



Resuming Spay/Neuter Services

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Who we Are

- Independent 501(c)(3) animal shelter
- 48,000 square foot facility, Milpitas
- 130 employees, >1000 volunteers
- Annual intake ~7000 animals
- Contract with Sunnyvale
 - House, provide care to stray pets
 - Find new homes



Services to the Community

- Pet Adoptions
- Lost Animal, Surrender
- Pet Pantry
- Emergency Boarding
- Spay/Neuter
- Vaccine, Microchip
- Dog Training
- Pet end of life



Effects of COVID-19 Pandemic

Pre-COVID-19

- On-track to perform 9300 surgeries
- Perform 600-900 surgeries per month

Since Shelter in Place Order

- March: 50% reduction in surgery volume
- April: 99.5% reduction in surgery volume



Effects of COVID-19 Pandemic

Since mid-May

- Target: foster and shelter animals
- Perform 30-50 per week
- 90 total surgeries performed in May

Goal for June

- Perform 100 surgeries per week
- <50% total capacity / prior year volume



Resuming Spay/Neuter Services

New Drop-off Processes

- Limit number of clients in the lobby
- One-way traffic in medical lobby
- Use of face covering
- New staff stations – keeps distance between staff



Resuming Spay/Neuter Services

New Surgery Flow Processes

- Decreased volume of surgery
- Use of surgical masks for everyone
- Limit crossing paths between staff
- Limit number of staff in surgical prep area and operating room



Future Goals

- Resume surgery volume as close to 100% as possible
- Resume SN services to the public
- Resume subsidized free SN services to the community
- Resume monthly wellness & SN clinics for pets of people experiencing homelessness
- Resume vaccination and microchip clinics for the public



**QUESTIONNAIRE RELATING TO THE ECONOMIC RECOVERY
PHASES OF COVID-19 AND PLANS, GUIDELINES, AND NEEDS
RELATIVE TO THE SAFE OPENING OF BUSINESSES AND OTHER
INSTITUTIONS**

Company/Organization Name:

Industry/Sector:

Date:

1. Are you open or partially open? Yes
 - a. Are you an essential business? Yes
 - b. Are you open under an exception such as: No
 - i. Outdoor Business?
 - ii. Pickup/Delivery?
 - iii. Curbside Retail?
 - iv. Food Distribution?
 - c. Have employees and customers cooperated with the health safety protocols? Yes
 - d. To your knowledge, have employees or customers become infected with COVID-19? No
2. How many of your activities can be moved outdoors? None
3. For indoor activities:
 - a. How can social distancing be maintained at points of ingress and egress, where people normally cluster? There are markers on the floor measuring 6 feet or more apart indicating where people should stand. The public is not allowed in most of the areas in the facility. There are limits set on the number of people allowed in specific areas/rooms within the facility.
 - b. How can employees and visitors be protected from transmission of the virus (e.g., no-touch temperature checks, hand sanitizer, masks, and face shields)? Staff, volunteers, and vendors entering the building are required to take their temperature, and answer questions via a survey, which asks if they have an elevated temperature or signs of COVID-19 infection, before entering. Face coverings are required for everyone entering the facility. Staff have been

provided with cloth face masks and thermometers for personal use. Cloth face masks are also provided for volunteers as needed. New disposable face masks are provided to customers who do not have one. Areas where there may be interaction between staff and the public have clear plastic sneeze guards installed. Hand sanitizers are provided throughout the facilities, and each employee has been provided with their own personal refillable bottle of hand sanitizer. Cleaning protocols have been established for every area of the building.

- c. How will Personal Protective Equipment (such as face covering and gloves) and hand sanitizer be provided before entry? Hand sanitizers stations are provided at each entrance to the building. People without a face covering will not be allowed in the building – a staff member will provide a face mask before they are allowed in the building.
- d. Can the times of activities be staggered to reduce the amount of people gathered at any one time? Yes
- e. Can customers make appointments to gain entry while inside capacity is restricted? Yes
- f. How can social distancing be maintained inside your premises? Markers are placed on the floor to indicate where people should stand. There are maximum numbers of people allowed in each room in the facility.

4. What is your plan to acquire and distribute Personal Protective Equipment (like masks and gloves) and testing to your employees? PPE for staff have been purchased and distributed. Every employee has received at least one cloth face mask, one thermometer, and one travel-size refillable bottle of alcohol hand sanitizer. Hand sanitizer refills are provided to employees as needed. Additional masks are on order and will be distributed to every employee as needed. PPE specific to job tasks are available in designated areas throughout the facility for employee use.

5. How can you adapt to accommodate different size gatherings that may be allowed by the Public Health officer? (Smaller gatherings are likely to be allowed before very large ones.) Maximum person capacity for the facility and individual rooms within the facility have been set and can be changed as allowed.

6. To meet the need for possible contact tracing, how would you maintain lists of employees and visitors with their contact information for contact tracing? (It is understood that lists of attendees would only be provided in the event of an infection that needed to be traced, and then only to public health personnel trained in medical confidentiality.) Staff, volunteers, and vendors are required to fill out an online survey before entering the building. Staff schedules and survey results are recorded and saved. Logs of people entering the building via keycards and employee timecard punch records are also available. Customers enter the building via appointment only. These visits capture customer information that can be used for contact tracing in the future.

7. In order to assist safe and productive re-opening, what are your needs relative to:

a. Regulation? N/A

b. Licensure? N/A

c. Childcare? N/A

d. Housing? N/A

e. Digital Inclusion? N/A

f. Commute-Free Working? N/A

8. If you have been opened or partially opened, what challenges have you experienced? Decreased capacity for services compared to pre-COVID-19 times.

