

Volunteer Handbook

Policies and Guidelines

August, 2021

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Membership Criteria Policy

To be a member of the CAVMRC, an applicant must fit into one of the following categories:

1. Veterinarian
2. Registered Veterinary Technician
3. Veterinary Assistant currently employed by a California licensed Veterinarian
4. Office staff currently employed by a California licensed Veterinarian
5. Veterinary student or faculty at Western University of Health Sciences School of Veterinary Medicine or UC Davis School of Veterinary Medicine
6. Animal Control Officer or shelter staff working under the direct supervision of an in-house California licensed Veterinarian
7. CVMA staff members

Members must not have any felony drug or alcohol convictions.

Membership is free.

Those who wish to join the CAVMRC do not have to be members of the CVMA; however membership in the CVMA is encouraged.

The CAVMRC reserves the right to discontinue membership of individuals whose conduct is unbecoming of a veterinary medical professional or who violate CAVMRC policy.



Roles and Responsibilities in the CAVMRC

CVMA Board of Governors

The CVMA Board of Governors is the ultimate governing body of the organization. All decisions are finalized by Board approval. The Board will receive information and recommendations from the CVMA Executive Director on behalf of CAVMRC coordinators and the CAVMRC Steering Committee. The Board of Governors makes the ultimate CAVMRC policy and governance decisions.

CVMA Executive Director

The CVMA Executive Director reports to the CVMA Board of Governors any relevant matters pertaining to the CAVMRC. In the absence of the CAVMRC State Coordinator, the Executive Director is responsible for carrying out tasks appointed to the CAVMRC such as corps representation at meetings and functions, grant compliance, member deployment, and member notification of training and events.

CAVMRC Steering Committee

The CAVMRC Steering Committee is a CVMA committee that works with other animal support groups, animal welfare organizations, and governmental agencies to ensure the most efficient and effective emergency response network to preserve animal life and to provide emergency care during a disaster. The committee also can assist with guiding the CAVMRC by creating and maintaining a member manual, and by determining priorities for training and supply procurement.

CAVMRC Unit Coordinator

The Unit Coordinator oversees membership throughout California. The coordinator performs the following functions:

1. *Membership development:* Recruits new members at VMA meetings, sets-up new DHV webpage profiles for new members, helps members manage their DHV profiles, applies for grants for training and supplies, plans and coordinates training events, makes members aware of disaster related events.
2. *Deployment:* works with both government and NGO stakeholders to plan and execute disaster response. Operates the DHV system to deploy and coordinate scheduling of volunteers during disasters.

CAVMRC Region Coordinators

Region coordinators:

- ✓ Support the CAVMRC County Coordinators and serve in their place if a county coordinator seat is vacant.
- ✓ Assist in the planning and implementation of CAVMRC trainings that may be taking place in their region.
- ✓ Meet and know State Mutual Aid Region Coordinators (Office of Emergency Services) and assist in representing the CAVMRC to them.
- ✓ Meet with and serve as a point of contact for the Regional Disaster Medical Healthcare Service (California Emergency Medical Services Authority) and assist in representing the CAVMRC to them.
- ✓ Serve on the CVMA CAVMRC Steering Committee and attend meetings once to twice yearly.

CAVMRC County Coordinators

County coordinators are asked to be part of any discussions that the CAVMRC has with local animal authorities regarding animal disaster plans. For instance, if a local authority needs assistance developing and implementing an animal disaster plan in a county, county coordinators can act as liaisons/ facilitators and contacts for that process.

- County Coordinators should be acquainted with the key points of contact for emergency services in their County including local public health officials and local Office of Emergency Services authorities, local animal control authorities, and the county Agricultural Commissioners.
- During a disaster, if possible a county coordinator would work directly with the CAVMRC Unit Coordinator or a deputy coordinator to oversee/ facilitate the CAVMRC role in a local disaster.
- County coordinators may be asked to speak on behalf of the CAVMRC at various community events (such as special interest club functions or city council meetings)→ overall just to represent animals in disasters
- Help disseminate information about trainings to CAVMRC members and also help facilitate trainings by helping out with logistics and planning, etc.

CAVMRC Members

Members must keep their DHV profile current with any changes in contact information or updates on completed training. Members are asked to complete various online self-guided trainings and are given opportunities to attend classroom trainings put on by the CAVMRC or other organizations.

Members must respond with their availability if asked to deploy. If they deploy, the scope of their responsibilities can vary widely depending on the type of disaster, number and type of animals involved, magnitude of the disaster, and number of other available volunteers.

Members should read the CAVMRC Member manual and be prepared to deploy. Such preparations include:

- 1) Keeping DHV contact information up to date (online profile at www.healthcarevolunteers.ca.gov),
- 2) Having a personal deployment kit ready on hand,
- 3) Having sufficient minimal training completed and logged in their DHV profile.



Volunteer Member Code of Conduct

Volunteers working for or representing California Veterinary Medical Reserve Corps (CAVMRC) shall adhere to the following policies:

1. Volunteers for CAVMRC will only enter into an emergency event when formally activated by CAVMRC through state or local emergency management requests and shall not be considered active until they sign in at a designated staging area. CAVMRC identification shall never be used to gain access to a disaster scene without formal activation. Individuals engaged in any response activities without formal activation are not authorized to be working as part of the CAVMRC.
2. Volunteers who deploy should be emotionally and physically prepared to work in a disaster response setting. If they are not, they should exercise personal discretion in responding to a deployment request.
3. Volunteers shall project a professional manner and appearance while participating in any CAVMRC-related activities. The following will not be tolerated while on site at a disaster, training, exercise or other CAVMRC activity:
 - a. Consumption of alcoholic beverages while on duty in an emergency response or any display of public drunkenness.
 - b. Possession, use or selling of any illegal drugs.
 - c. Violation of any laws.
 - d. Public outbursts, public derogatory remarks about other organizations or individuals, sexual harassment, or racially offensive behavior.
 - e. Illegal use or illegal display of a firearm.
 - f. Deviating from the mission assignment or violating CAVMRC policies.
4. Volunteers should understand and acknowledge that they will be accepting work assignments based on direction from a supervising authority (Incident Command). Volunteers may need to make moment-to-moment discretionary decisions based on reasonable judgment and appropriate intent, but with consideration of direction provided by the supervising authority.
5. Volunteers shall remain in contact with the appropriate incident authority (CAVMRC Field Coordinator), and confine their activities to the state mission and directives of the deployment.
6. Volunteers while representing the CAVMRC will not participate otherwise in operations that serve to promote personal gains or ideologies.
7. Volunteers will wear appropriate clothing including personal protective equipment, CAVMRC issued identification, and CAVMRC issued articles of clothing intended to identify volunteers.
8. Volunteers will carry copies of appropriate professional credentials and CAVMRC-issued identification during emergency activation or exercises.
9. Volunteers shall be expected to accept assignments and/or orders as directed by the supervising authority (Incident Command), or if required, make discretionary decisions based on appropriate intent and reasonable judgment.

