

# Toronto Humane Society Infection Control Protocol

## Updated for COVID-19

Related Protocols: (1) Cleaning protocols; (2) Infection control training PowerPoint; (3) Isolation laundry protocol

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Revision Date: March 21, 2017 LJ. Sep 6 2018 (pups) LJ. July 2 2019 FAQs, order in which to see animals. Jan 28 2020 added nursery level, adjusted green tag requ., minor edits (LJ, KW); major rev May 2020 for COVID-19 (LJ); added info on face masks and eye protection to Masks section June 2 [LJ]; major rev 1 Oct 2020 for iso laundry and PPE changes LJ; 17Feb2021 – mask/variant update LJ; 30 Apr – hygiene measures to reflect better understanding of surface transmission LJ; **19 July – minor updates, remove mask recommendation outdoors, added vaccination**

### Main Sources:

1. Miller & Hurley **Infectious Disease Management** in Animal Shelters 2009, Chapter 4
2. **Infection Prevention and Control Best Practices for Small Animal Veterinary Clinics, 2020 Update** <http://oahn.ca/resources/ipc-best-practices/>
3. College of Veterinarians of Ontario **CVO Updates and Guidance** [cvo.org](http://cvo.org)
4. Ontario Veterinary Medical Association **COVID-19: A Guide to Reopening Veterinary Medicine in Ontario** [https://www.ovma.org/assets/1/6/Practice\\_Reopening\\_Guideline\\_-\\_Stage\\_2\\_\(June\\_10\).pdf](https://www.ovma.org/assets/1/6/Practice_Reopening_Guideline_-_Stage_2_(June_10).pdf)
5. **Amid the Coronavirus Crisis, a Regimen for Reentry** <https://www.newyorker.com/science/medical-dispatch/amid-the-coronavirus-crisis-a-regimen-for-reentry>
6. Centers for Disease Control (CDC) **Your Guide to Masks** <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/about-face-coverings.html>
7. Government of Canada **Vaccines for COVID-19** [hyperlink]
8. Government of Ontario **COVID-19 Vaccine Information Sheet** [hyperlink]

## KEY POINTS

- Purell, hand soap, paper towel **must** be stocked in all designated locations at all times. This is the foundation of infection control.
- Most infections are transmitted on hands, so **gloves and good hand hygiene** are very important. For cleaning or close contact, a gown may also be needed.
- Gloves control infections better than handwashing.
- If you need a gown, you also need gloves. Wearing a gown without gloves is less effective for infection control.
- Accelerated hydrogen peroxide (Accel/Prevail/AHP) – MINIMUM contact time is **5 minutes**.

## Purpose

This protocol outlines procedures for infection control, with the goal of preventing spread of infection.

**COVID-19-related measures have been added to the protocol.**

## Definitions

- **Sanitation:** The promotion of hygiene and prevention of disease by maintenance of sanitary conditions
- **Cleaning:** Removal of dirt, first step before disinfection
- **Disinfection:** To free from infection especially by destroying harmful micro-organisms (germs)
- **PPE:** Personal protective equipment (gowns, gloves, booties, hair covers). PPE helps to prevent animal-to-human transmission of infection, and helps to protect shelter animals and the animals you have at home from the spread of shelter infections.
- **Accelerated Hydrogen Peroxide:** Disinfectant. May be referred to as Accel, Prevail, AHP. NOT the same as regular hydrogen peroxide.