9. If you have been opened or partially opened, how has the community's adherence and response to the COVID health safety protocols been? It is going well.



HSSV Spay/Neuter Guidelines During COVID 19

June 2020 Version 2.0

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Revised by: Cristie Kamiya, DVM 6/6/2020

General Policy:

HSSV medical staff will resume spay and neuter surgical operations during the COVID-19 pandemic while practicing social distancing and minimal contact between staff. These safety measures are in compliance of all state, county, and city requirements for resuming operations.

These procedural changes are in place as of May 20, 2020, revised June 6, 2020, to reflect changes in county and city requirements for maintaining social distancing and shelter in place. These guidelines will continue to be adjusted and updated as state, county, and city requirements change, operational needs change and scale over time.

Surgery Patient Drop Off – Contact-Free

- Animals scheduled for spay/neuter surgery are dropped off in the medical center via a hands-free process between 7:00 am – 8:00 am on the day of surgery
- The medical center lobby is arranged such that there is one-way movement entering through one door and exiting the second door
- Two stations for client interactions have been created, with a distance of more than 10 feet apart, and one staff member is located at each station
- There is a sneeze guard placed at each station to provide a physical barrier between staff and client
- All staff and clients entering the medical center lobby are required to wear a face covering. If a client does not have one, a new disposable mask will be provided for them to wear
- In order to maintain social distancing, only one client is permitted to be at each station at one time
- Hand sanitizer is available near the entrance and at each station for client use
- Client checks in at the first station, then proceeds to the second station, where surgery forms are filled out and patient hand-off occurs, then client exits the medical center lobby
- Medical reception staff accepts the patient from the client either in a crate or leach, weigh them, place an identification ID collar on them, then place them in their appropriate kennel, utilizing hand sanitizer or washing their hands before and after handling the animal
- Surgery forms are placed in a designated basket in the surgery prep area for surgery staff use

Surgery Staffing

- All staff are required to fill out an online questionnaire before or upon entering the building. This survey questionnaire asks for – first name, last name, current date, do you have a fever, do you have any clinical signs of COVID 19
- All staff have been provided with a thermometer and asked to take their temperature before coming to work. If they have not, an infrared no-contact thermometer is available to take their own temperature prior to starting their work shift
- Staff are sent home if they are feeling ill, or if their temperature is elevated
- Surgery staff are required to wear a surgical mask at all times during their shift. Masks must be changed if they become damp or soiled
- Clear plastic face shields are available for staff use, but are not required for surgery
- Face shields, in addition to surgical masks, are required for any procedure, such as dental procedures, that produces droplets or aerosolization
- Staff will maintain 6 feet distances from other staff unless necessary for safety or animal handling that would require a distance closer than 6 feet for brief periods at a time. There are markers on the floor of the surgery prep area indicating where surgery staff should stand
- Staff will not share any medical or surgery equipment including, but not limited to, stethoscopes, clippers, nail trimmers, alcohol bottles, surgical scrub, etc.

Surgery Process & Flow

- The surgery team consists of 1 DVM; 1 technician in charge of baskets, and assigned to Prep Table 1; 1 RVT in charge of anesthetic drugs, assigned to Prep Table 2; 1 technician in a “floater” position responsible for animal movement, surgical monitoring as needed, and patient recovery
- Only one technician will be assigned to each Prep Table in order to prevent cross-contamination of equipment supplies
- In order to maintain maximum distance between staff, technicians will stand on the outer sides of their assigned prep table whenever possible. Only one staff member may stand between the two prep tables at one time
- Feline surgery induction to be done individually
- Canine anesthetic pre-med administration to be done individually
- Canine induction may require two staff in order to maintain staff and patient safety, and staff will return to 6 feet separation as soon as possible once task is completed
- Surgical monitoring:
 - The OR door is to remain open at all times
 - In order to maintain social distancing, there will not be an assigned technician in the OR to monitor
 - The DVM doing surgery will be responsible for monitoring the patient
 - PulseOx monitors will need to be adjusted so all team members can see the read out
 - Apnea monitor will be placed on anesthesia circuit
 - Use Cardell monitors/ECG hook up whenever possible
- Surgical recovery:

- Medical reception staff will recover patients in small dog recovery room or out on recovery beds if 6ft distance can be maintained between staff
- Floater technician can recover patients either in recovery beds or small dog room
- Surgical clean up:
 - Standard cleaning at the end of the surgery day
 - Surgical instruments are cleaned and wrapped by one staff member, if unable to autoclave at the end of the day, this can be done the following day

Patient Selection and Prioritization

- Animals assigned for surgery will be scheduled in Vetter
- The Vetter surgery schedule is used for the daily surgery list
- In cases where surgery demand exceeds capacity, the surgical priority of animals is determined using various criteria, which is a flexible and dynamic based upon availability, need, and staffing resources
- Prioritization for individual adopted or foster animal include:
 - Nuisance behaviors
 - Pregnant
 - Risk of reproduction
 - Barrier to adoption
- Prioritization for type of animal (females are prioritized before males):
 1. Adult Cat
 2. Kitten
 3. Adult Dog
 4. Puppy
- In cases where there is excess surgical capacity, shelter animals can be pulled from the in-house list ad hoc
- Determining internal surgical candidates from the in-house list:
 - Check for pop-ups to see if animal needs any additional procedure at time of s/n
 - Transport/intake - alter next day based upon priority
 - Transport/intake - if no space on surgery list, to adoption unaltered
 - If extra space on surgery list, pull only from holding, not from the adoption floor or available animals
 - Fosters scheduled to drop off for surgery