10. Volunteers shall not enter private properties to perform search and rescue or other duties without permission from either an owner or the supervising law enforcement agency.
11. Volunteers shall remain in contact with the appropriate incident authority, and confine their activities to the stated mission and directives of the Incident Command System.
12. Volunteers shall not transport animals to facilities other than the ones that have been assigned by the supervising authority.
13. Volunteers will interact with the media only through official CAVRMC and incident command public information channels and will keep all information concerning disaster victims or criminal investigation support confidential.
14. Photographic responsibilities during emergency activation will be assigned to specific personnel and be conducted strictly for purposes of animal identification and/or documentation of the condition of the animal for cases. Photographs are not for public distribution via any electronic or printed media, or through social media. Promotional photography may only be performed by a CAVMRC designee and use of such photographs must be approved by agencies having authority and, if applicable, the subject. CAVMRC volunteers must respect the privacy of people and animals affected by emergencies and not take or distribute photographs.
15. Volunteers shall not accept personal cash gratuities. All donations shall be directed to the appropriate California Veterinary Medical Association staff for documentation and issuance of receipts.



Deployment Policy

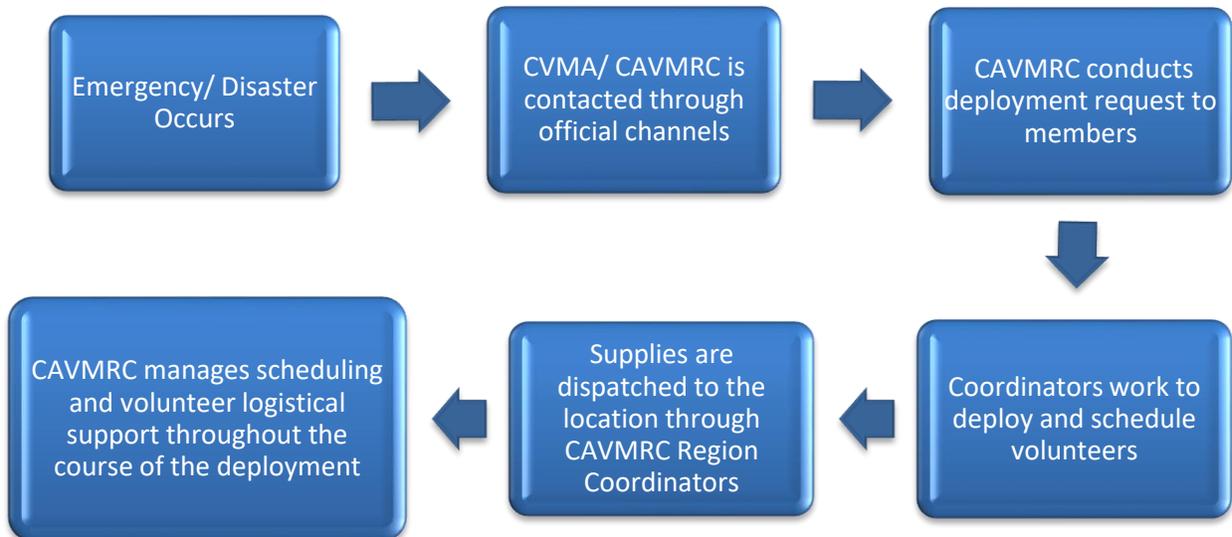
Criteria for Deployment

The California Veterinary Medical Reserve Corps (CAVMRC) responds to emergencies in which local resources are overwhelmed and unable to provide adequate services to address the veterinary care needs of animals. Such emergencies do not include large scale disease outbreaks which are under the jurisdiction of the California Department of Food and Agriculture. Such emergencies do not include humane or legal cases.

Within the context provided above, the CAVMRC may only deploy under the following circumstances:

1. The Governor of California proclaims a state of emergency. In this situation, the CAVMRC will be contacted/ implemented as a secondary responder at the state level. State agencies that may contact the CAVMRC and request deployment on behalf of the governor are:
 - The California Governor's Office of Emergency Services (Cal OES)
 - The California Emergency Medical Services Authority (Cal EMSA)
 - The California Department of Food and Agriculture (CDFA)
2. The CAVMRC will only deploy in circumstances which require animal care veterinary care and shelter oversight in the call-out scenario listed above.
3. The CAVMRC primarily trains and functions as a secondary responder and therefore does not provide "first responder" type services in a deployment.
4. The CAVMRC deploys during the response phase of an emergency only.
5. Being a registered Medical Reserve Corps, the CAVMRC functions under ESF-8, coordinated by the California Emergency Medical Services Authority.

Deployment Sequence of Events



Deployment Qualifications

Members must, at a minimum, be certified in the following courses:

- ✓ Introduction to Incident Command System ([ICS or IS-100.c](#))
- ✓ ICS for Single Resources and Initial Action Incidents ([IS-200.c](#))

Members are strongly encouraged to also be certified in:

- ✓ Animals in Disasters: Awareness and Preparedness ([IS-10.a](#))
- ✓ Animals in Disasters: Community Planning ([IS-11.a](#))
- ✓ Livestock in Disasters ([IS-111.a](#))
- ✓ Introduction to National Incident Management System ([ICS or IS-700.b](#))

Members who meet the above criteria, will then be chosen for deployment based on the following qualifications:

1. Their proximity to the emergency location
2. Other training/ qualifications such as:
 - a. Species expertise
 - b. Shelter management experience
 - c. Experience with the specific injuries/ problems being encountered in the given emergency

- d. Other training and qualifications beyond ICS
3. The extent of their availability
4. When they respond with their availability
5. How long they indicate that they can be available

Disaster Service Worker Volunteer Registration

Volunteers must be sworn Disaster Service Worker Volunteers for the incident to which they are deploying. This is accomplished by jurisdictional authorities at the incident or by completing a [Disaster Service Worker Volunteer Registration](#) along with the Loyalty Oath at the beginning of a deployment. A Disaster Service Worker registration form is included on the following page.

Please see the [DSW Guidance](#) for more information.

* The CAVMRC, CVMA, and CVMF are not responsible or liable for any illness, injury, acts or occurrences incurred by volunteers prior to them being sworn in as disaster service volunteers at the incident.

Supply Cache Deployment

The CAVMRC provides equipment to members including but not limited to:

- Reflective vests
- Pocket deployment guides/ ICS guides
- MRC lapel pins
- ID badges, badge holder, lanyard
- In some circumstances, the CAVMRC may be able to make a limited emergency medical supply cache available for member use during deployment. The availability of the cache will depend on the location of the event, the type of emergency, and the status of the cache at the time.

