

**Compendium of Veterinary Standard
Precautions for Zoonotic Disease Prevention
in Veterinary Personnel**

National Association of State Public Health Veterinarians

**Veterinary Infection Control Committee
2015**

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Preface

The VSP outlined in this compendium represent routine infection prevention practices designed to minimize transmission of zoonotic pathogens from animals to veterinary personnel. This compendium has been extensively revised and updated since the 2010 version.¹ Importantly, the concept of occupational safety and health in veterinary medicine is beginning to achieve equity with employee safety and health in human health care. The NORA states that “[v]eterinary medicine and other animal care personnel are at substantial risk for various occupationally acquired injuries and illnesses, many of which parallel and even exceed those encountered in human healthcare.”² The NORA had not previously addressed the veterinary medical workforce, but a shift occurred in 2013, when veterinary medical occupational safety and health was included as a component of the NORA.

Preventing transmission of zoonotic diseases from animals to veterinary personnel represents 1 component of a comprehensive safety and health program. This compendium places infection prevention in this context and endorses the concept of conducting workplace risk assessments and using a hierarchy of controls to minimize employee safety and health risks. The hierarchy of controls refers to a range of measures that may be taken to reduce the risk posed by workplace hazards: elimination, substitution, engineering, and administrative procedures and use of PPE.

A thorough review of the human and veterinary medical literature has been conducted and has resulted in updates to a number of recommendations. Of note, hand hygiene recommendations have been updated to embrace use of alcohol-based hand gels as an important strategy for improving overall hand hygiene compliance in veterinary clinical settings.

I. INTRODUCTION

A. OBJECTIVES

Within the context of a comprehensive employee safety and health program, the objectives of the compendium are to address infection prevention and control issues specific to veterinary practice, provide practical, science-based veterinary infection control guidance, and provide a model infection control plan for use in individual veterinary facilities.

Since 2003, employee safety and health in the veterinary workplace, particularly infection prevention, has garnered increasing attention in the United States and other countries.^{3–5} The 2003 monkeypox outbreak was a clear example of the risk of zoonotic disease transmission in veterinary practice and led to the development of a novel set of infection control guidelines for veterinarians.^{6,7} A cohort study⁸ of potentially exposed veterinary personnel working in veterinary practices in which prairie dogs associated with the outbreak were examined as patients identified occupational risk factors for monkeypox transmission and highlighted the importance of infection control practices.

ABBREVIATIONS

ACIP	Advisory Committee on Immunization Practices
ADA	Americans with Disabilities Act
EPA	US Environmental Protection Agency
HCSA	Health care and social assistance
NASPHV	National Association of State Public Health Veterinarians
NORA	National Occupational Research Agenda
OSHA	Occupational Safety and Health Administration
PPE	Personal protective equipment
VSP	Veterinary Standard Precautions

B. BACKGROUND

Zoonotic diseases are recognized occupational hazards faced by veterinary personnel on a daily basis.^{9–12} It is known that 868 of 1,415 (61%) known human pathogens and 132 of 175 (75%) emerging diseases that affect humans are zoonotic.¹³ There are > 50 zoonotic diseases of importance in the United States (**Appendix 1**).^{14,15} Documented zoonotic infections in veterinary personnel include the following: salmonellosis,^{16–19} cryptosporidiosis,^{20–25} plague,^{26,27} sporotrichosis,^{28–32} methicillin-resistant *Staphylococcus aureus* infection,^{33–35} psittacosis,^{36–39} dermatophytosis,^{40,41} leptospirosis,^{42–44} bartonellosis,^{45,46} and Q fever.^{47–50}

The American Association of Feline Practitioners published feline zoonoses guidelines in 2005 to provide veterinarians with educational information for clients and to highlight infection control procedures for small animal hospitals.⁵¹ In 2006, the NASPHV published online the first Compendium of Veterinary Standard Precautions that systematically addressed various infection prevention strategies specifically for veterinary personnel. Results of 2 surveys^{52,53} published in 2008 identified deficiencies in the awareness and use of personal protective measures among veterinary staff.

In the United States, the OSHA has promulgated a variety of specific standards that apply to individual workplace hazards. Of note, the OSHA has created a Personal Protective Equipment Standard and a Respiratory Protection Standard, which provide guidelines for workers exposed to contact, droplet, and airborne transmissible infectious agents.⁵⁴ At the state level, California has developed a General Industry Safety Order that declares “every employer with facilities, operations or services that are within the scope of this standard shall establish, implement, and maintain effective procedures for preventing employee exposure to zoonotic aerosol transmissible pathogens....” This order is inclusive of veterinarians.⁵⁵

For situations where the OSHA has not promulgated specific standards, employers are subject to the general duty clause (29 U.S.C. § 654 Sec. 5) and should provide safety and health control measures to ensure a safe work environment. Consistent with the general duty clause, some states, such as Washington, require employers to develop and

implement a written accident prevention program to identify and address worksite safety and health hazards.⁵⁶ This law applies to veterinarians and their staff. A general overview of workers' rights to a safe workplace under the Occupational Safety and Health Act is available.⁵⁷

The NORA was initiated in 1996 to stimulate innovative research and improved workplace practices. There are 10 NORA Sector Councils to guide research in each sector (including but not limited to construction, manufacturing, and HCSA).⁵⁸ The HCSA sector includes all aspects of human health care. However, veterinary medicine and animal care were never included in any of the original sectors. Owing to a relative similarity between veterinary and human medicine, and following the one-health concept, veterinary medicine and pet care were rolled into the NORA HCSA sector in 2013.² The NORA HCSA sector now identifies goals for improving the workplace safety of veterinary medical and animal care workers.

Within the NORA HCSA sector are several goals that apply to both human and veterinary medical providers. These include the following:

- Promote a culture of safety.
- Reduce the incidence of musculoskeletal disorders.
- Reduce or eliminate exposures to and adverse outcomes from hazardous chemicals.
- Reduce injuries related to sharps.

Also within the NORA HCSA sector are several goals that apply specifically to veterinary medical providers. These include the following:

- Minimize or prevent occupational exposure of personnel to zoonotic diseases.
- Reduce the occurrence of animal-inflicted injuries.
- Minimize or prevent occupational exposures to respiratory hazards.
- Reduce potential reproductive hazards.

