

HOAG MEMORIAL HOSPITAL PRESBYTERIAN EMERGENCY PROCEDURES MANUAL	Number:	EM-44	Page:	Page 1 of 7
	Effective Date:	01/11/08		
	Supersedes Date:	NEW		
	Original Date:	NEW		
Signatures of Policy Reviewers (*as required)				
Management*: Environmental Health & Safety Manager	Management*: VP Facilities Management	Administrative Head: Chief Nursing Officer		
<hr/> Roxanna Bryant, MPH	<hr/> Jim Rice	<hr/> Rick Martin, RN		
President/CEO:				
<hr/> Richard Afable, MD				
Title/Subject:				
DISASTER PET PLAN				

1.0 PURPOSE:

- 1.1 To outline a process for housing pets during a catastrophic event or disaster. Also refer to general hospital policy 2.17 Pets (Animals).

2.0 POLICY:

- 2.1 During disasters, people and animals are often displaced. Also, employees may lack the normal means of taking care of their animals, which may prevent them from coming into work.
- 2.2 The Orange County Health Care Agency (OCHCA) coordinates locations for all county disaster animal shelters. These are staffed and stocked, so they are better solutions, if available. Consider contacting OCHCA to request an animal shelter to be set up near or on hospital grounds.
- 2.3 However, if and only if the Hospital Incident Command determines the need to house and care for pets for the patients or staff on site, a process is outlined in this plan.

3.0 RULES FOR PETS

- 3.1 Types of pets that may be allowed:
 - 3.1.1 Dogs
 - 3.1.2 Cats
 - 3.1.3 Rabbits
 - 3.1.4 Birds
 - 3.1.5 Ferrets
 - 3.1.6 Small mammals (i.e., guinea pigs, hamsters, gerbils, hedgehogs, etc.)
 - 3.1.7 No reptile or insect pets should be allowed as many people have fears or phobias regarding these species.
- 3.2 Pets should arrive in an appropriate pet carrier, cage or airline kennel and should stay confined in it throughout their time at the shelter. No pet should be allowed out of the cage without a leash and identification. Dogs that arrive without a carrier should only be housed in a separate confined area if one is available.
- 3.3 Proof of rabies vaccination for dogs, cats and ferrets should be provided by the owner. Other vaccinations should also be up to date. Advise owners they shelter their animals at their own risk.
- 3.4 Pet supplies to be provided by the owner as applicable to their pet(s)
 - 3.4.1 Carriers, cages, cardboard boxes

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- 3.4.2 Leashes, collars, harnesses
- 3.4.3 Muzzles
- 3.4.4 Any medications pet may require
- 3.4.5 Food and water bowls
- 3.4.6 Various foods; manual can opener for canned food
- 3.4.7 Sheets and blankets
- 3.4.8 Flea spray
- 3.4.9 Cat litter and boxes
- 3.4.10 Towels
- 3.4.11 Grooming supplies, toys
- 3.4.12 First aid kit

4.0 PET SHELTER GUIDELINES

- 4.1 Before setup of pet shelter on site, confirm locations of nearest county pet shelters. Consider requesting the County to set one up near or on hospital grounds, or to provide staffing.
- 4.2 Areas to consider for setup of pet shelter:
 - 4.2.1 Primary: Lower Campus parking lot
 - 4.2.2 Secondary: Parking Lot at Superior & PCH
- 4.3 Staffing would be done by volunteers.
- 4.4 Pets should be sheltered in an area of the building separate from the general human population, to avoid exposing people with allergies to animals.
- 4.5 Cats may have to be housed in the same area as the dogs but should be avoided if possible. Small mammals and birds should be kept away from drafty areas.
- 4.6 The animal relief area should be close by to the dog shelter location. This may be indoors or outdoors, depending on weather or other conditions. If outdoors, it is preferable that this be a secure area.
- 4.7 Owners should be responsible for cleaning, feeding and exercising their own pets.
- 4.8 Someone should be stationed at the entrance doors of the shelter area to verify that citizens with pets have the items outlined above and to help pet owners fill out a registration and agreement form (see attached) and attach identifying bands to the pets or their carriers. This person should also assess if any pets appear ill, injured, have an infectious disease or are aggressive; owners of such pets should be advised to seek shelter for their pet at a veterinary hospital or county disaster shelter as such conditions would be beyond the scope of this type of shelter to manage.

5.0 PET OWNER RESPONSIBILITIES

- 5.1 The pet owner must remain on campus in order to utilize the services of the pet shelter. Any unaccompanied pets will be deemed to have been abandoned and will be removed.
- 5.2 Visitation Hours – During designated visiting hours, owners are responsible for providing all care for their own animals.