DISASTER SERVICE WORKER VOLUNTEER REGISTRATION

LOCAL AND STATE INFORMATION

Loyalty Oath under Code of Civil Procedure §2015.5 & Title 19, Div.2, Chap.2, Sub-Chap.3, §2573.1

TYPE OR PRINT IN INK:

SHADED AREAS REQUIRED BY PROGRAM REGULATIONS

ATTACH
PHOTOGRAPH
HERE

This block completed ONLY by Accredited Disaster Council, designated government agency or jurisdiction.

CLASSIFICATION: MEDICAL AND ENVIRONMENTAL HEALTH **SPECIALTY:** VETERINARY

REGISTERING AGENCY OR JURISDICTION: _____

SIGNATURE OF AUTHORIZED PERSON: _____ **TITLE:** _____

REGISTRATION DATE: _____ **RENEWAL DATES:** _____

EXPIRATION DATE:* _____ **DSW CARD ISSUED?:** NO? YES? #: _____

PROCESSED BY: _____ **DATE:** _____ **TO CENTRAL FILES:** _____

NAME: LAST		FIRST		MI		SSN:	
ADDRESS:				CITY:		STATE	ZIP:
COUNTY:				HOME PHONE:		WORK PHONE:	
PAGER:				E-MAIL:		DATE OF BIRTH: (optional)	
DRIVER LICENSE NUMBER: (if applicable)				DRIVER LICENSE CLASSIFICATION: A? B? C?		LICENSE EXPIRATION DATE:	
OTHER DRIVING PRIVILEGES:							
IN CASE OF EMERGENCY, CONTACT:						EMERGENCY PHONE:	
PHYSICAL IDENTIFICATION:	HAIR:	EYES:	HEIGHT:	WEIGHT: (optional)	BLOOD TYPE: (optional)		
COMMENTS:							

PARENT/LEGAL GUARDIAN CONSENT FOR MINOR

As the parent or legal guardian of _____, a minor, I hereby give my full consent and approval for him/her to participate as a DSW volunteer. I understand there may be risks of serious bodily injury inherent in DSW volunteer activities, as well as in traveling and other related activities incidental to his/her participation, and I hereby assume these risks on behalf of him/her.

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE

Government Code (GC) §3108-3109:

Every person who, while taking and subscribing to the oath or affirmation required by this chapter, states as true any material matter which he or she knows to be false, is guilty of perjury, and is punishable by imprisonment in the state prison for two, three, or four years. Every person having taken and subscribed to the oath or affirmation required by this chapter, who, while in the employ of, or service with, the state or any county, city, city and county, state agency, public district, or disaster council or emergency organization advocates or becomes a member of any party or organization, political or otherwise, that advocates the overthrow of the government of the United States by force or violence or other unlawful means, is guilty of a felony, and is punishable by imprisonment in the state prison.

LOYALTY OATH OR AFFIRMATION (GC §3102) If SELF-CERTIFICATION approved by ADC, official's signature and title not required.

I, _____, do solemnly swear (or affirm) that I will support and defend the

PRINT NAME

Constitution of the United States and the Constitution of the State of California against all enemies, foreign and domestic; that I will bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of California; that I take this obligation freely, without any mental reservations or purpose of evasion; that I will well and faithfully discharge the duties upon which I am about to enter. I certify under penalty of perjury, under the laws of the State of California, that the foregoing is true and correct.

Executed on _____ in _____, _____, California.

DATE

City

COUNTY

SIGNATURE OF VOLUNTEER

DATE

SIGNATURE OF OFFICIAL AUTHORIZED TO ADMINISTER LOYALTY OATH

TITLE

Policy on Services Provided

The CAVMRC provides veterinary assistance to animals during the response phase of proclaimed or federally declared emergencies. Please see the CAVMRC Deployment Policy for circumstances which would qualify as an emergency in which the CAVMRC would be eligible to deploy.

Services

The CAVMRC primarily functions as a secondary responder, meaning that it supports the efforts of first responders to provide care for animals during emergencies. The role of a secondary responder includes providing assistance with:

- Triage veterinary care
- Vaccination of animals in shelters
- Shelter health programs/ management
- Shelter policies for animal care
- Biosecurity

In some circumstances, the CAVMRC may be able to advise sheltering entities with shelter design/ layout to minimize animal stress and spread of communicable disease.

In some circumstances, the CAVMRC may be able to more closely assist first responders with tasks such as search, rescue, evacuation and transport. This is dependent on the volunteers available, their qualifications and their willingness to do so.

In some circumstances, the CAVMRC may be able to make a limited emergency medical supply cache available for member use during deployment. The availability of the cache will depend on the location of the event, the type of emergency, and the status of the cache at the time.



Communication within the CAVMRC

The California Veterinary Medical Reserve Corps is structured according to the chart attached. County, region, deputy and state coordinators will serve as points of contact for their respective jurisdictions.

All coordinators will keep their contact information current in the Disaster Healthcare Volunteers database (www.healthcarevolunteers.ca.gov)

Obligations

All members will communicate using Incident Command System (ICS) principles, including recognition of chain of command and the incident command structure. All members will follow ICS guidelines in using plain English, and simple terminology, avoiding the use of acronyms and abbreviations.

All members will communicate in an effective and professional manner.

Emergency Response

The CAVMRC will primarily utilize the Disaster Healthcare Volunteers (DHV) website to communicate during a deployment. The system will function to send e-blasts as well as individual emails, request deployment availability of members, and commit members to deploy, assign tasks and manage schedules / missions via the Mission Manager system.

As a secondary method of communication, the CAVMRC administrators will set up a Private Group through the CVMA database or through social media. This method of communication will only be used if the DHV System is experiencing technical difficulties.