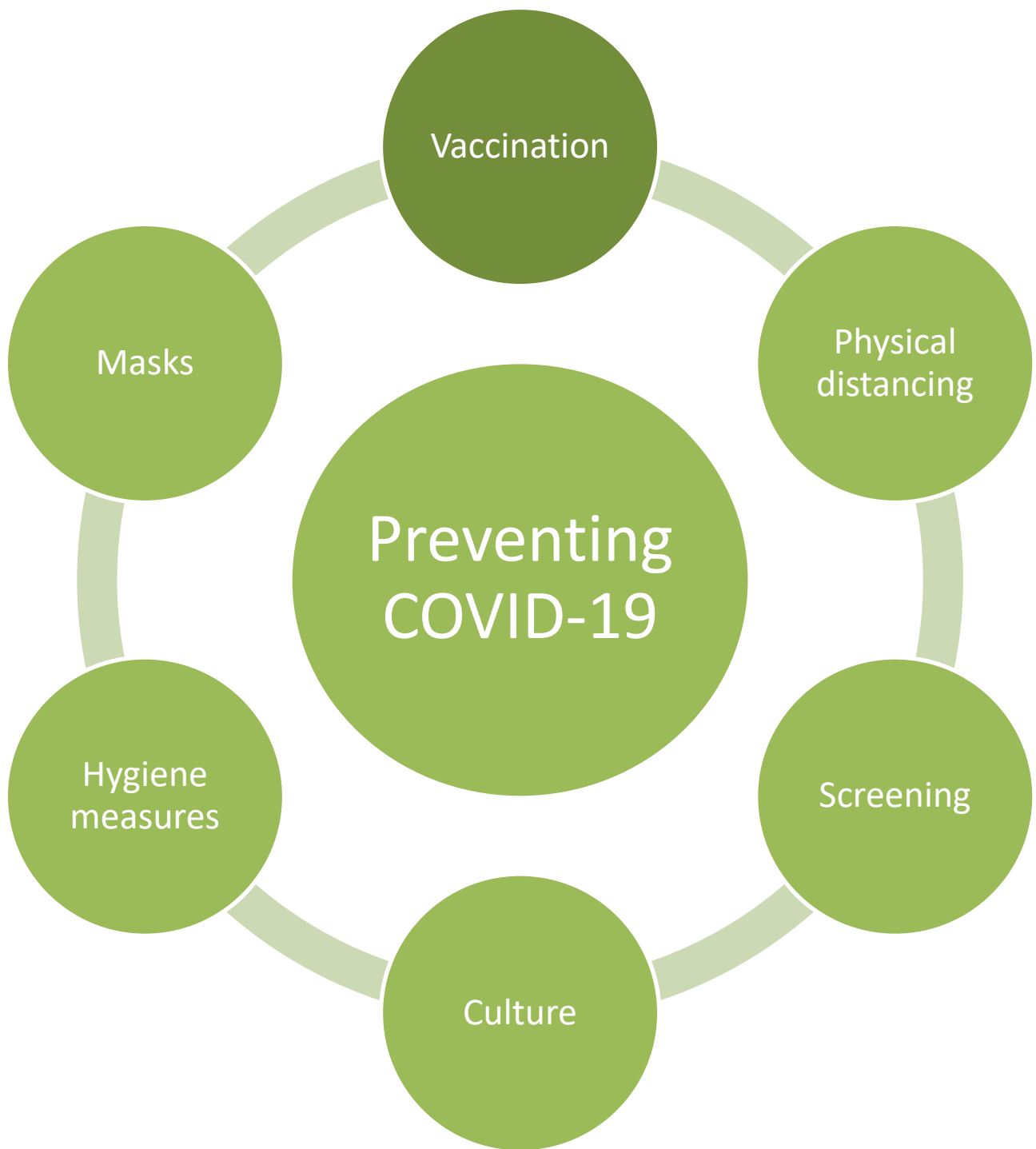
## Supplies

1. Liquid soap
2. Hand sanitizer containing at least 60% alcohol
3. Paper towel
4. Face masks, face shields
5. Disposable gloves
6. Disposable gowns
7. Washable gowns
8. Water-resistant booties
9. Dedicated, re-usable isolation shoes/boots
10. Disposable hair covers – ringworm isolation
11. Washable hair covers – ringworm isolation
12. Body suits - canine parvo and (occasionally) ringworm isolation only
13. For isolation rooms: Pens, thermometers, stethoscopes, microchip readers, scales – “all in all out”

## Additional Measures During COVID-19

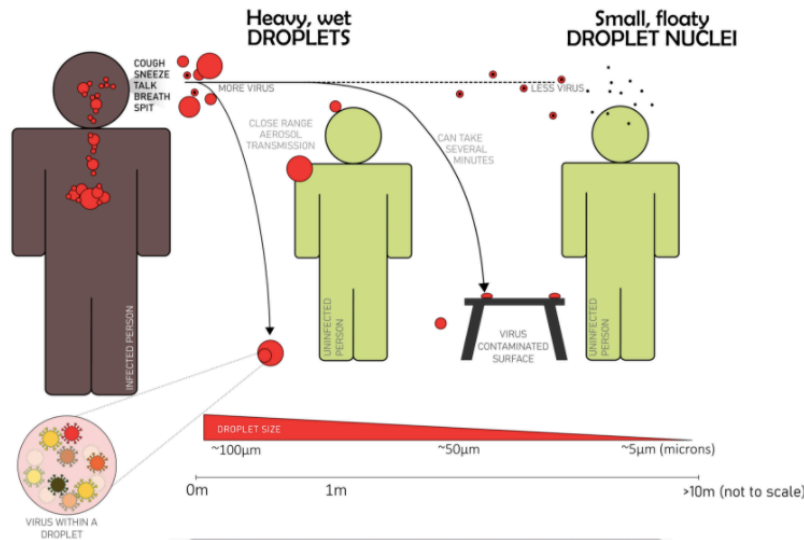
### The COVID-19 Prevention “Big Six”

Dr. Atul Gawande (author of “The Checklist Manifesto”) described extremely low rates of infection in staff at the enormous hospital where he worked in Boston, USA. He emphasized that prevention must include five strategies, all of which are essential. One or two alone won’t work, but together they are literally life-saving. This is why it is so important to **use all the strategies**. And **use them everywhere, not just at work**. **Vaccination is now the critical 6<sup>th</sup> strategy against COVID-19.**



## How does COVID-19 spread?

1. Spread is mainly through **aerosol drops and droplets** – virus contained in drops of liquid sprayed out through coughing, sneezing or speaking, and tiny drops that float in the air.
  - a. It is spread by people who have symptoms of disease but also by infected people who have silent or asymptomatic disease, or before symptoms show.
  - b. There is controversy about the contribution of droplets and aerosols but the ultimate advice is the same for both, **“Don’t Share the Air”**, meaning take measures to avoid breathing in air that other people have recently breathed out.
2. The longer you are in a closed space with an infected person, and the closer you are to that person, the higher the risk of infection. Just walking past someone is very unlikely to result in infection (unless they sneeze on you!)
3. Infection through contact with contaminated surfaces is very rare.