C. SCOPE AND LIMITATIONS

This edition of the NASPHV Compendium of Veterinary Standard Precautions provides updated infection prevention recommendations, references, and concepts. However, it should be noted that infection prevention is only 1 component of an employee safety and health program. As indicated in the NORA HCSA goals, worker safety and health extends far beyond preventing zoonotic disease transmission. This compendium provides guidance to minimize transmission of zoonotic pathogens between employees and animal patients. It does not address prevention of disease transmission between patients (nosocomial disease transmission); however, many of the same principles apply.

D. CONSIDERATIONS

In general, provision of a safe work environment is accomplished through the assessment of risks in the workplace and application of a hierarchy of controls to manage those risks. A hierar-

chy of controls is a systematic method of hazard reduction implemented by employers to control (or eliminate) risks posed by workplace hazards, such as zoonotic diseases (Figure 1).

In the context of zoonotic diseases, the aim is to interrupt the disease transmission cycle at 1 or more points. Transmission of disease requires an infectious source (the animal patient), a susceptible host (the veterinary employee), a route of transmission (contact [direct or indirect], aerosol, or vector-borne transmission), and a portal of entry (eg, an open wound or mucous membrane). A successful control measure will reliably interrupt transmission at some point and could be termed infection prevention. Control measures include the following:

- **Elimination or substitution of the hazard**—In general, this is the most effective measure, as it requires no action on the part of the employee. The hazard has been identified and eliminated. An example would be exclusion of exotic pets or native wildlife from a clinic because of the disease risk; such animals would include macaques and skunks that are associated with a risk of herpes B virus or rabies virus transmission.
- **Engineering controls**—A veterinary clinic is designed to facilitate infection prevention best practices. An example would be placement of sinks for handwashing in convenient locations.
- **Administrative controls**—Clinic policies are adopted that mandate appropriate infection prevention practices. Administrative controls are generally not considered as effective as elimination or engineering controls because they require rigorous adherence to the policy by all employees. Examples would be the requirement for handwashing between patient contacts, no recapping of needles, and rabies vaccination of staff.
- **PPE**—This control measure is generally considered the least effective and the last line of defense because it requires the most action from the employee. The use of PPE requires routine adherence to and appropriate use of a variety of equipment and is dependent on employee training. Personal protective equipment is frequently and appropriately used in veterinary practice when engineering and administrative control options are limited. An example would be wearing a mask and face shield while performing dental procedures.

The VSP are derived from standard precautions applicable to human medicine, which are the cornerstone of infection prevention in human health-care settings.⁵⁹ In addition, the VSP also include strategies to reduce the potential for animal bites and other trauma that may result in exposure to zoonotic pathogens. During their careers, approximately two-thirds of veterinarians report a major animal-related injury that resulted in lost work time or hospitalization.^{9,10,60–62} The most common occupational injuries among veterinary personnel include animal bites and scratches, kick and crush injuries, and needlesticks.^{63–72}

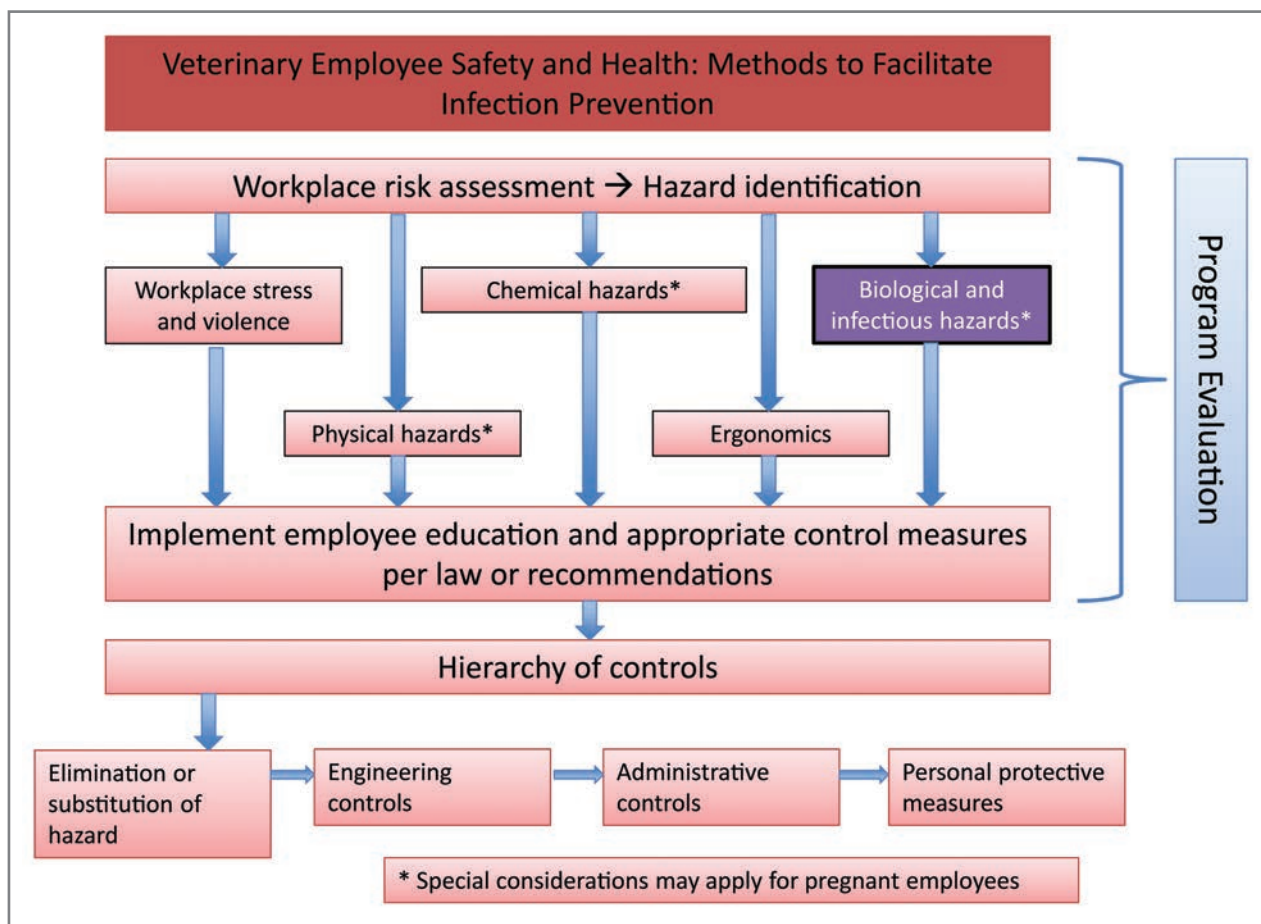


Figure 1—Hierarchy of controls for methods to facilitate infection prevention among veterinary practice employees.