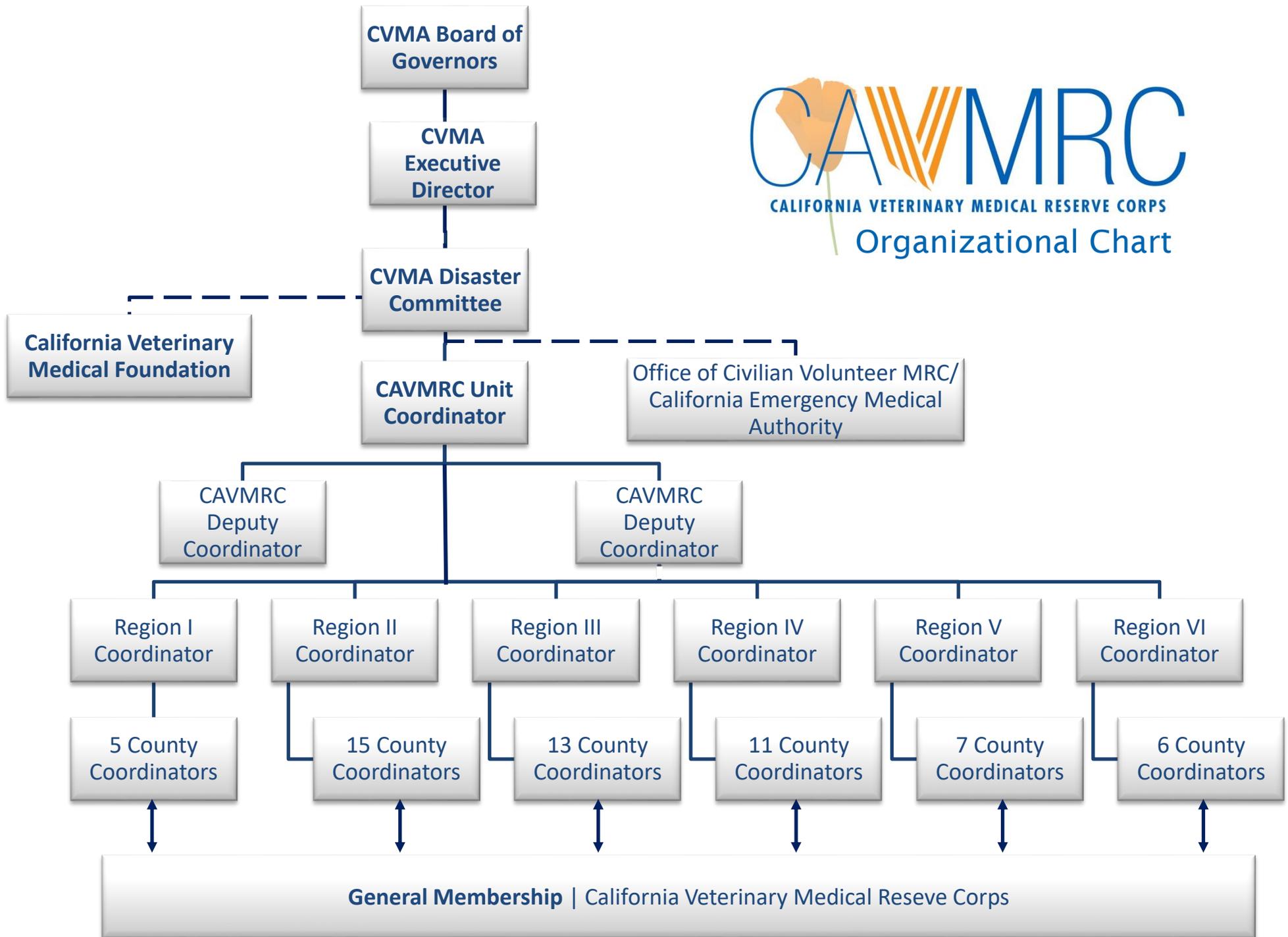
In the event of significant compromise to telecommunication infrastructure, email list-serve and group texting will be utilized (as a tertiary and/ or last resort effort.)

During a Deployment

While CAVMRC members are deployed and the organization is active in assisting with an emergency response, it will be the general goal of the CAVMRC to have a conference call twice daily in the morning and the evening. Members of the conference call should include if possible: any key members deployed, any applicable coordinators, and any outside points of contact that are integrally involved in the activities of the CAVMRC during that response.

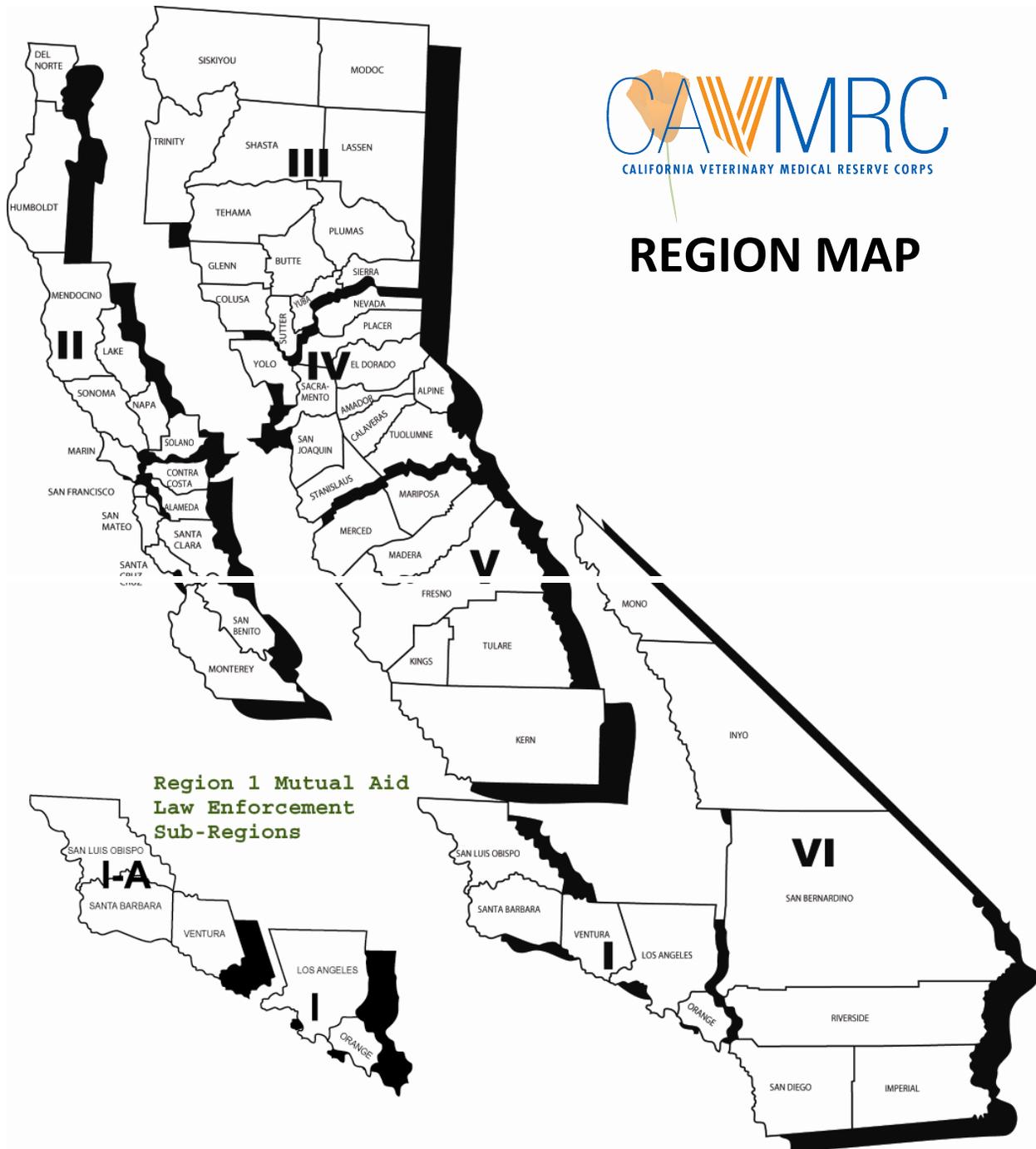
Confidentiality

All communication within the CAVMRC is confidential and should not be shared with outside sources unless authorized by the CVMA. Communication includes but is not limited to CAVMRC activities and membership information.