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- 5.3 The Shelter’s designated pet areas may be closed at the times determined by the hospital. All animals must be in their carriers/cages or assigned locations during these times.
- 5.4 Medication – Owners shall provide their own food and medicines for their pet(s). Owners are responsible for administering all medications to pets. The owner should keep a record of medications administered to their pet in case a medical emergency occurs and will keep animal’s medication on their person. No medication will be kept with the animal.
- 5.5 Sanitation – It is expected of owners to be the primary caretakers of their pet’s cleanliness and sanitation needs. Outdoor relief areas should be cleaned (scooped) after each use. Indoor relief areas should be changed (newspaper) at least twice daily. Although frequent visits with pets are encouraged, the Shelter Manager or their designee reserves the right to limit visitation to the pet areas. No children shall be in the pet sheltering areas. Owners must ensure their pet’s area is left clean prior to leaving the shelter.

6.0 DOCUMENTATION:

- 6.1 Shelter Admission / Discharge Form
- 6.2 Pet Owner Sheltering Agreement
- 6.3 Animal Roster Sign In / Sign out
- 6.4 For any incidents, an event report and/or security report shall be taken.

Reference: Hillsborough County and CHAART Disaster Pet Plan

Multidisciplinary Review:

Review and/or input for this policy was given by the following: Safety, Emergency Management Committee, Administration, Environment of Care Committee

Policy Originator: Safety

Filename: EM-44 Disaster Pet Plan

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Shelter Admission / Discharge for Animal

Owner's Full Name: _____

Owner's Full Address: _____

Owner's home telephone number: _____

Owner's cell phone number: _____

Out of area relative name and phone number: _____

Description of Animal: Dog Cat Other _____
 Male Intact Neutered
 Female Intact Spayed In heat

Breed: _____ Color: _____ Age: _____

Distinctive Markings: _____

Micro Chip Yes No Number: _____

Primary Veterinarian _____

Address & Number _____

 Signature of Owner

 Date

BELOW TO BE COMPLETED BY SHELTER REGISTRATION RECEPTIONIST

Arrival Date: _____ Time: _____

- | Yes | No | Proof of |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Written proof of current vaccinations; |
| <input type="checkbox"/> | <input type="checkbox"/> | Proper ID collar and up to date rabies tag; Tag # _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Proper ID on all belongings; |
| <input type="checkbox"/> | <input type="checkbox"/> | Carrier or cage of sufficient size for the animal to stand, stretch and turn around; |
| <input type="checkbox"/> | <input type="checkbox"/> | Leash; |
| <input type="checkbox"/> | <input type="checkbox"/> | Ample food supply; |
| <input type="checkbox"/> | <input type="checkbox"/> | Water/food bowls; |
| <input type="checkbox"/> | <input type="checkbox"/> | Any necessary medication(s); Types: _____; |
| <input type="checkbox"/> | <input type="checkbox"/> | Newspapers, plastic disposable gloves and trash bags for handling waste; |
| <input type="checkbox"/> | <input type="checkbox"/> | Cages has the owner's name and address, pet name and other pertinent information labeled clearly and securely on the cage. |

Owners' driver's license # or resident ID #: _____

Pet sheltering location: _____

Owner sheltering location: _____

 Departure Date

 Time

 Owner's signature

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PET OWNER SHELTERING AGREEMENT

I, _____ the owner of _____ Name: _____
 _____ Breed: _____
 understand that emergencies exist and that limited arrangements have been made to allow myself, family and pet to remain in the shelter facility. I understand and agree to abide by the pet care rules contained in this agreement and I have explained them to the other family members accompanying me and my pet.

1. I must remain at the evacuation shelter in order to utilize the services of the pet shelter. I understand any unaccompanied pets will be deemed abandoned and will be reported.
2. My pet will remain contained in its approved carrier or location except at scheduled times. During scheduled relief times, my pet will be properly confined with leash, harness and muzzle (if necessary). Scheduled times will be strictly adhered to.
3. I agree to properly feed, water and care for my pet as instructed by the Shelter Manager or their designee.
4. I agree to properly sanitize the area used by my pet, including proper waste disposal and disinfecting.
5. I certify that my pet is current on rabies and all other vaccinations recommended.
6. I will not permit other shelter occupants to handle or approach my pet either while it is in its assigned space or carrier or during exercise time. My pet and I will maintain a safe distance from any other animal that may be present.
7. I will maintain proper identification on my pet and its carrier at all times.
8. I permit my pet to be examined by shelter personnel as needed.
9. I acknowledge that my failure to follow these rules may result in the removal of my pet from the shelter. I further understand that if my pet becomes unruly, aggressive, show signs of contagious disease, is infested with parasites or begins to show signs of stress-related conditions, my pet may be removed to a remote location. I understand that any decision concerning the care and welfare of my pet and the shelter population as a whole are within the sole discretion of Shelter Manager or their designee, whose decisions are final.
10. I certify that my pet has no history of aggressive behavior and has not been diagnosed with any contagious diseases for which it has not received successful treatment.

I hereby agree to release and hold harmless all persons, organizations, corporations or government agencies involved in the care and sheltering of my animal(s). I further agree to indemnify any persons or entities which may have suffered any loss or damage as a result of the care and sheltering of my animal(s).

 Pet owners signature

 Pet owners printed name

 Date

