinfect with Bleach disinfectant. This will kill any germs left behind. Allow minimum 10 minutes contact time.

5. Rinse and dry. This ensures any residue is removed prior to coming into contact with animals
Special Precautions in Quarantine and Isolation areas

• Quarantine is always completed before isolation
• Personnel must not enter quarantine if they have been in isolation
• The quarantine gates must remain closed at all times
• Protective clothing must be worn at all times. It includes gown, shoes and gloves. It is required in areas where there are high risk of disease outbreaks or the potential for disease to pass to humans. It is vital protective clothing is maintained well and kept clean. Personnel must change protective clothing between patients and when moving between different wards. After use, the top and bottom of protective shoes must be sprayed with bleach solution and allowed to dry.
• Animals are socialised in their kennel only. Cuddling/kissing animals in these areas is not advised in case of disease transfer to humans or other animals
• Animals must not be allowed to run free in the walkways
• In cat isolation block, the animals with least risk of disease transmission are kennelled closest to the door. The highest risk animals are kennelled furthest away. This means the animals with least risk will be dealt with first during feeding and cleaning.
• Hospital charts must be completed for each animal as they are under close veterinary observation
• Items within isolation must not be removed. What enters quarantine or isolation, remains in quarantine or isolation.
• Hand washing between contact with animals that may be unwell
• When an animal leaves quarantine or isolation, the kennel and cage/cat basket are deep-cleaned 3 times. Depending on the severity of the disease, a cycle of a 3 day deep clean followed by rest day and then another 3 days deep clean gives the best chance of reducing environmental deposits.
• Hand and arm washing after completing tasks in quarantine or isolation is essential to minimise disease spread
General Hygiene

• Personal Hygiene
Staff and volunteers should wear appropriate clean clothing. Scrub uniforms are provided for longterm clinical team. Work T-shirts are provided for all staff. To show respect for local culture, it is recommended shoulders and knees are covered. Work clothing should not be worn outside of the working environment and should be washed daily. Jewellery (rings, bracelets) and wristwatches should be removed prior to performing surgery. Nails should be kept short and clean, nail varnish or fake nails are not acceptable when on clinic duty. Body paint from Moon parties is strictly prohibited and must be washed off completely before entering the centre.

• Gloves
Gloves must be used when:
- Handling disease or carrier animals of known or suspected contagious disease, including parasitic infections
- Handling animals with known or suspected antimicrobial resistant infections
- Handling all wounds
- Contact with blood, bodily fluids, secretions, excretions and mucous membranes is possible
- Surgery or asepsis is required

Change gloves:
- Between each individual patient and when visibly contaminated
- When moving from dirty to clean procedures on the same patient
- Before touching equipment, door handles and keyboards

• Hand Washing
This is the most important activity in the control of infections. Wearing gloves is not a substitute for hand hygiene. Clean hands protect against infection. For this reason, personnel must wash hands with soap and water at the start and end of the working day, after visiting the toilet, before and after eating/smoking, when visibly soiled, after handling animal fluids and excretions, before aseptic or invasive procedures and between handling each animal (or group of animals). The World Health Organisation guidelines for hand-washing are below. Sanitizer dispensers are located throughout the centre. Disinfect hands (alcohol based sanitizer) that are dry and clean, before and after handling each patient, before touching equipment, door handles and keyboards.
Surgical Asepsis

- The operating room should only be used for surgical procedures
- Clean surgeries are performed first
- Razors for shaving must be cleaned and disinfected, or discarded between patients
- A wide area of fur (minimum 5 cm) is shaved around the incision site
- Skin preparation after shaving is performed using iodine (inside-out circular technique) followed by alcohol
- The surgeon must scrub hands and arms thoroughly with Betadine or chlorhexidine
- No nail varnish or jewellery is to be worn
- Sterile gloves are worn for every surgical procedure
- Only sterilised instruments are used for surgery. Cold sterilisation (iodine bath) is only permitted under exceptional circumstances.