REGION MAP



Region 1 Mutual Aid
Law Enforcement
Sub-Regions



Financial Policy

Reimbursement

The CAVMRC does not provide direct reimbursement to volunteers for expenses endured during a deployment. Volunteers may apply for reimbursement to a number of non-profit foundations, including the California Veterinary Medical Foundation, and the American Veterinary Medical Foundation.

Purchasing Authority

No member of the CAVMRC, aside from the CVMA President, CVMA Treasurer, CAVMRC Unit Coordinator, or the CVMA Executive Director may enter into financial agreements or contracts on behalf of the CAVMRC, and nor may they purchase goods or services as an agent of the CAVMRC.

Signing Authority

Only the CVMA President, Treasurer, or Executive Director have signing authority on behalf of the California Veterinary Medical Association, California Veterinary Medical Reserve Corps, and California Veterinary Medical Foundation. Signing authority extends to any grants, contracts, purchases, agreements, memorandums of understanding, commitments, or any legally binding document.



Privacy Policy for Disaster Healthcare Volunteers of California

The State of California Emergency Medical Services Authority (EMSA) is strongly committed to protecting the privacy of registrants of the Disaster Healthcare Volunteers Site (Site) to the extent allowable under applicable California law. EMSA wants to contribute to providing a safe and secure environment for our users.

The purpose of this Privacy Policy is to inform you, as a user of the Site or as a user of any Site content, what kinds of information EMSA will gather about you when you visit the Site, how EMSA may use that information, whether it can be disclosed to anyone, and the choices you have regarding EMSA's use of, and your ability to revise or update, that information. This Privacy Policy applies to the Site and any information collected through this Site. This policy applies only to the Site and any information collected through this Site and not to any other companies' or organizations' Web sites to which this Site links.

Information About All Site Visitors

In general, this Site automatically gathers certain usage information, such as the number and frequency of visitors to the Site. EMSA only uses such data in the aggregate. This aggregate data helps EMSA determine how much certain parts of the Site are used so that EMSA can improve the Site and assure that it is as appealing as it can be for as many users as possible. The Site uses a technology called "cookies" that tells EMSA how and when pages in the Site are visited and by how many users. EMSA may partner with other organizations (such as professional associations) to recruit volunteers through those organization's websites. In such cases, EMSA may provide aggregate statistical information to those partnering organizations to indicate how many volunteers were recruited via partner websites. This reporting is entirely statistical (e.g., how many volunteers were recruited), not lists of names of specific volunteers solicited at a given partner's site. Most browsers are initially set up to accept "cookies." You can reset your browser to refuse all "cookies" or to indicate when a "cookie" is being sent.

Disclosure of Personal Information

When registering on the Site as a volunteer health professional in the Disaster Healthcare Volunteers System, volunteer registrants agree to provide certain personal identifying information and professional credentialing information (collectively, Registration Information). EMSA collects, uses and maintains this Registration Information in implementing the Disaster Healthcare Volunteers System. EMSA does not use the Registration Information provided by volunteer registrants to the Site except to the extent described in the Site's Terms of Service. EMSA does not disclose any Registration Information provided by volunteer registrants to the Site except to the extent that such disclosure is required pursuant to a California Public Records Act request (Government Code sections 6250, et seq.) Disclosure of highly sensitive personal information will only be done in accordance with the California Information Practices Act (Civil Code 1798.24), and any other relevant state or federal laws. Additionally, as described above, EMSA may share aggregated statistical "ratings" information about the use of this Site with Web site partners.



Site Privacy Policy Changes

If changes are made to this Privacy Policy, EMSA will post those changes here so that users will be informed as to what information is collected, how it is used and whether such information is disclosable.

Effective as of July 1, 2010



Supply Cache Policy

The CAVMRC supply cache consists of both medical and non-medical parts. The policy for each is below.

Medical Supply Cache

Medical supply caches will be deposited at strategic locations in California and will be made available during CAVMRC deployments if the circumstances warrant their use. They are intended to provide medical supplies during the initial stages (first 72 hours) of an emergency response and are not designed to sustain a sheltering effort over the long term.

The medical supply caches are intended for use by CAVMRC members during deployment. The CAVMRC is only eligible for deployment by request from government agencies during a proclaimed state of emergency.

The CAVMRC medical supply caches should not be utilized if like equipment is readily available through another source such as a city or county logistical division or a private veterinary hospital that is allowing use of its supplies.

The CAVMRC Medical Supply cache consists of both perishable and non-perishable items and is cataloged and arranged into several containers that can be lifted by one individual. The perishable items (pharmaceuticals) are grouped together and their expiration dates are kept in a database by the CAVMRC Unit Coordinator. The Unit Coordinator will work with points of contact who store the caches to ensure that cache items remain current. This can be achieved by several methods including:

1. Working with a wholesale distributor to swap and replace items that are nearing expiration
2. Working with the host hospital/ practice to swap and replace items that are nearing expiration
3. Accepting donations of items to the cache

Use of the medical supply cache should only occur with the prior consent of the CVMA President, CVMA Executive Director, or CAVMRC Unit Coordinator.

The medical supply cache should only be used for CAVMRC disaster response efforts by CAVMRC volunteers.

The CAVMRC volunteers who utilize the cache will keep a detailed inventory log of items used (type and number) and submit it to either the region coordinator or to the unit coordinator.

All efforts will be made by the CAVMRC unit coordinator to seek reimbursement for used items from the local jurisdiction, the state, or from federal resources.

Non-Medical Supply Cache

Non-medical supply cache items include promotional/ outreach items such as flags, table clothes, banners and brochures and uniforms/ personal equipment such as vests, deployment guides, MRC lapel pins, lanyards and badges.

Supply caches will be disbursed to each of the six CAVMRC region coordinators to have on hand for events in their region. Events can either be preparedness/ outreach events or deployments. Supplies will not be used for activities outside of the CAVMRC and will not be distributed to non-CAVMRC members.

CAVMRC volunteers will return items to the cache when their activity is complete. All items will be kept in the best condition possible and cleaned if applicable before returning to the cache.