Source: Kaiserscience

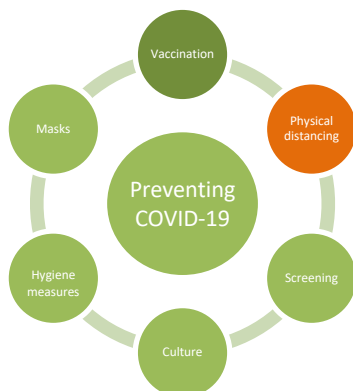
## One: Vaccination



Vaccination is now our most important tool for preventing COVID-19.

1. Fully vaccinated people have a dramatically reduced risk of severe disease and death.
2. Widespread vaccination (“herd immunity”) is essential to minimize transmission in the community.
3. No vaccine is 100% safe or 100% effective. Vaccines should be seen in the B.A.R.C. framework: Benefits, Alternatives, Risks and Context. BARC is not a great order but makes it easier for us to remember!
  - a. **Benefits:** Benefits of vaccination massively exceed risks
  - b. **Alternatives:** Despite widespread misinformation about some drugs, there are no proven effective medical alternatives to vaccination. The alternative would be ongoing or repeated masking, distancing and lockdown measures.
  - c. **Risks:** Very small risks of rare immediate or short-term complications, the vast majority of which are treatable. Very long-term risks cannot be proven to be absent yet but have not shown up yet and are exceptionally unlikely.
  - d. **Context:** A global pandemic, that without widespread vaccination will result in repeated large waves of infections, lockdowns, economic devastation, collapse of the healthcare system, ongoing suffering and death.
4. Vaccination may not stop cases altogether but has already been shown to dramatically reduce the risk of severe disease and death in fully vaccinated people.
5. **THS strongly recommends that all staff and volunteers be vaccinated.** If you require an accommodation under the Ontario Human Rights Code please contact Human Resources to discuss the situation.

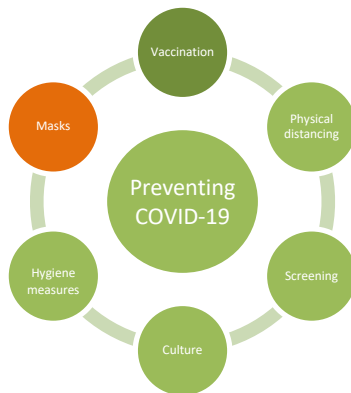
## Two: Physical distancing



1. Physical distancing helps keep us safe by preventing virus-containing droplets from reaching our mouth, nose and eyes.

2. Stay **at least 2 metres (6 feet)** away from other people whenever physically possible
  - a. 2m is not an absolute, it is a **minimum**. Stay further away if you can.
    - i. Arms-length is a good guide – fingertips should not be close together if both people stretch their arms (2 arms = about 5 feet)
    - ii. Can also use length of dog’s leash as a guide
3. If you have to perform a task with or close to another person (e.g. lifting an animal or object, cleaning an area), remember that **the shorter the contact time, the lower the risk of infection**.
  - a. Plan and prepare beforehand
  - b. Work outdoors or in a large space if you can
  - c. Keep doors/windows open if you can

### Three: Masks



1. Masks help keep us safe by **preventing droplets and aerosols from getting to our mouth and nose**.
2. Cloth masks with **breathing valves** are **NOT acceptable** because they do NOT protect other people (and offer relatively poor protection to the user).
3. Masks **must be worn by all people in the building** – staff, volunteers or the public
  - a. **Triple layer masks** made with tightly woven fabric are now mandatory at THS
  - b. Double masking (cloth over surgical-type) can help to improve the fit
  - c. Masks are mandatory indoors for THS staff and volunteers
  - d. Masks are not required to be worn outdoors at THS at this time, but do keep a mask with you in case you need one
  - e. Wear masks correctly, covering the nose and mouth
  - f. A snug fit is essential
    - i. If you wear glasses that get fogged up by a mask, fold the metal strip at the top of the mask to fit snugly over your nose. Breathe through your nose, not your mouth. Try putting a folded tissue just inside the top of the mask. Or use paper tape to seal the top.
    - ii. For medical-type masks, fold over, knot the ear loops as close to the mask as possible and tuck in the sides/corners – this minimizes gapping on the sides
  - g. The same mask can be worn for the day
  - h. Wash masks after the work day. Normal laundering is fine.
4. **Face shields** should be worn in addition to masks in high-risk situations e.g. during close-contact with a symptomatic person, situations in breach of physical distancing and aerosol generating procedures. This gives the wearer more protection. **Eye shields** e.g. goggles can also help prevent infection and are required for aerosol generating procedures.

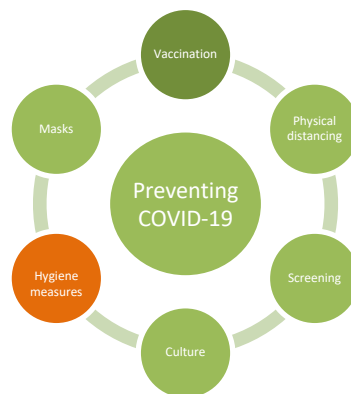
## Four: Screening



1.