Endotracheal Tubes
To avoid disease transmission between patients, endotracheal tubes must be cleaned thoroughly.
1) After removing the tube, clean all saliva and residue off the tube and place in povidone solution.
2) All tubes should soak for a minimum of 10 minutes
3) Remove the tubes and inflate each cuff gently
4) Clean the outside of the tube and cuff, paying attention to the hole at the bottom. Do not use scrub brushes on the tubes.
5) Ensure the tube is fully patent by rinsing well with clean water and hang them to dry

Surgical instruments
1) Used instruments are placed in a bowl of povidone and water
2) Instruments are scrubbed in the solution paying close attention to the teeth and hinge areas where blood can collect.
3) They are rinsed in clean water then placed with jaws open on a towel to dry.
4) Instruments are packed and sterilised ready for the next day. Jaws of all clamps must be open before they are wrapped and sterilised. This is to prevent instrument breakage.
5) The kit is double wrapped and sealed with masking tape and the type of kit written in marker pen on the tape. A small piece of autoclave indicator tape is placed on top.

Autoclave
1) Ensure the water level is adequate
2) Remove the wire drawer and place the kits horizontally.
3) Open the water valve and fill the drum until water covers the heating element
4) Close the door and screw tightly shut.
5) Ensure the sterilising and dry times are correct.
6) Press the ‘on’ switch, then press the start button once.
7) Once completed the alarm will sound and ‘complete’ light will illuminate
8) Do not open the door until the complete light is illuminated and pressure reads zero.
Acceptance of Animals Into LAW’s Rehoming Centre

Lanta Animal Welfare is not a shelter, but a re-homing facility for sick and injured animals and/or those unable to be re-released. Each animal is assessed and a decision is made by the Founder/Centre Director regarding adoption, re-release, transfer, foster or euthanasia based on the animal’s welfare and its ability to be re-homed. Dogs and cats entered into LAW’S adoption programme must be authorised by Centre Director. Veterinary volunteers are not permitted to make decisions regarding adoption. General volunteers are not permitted to admit animals, this includes out-of-hours.

Animal Vaccinations

Unless an animal is handed over/returned with a valid vaccination record, or the centre has a full vaccination history, all animals entering the re-homing centre must have a full primary vaccination course.

Cats are routinely vaccinated against Cat Flu (calicivirus, herpes virus, rhinotracheitis virus, chlamydia), Panleucopaenia and Rabies virus.

Dogs are routinely vaccinated against Parvovirus, Distemper virus, adenovirus, Leptospirosis, parainfluenza virus, and Rabies virus.

When animals have had an initial dose of vaccine at the Centre and a subsequent dose is due, adopters or foster carers should be asked to return to the LAW clinic for it. This ensures that the same manufacturer’s vaccine is used and that the course is completed. If local adopters wish to take the animal to their own veterinary surgeon they will do so at their own cost. It may be useful to point out that the same brand of vaccine should be used for both doses of a primary course. This does not apply to subsequent boosters.

Sick and injured animals admitted for prolonged treatment, or during a centre disease outbreak should also receive primary vaccination course.

Animals receive combi vaccine on intake, from 4 weeks old. Animals under 4 weeks of age should not enter the centre, and be placed directly into foster care where possible. If animals receive early vaccination, they must be vaccinated repeatedly, at the correct interval until 4 months old. This is to ensure maternal antibodies do not interfere with vaccination.

Vaccination should still be carried out in the face of mild illness, mild fever, injury, lactation/nursing, pregnancy, or poor condition.

Animals are considered fully vaccinated 7 days after final vaccination of the primary course. Annual boosters are required to maintain immunity.

Rabies vaccination is administered from 12 weeks of age.
Parasite treatments

Dogs and cats can carry a wide range of internal and external parasites. Some may also be passed to humans. It is not practical to test or treat each animal for every parasite. Prophylactic control is tailored to the region and centre parasite prevalence. Animals with clinical signs of parasite infection may require individual veterinary assessment and treatment.