The VSP described in this document should be used consistently by veterinary personnel—regardless of the clinical condition or the presumed diagnosis of animals in their care—whenever personnel may be exposed to potentially infectious materials including feces, blood, body fluids, vomitus, exudates, work surfaces contaminated with these items, and nonintact skin. Although the VSP are intended to be adaptable to individual practice needs and circumstances, any modifications should adhere to basic principles of infection prevention and comply with federal, state, and local regulations.

Although it may not be possible to eliminate all zoonotic disease hazards, employers should conduct a workplace risk assessment and implement appropriate control measures where possible. Adherence to a well-developed employee safety and health program will minimize the risk of injury and illness. This compendium provides reasonable guidance for minimizing 1 type of workplace hazard—zoonotic disease transmission—among veterinary personnel in clinical settings through the application of the VSP.

II. ZOONOTIC DISEASE TRANSMISSION AND INFECTION PREVENTION

Pathogens are transmitted via 3 major routes: contact, aerosol, and vector-borne. Some agents may be trans-

mitted by multiple routes of infection.⁵⁹ Infection prevention or control refers to policies and procedures used to minimize the risk of spreading pathogens through any of these routes of transmission.

A. CONTACT TRANSMISSION

Contact transmission occurs when pathogens from animals or their environments enter a human host through ingestion or through cutaneous, percutaneous, or mucous membrane exposure. Many zoonotic pathogens are transmitted from animals to people by hand-to-mouth contact either directly from animals or indirectly through the environment. Direct transmission may occur during examination, treatment, and handling of animals. Indirect transmission involves contact with a contaminated intermediate—objects such as cages, equipment, workplace surfaces, and soiled laundry. The role of the clinic or work environment in transmission of disease can be very important.^{16,19,73–75}

B. AEROSOL: AIRBORNE AND DROPLET TRANSMISSION

Droplet transmission occurs when droplets created by coughing, sneezing, and vocalization

are deposited on the mucous membranes. These droplets are typically large, can generally travel only approximately 1 to 2 m (3 to 6 feet), and do not remain suspended in the air. Procedures such as lancing abscesses or dentistry can also produce droplets. Examples of zoonotic pathogens that are transmitted by droplets include avian influenza virus and *Rhodococcus equi*. Risk of pathogen transmission increases with proximity to the source and duration of exposure.

Airborne transmission occurs when small droplets or particles that are created remain suspended in the air for extended periods and are inhaled. These small droplets or particles can be disseminated by air currents in a room or through a facility. They may be generated through medical procedures such as suction and bronchoscopy and during cleaning, particularly with high-pressure sprayers. Certain airborne pathogens may remain infective over long distances depending on particle size, the nature of the pathogen, and environmental factors.^{59,76} Two zoonotic pathogens transmitted over long distances are *Coxiella burnetii* and *Mycobacterium bovis*.⁷⁷⁻⁸¹

C. VECTOR-BORNE TRANSMISSION

Vector-borne transmission occurs when vectors such as mosquitoes, fleas, and ticks transmit pathogens. Animals may bring flea and tick vectors into contact with veterinary personnel. Working in outdoor settings may increase the risk of exposure to arthropods.

III. VETERINARY STANDARD PRECAUTIONS

A. HAND HYGIENE

Consistent, thorough hand hygiene is the single most important measure veterinary personnel can take to reduce the risk of zoonotic disease transmission. Most common pathogens are transmitted by hand-to-mouth contact either directly from animals or indirectly through the environment.⁸²⁻⁸⁴ Hand hygiene includes handwashing with soap and water, the use of alcohol-based hand rubs, and appropriate use of gloves. Adequate hand hygiene may include washing the forearms when contamination extends beyond the wrist.

Hand hygiene should be performed after contact with feces, body fluids, vomitus, or exudates; after contact with articles contaminated by these substances; after contact with environmental surfaces in animal areas; and after removing gloves. Hand hygiene should be consistently performed between examinations of individual animals or animal groups (eg, litters of puppies or kittens, groups of cattle).

Either plain or antimicrobial soaps are appropriate for routine handwashing, which removes loosely adherent transient flora from the hands.⁸⁵ Transient flora reside in the uppermost layers of the stratum corneum; are acquired through contact with animals, people, or the environment; and are most frequently associated

with infection transmission. Transient flora may be removed by the mechanical friction or detergent properties of soap and water or killed by antiseptic agents. In contrast, resident flora are of low pathogenicity, are permanent residents of the deeper layers of the skin, and are not susceptible to mechanical removal; if the goal is to reduce their numbers, such as when scrubbing for a surgical procedure, an antiseptic agent must be used.⁸⁵ Several antiseptic products with variable efficacy against different classes of microorganisms are available (Appendix 2).^{82,84,86}

Hand soaps may be susceptible to bacterial overgrowth and have been associated with nosocomial infections.⁸⁷ To prevent creation of a bacterial reservoir or cross-contamination, no additional soap should be added to liquid soap dispensers before they are empty (ie, they should not be topped off); once completely empty, refillable dispensers should be cleaned and dried, then refilled with liquid soap or sealed soap refills.⁸² Water temperature has little effect on the removal of microorganisms from hands, but warm (as opposed to cold) water improves compliance.⁸⁸ Moisturizing soaps and lotions can preserve skin integrity and encourage adherence to hand hygiene protocols among veterinary staff. Dry, cracked skin is painful, indicates compromised skin integrity, and is more likely to be colonized with staphylococci and gram-negative organisms.⁸² When hand lotions are used, personal containers are recommended over use of shared dispensers to prevent contamination.