CAVMRC region coordinators must keep an inventory of the cache in their possession and report to the CAVMRC unit coordinator any items used or missing.

All efforts will be made by the CAVMRC unit coordinator to seek reimbursement for used items from the local jurisdiction, the state, or from federal resources.



BURN PROTOCOL- August 2021

GLOVES MUST BE WORN AT ALL TIMES WHEN TREATING BURN PATIENTS.

Wound Treatment: Required Daily during the early phase (usually 3-5 days post presentation), and then possibly less often depending on the condition of the wounds, the products being used, and the discretion of the treating veterinarian. General anesthesia may be required in most cases.

Task 1: CLEANING

- a) Initial Debridement: Massage mineral oil or petroleum jelly into “paw mitt” concretions to help loosen matted debris. Alternatively: soak burns with warm, dilute chlorhexidine or betadine solution for 10-15 min to loosen “paw mitts” and tar/debris on distal limbs in cases of dogs/ cats. For horses and livestock, use dilute betadine or chlorhexidine and rinse with copious amounts of temperature appropriate water.
- b) Rinse with clean water: (take bottled water, poke holes in the cap) lavage with copious amounts of bottled water for small animals or with a hose if available for horses and livestock.
- c) Monitor for signs of hypothermia → consider the extent of burns as well as ambient temperature and be mindful of monitoring patient temperature.

Task 2: DEBRIDE

Using a gauze pad, gently debride devitalized, necrotic or damaged tissue from wound surface. Wounds will not be completely debrided on day 1. This will likely take several days (usually 3 to 5 days) to get them completely debrided. Repeat Task 1 as needed on a daily basis until debridement is complete.

Task 3: ANTISEPTIC

Apply hypochlorous acid (Vetericyn/ Microsyn) to burn surface.

Task 4: BANDAGING

- a) Primary Dressing
 - i. For first degree (superficial) burns, topical application of triple antibiotic, silver sulfadiazine, honey, or chlorhexidine ointment.
 - ii. For second or third degree burns: if available, apply silver plated or silver impregnated bandage material (Silverlon®, Mepilex AG®, or Microlyte VET®). → These bandages are reusable. For Microlyte VET bandages, . It completely absorbs within a week, and can be reapplied during bandage changes at any interval. There is no need to debride for the sake of removing any remaining material. If silver bandages are not available, use silver sulfadiazine ointment as wound dressing.
- b) Secondary Dressing
 - i. For non-exudative wounds, white kling gauze, vet wrap, and elastikon as needed.
 - ii. For exudative wounds, an absorbent foam pad or cast padding, followed by vet wrap and elastikon as needed.
- c) Initial and date bandage

Other treatments:

- 1) Stain eyes to check for corneal ulcers.
- 2) Remove soot from animal using disinfecting wipe or damp towels.
- 3) SQ fluids q daily during burn treatment or IV fluids for horses / livestock.
- 4) Charts/ records.
- 5) If possible, for cats, record weight daily.



CANINE CARE PROTOCOL- August, 2021

GLOVES MUST BE WORN AT ALL TIMES WHEN TREATING PATIENTS.

Sedation:

OPTIONS:

- 1) Butorphanol 0.2-0.4mg/kg , Dexmedetomidine (Dexdomitor) 2.5-7ug/kg, +/- Midazolam 0.1-0.3 mg/kg
(Reversal for Dexmedetomidine: Antisedan (antipamezole) same volume as dexmedetomidine IM)

- 2) KDT (Doggy/Kitty magic)
In a sterile 10 mL vial, add 3.3 mL dexdomitor, 3.3 mL butorphanol, and 3.3 mL ketamine.
DOSE: Approx: 3/10ths of a cc IM per 10 lb for surgical anesthesia plane.

Dexdomitor-Opioid-Ketamine Sedation/analgesia In Dogs,					
Weight		Volume			IM route
		Dexdomitor-Butorphanol-Ketamine			
Lbs	Kg	Light	Mild	Moderate	Profound /Surgery
4-7	2-3	0.012 ml	0.025 ml	0.05 ml	0.1-0.15 ml
7-9	3-4	0.025 ml	0.05 ml	0.1 ml	0.2-0.25 ml
9-13	4-6	0.05 ml	0.1 ml	0.2 ml	0.3-0.35 ml
13-15	6-7	0.1 ml	0.2 ml	0.3 ml	0.4-0.45 ml
15-18	7-8	0.15 ml	0.3 ml	0.4 ml	0.5-0.55 ml
18-22	8-10	0.2 ml	0.4 ml	0.5 ml	0.6-0.65 ml

- 3) Trazodone
Daily medication only: 1.9 mg/kg/d to 16.2 mg/kg/d (mean = 7.3 mg/kg/d)
As needed only: 2.2 mg/kg/d to 14 mg/kg/d (mean 7.7 mg/kg/d)

- 4) TTDex **DO NOT REFRIGERATE ONCE RECONSTITUTUED OR IT WILL BECOME INACTIVE**
In a sterile 10 mL vial, add 5 mL of 100 mg/mL Telazol, 2.5 mL of 10 mg/mL Torbugesic (butorphanol), and 2.5 mL of dexdomitor.

If only Telazol powder is available, add 2.5 mL Dexmedetomidine (500 mcg/mL) and 2.5 mL Butorphanol (10 mg/mL) to 1 vial (500 mg) of Telazol powder.

SEE ATTACHED CHART at end of document for doses by weight.

TTDex Dosing Chart for Dogs	
0.005 mL/kg IM	Geriatric, cardiac compromised, or profound systemic dysfunction, light sedation.
0.01 mL/kg IM	Mild to moderate sedation.
0.02 mL/kg IM	Moderate to profound sedation- for minor surgery, painful procedures.
0.03 mL/kg IM	Surgical plane anesthesia for 30-40 min.
0.04 mL/kg IM	For wild and fractious animals.

Wound Treatment:

Required Daily during the early phase (1 to 3 days post presentation), and then possibly less often depending on the condition of the wounds, the products being used, and the discretion of the treating veterinarian.

For burn treatment- refer to the CAVMRC Burn Treatment Protocol.