Worming
All animals on entry to the centre should be treated for hookworms and roundworms with pyrantel, fenbendazole or ivermectin. Puppies and kittens are at much greater risk of roundworm infection than adults. They should be treated from 2 weeks old, every 2 weeks until 10 weeks of age with the mother being treated at the same time. These parasites are zoonotic.

Fleas and Ticks
All animals entering the centre must be treated on entry for external parasites. These parasites can transmit diseases to animals and people. Pregnant or lactating bitches should be treated with Fipronil spot-on. Puppies over 2 days old may be treated with Frontline spray. Care must be taken with application at a young age and their ability to stay warm. If their mum is treated she should provide an umbrella effect of cover for the pups.
Any ticks should be removed as soon as possible after discovery. If there is a severe problem with ticks advise can be taken from the Centre Director on potential treatment options for both animal and environment.

Heartworms
Preventives are administered to all dogs and cats in the re-homing centre over 8 weeks of age. Monthly topical or oral products are available. For dogs over 6 months of age, a 12 month injectable preparation is used. All preventives are safe to administer to animals with heart worm infection.

Healthcare Within The Re-homing Centre

Infectious Disease Screening

DOGS:
All dogs within the rehoming centre are tested for blood parasites and heart worm using the following methods:

1. IDEXX 4Dx snap test at intake or when over 7 months of age - This in-house test can diagnose heartworm, ehrlichia, anaplasma and borrelia infection. The test should be repeated if the animal begins to show consistent clinical signs, and annually where possible. If positive, the animal should not be placed for adoption until further diagnostics and any potential treatment are completed.

2. Babesia Canis PCR at intake or at time of rabies blood sampling or if the animal begins to show consistent clinical signs. If positive, the animal should not be placed for adoption until further diagnostics and treatment are completed.

CATS:
All cats 6 months old and over are tested on intake for Feline Leukaemia virus (FeLV) and Feline Immunodeficiency virus (FIV). Cats under 6 months old may be tested if viral disease is suspected or the mother tests positive for FeLV/ FIV. The Centre Director should be informed of any positive results. At LAW we do not have the capacity to house FIV/ FeLV cats.
Preventive Healthcare

Vaccines, treatments, test results and animal movements are recorded in the Shelter Manager System. This information is entered and updated by the Centre Director. Clinical examination and authorisation by a staff vet is required prior to any animal movement. Combi vaccination is the priority on intake as this protects against common infectious diseases. All dogs and cats within the re-homing centre receive regular worming treatment, heart worm prevention and external parasite prevention.

Rabies Vaccination

All animals within the re-homing centre over 12 weeks of age will receive Rabies vaccination. There should be a 7-14 day interval between administration of rabies vaccine and other vaccines.

Thai local /USA/ Canada Adoptions: The animal requires a single rabies vaccination.

Unreserved animals and EU/UK Adoptions: The animal receives 2 rabies vaccines minimum 14 days apart. Rabies serology test and microchipping is performed 14 days after the 2nd rabies vaccine;

(I) 3 ml of whole blood is collected from jugular vein and placed in a red serum tube
(II) The sample is centrifuged for 10-15 minutes and 1ml serum is placed in another red serum tube
(III) The animals name and sample date is recorded on the tube and the microchip packet.
(IV) The blood sample is refrigerated in the fridge drawer
(V) The Adoptions co-ordinator is responsive for sending the samples to Biobest, UK.

Rabies Quarantine Periods
USA/Canada adoptions: The animal is permitted to leave Thailand 30 days post-vaccination
EU/UK adoptions: The animal is permitted to leave Thailand 90 days post rabies blood sampling

Microchipping

All dogs within the re-homing centre are micro-chipped at the time of Rabies blood sampling, sterilisation, or prior to USA/Canada adoption.