Staff members who have animal contact should not wear artificial nails and should keep fingernails short.^{82,89} Wearing rings and other jewelry reduces the effectiveness of hand hygiene; as a result, the skin underneath rings and other jewelry can become more heavily colonized with organisms.⁸² Additionally, the use of community or shared towels should be avoided. Disposable towels should be used for the drying of hands.^{82,90}

Alcohol-based hand rubs are fast-acting, broad-spectrum germicides that kill microorganisms by denaturing microbial proteins.⁸⁵ They lack residual activity, but can be combined with other antiseptic products (eg, chlorhexidine or triclosan) to enhance persistence (Appendix 2). Hand rubs are generally well tolerated owing to the addition of emollients. Hand rubs, when properly applied for 30 seconds to hands that are not visibly soiled, are highly effective against bacteria, many fungi, and enveloped viruses.^{82,91-93} Hand rubs are less effective against bacterial spores, protozoal parasites, and some nonenveloped viruses.^{82,94,95} In the field, when running water is not available and hands are visibly soiled, use of a moist wipe to remove organic material prior to application of an alcohol-based hand rub may increase the effectiveness of hand hygiene. Use of moist wipes alone is not recommended.⁸² The CDC recommends hand rubs

containing 60% to 95% ethyl alcohol (ethanol) or isopropyl alcohol (isopropanol) for use in health-care settings.⁸² Hand antiseptics products containing other disinfectants may be susceptible to bacterial overgrowth and have been associated with nosocomial infections.⁹⁶⁻⁹⁹

Hand hygiene performed with an alcohol-based hand rub requires approximately a third of the time required to perform handwashing with soap and water.⁸⁵ For this reason and because hand rubs are well tolerated and easily accessible, they are gaining acceptance in veterinary medicine as an important strategy for improving overall hand hygiene in clinical settings.^{100,101} Strategic placement of hand rub dispensers increases access to hand hygiene where soap and running water are not immediately available, such as in examination rooms and outdoor stalls.¹⁰¹ However, it is important to train staff that the visible presence of organic matter (eg, blood or feces) on hands will greatly decrease the efficacy of alcohol-based hand rubs

The importance of hand hygiene cannot be overemphasized. Personal adherence to hand hygiene protocols can be negatively influenced by several factors including inaccessible hand hygiene supplies, skin irritation, high workload, and insufficient time.¹⁰² Compliance with hand hygiene protocols among veterinary personnel can be improved when adherence is made as simple and convenient as possible, with regular training uniquely tailored to individual workplaces and delivered in innovative ways, and, most importantly, when senior team members consistently display good hand hygiene practices.^{103,104}

Correct handwashing procedure:

- Wet hands with running water.
- Place soap in palms.
- Rub hands together to make a lather.
- Scrub hands thoroughly for 20 seconds.
- Rinse soap off hands.
- Dry hands with a disposable towel.
- Turn off faucet using the disposable towel to avoid hand contact.

Correct use of hand rubs:

- Place alcohol-based hand rub in palms.
- Apply to all surfaces of hands.
- Rub hands together until dry.

B. PERSONAL PROTECTIVE ACTIONS AND EQUIPMENT

The following sections highlight a variety of PPE intended to prevent the transmission of zoonotic infectious agents to veterinary employees. However, the personal protective value of PPE is realized only if there is a collective culture that supports the use of PPE and if the necessary gloves, face shields, respirators, gowns, and other supplies are readily accessible when needed.

Personal protective equipment is equipment worn to minimize exposure to serious workplace injuries and illnesses. As stated by OSHA, “when engineering, work practice, and administrative controls are not feasible or do not provide sufficient protec-

tion, employers must provide PPE to their workers and ensure its proper use. Employers are also required to train each worker required to use PPE to know:

- When it is necessary
- What kind is necessary
- How to properly put it on, adjust, wear, and take it off
- The limitations of the equipment
- Proper care, maintenance, useful life, and disposal of the equipment.^{99,105,106}

1. Gloves

Gloves reduce the risk of pathogen transmission by providing a barrier that can be efficiently removed when soiled.^{107,108} Gloves should be worn routinely when contact with feces, body fluids, vomitus, exudates, and non-intact skin is likely. They should be worn when performing dental or obstetric procedures, resuscitations, and necropsies and when handling diagnostic specimens (eg, urine, feces, aspirates, or swabs). Gloves should also be used when cleaning cages, litter boxes, and contaminated equipment and environmental surfaces in animal areas and when handling dirty laundry. Gloves should also be worn when personnel have wounds or other compromised skin integrity of the hands. Gloves are not necessary when examining, handling, vaccinating, or obtaining a blood sample from most healthy animals, provided good hand hygiene is practiced.

Gloves should be changed between examinations of individual animals or animal groups, between dirty and clean procedures performed on a single patient, and whenever torn. Gloves should never be washed and then reused for another procedure.^{109,110} Gloves should be removed immediately after use and before beginning other activities. During removal, care should be taken to avoid skin contact with the outer glove surface. Wearing gloves (including palpation sleeves) does not preclude the need for hand hygiene. Handwashing should be performed or alcohol-based hand rubs should be used immediately after glove removal because gloves may have undetected microperforations or hands may be contaminated during glove removal.^{111,112}

Gloves are available in a variety of materials, such as latex, nitrile, and vinyl. Choice of gloves depends on their intended use; a range of sizes should be available to encourage use. Some personnel exposed to latex may experience allergic reactions. Further information regarding prevention of allergic reactions to natural rubber latex in the workplace is provided by the National Institute for Occupational Safety and Health.^{113,114}

2. Facial Protection

Facial protection prevents exposure of the mucous membranes of the eyes, nose, and mouth to infectious materials. Facial protection should be used whenever exposure

to splashes or sprays is likely to occur (eg, when lancing abscesses, flushing wounds, or suctioning and when performing dentistry, obstetric procedures, or necropsies).^{59,115–118} A face shield or goggles worn with a surgical mask provide adequate facial protection during most veterinary procedures that generate potentially infectious sprays and splashes.