1. Screening questions help keep us safe by **identifying people who may be infected with COVID-19**
2. The **COVID-19 Screening Questions** document is in the All Staff Team, in the Files tab, inside the COVID-19 folder. The questions will change from time to time as new research emerges.
3. Screening questions are required:
  - a. The first time someone enters the building every day (staff or others)
  - b. When setting up appointments with clients
  - c. When clients drop off animals (or may be asked to confirm no change since telemedicine consult)
4. **Self-screening** means not coming to work if you think you may have COVID-19 and ensuring you report this to your supervisor.
  - a. Remember, being sick is NOT a sign of weakness or lack of commitment. **Coming to work sick could endanger someone's life.**

## Five: Hygiene measures



1. Our understanding of how COVID-19 is transmitted has changed quite a bit since last March. We now know that the risk of being infected by touching contaminated surfaces is very tiny, but not zero. However, diseases like parvo and panleukopenia can easily be spread between animals by touching contaminated surfaces. Excellent hand hygiene therefore remains essential in the facility.
2. **Wash or sanitize hands/gloves frequently** as per standard practice at THS.
3. Follow standard shelter cleaning protocols.

## Six: Culture



Consistently using prevention measures requires commitment – to your own health, and to the health and safety of others. It will also help the animals in our care, who suffer when infection control measures are not consistently applied. *Your commitment to these measures could literally save a life – yours or someone else’s.*

**Caring and commitment mean speaking out.** Use **Fearless Feedback** to politely remind others in the facility to follow the prevention strategies. Speak to your manager or supervisor if you have concerns.

## Housing and handling COVID-exposed animals

See “COVID-19 exposed or infected animals” protocol.



# General Infection Control Procedures at THS

In the case of a conflict, the COVID-19 procedures take precedence over pre-COVID procedures.

## Putting on (donning) and taking off (doffing) PPE

Source: <https://www.cdc.gov/hai/pdfs/ppe/PPE-Sequence.pdf>

### Putting on PPE:

The exact order isn't critical. Use common sense. For example, it makes sense to put on a hairnet first (head is presumed to be free of infectious agents) and booties second-last (shoes are presumed to be contaminated). Gloves go on last because hands are likely to become contaminated while donning other PPE.

### Taking off PPE:

Removing PPE correctly is extremely important. The exact order isn't critical. What matters most is being aware that each item is now considered contaminated, and avoiding contamination of clothes and skin, and especially hands, when removing. Hands should always be washed or sanitized after removing PPE.

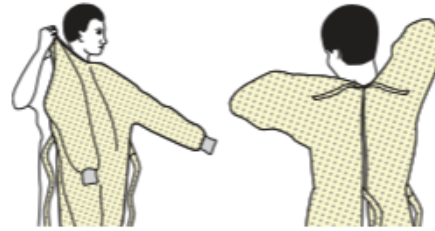
The CDC posters below provide more details for how to safely put on and take off PPE.

## SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

### 1. GOWN

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- Fasten in back of neck and waist



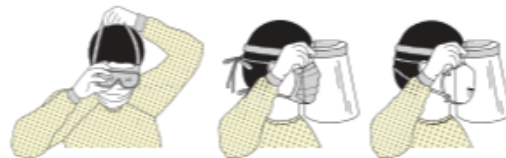
### 2. MASK OR RESPIRATOR

- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator



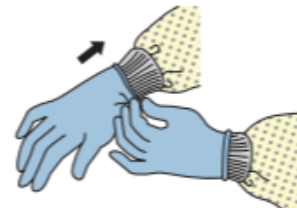
### 3. GOGGLES OR FACE SHIELD

- Place over face and eyes and adjust to fit



### 4. GLOVES

- Extend to cover wrist of isolation gown



## USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene



## HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 1

There are a variety of ways to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Here is one example. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

### 1. GLOVES

- Outside of gloves are contaminated!
- If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove
- Discard gloves in a waste container



### 2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band or ear pieces
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container



### 3. GOWN

- Gown front and sleeves are contaminated!
- If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties
- Pull gown away from neck and shoulders, touching inside of gown only
- Turn gown inside out
- Fold or roll into a bundle and discard in a waste container

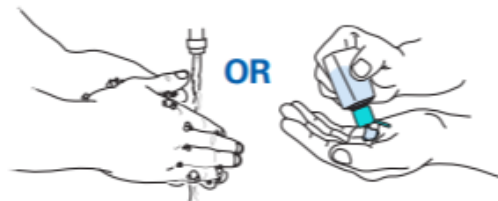


### 4. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



### 5. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



**PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS  
BECOME CONTAMINATED AND IMMEDIATELY AFTER  
REMOVING ALL PPE**



## 1. Training:

- a. Use the accompanying PowerPoint (“Infection Control Training”) to train all new staff and volunteers.
- b. Repeat the training for all staff and volunteers **at least once a year**.

## 2. Supplies:

- a. Ensure that every designated station is stocked with hand sanitizer and an Accelerated hydrogen peroxide (Prevail/Accel/AHP) spray bottle **at all times**.
- b. Ensure that **every** sink is stocked with liquid soap and paper towel **at all times**. Antibacterial soap to be stocked **only** for surgical prep.
- c. Ensure the appropriate PPE is stocked near the door of each room, as needed.