1. Firstly check the animal is not already chipped. Always make sure the batteries in the scanner are well-charged.
2. The microchip to be inserted is scanned to check the number is correct and that is registers
3. The microchip is inserted by trained clinic personnel midway between the shoulder blades
4. The newly inserted microchip is scanned to ensure it is working
5. The animals name and date of insertion are written on the microchip packet
6. The packet is given to the Adoptions co-ordinator or placed in the drawer in the office

Routine Health Checks

All animals within the rehoming centre are fully examined by a Vet on admission and at each preventative healthcare treatment. This occurs at least every 30 days. Additional examinations are performed if any clinical abnormalities are noted by volunteers or staff, or the animal becomes reserved for adoption.

Any illness / injury found during the period from reservation to flying must be recorded on a hospitalisation form, on the Shelter manager system, and the Centre Director informed. Any treatment is prescribed immediately and treatment cost should also be recorded. Where necessary, the adopters will be informed by either the Adoptions co-ordinator or Centre Director.
Animal Handling

Proper handling is crucial for limiting stress, and therefore disease in animals. Staff should be familiar with animal behaviour, including signs of stress, which not only include vocalisation, shaking and panting, but also reduced appetite, inability to sleep, constant hiding, depression and social withdrawal.

The way animals are handled now will affect the way they behave later on. Handling must always be as humane as possible, and must be appropriate for the individual animal and the specific situation. The least amount of physical restraint must be used to accomplish the task without injury to people or animals. If personnel do not feel comfortable handling an animal, the Animal Care Manager should be requested to help. The Animal Care Manager should be informed immediately if an animal is displaying signs of aggression and/or may be a threat to other animals or people.

Approaching Animals

After intake, some dogs and cats can be prone to panic and frustration, and may benefit from a 24 hour ‘chill out’ period. They should be kept in a quiet area with soft bedding and the number of caregivers should be limited to 1-2 people. Placing a towel or blanket over the animals carrier or kennel door can reduce their arousal and panic. They will then be calmly reassessed the next day.

When approaching an animal, personnel should make every effort to be as non-threatening as possible, only approaching as close as is absolutely necessary for the task. The catcher’s intake form can provide valuable information about how the newly admitted animal may react.

- Move slowly and deliberately. Quick, sudden or tentative movements may produce fearful reactions, unpredictable behaviour and increased likelihood of injury
- Talk to the animal softly and calmly
- Do not make direct eye contact, this is very intimidating and threatening. Look to the side, above the head or toward the floor
- Approach at the animal’s level. Crouch down bending at the knees or kneel/sit on the floor
- Treats can be offered in the hand or thrown on the floor towards the animal
- Do not reach over the animal’s head. Reach out and touch under the chest. Allow the animal to sniff your fingers first

Animal Restraint

The method used should provide the least restraint required to allow the specific procedure to be performed properly, should minimise fear, pain, stress and suffering for the animal, and should protect both the animal and personnel from harm. In some cases chemical restraint may be the preferred method. Any potential escape routes such as doors and windows should be closed prior to handling.

When handling a dog or cat, personnel must never lift them solely by the scruff or by the legs. Scruffing is painful. Scruffing may be required in some cases but the animal's body must be supported at the same time. Where possible, work in teams of two, one supports the animal’s weight and the other controls the animal’s head. Short-nosed breeds must never be scruffed.

For fearful, anxious animals a towel can be placed over the animals eyes to reduce arousal. Similarly fractious cats or dogs can be ‘body wrapped’ in a towel or heavy blanket to move them into a cage. In the case of dogs a simple slip lead can be used to gently restrain them and can be wrapped around the nose as a muzzle. Dogs can often be injected through the side of the cage without any restraint. If needed a pole can be inserted to distract the dog and move it to the side of the cage.

Cats undergoing surgery are pre-medicated in their cat basket or cage. It often requires 2 people.
Safety Around Dogs

At LAW, there is a constant influx of dogs, from owned pets to feral jungle dogs. For everybody’s safety it is paramount staff and volunteers understand how to behave around them and have the appropriate training.