3. Respiratory Tract Infection

Respiratory tract protection is designed to protect the airways of employees from infectious agents. In veterinary medicine, molded N95 and N99 particulate respirators are the most commonly used equipment option when respiratory tract protection is needed. Employers and employees must understand and distinguish between respirators and surgical masks, which are designed for very different functions. Respirators are designed and certified to prevent inhalation of small airborne contaminants. Surgical masks are designed to protect the patient and do not provide the same level of protection for the wearer as a respirator.¹¹⁹

Pathogens such as *C burnetii*, *Brucella* spp, and *Chlamydophila psittaci* are known to present an occupational risk to veterinary staff; use of respiratory tract protection is recommended when exposure to these and other airborne pathogens is likely.^{120–122} Additionally, respiratory tract protection is warranted for procedures that are likely to generate aerosols, such as the use of power tools during necropsy.¹²³

Respirator use requires compliance with OSHA's respiratory tract protection standard (29 CFR 1910.134), and employers must address the following elements to fulfill the respiratory tract protection program criteria¹²⁴:

- Develop a written respiratory tract protection program.
- Select the appropriate respirator for use.
- Identify a physician to perform medical evaluations and provide a medical determination for each employee.
- Perform fit testing
- Provide education on proper respirator use including donning and doffing, cleaning, disinfection, maintenance, storage, and repairs.

Given the strict requirements of the respiratory tract protection standard, it may be desirable to identify other means, such as engineering or administrative controls, to address risk from specific airborne pathogens. Nonetheless, in certain situations, use of respiratory tract protection may be the only feasible means of addressing the risk.

4. Protective Outerwear

Protective outerwear includes laboratory coats, smocks, aprons, coveralls, nonsterile gowns, footwear, and head covers. The purpose of protective outerwear is to limit the transfer of pathogens be-

tween the wearer and the patient, and its importance in infection control is often underappreciated.^{125–127}

a. Laboratory coats, smocks, aprons, and coveralls

Laboratory coats, smocks, aprons, and coveralls serve as a temporary layer of protection that prevents contamination of the wearer's garments. Protective outerwear should be worn when attending animals and when conducting cleaning chores. In situations where splashing or soaking with potentially infectious liquids is anticipated, impermeable outerwear, such as a disposable plastic apron, should be used.¹²⁸

Garments should be changed and laundered daily and whenever they become visibly soiled or contaminated. Protective outerwear should not be worn outside the work environment, and coveralls should be changed between visits to different farm premises, facilities, locations, or herds.^{59,129,130}

b. Nonsterile gowns

Nonsterile gowns are generally worn when attending a single patient to protect the wearer and prevent movement of infectious material from one location to another. Permeable gowns can be used for general care of animals in isolation. Impermeable gowns should be used when exposures to splashes or large quantities of body fluids are anticipated. Disposable gowns should not be reused. Washable protective garments may be used repeatedly to care for the same animal kept in isolation, but should be laundered between contacts with different patients or whenever soiled. Whenever gowns are worn, gloves should also be used; the outer (contaminated) surface of a gown should be touched only with gloved hands. Fabric gowns should be removed and placed in a laundry receptacle and gloves put into a refuse bin before leaving the animal's environment. Hand hygiene should be performed immediately after these items have been removed.¹¹⁶

Gowns should be removed as follows¹³¹:

- After unfastening ties, peel the gown from the shoulders and arms by pulling on the chest surface with gloved hands.
- Remove the gown, avoiding contact between its outer surface and clean surfaces.
- Wrap the gown into a ball while keeping the contaminated surface on the inside; place in a designated receptacle.
- Remove gloves and place them in a refuse bin; wash hands.
- When body fluids have soaked through the gown, promptly remove contaminated clothing and wash the skin.

c. *Footwear*

Footwear should be suitable for the specific working conditions (eg, rubber boots for farm work) and should protect personnel from both trauma and exposure to infectious material. Recommendations include shoes or boots with thick soles and closed-toe construction that are impermeable to liquids and easy to clean. Footwear should be cleaned to prevent transfer of infectious material from one environment to another, such as between farm visits and before returning from a field visit to a veterinary facility or home. Disposable shoe covers or booties add an extra level of protection when heavy quantities of infectious materials are known or expected to be present. When leaving contaminated work areas, promptly remove and dispose of shoe covers and booties. Disposable shoe covers should not be worn on slippery surfaces; water-impervious boots that can be disinfected after use should be worn as an alternative.

d. *Head covers*

Disposable head covers provide a barrier when contamination of the hair and scalp may occur, such as in livestock barns, or in situations involving airborne pathogens. Disposable head covers should not be reused.

C. PROTECTIVE ACTIONS DURING VETERINARY PROCEDURES

1. Patient Intake

Waiting rooms should be a clean and safe environment for clients, animals, and veterinary personnel. Staff training regarding waiting room protocol for reception area personnel should include instruction to pose basic questions to incoming clients about the reason for the visit and to observe every pet for behavioral cues and outward signs of illness. Animals that are fearful, are aggressive, or have a known exposure to an infectious agent should bypass the waiting room and be placed directly into an examination or isolation room, as should those with the following so-called red flag signs: neurologic signs, diarrhea, respiratory tract signs, fever, infected wounds, or chronic infection. Consider providing alcohol-based hand rub dispensers in the waiting room and at the desks where clients check in and out.

2. Animal Handling and Injury Prevention

Proper handling and restraint of animals decrease the possibility of staff receiving bites, scratches, needlesticks, and other animal-related injuries, which are associated with risk for zoonotic infections. Most injuries among veterinary personnel occur during animal handling or treatment.¹³² Preventive measures include reliance on experienced veterinary per-

sonnel rather than owners to restrain animals and the use of muzzles, bite-resistant gloves, and sedation or anesthesia as necessary.¹³³ Veterinary personnel should be trained to remain alert for changes in a patient's behavior. Aggressive or fearful tendencies and bite history should be recorded in the patient's record, communicated to personnel, and indicated with signage on cages and enclosures. Those working with large animals are at risk for kick and crush injuries. Proper livestock-handling equipment should be used, and an escape route should be kept in mind at all times.^{9,10} Veterinarians have the right to refuse services if large animal-handling facilities are not available or are not adequate to ensure their safety and the safety of those assisting them. Similarly, veterinarians have the right to refuse to provide services for clients with exotic species or wildlife that cannot be handled safely because of physical infrastructure or clinician or staff training limitations.