## 3. Information:

- a. Hand hygiene poster (below) to be posted in multiple prominent areas in the shelter
- b. PPE instructions (below) to be placed prominently in areas used by staff and volunteers

## 4. Scrubs and Coveralls

- a. All medical and cleaning staff are to wear scrubs or shelter T-shirts during their shift
  - i. If scrubs are visibly soiled, change them or put on a gown or lab coat
  - ii. Scrubs must be laundered **after each working day**. This is each staff member’s personal responsibility
  - iii. Coveralls will be used over scrubs in some situations during cleaning or as requested
- b. Best practice is to change from work clothes/scrubs to street clothes before leaving the shelter at the end of the working day

## 5. Putting on, removing and discarding body suits, gowns, gloves and booties:

- a. We’ve had many discussions about the exact order of donning (putting on) and doffing (taking off) PPE. The precise order is less important than ensuring that PPE is not contaminated while donning, and clothes and skin are not contaminated when doffing.
- b. Ensure that the gown cuff covers half of your hand and the glove holds it securely in place. A hole can be made for the thumb when using disposable gowns, to prevent the cuff from pulling back and leaving your wrist exposed.
- c. Remove gowns by carefully grasping them from the back outside edge and turning them inside out as you take them off, so that they don’t contaminate your clothes, skin or the environment.
- d. Ensure the bin is near the door
- e. **IMPORTANT: Disposable gowns, gloves and booties are NOT to be re-used** (i.e. may **NOT** be taken off and put back on). It is almost impossible to do this without contaminating hands, clothing or the environment.
- f. Never leave used PPE lying on the floor. Turn inside out as you take off, and discard immediately in the garbage.
- g. **Always wash or sanitize hands immediately after leaving the isolation area, at the nearest sink or sanitizer dispenser.**

## 6. Gowns:

- a. Gowns provide more coverage for barrier protection than lab coats, and are typically used for handling animals with suspected or confirmed infectious diseases. For when to use, see table below

- b. **IF YOU NEED A GOWN, YOU ALSO NEED GLOVES**
- c. Gowns to be replaced when visibly soiled or according to the table below
- d. Place washable gowns in a designated laundry tub after use

**7. Lab coats:**

- a. Lab coats should be used to protect scrubs and keep them clean, or when scrubs are slightly soiled. The goal is to avoid touching animals with contaminated clothes.

**8. Body suits:**

- a. Full body suits should be used when dealing with high risk infections that also have a high risk of environmental contamination. Typical use would be for canine parvo or (in some cases) ringworm isolation.

**9. Gloves:**

- a. As a general rule, gloves should be worn when contact with blood, body fluids, secretions or excretions is possible (through contact with the animals or contaminated objects)
- b. **GLOVES WILL NOT ALWAYS KEEP ORGANISMS OUT. Get into the habit of sanitizing hands after removing gloves.**
- c. When dealing with high risk animals, change gloves between animals.
- d. At a minimum, always sanitize gloves between animals.

**10. Face protection:**

- a. It is strongly recommended to wear surgical mask and/or protective goggles or face mask if there is a risk of splashing or spraying e.g. dental procedures, infected wound lavage.

**11. Hair cover:**

- a. Wear a hair cover in **ringworm isolation**. Washable hair covers to be used in preference to disposable.

**12. Booties or dedicated shoes/boots:**

- a. Wear booties or dedicated footwear when there is a risk of spreading an infection on shoes through contamination of the floor.
- b. Typical places to use booties/alternative footwear are canine parvo and ringworm isolation.
- c. **These DO NOT need to be used in all isolation areas.** Follow instructions on the room or area sign.

**13. Disinfecting contaminated objects and surfaces**

- a. Wherever possible do not remove any items from an isolation room until the room has been emptied and deep cleaned
- b. If items like pens, cell phones, stethoscopes are contaminated, they should be cleaned and disinfected with Accelerated hydrogen peroxide. If a cell phone cannot be cleaned and disinfected with Accelerated hydrogen peroxide it may not be used in an isolation area.
- c. Disinfect reusable footwear with Accel immediately after use and place in designated area to dry
- d. Try to avoid touching surfaces with contaminated hands or gloves, and if you do touch them, clean and disinfect with Accelerated hydrogen peroxide.
- e. Minimum contact time for Accelerated hydrogen peroxide is 5 minutes for disinfection
  - i. Note that the contact time applies to disinfection, not cleaning, which is the step before disinfection, see Definitions above

## 14. Enrichment in isolation rooms

- a. Prioritize animals in particular need e.g. stressed cats with URI and those likely to be isolated for long periods such as kittens or puppies with ringworm.
- b. Volunteers should ideally avoid visiting multiple isolation rooms in a day, unless they contain animals with the same infection. If this is unavoidable, medical staff should advise as to the order (least life-threatening to most life-threatening – e.g. ringworm then parvo).
- c. Staff and volunteers should similarly avoid moving from an isolation room to a healthy room, particularly a nursery. If this is unavoidable, strict adherence to PPE is required, including meticulous hand hygiene, and gowns and gloves should be used in the healthy room. Volunteers are advised to change their clothes before leaving the shelter

## Infection Control Levels

### 1. How They Work:

- a. Levels:
  - i. Healthy Nursery (mauve square) – **vulnerable population, variable risk**, stringent precautions
  - ii. Level 1 (green circle) – **low risk** of infectious disease, minimal precautions
  - iii. Level 2 (yellow triangle) – **moderate or unknown risk**, moderate precautions
  - iv. Level 3 (red octagon) – **high risk**, stringent precautions
- b. Each room is marked to denote its Infection Control level
- c. Levels change as needed
- d. On occasion, different areas of a room will have different levels (e.g. partial quarantine)