Tips to prevent dog bites:

- Beware of disturbing dogs that are eating or sleeping
- Do not ever tease a dog
- When you approach a dog, get the dog to sniff your hand first, then stroke gently
- Move calmly and quietly around any dog
- Treat dogs with kindness and respect
- Watch what the dog is telling you. Dogs can show distress in many different ways for example; Frightened - ears back, cowering/ Angry - growling/ Stressed - licking lips, paw lifting and yawning/ Unsure - moves away from you

How To Deal With Dog Fights:

Dog fights represent an extremely dangerous situation for humans. Dogs in ‘fight mode’ may bite humans regardless of their relationship. To protect human safety as well as the welfare of the dogs, every effort must be made to prevent fighting from occurring. If a dog attacks another animal or person, that dog needs to be safely controlled immediately. Staff must be prepared to break up fights should they occur. Staff must be very aware of canine body language.

Standard recommendations include the following:

- Staff should not try to break up a dog fight alone, but should call for help
- Intervene as early as possible in the course of the conflict
- Do not try to get between the dogs involved
- Never grab the dog by the collar
- Do not scream - this often adds to the stress and arousal
- Do not hit or kick the dogs - this will veer likely intensify the aggression

1. A loud noise (for example, bang metal food bowls together) can be used to try to distract the animal(s) and alert staff of a dog fight and that assistance may be needed
2. Throw a large thick blanket over the dogs to blunt their vision and reduce arousal. It may also protect the handlers who are trying to separate the dogs.
3. Blast the dogs with water, in their faces if necessary so that they release their bite hold to come up for air
4. Use a purpose-made sheet of plywood as a parting board to wedge between the fighting dogs whilst personnel control the dogs by placing slip leads around their necks.
5. If the dog(s) do not stop, approach the dog from behind and grab the top of its hind legs. Lift their back paws off the ground into a wheelbarrow position. Begin walking backwards, circling to one side so the dog will not be able to turn and bite you. This works best if someone else is there to grab the legs of the other dog so you can pull them apart. Once separated, keep the dogs out of each other’s sight. Place them somewhere calm, removing all involved animals from the location.
6. If a dog will not unlatch it’s jaws, a bite stick can be used. This is either pointed into the corner of the mouth and throat, pulled into the corners of the jaw with both hands, or as a last resort used inside the collar and twisted to strangle the dog to point of release. These must be used with extreme caution and only in dire emergencies.
7. As a last resort, the use of anaesthetic agents may be necessary to heavily sedate the dogs. Care must be taken as these agents can make dogs more dangerous to people prior to the onset of their full effect.
**Dog Walking**

All dogs unless quarantined/isolated or on strict rest, are walked daily. Kennel dogs are walked three times a day. The walking board and kennel dog board indicate which dogs can be walked and by whom. It also records any dog-specific requirements such as muzzling and walks by staff only.

Centre visitors can help to walk adoptable dogs if deemed safe to do so. Only staff are allowed to walk animals from the quarantine and isolation area. To be allowed to walk dogs, visitors must have experience with dogs, sign a liability waiver and socialise with the dogs in the area prior to walking. They receive clear instructions before the walk regarding the route to take, how to hold the lead and walk the dog safely.

Dogs wear harnesses and a safety clip during walks. This must be fitted correctly. A walk bag is provided containing poo bags, fresh water bottle and water bowl.

Dogs should be kept on a short leash and not allowed to interact, sniff, touch noses with any other dog or person. Dogs must be walked the designated route. Protocols must be followed at all times. If the dog will not move on the leash, the dog should be encouraged by moving in front and down low. Dragging a dog is never permitted.

If a dog gets away from a walker, never chase the dog. Alert staff and encourage the dog to come back with soft voices and treats.

After the walk, any visitors are escorted by a staff member from the carpark back into the centre. Faeces are removed from the walking bag and discarded in the poo bin.

Clinic staff may sometimes be requested to assist with dog walking duties, especially in low season when volunteer numbers are reduced. All clinic staff should be familiar with the dog walking protocols.