Preplanning, adequate equipment, and clear communication with coworkers while working with animals are key to preventing animal-related injuries. First aid supplies, including eyewash, should be readily available, and personnel should know where the supplies are located and how to use them. Incident response procedures should be displayed prominently.

3. Examination of Animals

Animals with potentially infectious diseases should be examined in a dedicated examination or isolation room and should remain there until initial diagnostic procedures and treatments have been performed. Contact with animals suspected of having an infectious disease should be limited to essential personnel who should wear protective outerwear and use gloves and other protective equipment appropriate for the situation.

The examination room used for this purpose should remain out of service until properly cleaned and disinfected. Every examination room should have an easily accessible source of running water, a soap dispenser, and paper towels. In addition, it is recommended that alcohol-based hand rubs be available in the examination room.

4. Injection, Venipuncture, and Aspiration Procedures

a. *Needlestick injury prevention*

Needlesticks are common in veterinary medicine, can cause serious injury, and may result in a loss of work time.⁷⁰ Needlesticks may result in the inoculation of vaccines containing live organisms, harmful chemicals, hormones, chemotherapeutics, or infective materials; in ad-

dition, the wound can serve as a portal of entry for pathogens.⁷¹ Needlestick injuries are preventable. Following the passage of the Needlestick Safety and Prevention Act in 2000, percutaneous injuries among human hospital employees decreased by 38% in the first year of implementation and remained low in subsequent years.¹³⁴ To promote a culture of safety and reduce workplace injuries, a NORA HCSA goal of promoting the use of safety devices to prevent needlestick injuries among veterinary personnel employed in all work settings has been set.² Records of needlestick injuries should be kept and analyzed so that interventions specific to the practice may be implemented and protocols corrected as necessary.

Clinic personnel should be educated regarding the serious nature of needlestick injuries. Trained personnel should restrain animals to minimize needlestick injuries resulting from animal movement. Veterinary staff should not bend needles, pass an uncapped needle to another person, or walk around with uncapped needles. Needle caps should never be placed in the mouth. Needles should not be recapped unless the I-handed scoop method is used:

- Place the cap on a horizontal surface.
- Hold the syringe with attached needle in 1 hand.
- Use the needle to scoop up the cap without use of the other hand.
- Secure the cap by pushing it against a hard surface.¹³⁵

An approved sharps container (puncture- and leak-proof container designed for the safe collection of sharp medical articles for disposal) should be located in every area in which animal care occurs.¹³⁶⁻¹³⁸ Following most veterinary procedures, a forceps can be used to remove the uncapped needle from the syringe, and the needle alone can be placed in the sharps container. Uncapped needles should never be removed from a syringe by hand. After aspiration of infectious materials or injection of vaccines containing live organisms, the used syringe with needle attached should be placed in a sharps container. Sharps containers should not be overfilled, and sharps should not be transferred from one container to another. Disposal of sharps and sharp containers must be done in accordance with applicable state and local laws.

b. Barrier protection

Currently, there are no data indicating that venipuncture of healthy animals constitutes an important risk of exposure to pathogens, and contact with animal blood (except primate blood) has not been reported as a source of occupationally acquired

infection. Appropriate PPE should be worn when procedures are performed on animals suspected of having an infectious disease that may result in exposure to blood or other potentially infectious materials.

5. Dentistry

Dental procedures can generate splashes, sprays, and large droplets that are potentially infectious. Veterinary personnel and anyone in range of direct splashes or sprays should wear protective outerwear, a head cover, gloves, and facial protection. Dental procedures should be performed in a dedicated space—ideally a dental suite—with separate, dedicated equipment and appropriate ventilation.¹³⁹ Environmental surfaces can be easily contaminated during dental procedures. These surfaces should be cleaned and disinfected between patients and at the end of daily work activities.¹⁴⁰

6. Resuscitation

The urgent nature of resuscitation increases the likelihood that breaches in infection control will occur. Standard emergency protocols and regular staff training regarding resuscitation are very important to minimize risk and reduce exposures. Barrier precautions, such as the use of gloves and facial protection, should be implemented to prevent exposure to zoonotic infectious agents that may be present. Never blow into the nose or mouth of an animal or into an endotracheal tube; instead, intubate the animal and use a manual resuscitator, anesthesia machine, or ventilator.

7. Obstetrics

Zoonotic agents, including *Brucella* spp, *C burnetii*, and *Listeria monocytogenes*, may be found in high concentrations in the birthing fluids of aborting or parturient animals and in stillborn fetuses and infected neonates. Gloves or sleeves, facial protection, and impermeable protective outerwear should be used routinely to prevent exposure to potentially infective materials.¹⁴¹ Respiratory tract protection should be used when investigating abortions attributable to *C burnetii* infection (Q fever) or when other airborne pathogens are known or suspected risks.¹⁴²

8. Necropsy

Necropsy is a high-risk procedure because of the possibility of injury and potential contact with infectious agents in body tissues, body fluids, and aerosols.^{117,120} Nonessential persons should not be present during necropsy procedures. Veterinary personnel should routinely wear gloves, facial protection, and impermeable protective outerwear. In addition, eye protection

and respiratory tract protection used in the context of a respiratory tract protection program should be employed when band saws or other power equipment is used or there is a high probability of exposure to a zoonotic pathogen. Cut-proof gloves should be used to prevent sharps-associated injuries.

