Introduction: It is the standard operating procedure of the NCSU Veterinary Health Complex (VHC) to insure the safety of all patients while in the care of the faculty, staff and students. All individuals directly and indirectly responsible for providing patient care are expected to assume an active role in safeguarding all patients at all times.

A. GENERAL INFORMATION:

1. At the point of arrival to the VHC, including the grounds and facilities, patients are in the direct care of the clinicians, staff and students.
2. All animals must be appropriately leashed, haltered, in carriers or other appropriate restraint and transport devices at all times.
3. Within the client lobby and receiving areas, it is the responsibility of the staff to insure that all animals remain properly restrained or secured by the owners/caretakers, and that people and animals are spaced reasonably apart. This pertains to the Small Animal Hospital, and the Large Animal Hospital, including the LAH parking area and breezeway.
4. Owners/caretakers of animals acting in an aggressive or unruly manner may be asked to wait in a separate area and/or outdoors until the time of their appointment or admission.
5. Patients needing special assistance – if an owner feels that they cannot safely (either medical or personal) remove their animal from their car or trailer, a clinician or CT from the receiving service, or a designated VHC staff member, should be called to assist. Students should not be primarily responsible for this task. Animals that slip and/or fall while trying to walk on the slick floors should be provided with a cart to take them to the examination room, and/or to the wards.
6. Once admitted, specific consideration of patient placement should include:
   a. Regardless of the physical location or placement of every inpatient, ALL cages, runs and/or stalls MUST be completely secured at all times. Such security includes door latches and in many cases an additional measure such as a snap-hook, carabineer, or ‘S’ hook.
   b. All fractious small animal patients (dogs and cats) who are size appropriate must be placed in lower cages. All reasonable precautions must be exercised in all facets of handling and restraining those patients. Restraint devices may include blankets/towels, leather gloves, slip-noose leashes and/or muzzles.

NOTE: For animals that are difficult to handle to the point that they might injure themselves, owners, VHC staff or students, please have the client sign a “Consent to Modify Treatment and Waiver of Injury Claim” form found on the G: drive in the VHC Forms folder.

   c. Medium to large sized dogs who are deemed fractious and/or a “caution” should be placed in a large lower cage or run. All reasonable precautions must be exercised in all
facets of handling and restraining those patients. Restraint devices may include blankets/towels, leather gloves, slip-noose leashes and/or muzzles.

d. All patients exhibiting neurologic deficits or symptoms, up to and including seizure-watches, vestibular syndrome, mobility instability, etc., must be placed in either a lower cage or run. Such cages or runs must be appropriately bedded, padded and/or safeguarded.

e. Patient alerts must be indicated in clear sight on the cage, run or stall door. Such alerts may include: Caution, Cage Bolter, Seizure Watch, Bite Alert, Dog Aggressive, etc.

f. Medication Administration: Prior to the administration of any medications to a patient, confirm that the correct patient is about to receive the correct medication at the correct dose. Medication errors are reportable through the online reporting system located on the VetApps site.

B. INPATIENT PLACEMENT:

1. The specific ward, cage, run, aisle, stall placement of each patient is determined by the patient species, size, admitting service and initial presenting medical condition. Guidelines are as follows:

   a. SMALL ANIMAL HOSPITAL

      i. Potential or confirmed infectious diseases who are otherwise stable: SA Isolation Ward (see Infectious Disease Manual for further clarification)

      ii. Emergency/Triage Cases: Housed temporarily in ER pending assessment, initial diagnostics and transfer to receiving service

      iii. Critical Care Cases: At the recommendation of the receiving clinician, and with the owner’s approval, patients are placed in the Intensive Care Unit (ICU). This includes primarily severe critical care patients and/or unstable patients

      iv. Compromised/Stable Cases: At the recommendation of the receiving clinician, and with the owner’s approval, patients are placed in the Intermediate Care Ward (IMC). This includes primarily limited critical patients who are otherwise stable, some post-op patients, seizure-watch patients, all stable patients receiving IV fluid therapy and those patients requiring treatments.

      v. Outpatients and stable cases: All Outpatients and stable cases will be housed in General Hospital (GH). Such patients include oncology day patients, canine blood donors, stable post-op patients, daycase diagnostic patients (imaging, etc) and personally owned pets of staff and students (see Personal Pet SOP)

      vi. All patients must have an ID band. Use yellow bands for patients with alerts.