**Behaviour and Welfare**

In a rehoming centre environment it is inevitable that many animals will exhibit undesirable behaviours to some degree. Kennel stress plays a large part, and this can have a major impact on the animal's quality of life. LAW has a duty to ensure the best for these individuals once identified. The earlier this can be addressed, the better for the animal and the greater chance they have of being adopted. This in turn will free up kennel space and enable LAW to save the lives of more dogs and cats. This is why good welfare of animals within our care is of paramount importance.

All handling, training and behaviour modification must be positive reinforcement based. Negative punishment can sometimes be temporarily unavoidable but as much as possible LAW only accepts methods enhancing learning ability, emotional state and welfare. Any methods shown to have detrimental effects on the welfare and longterm behaviour of animals are forbidden. Although they may appear to have short term success in changing the unwanted behaviour, because the motivation for the behaviour persists, the behaviour becomes replaced by another unwanted behaviour, spontaneous recovery can occur and/or longer-term the animal is likely to suffer from stress-related health issues.

**Fear-free vet handling**

An animal’s fear and anxiety typically culminate during physical examination. Vets may struggle with an aggressive or fractious animal increasing the risk of injury to both humans and other animals present. Fear-free helps clinic staff deliver better care to their patients by looking after their emotional wellbeing. Animals will ultimately be more less stressed when receiving veterinary treatment and clinic staff should find the animals more easy to deal with.

- Always use a slip-free surface to place the animal such as a blanket, or examine the animal on the floor.
- Take very stressed animals out of the clinic or kennel environment for examination/treatment
- Offer treats throughout the examination. Begin by laying them near the animal without getting too close. Peanut butter can be smeared on the walls or floor to create distraction during examination.
Safety Rules

Access to the clinic
It is imperative that the only other personnel in the clinic are authorised by the Centre Director.
Whilst we welcome visitors in general to our Rehoming Centre, there are some areas such as the clinic where access is limited to authorised staff only and we do not permit having family members, in particular children, in the vet clinic.
Owners may present their animal for a vet check and they are under the guidance and responsibility of the attending vet who may decide whether the animal is accompanied or not.
At the discretion of the veterinary team, volunteers may be allowed to attend veterinary activities under close supervision.

Personal Safety
All injuries should be reported, no matter how slight, to the Animal Care Manager or General Manager.
Personnel should not attempt to lift/push objects or animals that are too heavy. Help must be sought.
Personnel should be familiar with the identity and location of fire extinguishers and emergency exits. These areas must not be blocked with materials or equipment.
Personal protective equipment must be worn when working with chemicals.
Skid or slip-resistant shoes are advised.
Any person known or observed to be under the influence of drugs or alcohol will not be allowed to perform their duties and will be subject to disciplinary action.
Any person violating safety procedures and/or endangering the safety of other employees will be subject to disciplinary action.
Vaccination against rabies virus is required. Bite wounds should be flushed under running water for 10-15 minutes, cleaned with povidone and dressed. A doctor’s advice should always be sought.

Offsite work: The risk of staff coming to any deliberate harm is very low. Wherever possible staff should go out in pairs and should have a mobile phone with them. This may not always be possible and when staff have to go out alone the following procedures are to be applied:
- The staff member informs other personnel of their plan and route before departing
- The staff member carries a mobile phone
- Appropriate dress and demeanour is crucial
- On return the staff member reports to reception. Any issues are to be reported.
Euthanasia

Lanta Animal Welfare offers unknown injured and ill animals a refuge until healthy enough for release or adoption. We are dedicated to preventing animal suffering and cruelty and to providing quality care for every animal. However, humane euthanasia of animals - a practice acknowledged by most animal protection organisations as an acceptable means for alleviating or preventing suffering – is still necessary. Quality of life is our guiding principle and hence in some cases, euthanasia is the kindest option.

It is the policy of Lanta Animal Welfare that animals be protected from stress, fear, discomfort, over-crowding, and pain. We do not believe in ‘warehousing’ animals for the sake of saving their lives. Every animal that comes to us is evaluated in entirety taking into account both behaviour and medical conditions. This assessment will include temperament, previous history, age, breed, ability to cope in a kennel environment, available space, foster care resources, budget and personal attachments by local people, staff and volunteers.