9. Diagnostic Specimen Handling

Samples of feces, urine, or vomitus; aspirate specimens; and swabs collected from the general patient population should be handled as though they contain infectious organisms. The sample containers should bear clear and detailed labeling and be stored in a designated refrigerator. Protective outerwear and disposable gloves should be worn when these specimens are handled. Discard gloves and wash hands before subsequently touching clean items such as telephones, medical records, or computer keyboards.¹⁴³ Specimens shipped for diagnostic testing must be packaged and labeled according to applicable regulations.¹⁴⁴

10. Wound Care and Abscess Treatment

Many zoonotic pathogens can be associated with wound infections and abscesses.¹⁴⁵ Veterinary personnel should wear protective outerwear and gloves for debridement, treatment, and bandaging of wounds; facial protection should be worn when abscesses are lanced and wounds are lavaged. Hand hygiene should be performed after gloves are discarded and following removal of outerwear. Animals with infected wounds should be prevented from contaminating environmental surfaces, including floors. Used bandage materials and equipment such as bandage scissors and clipper blades should be considered contaminated and handled accordingly. Leftover bandaging material should be sterilized (autoclaved or gas sterilized) prior to storage for reuse because unused bandaging material may become contaminated with methicillin-resistant *S aureus* and other wound pathogens during wound care.^a

D. ENVIRONMENTAL INFECTION CONTROL

The veterinary clinic environment can potentially serve as a source of pathogens for staff and patients. Controlling this potential reservoir of infection is increasingly recognized as an important component of infection control and prevention. Surfaces in a clinic can become contaminated with methicillin-resistant *S aureus*, *Salmonella spp.*, and other pathogens; once introduced onto a surface, some pathogens may persist for months in the facility and serve as a source of infection for animals, their owners, and veterinary employees.^{16,146–148} Additionally, equipment (eg, stethoscopes) can become contaminated with pathogens following physical examination.^{149,150} Guidelines have

been developed for hospital layout and design that address infection control issues and provide for ease of cleaning and disinfection of environmental surfaces.¹⁵¹

1. Cleaning and Disinfection of Equipment and Surfaces

Regular cleaning and disinfection of equipment and surfaces is critical for environmental control of pathogens. Equipment and surfaces must be cleaned with water and detergent before they are disinfected because organic material decreases the effectiveness of most disinfectants.^{151–153} An EPA-registered disinfectant should be used according to label instructions, with attention to storage conditions, proper dilution, and contact time. When selecting a disinfectant, ensure that users will be able to accommodate all label requirements, including appropriate contact time. Quaternary ammonium compounds and hypochlorites are the most common disinfectants used on environmental surfaces in veterinary practices; however, hydrogen peroxide-based oxidizing agents are also effective against a wide range of veterinary microbes (Appendix 3).¹⁵²

Equipment and surfaces should be cleaned and disinfected between uses or whenever visibly soiled. Special attention should be paid to surface areas with high contact rates (eg, examination tables, door knobs, cage latches, faucet handles, and sinks).¹⁵⁴ A written checklist should be developed for each area of the facility (eg, waiting room, examination rooms, treatment area, surgery suite, and kennels) that specifies the frequency of cleaning, disinfection procedures, products to be used, and the staff responsible. At a minimum, staff should perform hand hygiene after they have finished cleaning and before beginning other tasks.

Surfaces in areas where animals are housed, examined, or treated should be made of nonporous, easily cleaned materials. Generation of dust that may contain pathogens can be minimized by use of vacuums with high-efficiency particulate air filters, wet mopping, dust mopping, or electrostatic sweeping. Surfaces may be lightly sprayed with water prior to mopping or sweeping to minimize dust generation (wet mopping). Use of high-pressure sprayers and similar devices that can disseminate infectious particles should be avoided. However, if procedures that may generate infectious aerosols are undertaken, appropriate PPE should be worn.

Cleaning products and disinfectants may contain components harmful to human health. It is incumbent on employers to provide appropriate training as required by OSHA. This training must detail all physical, chemical, and biological hazards in the

workplace, and each cleaning and disinfectant products' label and safety data sheet should be easily accessible.¹⁵⁵

Routine dishwashing is sufficient to clean food and water bowls used for most hospitalized patients. Toys, litter boxes, and other miscellaneous items should be discarded or cleaned and disinfected between patient uses. Litter boxes should be cleaned or disposed of at least daily by a nonpregnant staff member.

2. Isolation of Animals with Infectious Diseases

Animals with suspected or confirmed communicable diseases should be identified prior to arrival if possible and be examined, cared for, and housed in designated isolation rooms (small animals) or areas (large animals) to protect other patients and veterinary personnel. Isolation procedures should be prominently posted.¹¹⁶ Isolation rooms or areas should be identified with signage, access should be limited, and a sign-in log should be used.

Only the equipment and materials needed for the care and treatment of the patient should be kept in an isolation room or area, and isolation supplies should not be removed for use elsewhere. Whenever possible, use of disposable articles such as bowls, litter pans, and gowns is recommended. Equipment that must be removed from the isolation room or area should be disassembled, cleaned, and disinfected prior to removal to prevent contamination of other areas of the hospital. Potentially contaminated materials should be bagged before transport within the facility and disinfected or disposed of in accordance with state rules governing disposal of medical waste.^{116,156}

Limited data are available regarding the effectiveness of footbaths and foot mats for infection control in private veterinary practices.¹⁵⁷⁻¹⁵⁹ Footbaths and foot mats are difficult to maintain properly, which limits their efficacy. Disposable, impermeable shoe or boot coverings made of plastic should be considered for use in isolation rooms. All PPE used when attending animals in isolation should be donned immediately prior to and doffed following care for the animal in an effort to limit movement of infectious organisms within the facility.

3. Handling of Laundry

Although soiled laundry may be contaminated with pathogens, the risk of disease transmission is negligible when soiled items are handled correctly.¹⁶⁰ Personnel should check pockets for sharps before items are removed and laundered. Gloves and protective outerwear should be worn when handling soiled laundry. Bedding and other laundry should be machine

washed with any standard laundry detergent and machine dried at the highest temperature suitable for the material.¹⁶¹ To prevent cross-contamination, separate storage and transport bins should be used for clean and dirty laundry. When soiled clothing is laundered at home, it should be transported in a sealed plastic bag, kept separate from household laundry, emptied from the bag directly into a washing machine, and thoroughly machine dried after completion of the wash cycle.¹⁶²⁻¹⁶⁴

4. Spill Response and Decontamination

Spills and splashes of potentially infective substances should be immediately contained with absorbent material (eg, paper towels, sawdust, or cat litter). Personnel should wear PPE sufficient to protect against potentially infective substances in the spill and the cleaning or disinfectant agent selected for use. The safety data sheet for each EPA-registered disinfectant will indicate appropriate PPE for use with the product.¹⁶⁵ The spilled fluids and absorbent material should be collected and sealed in a leak-proof plastic bag, and the area should be cleaned and disinfected. An EPA-registered disinfectant should be used with attention to storage conditions, label instructions, and contact time. Animals and people who are not involved in the cleanup should be kept away from the area until disinfection is completed. Creating a spill response kit with instructions in advance may expedite cleanup processes and enhance worker safety.