#### Level 1:

- a. Low risk adoption rooms (animals from traditional home environment, healthy strays, transfer cohorts after 10 days in the shelter)
- b. Medical recovery (cats)
- c. High-traffic “funnel” areas with short-term stay: Intake area, intake exam rooms, surgery, prep room, main clinic, X-ray, spay/neuter clinic, vaccine clinic
  - i. Although Level 1, these areas require **special vigilance for possible infectious disease** because many animals move through them
- d. Freezer room containing deceased animals
- e. Clean all surface with accelerated hydrogen peroxide between animals
- f. Red-tag any potentially contagious animals in these areas and handle accordingly

#### Level 2:

- a. Transfer cohorts (shelters and rescues) – first 10 days
- b. Unknown-risk adoption room (e.g. animals from independent rescuers, colonies, hoarders)
- c. Kennel cough
- d. Laundry
- e. Some quarantine rooms or areas

#### Healthy Nursery:

- a. Kitten nursery

- b. Puppy rooms

**Level 3:**

- a. Isolation rooms
- b. Shelter lockdown situations – whole shelter or designated areas if outbreak or threat of outbreak
- c. Some quarantine rooms or areas

**2. How do red and green tags fit in?**

- a. Infection Control levels cover ROOMS OR AREAS
- b. Tags cover INDIVIDUAL ANIMALS WITHIN an area
- c. Red tag (see poster below for PPE requirements)
  - i. Any possibly **contagious** animal in non-isolation area e.g. diarrhea, URI signs, low-risk skin lesions awaiting PCR
  - ii. **Confirmed** case of infection in an isolation area where there are also unconfirmed suspects
- d. Green tag (see poster below for PPE requirements)
  - i. Any particularly **vulnerable** animal that needs particular care to prevent infection. **Case-by-case** at the discretion of the medical staff for animals deemed to be at higher risk. For example, neonates, very stressed animals.
  - ii. Retrovirus-positive cats **do not** require green tags unless there is good reason to suspect they are actually (rather than potentially) immune suppressed.

**3. Definitions – Isolation and Quarantine:**

- a. **Isolation** – Sick animal being treated for a contagious disease e.g. parvo/panleukopenia, ringworm, severe URI, influenza, severe diarrhea
- b. **Quarantine** – Healthy animal that may have been exposed to a contagious disease e.g. ringworm-exposed but normal skin, healthy parvo-exposed, cohort from another shelter. Typical quarantine is 10 days; 4 weeks for ringworm.
  - i. Other animals can be housed in a room that has a quarantine section, **depending on the DVM's disease risk assessment**. Quarantined animals should be physically separated, e.g. behind a barrier. In most cases, animals can be seen by the public and made available for adoption during the quarantine period.
- c. Appropriate signage is required.

**HAND HYGIENE POSTER**  
**See PDF for full-page printable version**



**CLEAN HANDS  
SAVE LIVES**



Remember to clean your hands or change/sanitize your gloves before and after each animal you handle or touch



## RED AND GREEN TAGS

Follow Infection Control Level instructions  
for the room if more PPE is needed.  
Please see over for which animals need a tag.



### **Green tag:**

Vulnerable

Handle first

Wash or Purell hands before and after  
handling



### **Red tag:**

Contagious

Handle last in room

Wear gloves & washable gown, one  
gown per room

Purell or change gloves between “red”  
animals

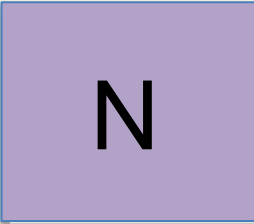

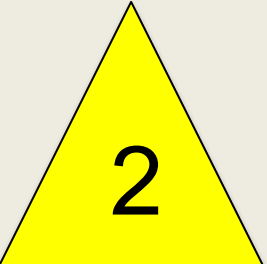
# RED AND GREEN TAGS

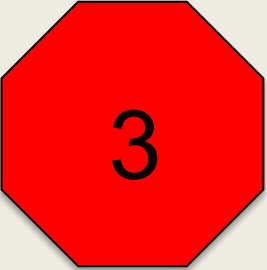
## Animals requiring a green tag:

- Case-by-case at the discretion of the medical staff, for animals that may be **more vulnerable to infection**
- For example, neonates or juveniles outside the nursery, highly stressed animals.
- FIV and FeLV-positive cats **do not routinely** need green tags.