Euthanasia is an emotional and heart-wrenching process for all involved. It is not a decision we take lightly or wish to carry out. In each individual case an informed decision is made by the Veterinary team and Centre management. We use our experience and protocols to evaluate an animal’s needs and balance those needs with the greater good of the animal population in our care.

In Thailand, many people do not agree with euthanasia, even when an animal is in extreme suffering. It is a very sensitive issue and must be dealt with appropriately by the veterinary team. The welfare of the animal and alleviation of their suffering is our priority.

Euthanasia may be considered in the following cases;

**When an animal is deemed to pose an unacceptable danger to other animals, itself or the public due to behaviour.** Taking care of these animals is very difficult and it would not be in the best interest of Lanta Animal Welfare or the community to re-home such animals. This may include;
- Past or present, aggressive or dangerous behaviour towards humans or other animals such as baring teeth, lunging at humans, actual attacks.
- Animals who have not or cannot be handled and do not adjust to the shelter setting.
- Animals whose behaviour deteriorates due to length of stay in the shelter environment.
- Animals with no hope of socialisation.

**Unwanted animals who are very young, too young to survive on their own and/or unweaned when they arrive at a shelter** may not receive much needed developmental experiences and may not have the ability to fight off diseases that can exist in a multi-animal environment such as the centre. We sincerely wish that every animal that comes to us could be adopted to a caring, responsible home. Unfortunately, there are not enough quality homes for placement and there is not enough space at the Centre to house all of the homeless animals in our community.

**When an animal is felt to be suffering due to illness or injury, with a poor prognosis.** This may include;
- Animals with terminal illness or injury, severe chronic illnesses or other serious medical conditions where keeping them alive would result in pain or a poor quality of life.
- Where the animal is deemed to pose an unacceptable danger to other animals or the public due to a medical condition. This includes serious, acute infectious diseases such as Parvovirus and distemper and those where the animal is a longterm carrier (e.g FeLV/FIV). Protecting the health of the general population is our priority.
- Where a long, painful recovery is anticipated.
- If the centre is at capacity, an animal with a serious illness may be selected for euthanasia over a healthy animal.
- When cost prohibits treatment.
Euthanasia and Centre population management
Euthanasia is unfortunately an integral part of shelter population management worldwide. The local community are responsible for generating thousands of unwanted, abandoned, neglected and stray animals which pour into centres every day, far outnumbering the good homes available to take them in. Overpopulation of any centre risks the welfare of all the animals under its care.
Here at Lanta Animal Welfare we continually strive to reduce the number of unwanted animals through aggressive sterilisation and adoption programmes, and local education.
Finding a home for one animal may save one life but sterilising one animal will save hundreds, if not thousands of lives by preventing generations of homeless puppies and kittens from being born. At Lanta Animal Welfare, healthy stray dogs and cats that are old enough and have the necessary life skills to fend for themselves will be sterilised and re-released back to where they were found.
For the many animals that are dumped outside the centre finding a safe haven to release them is worryingly difficult and may not always be the most humane option for fear of them being run-over, attacked by other animals or humans, or starving to death.
Through sterilisation we can drastically reduce and hopefully end the homeless-animal crisis. Until that time comes, there sadly may be cases where we are left with no other option but to humanely euthanise those animals that have no home.

Wildlife
Generally most wildlife comes to use injured and rehabilitation is not possible for extremely difficult or stressful for the animal. If the veterinarian feels the animal can be rehabilitated, a wildlife rehabilitation facility is located.

Any questions about euthanasia decisions should be brought directly to the Founder, Centre Director or General Manager.

It is critical for staff and volunteers who do not make euthanasia decisions to understand the pain, emotion and guilt associated with this role. The decision-makers face a difficult task, and their selections must be respected, even if they are different from your own.