      vii. Refer to Intensive Care Unit SOP #7,1General Hospital SOP #107 and Intermediate Care SOP #108 for further information.

   b. LARGE ANIMAL HOSPITAL

      i. Stable patients with potential or confirmed infectious diseases: Housed in LA Isolation stalls or within the LAH aisles A-D with restriction protocols in place (see Infectious Disease Manual for further clarification).

      ii. Emergency and/or Critical Care Cases: A Aisle with or without restriction protocols in place (see Infectious Disease Manual for further clarification)

      iii. Non-critical cases: Orthopedics, Medicine, Soft-Tissue Surgery, Ophthalmology, Theriogenology – may be housed in B, C, D aisles at the discretion of the service, receiving clinician and LA manager and/or supervisor.

      iv. Food Animal and/or Special Species Patients: D Aisle; potential or confirmed infectious disease patients – FA Isolation Stalls (see Infectious Disease Manual for further clarification)

      v. Refer to the Large Animal Clinic SOP #72 for additional information.
C. REPORTABLE INCIDENCES:

1. All incidences related to the potential harm or safety of VHC patients are considered reportable.
2. The most-senior individual present, adjacent or in knowledge of the incident is responsible for the following communications:
   a. Report the incident immediately to the senior clinician and/or house officer of the case
   b. Notify a member of VHC senior hospital management: Hospital Administrator, Director of Nursing Services or Director of Business Office and Administrative Services
   c. Once the patient is appropriately assessed, and stabilized if necessary, the senior clinician or house officer is expected to communicate the incident to the owner/caretaker as soon as possible. Such communications must be documented within the client communication mechanisms.
   d. A VHC Incident Report is required and should be completed as soon as reasonably possible (see Incident Reporting SOP)

D. PATIENT ESCAPE SITUATIONS:

3. In the event that a patient escapes within the confines of the SAH or LAH, all reasonable and safe efforts must be initiated to safely capture the patient. The following should then take place:
   a. Report the incident immediately to the senior clinician and/or house officer of the case
   b. In the event that the patient is not captured immediately, the owner/agent should be contacted.
   c. Once the patient is appropriately assessed, and stabilized if necessary, the senior clinician or house officer is expected to communicate the incident to the owner/caretaker as soon as possible. Such communications must be documented with the client communication mechanisms.
   d. A VHC Incident Report is required and should be completed as soon as reasonably possible (see Incident Reporting SOP)

4. In the event that a patient escapes to the outdoors of the VHC hospitals, while under the care of the VHC, all immediate efforts must take place to safely capture the patient. Such efforts must include the immediate notification of the first available staff member or clinician. That individual should then immediately contact a supervisor, any clinician involved with the case and a member of the VHC senior management team. If at that point the patient has not been safely captured and/or returned to the VHC, the senior-most individual within the informed group will then initiate a communication to the VHC community alerting everyone of the missing patient, including a description and general direction of the escape route. At that time, any/all available staff will be deployed to assist in the search and safe capture of the patient.
   a. After fifteen minutes, should the patient remain loose outside of the VHC hospitals, a clinician of the case or service should make all reasonable efforts to contact the owner/caretaker, and consideration should be given to informing the local police and animal control agencies.
   b. After one hour, should the patient remain loose outside of the VHC hospitals, consideration should be given to informing the local media including television and radio stations.
   c. All efforts must continue by the VHC personnel until the capture and safe return of the patient.

5. Immediately following the capture of the patient, all VHC personnel will be notified via email and/or call lists and asked to return to their work areas. All other outside agencies, previously informed of the escape, should be notified of the capture.

6. Following the capture of an escaped patient, a complete physical examination is required and to be provided by the receiving service, with consultation with other services, if needed.

7. A follow up communication with the owner/caretaker is required as soon as possible and as frequently as necessary to keep the owner/caretaker fully informed.

8. Following the assessment of the patient and notification to the owner/caretaker, a VHC Incident Report is required and should be completed as soon as reasonably possible (see Incident Reporting SOP)
9. The final measure, following an escape, is to access the initial cause. All identified contributing factors such as physical plant or grounds issues should be addressed as soon as possible. Any human errors identified should also be addressed appropriately. Identified preventable measures should be implemented as soon as possible.

E. ADDENDUMS:

1. Protocol – Outlines steps of communications relative to day/time of escape.
2. Contact List – Provides contact information of CVM-VHC personnel, local agencies and media to be notified in the event of a patient escape.