## Animals requiring a red tag:

- Sneezing, coughing
- Discharge from eyes or nose
- Vomiting or diarrhea
- Known intestinal parasites
- Confirmed case in an isolation room e.g. confirmed parvo or ringworm is handled **after** a suspected case

Level	ACWs & VAs (when cleaning)	Staff (when not cleaning), Volunteers	Public
	<p>Healthy Nursery: <u>Washable</u> gown, gloves</p> <p>Change gown and gloves between cages</p>		<p>No access</p>
	<p><u>Washable</u> gown, gloves</p> <p>Purell gloves between cages/runs</p>	<p>Clean hands, clean outerwear</p> <p>Wash or sanitize Purell hands between cages or runs</p>	<p>Clean hands, clean outerwear</p>
	<p>Change gown between rooms</p>	<p>Gloves, <u>washable</u> gown</p> <p>Change or Purell gloves between cages</p> <p>Use one gown per room</p>	<p>Wash or Purell hands between cages or runs</p>

	<p>Use gowns provided, wear gloves, change gown and gloves between cages</p> <p>Purell hands between glove changes</p> <p><u>See back for PPE needed for different conditions</u></p>	<p>No access</p>
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### Room Infection Control Levels

## LEVEL 3 ROOMS: PPE REQUIRED

- Follow instructions on the door if different, or for conditions not included here -

Condition	Gloves	Disposable gown	Washable gown*	Gown round waist	Body suit	Foot covers	Hair cover
Healthy puppies or kittens (< 5 mths)	✓		✓				
Kennel cough	✓		✓	✓			
Parvo - cats	✓	✓					
Parvo - dogs	✓				✓	✓	
Severe diarrhea/vomiting, cause unknown		As for parvo					
Ringworm - cats	✓		✓			✓	✓
Ringworm - dogs	✓				✓	✓	✓
URI	✓		✓				

\* Use separate laundry for ringworm

## Effectiveness of Disinfectants Used at THS Against Common Organisms\*

Most resistant



	Accelerated hydrogen peroxide**	Hand sanitizer (60-80% alcohol)	Hand washing
Parasite cysts (coccidia, Giardia)	No***	No	Hand washing suspends and removes organisms rather than necessarily killing them, but is very effective if done correctly.
Clostridial spores	Yes	Variable	
Ringworm spores	Yes	No	
Non-enveloped viruses (parvo, calici)	Yes	Variable	
Chlamydia	? (Likely)	Variable	
Enveloped viruses (herpes, FIV, FeLV)	Yes	Yes	
Bacteria	Yes	Yes	
Mycoplasmas	Yes	Yes	
Minimum contact time	5 minutes	Allow hands to air dry fully	Soap hands for at least 20 seconds

Most susceptible

\* Miller & Hurley Infectious Disease Management in Animal Shelters 2009, pg 51; Canadian Committee on Antibiotic Resistance - Infection Prevention and Control Best Practices for Small Animal Veterinary Clinics

\*\* Used mainly for environmental disinfection and cleaning of contaminated objects (e.g. stethoscopes, phones, pens, but could be used for hand sanitation).

\*\*\* Does not kill but effectively removes

# INFECTION CONTROL FAQs

## FOR STAFF AND VOLUNTEERS

### USE OF PPE

#### **In what order should I put on and take off my PPE?**

We've had many discussions about the exact order of putting on and taking off PPE. When you really think about it, the exact order is not that critical. It's more important to think about what you are doing.

The goal is to ensure that PPE is not contaminated while putting on the PPE, and clothes and skin are not contaminated when removing the PPE.

**Always consider your hands to be contaminated after removing PPE. Wash or sanitize your hands at this point, before moving on to the next task.**

Examples:

- If you are using booties/dedicated footwear and a hairnet, it makes sense to put on the hairnet first, because your head is not considered to be contaminated with germs, while your shoes are always soiled to some degree.
- When you are taking off a hairnet in a ringworm room, you could remove that with your gloves on if you can just pull it off the top of your head, but if you have to lift it over earrings you would remove your gloves first to avoid getting ringworm spores on your hair.
- If removing a disposable gown, it makes sense to remove the gown and gloves all in one starting with the back of the gown and turning everything both inside out while removing.
- If removing a washable gown, you might remove gloves first, then remove the gown with clean hands. Only touch the back of the gown while removing because this is unlikely to be contaminated.

#### **Mind the gap! To avoid exposing clothes and skin:**

- Tie securely at the neck and around the waist
- To keep wrists covered, place the gown cuff half-way up your hand and put on the gloves over it. Or, push your thumb through the end of the sleeve to make a small hole and hold the gown cuff in place that way. Washable gowns have an existing hole at the end of the sleeve.
- Make sure the gown is covering your lap or legs when holding or walking an animal.

#### **Tips for removing PPE:**

Avoid touching clothes and skin with contaminated gloves while removing PPE.

Take off disposable gown and gloves as a single unit, turning the gown inside-out and peeling the gloves off last, without separating from the gown.

**If booties are removed first, doesn't that defeat the control required if I'm stepping on the floor? I was taught that booties should come off last as you're stepping out of the room and leaving them in the bin.**

It's true that shoes can be contaminated when in contact with the floor in an isolation room, but our frequent cleaning and the use of Accel substantially reduces the risk of spreading infection to other parts of the shelter. Disease is much more likely to be spread by contaminated hands. Removing booties with ungloved hands increases the risk of contaminating your hands and that is much more of a concern.

You are correct that PPE should be removed at or near the door, as you are leaving the room.

**Do I need a gown and gloves in every room?**

No. Please use the chart provided for directions, as well as signage, for the isolation and quarantine areas.

**Do I have to change my gown between rooms?**

Yes.

**When feeding kittens, cloth gowns are not available and I've been using paper, is that wrong?**

No, this is not wrong. Cloth gowns are less wasteful, but paper gowns are fine if cloth gowns are not available.