Antibiotics: (options)

- Convenia: 8mg/kg SQ Q 7days
- Cephalexin: 22mg/kg PO BID
- Clavamox: 14mg/kg PO BID
- Baytril: 5-10 mg/kg IM SID

Pain Control:

- Buprenorphine: 5-15 ug/kg SQ Q 8-12 hours
- Simbadol (buprenorphine): 0.12 mg/kg SQ Q 24hours PRN (monitor for excessive sedation)
- NSAID: Meloxicam 0.1mg/kg PO Q 24hrs
- NSAID: Galliprant: 2 mg/kg PO Q 24 hrs.
- NSAID: Previcox: 57-224 mg PO Q 24 hours
- NSAID: Carprofen: 4.4 mg/kg PO once every 24 hours OR divided and given as 2.2. mg/kg PO Q 12 hrs.
- Gabapentin: 10-20mg/kg PO Q 8-12 hours
- Cerenia: 1-8 mg/kg PO or 1 mg/kg SC or PO Q 24 hours

Appetite Stimulation

- Entyce: 3 mg/kg PO SID for up to four days unless otherwise directed.
- Cerenia: 1-8 mg/kg PO or 1 mg/kg SC or PO Q 24 hours

Other treatments:

- 1) Eyes: Rinse debris with sterile saline; Stain eyes to check for corneal ulcers; apply BNP Q 6-12 hours pending severity of ulcer
- 2) Remove soot from animal using disinfecting wipe (Hero wipes) or damp paper towel.
- 3) SQ fluids q daily during treatment
- 4) Vitamin B12 250-1200ug per dog (based on size) SQ q weekly; please note received since they can have red/orange urine post

Other considerations:

- All patients with wounds must be bandaged for pain relief and protection
- Heat support is essential since body temperature regulation with sedation and burn wounds will be compromised.

TTDex Dosing Chart

Lbs	Kg	Mild Sedation	Moderate Sedation	Profound Sedation	Surgical Anesthesia	Profound Surgical Anesthesia
		0.005ml/kg	0.01ml/kg	0.02ml/kg	0.035ml/kg	0.04ml/kg
2-4	1-2	0.005 ml	0.01 ml	0.02 ml	0.035 mL	0.04 ml
4-7	2-3	0.013 ml	0.025 ml	0.05 ml	0.09 ml	0.12 ml
7-9	3-4	0.018 ml	0.035 ml	0.07 ml	0.12 ml	0.15 ml
9-11	4-5	0.023 ml	0.045 ml	0.09 ml	0.16 ml	0.19 ml
11-22	5-10	0.038 ml	0.075 ml	0.15 ml	0.26 ml	0.37 ml
22-29	10-13	0.06 ml	0.12 ml	0.24 ml	0.40 ml	0.48 ml
29-33	13-15	0.07 ml	0.14 ml	0.28 ml	0.49 ml	0.58 ml
33-44	15-20	0.09 ml	0.18 ml	0.36 ml	0.61 ml	0.78 ml
44-55	20-25	0.12 ml	0.23 ml	0.46 ml	0.79 ml	0.98 ml
55-66	25-30	0.14 ml	0.28 ml	0.56 ml	0.96 ml	1.25 ml
66-73	30-33	0.16 ml	0.32 ml	0.64 ml	1.1 ml	1.3 ml
73-81	33-37	0.18 ml	0.35 ml	0.7 ml	1.2 ml	1.45 ml
81-99	37-45	0.21 ml	0.41 ml	0.82 ml	1.44 ml	1.7 ml
99-110	45-50	0.24 ml	0.48 ml	0.96 ml	1.66 ml	1.95 ml
110-121	50-55	0.26 ml	0.53 ml	1.1ml	1.84 ml	2.2 ml
121-132	55-60	0.29 ml	0.58 ml	1.2 ml	2.0 ml	2.3 ml
132-143	60-65	0.32 ml	0.63 ml	1.3 ml	2.18 ml	2.5 ml
143-154	65-70	0.34 ml	0.68 ml	1.4 ml	2.36 ml	2.7 ml
154-176	70-80	0.38 ml	0.75 ml	1.5 ml	2.63 ml	3.0 ml
>176	>80	0.4 ml	0.8 ml	1.6 ml	2.8 ml	3.2 ml



FELINE CARE PROTOCOL- August 2021

GLOVES MUST BE WORN AT ALL TIMES WHEN TREATING PATIENTS.

Sedation:

OPTIONS:

- 1) Butorphanol 0.2-0.4mg/kg , Dexmedetomidine (Dexdomitor) 2.5-7ug/kg, +/- Midazolam 0.1-0.3 mg/kg (Reversal for Dexmedetomidine: Antisedan (atipamezole) same volume as dexmedetomidine IM)

- 2) KDT (Doggy/Kitty magic)
 In a sterile 10 mL vial, add 3.3 mL dexdomitor, 3.3 mL butorphanol, and 3.3 mL ketamine.
 DOSE: Approx: 3/10ths of a cc IM per 10 lb for surgical anesthesia plane.

Dexdomitor-Opioid-Ketamine Sedation/analgesia In Dogs,					
Weight		Volume			IM route
		Dexdomitor-Butorphanol-Ketamine			
Lbs	Kg	Light	Mild	Moderate	Profound /Surgery
4-7	2-3	0.012 ml	0.025 ml	0.05 ml	0.1-0.15 ml
7-9	3-4	0.025 ml	0.05 ml	0.1 ml	0.2-0.25 ml
9-13	4-6	0.05 ml	0.1 ml	0.2 ml	0.3-0.35 ml
13-15	6-7	0.1 ml	0.2 ml	0.3 ml	0.4-0.45 ml
15-18	7-8	0.15 ml	0.3 ml	0.4 ml	0.5-0.55 ml
18-22	8-10	0.2 ml	0.4 ml	0.5 ml	0.6-0.65 ml

- 3) TTDex: **DO NOT REFRIGERATE ONCE RECONSTITUTED OR IT WILL BECOME INACTIVE**
 - In a sterile 10 mL vial, add 5 mL of 100 mg/mL Telazol, 2.5 mL of 10 mg/mL Torbugesic (butorphanol), and 2.5 mL of dexdomitor; or,
 - If only Telazol powder is available, add 2.5 mL Dexmedetomidine (500 mcg/mL) and 2.5 mL Butorphanol (10 mg/mL) to 1 vial (500 mg) of Telazol powder.

SEE ATTACHED CHART at end of document for doses by weight.

TTDex Dosing Chart for Cats	
0.005 mL/kg IM	Geriatric, cardiac compromised, or profound systemic dysfunction, light sedation.
0.01 mL/kg IM	Mild to moderate sedation.
0.02 mL/kg IM	Moderate to profound sedation- for minor surgery, painful procedures.
0.03 mL/kg IM	Surgical plane anesthesia for 30-40 min.
0.04 mL/kg IM	For wild and fractious animals.

Wound Treatment:

Required Daily during the early phase (1 to 3 days post presentation), and then possibly less often depending on the condition of the wounds, the products being used, and the discretion of the treating veterinarian.

For burn treatment- refer to the CAVMRC Burn Treatment Protocol.