**One trainer told me that Level 1 rooms do not require gloves, only gowns. Another told me to ALWAYS use gloves. Which is correct?**

Please follow the instructions on the Level charts outside the rooms. If you are getting different information from different staff members, please let the volunteer coordinator know and they can obtain clarification for you.

**Gowns don't fully cover legs when walking dogs and don't cover body when sitting with special species, are they even effective then?**

Good question. Gowns should be positioned to minimize the chance of contaminating clothing with germs. For dog-walking, gowns tied at the waist are not perfect but they do decrease contamination. For special species, gowns can be placed under the knees when kneeling or over your lap when sitting.

## **ROOM ORDER**

**What is the ideal order of movement between rooms and in a room?**

We always try to move from the healthiest and most vulnerable to the most contagious.

Between rooms: The ideal order is: healthy kitten/puppy nursery, then Level 1 room, Level 2 room, Level 3 room.

Within a room: See animals with a green tag, then no tag, then red tag. It's okay to see more than one tagged animal. Follow PPE instructions carefully and always wash or Purell hands between animals, even if you are or have been wearing gloves.



**Where can I go before and after the healthy puppy or kitten nursery?**

To prevent spread of infection to the puppies and kittens, you should ideally visit the healthy babies first, then go on to other rooms. This is clarified on the new nursery sign.

**Can I go from a Level 3 room to Level 1 or 2, or the the nursery?**

It's not advisable to go from a Level 3 room to any other room, if there's any way to avoid that. Sometimes staff and kitten feeders have no choice. Strict adherence to PPE protocols is essential between isolation rooms. Apply meticulous hand hygiene (handwashing or Purell) between rooms, and gown and glove in the healthy room after having been in the ISO room to avoid carrying germs in on your skin or clothes.

**Can I visit the nursery after being in an ISO room?**

This should be avoided if at all possible.

**Can I go from a Level 3 room to another Level 3 room?**

This is not advisable, but can be done if essential. If more than one Level 3 room must be visited, go from the least life-threatening disease (e.g. ringworm) to the most life-threatening (e.g. parvo/ panleukopenia). Medical staff can advise as to the order, but in nearly all cases, parvo/ panleukopenia should be the last room visited. Strict adherence to PPE protocols and meticulous hand hygiene (handwashing or Purell) between rooms is essential.

## RED AND GREEN TAGS

**Can I see a green-tagged cat in one room right after seeing a red-tagged cat in another room?**

Yes – so long as you use the PPE correctly and ALWAYS wash or Purell your hands between animals and rooms.

**Why are red/green tags not used in the canine areas?**

Green tags are not usually needed and contagious dogs are usually moved to isolation or quarantine areas. Red tags are sometimes used.

## ISOLATION ROOM QUESTIONS

**When moving a cat from ISO rooms what supplies must be replaced?**

The animal should not take anything with them. Replace everything.

**Often in the isolation rooms when feeding infected kittens, there are no garbage or gown disposals available inside the room and that means carrying out items that might be infected.**

Garbage and laundry bins should always be present in the isolation rooms. If they are not, please ensure that a supervisor is informed. (Note that only disposable gowns should be used in isolation rooms and these are discarded in the garbage bin.)

If there is no garbage bin in the room, leave the garbage just inside the door and inform a staff member or supervisor. If there is no laundry bin, place the laundry on the floor near the door and inform a staff member or supervisor immediately.

## GENERAL QUESTIONS

### **What is the difference between isolation and quarantine?**

Isolation is separation of sick animals that have a contagious disease, to prevent spread through the population.

Quarantine is separation of healthy animals that may have been exposed to a contagious disease. They are observed for a period of time to ensure they don't become sick.

### **How airborne is ringworm? Will I get infected if I am just standing in a room or when I take off my gown before leaving?**

Ringworm is not very airborne, contrary to what was previously believed. You are not at risk if in a room away from the cages, or when you take off your gown. The highest risk is from skin contact with infected animals. The risk drops steadily during treatment.

### **What is the difference between parvo for cats and dogs?**

Excellent question! They are closely-related but different viruses that cause severe gastroenteritis. Parvo in cats is often referred to as panleukopenia. Both viruses are extremely contagious and cause severe disease.

### **Can PARVO be transmitted between cats and dogs?**

In theory, yes – in practice, this is fortunately rare.

### **Why do Special Species not require ISO rooms?**

Another great question! Fortunately we rarely require isolation for Special Species and when we do, we are able to designate isolation spaces in front or at the back of the room.

### **Is *Pasteurella* and *E. cuniculi* in Special Species just red tagged or it would be considered ISO?**

These are red-tagged. *Pasteurella* is carried by many small animals and does not always cause clinical illness. *E. cuniculi* is spread through urine when spores are present, or from mother to young during pregnancy. There is a low risk of transfer from enclosure to enclosure.

### **When is your own leash required vs. a THS leash for bio-security purposes?**

Volunteers are asked to bring and use their own leash for dogs in the general population and only use THS leashes when required for infection control purposes. As a general rule of thumb, use your own leash for Level 1 rooms and THS leash for Level 2 or 3.

## MY QUESTION ISN'T COVERED HERE/I STILL DON'T UNDERSTAND

If you have more questions, please ask your manager, supervisor or volunteer coordinator.

If queries are unable to be resolved, staff can escalate to the Chief Operations Officer, Chief Veterinary Officer or Senior Manager, Shelter Medicine Advancement.