Antibiotics: (options)

- Convenia: 8mg/kg SQ once
- Cephalexin: 10-40 mg/kg PO BID
- Clavamox: 10-20mg/kg PO Q 8-12 hours
- Baytril: 5-10 mg/kg IM SID

Pain Control:

- Buprenorphine: 0.01-0.03 mg/kg IM, IV, or buccal Q 6-8 hours.
- NSAID: Onsiar: 1.0-2.4mg/kg PO Q 24hrs
- Gabapentin: 3-10 mg/kg PO Q 8-12 hours

Anxiety

- Gabapentin: 50-100 mg/cat PO Q 24 hours
- Trazodone:
 - Daily medication only: 1.9 mg/kg/d to 16.2 mg/kg/d (mean = 7.3 mg/kg/d)
 - As needed only: 2.2 mg/kg/d to 14 mg/kg/d (mean 7.7 mg/kg/d)

Appetite Stimulation

- Mirtazapine: 1.5 inch ribbon (~2 mg/cat) along inner pinna of ear Q 24 hrs or 2 mg PO q 24 hrs

Other treatments:

- 1) Eyes: Rinse debris with sterile saline; Stain eyes to check for corneal ulcers; apply BNP Q 6-12 hours pending severity of ulcer
- 2) Remove soot from animal using disinfecting wipe (Hero wipes) or damp paper towel.
- 3) SQ fluids q daily during treatment
- 4) Vitamin B12 250 ug per cat SQ q weekly; please note received since they can have red/orange urine post

Other considerations:

-All patients with wounds must be bandaged for pain relief and protection

-Heat support is essential since body temperature regulation with sedation and burn wounds can be compromised.

TTDex Dosing Chart

Lbs	Kg	Mild Sedation 0.005ml/kg	Moderate Sedation 0.01ml/kg	Profound Sedation 0.02ml/kg	Surgical Anesthesia 0.035ml/kg	Profound Surgical Anesthesia 0.04ml/kg
2-4	1-2	0.005 ml	0.01 ml	0.02 ml	0.035 mL	0.04 ml
4-7	2-3	0.013 ml	0.025 ml	0.05 ml	0.09 ml	0.12 ml
7-9	3-4	0.018 ml	0.035 ml	0.07 ml	0.12 ml	0.15 ml
9-11	4-5	0.023 ml	0.045 ml	0.09 ml	0.16 ml	0.19 ml
11-22	5-10	0.038 ml	0.075 ml	0.15 ml	0.26 ml	0.37 ml
22-29	10-13	0.06 ml	0.12 ml	0.24 ml	0.40 ml	0.48 ml
29-33	13-15	0.07 ml	0.14 ml	0.28 ml	0.49 ml	0.58 ml
33-44	15-20	0.09 ml	0.18 ml	0.36 ml	0.61 ml	0.78 ml
44-55	20-25	0.12 ml	0.23 ml	0.46 ml	0.79 ml	0.98 ml
55-66	25-30	0.14 ml	0.28 ml	0.56 ml	0.96 ml	1.25 ml
66-73	30-33	0.16 ml	0.32 ml	0.64 ml	1.1 ml	1.3 ml
73-81	33-37	0.18 ml	0.35 ml	0.7 ml	1.2 ml	1.45 ml
81-99	37-45	0.21 ml	0.41 ml	0.82 ml	1.44 ml	1.7 ml
99-110	45-50	0.24 ml	0.48 ml	0.96 ml	1.66 ml	1.95 ml
110-121	50-55	0.26 ml	0.53 ml	1.1ml	1.84 ml	2.2 ml
121-132	55-60	0.29 ml	0.58 ml	1.2 ml	2.0 ml	2.3 ml
132-143	60-65	0.32 ml	0.63 ml	1.3 ml	2.18 ml	2.5 ml
143-154	65-70	0.34 ml	0.68 ml	1.4 ml	2.36 ml	2.7 ml
154-176	70-80	0.38 ml	0.75 ml	1.5 ml	2.63 ml	3.0 ml
>176	>80	0.4 ml	0.8 ml	1.6 ml	2.8 ml	3.2 ml



EQUINE CARE PROTOCOL- August 2021

GLOVES MUST BE WORN AT ALL TIMES WHEN TREATING PATIENTS.

Sedation:

- Detomidine: 0.02-0.04 mg/kg detomidine IV (+/- 0.02-0.04 mg/kg butorphanol IV.) If butorphanol is excluded, the higher end of the detomidine dose range should be considered*.
- Xylazine: (for shorter acting sedation or a lower plane of sedation) 0.3-0.5 mg/kg xylazine (100 mg/mL strength) + 0.02-0.04 mg/kg butorphanol IV.

*Geriatric horses, draft horses, and some gaited horses such as Kentucky Mountain Saddle Horses may be sensitive to sedation.

Wound Treatment:

Required Daily during the early phase (1 to 3 days post presentation), and then possibly less often depending on the condition of the wounds, the products being used, and the discretion of the treating veterinarian.

For burn treatment- refer to the CAVMRC Burn Treatment Protocol.

Antibiotics:

***The use of systemic antibiotics in burned horses has not been shown to be useful if wounds are being managed and treated topically. In the event of wound infection, pneumonia, or immunosuppression, the following systemic antimicrobials may be considered:

- Trimethoprim/Sulfadiazine or Sulfamethoxazole 960 mg: 30 mg/kg PO BID.
- Excede (ceftiofur): 6.6 mg/kg IM; repeat in 4 days. A maximum of 20 mL per injection site may be administered.
- Gentamicin: 6.6 mg/kg IV every 24 hours.
- Doxycycline: 10 mg/kg PO every 12 hours.

Pain control:

- NSAID: Banamine: 1.1 mg/kg IV q 12 h or 1.1 mg/kg PO (oral paste) q 12 h
- NSAID: Bute: 2.2-4.4 mg/kg PO or IV Q 12 hr. DO NOT GIVE PERIVASCULARLY.
- NSAID: Equioxx: 57-114 mg PO Q 24 hr
- Gabapentin – especially if pruritus present: 5 mg/kg PO, q 12 h
- Pentoxifylline: 8-10 mg/kg PO, q 12 h (this should not be used as a sole source of pain control).
- Butorphanol: 0.1 mg/kg SC q 2 h

Other treatments:

- *****STAIN all eyes to check for corneal ulcers!!!!***** Treat with neomycin/ polymixin/ bacitracin or terramycin ophthalmic ointment 3-4 times daily.
- If >15% of body surface is burned, consider IV fluid therapy with Plasmalyte A, Lactated Ringers Solution, or Normosol to support kidneys since myoglobinuria and hypovolemia is common.
- Vitamin C (ascorbate): 30-50 mg/kg IV Q 12 hours → may assist in wound healing and immune response.
- Vitamin B12: 1,000-2000 mcg IM q 12 hours → to aid in appetite stimulation and stamina/energy.