5. Medical Waste

Medical waste is regulated at the state level, and employers should become familiar with the applicable laws in their state.¹⁶⁶ Medical waste is defined by the EPA as "any solid waste that is generated in the diagnosis, treatment, or immunization of human beings or animals, in research pertaining thereto, or in the production or testing of biologicals."¹⁶⁷ Sharps and regulated medical waste are generally considered subsets of medical waste, and proper management of them is also based on state medical waste laws.

6. Rodent and Vector Control

Field veterinarians and any accompanying support personnel are likely to have the greatest risk of exposure to arthropod vectors that may transmit zoonotic pathogens. However, the risk of illness for any particular infection is not uniform across the United States.^{168,169} Regardless of the geographic location of the field work, permethrin-treated clothing has been demonstrated to be highly effective at reducing tick bites and would be recommended for those veterinarians and assistants with occupational

exposures.¹⁷⁰ Animals may act as mechanical carriers for ticks, and it is important to check patients as they enter a clinic to limit introduction of arthropod vectors into the indoor work environment.¹⁷¹

Integrated pest management is the recommended approach to the control of rodents and vectors in veterinary medical buildings. Integrated pest management is a comprehensive approach to pest control based on an understanding of the life cycle and ecological niche of the pest. Pest populations are controlled largely by creating unfavorable environments; by removing the air, moisture, food, or shelter that pests need to survive; or by blocking access to buildings.^{172,173} Pesticides and rodent traps may be used as part of a comprehensive plan that includes environmental control measures as follow:

- Sealing of potential entry and exit points into buildings with caulk, steel wool, or metal lath.
- Storage of food and garbage in metal or thick-plastic containers with tight lids.
- Disposal of food waste promptly.
- Elimination of potential rodent nesting sites (eg, clutter).
- Removal of sources of standing water (eg, empty buckets, tires, and clogged gutters) to reduce potential mosquito breeding sites.
- Installation and maintenance of window screens to prevent entry of insects and rodents.

Additional measures may be warranted for control of specific pests. For example, birds and bats should be excluded from hospital barns and veterinary medical facilities. Facility managers may wish to contact a pest control company for additional guidance.

7. Other Environmental Controls

It is important to provide an employee break room or area for eating and drinking. Such activities should be prohibited in laboratories, treatment rooms, and other patient care and housing areas. Separate, appropriately labeled refrigerators should be used for human food, animal food, biologics, and laboratory diagnostic samples. Dishware for human use should be washed and stored away from animal-care areas.

IV. OCCUPATIONAL HEALTH

A. GENERAL

Veterinary clinic managers should develop a comprehensive employee safety and health program on the basis of their own workplace risk assessment addressing the potential for animal-related and non-animal-related occupational injuries and illnesses.^{174,175} Utilizing control measures that place

the least amount of burden on the individual employee will be most effective. Personal protective equipment (while often essential) represents the least effective and least desirable control measure in any workplace environment. Some elements to consider when implementing a safety and health program follow.

1. Employee Vaccination Policies and Record Keeping

a. Overview

Veterinary practices should maintain up-to-date emergency contact information and staff records including vaccinations and rabies virus antibody titers. Employee health information should be collected on a voluntary basis and confidentially maintained. Employees should inform their supervisor of changes in health status, such as pregnancy, that may affect work assignments. New employees should receive training regarding the importance of informing their health-care provider that their work duties involve contact with animals.¹⁷⁶

b. Rabies

Veterinary personnel should receive pre-exposure rabies vaccination and antibody titer checks in accordance with the ACIP recommendations.^{177,178} Preexposure immunization against rabies consists of 3 IM doses of vaccine administered on days 0, 7, and 21 or 28. Periodic titer checks (generally every 2 years) should be performed, and a single rabies booster should be administered when immunity is defined as less than adequate by the performing laboratory. It should be emphasized that preexposure vaccination against rabies does not eliminate the need for additional rabies vaccinations following a known rabies virus exposure. It does, however, simplify the rabies postexposure treatment, and it may be protective in cases of unrecognized rabies exposure or when postexposure treatment is delayed.¹⁷⁸

c. Tetanus

Tetanus prophylaxis and prevention recommendations for veterinary personnel are no different than those for the general public. However, because animal bites are tetanus-prone wounds, veterinarians and their staff may be at an elevated risk of exposure. Veterinary staff should receive a routine tetanus vaccination every 10 years in accordance with ACIP recommendations.¹⁷⁹ New personnel should be screened to ensure they are currently vaccinated for tetanus. Additionally, if a person sustains a wound, including a bite wound, and it has been more than 5 years since his or her last tetanus booster, a single dose of Tdap (tetanus, diphtheria, and pertussis) or Td (tetanus and diphtheria) vaccine should be administered. Persons who are not adequately immunized against tetanus may require tetanus immune globulin in addition to vaccine.^{179,180}

d. Influenza

Owing to their extensive contact with animals and the public, veterinary personnel should receive influenza vaccine or vaccines in accordance with ACIP guidelines.¹⁸¹⁻¹⁸⁵

2. Management and Documentation of Exposure Incidents

Workplace injuries and illnesses will still occur despite best efforts to identify and reduce hazards. The management team should review recent work-related injuries and illnesses in the practice to ascertain any patterns or cause. Additional or new administrative or engineering controls may be warranted. Another important step is to conduct refresher training for employees that addresses the cause of the incident and covers new control measures.

Pursuant to OSHA's recordkeeping and reporting requirement (29 CFR 1904), employers must complete the following¹⁸⁶:

- Form 301: Within 7 calendar days after you receive information that a recordable work-related injury or illness has occurred, you must complete this injury and illness incident report form that is specific to an individual event. This form will contain information about individual employee health and must be used in a manner that protects confidentiality of employees. You must keep this form on file for 5 years following the year to which it pertains.
- Form 300: Each incident, as recorded on Form 301, must be entered on Form 300. This is an injury and illness log that contains summary information for each event recorded on a Form 301. This will help employers identify trends and complete Form 300A. This form will contain information about individual employee health and must be used in a manner that protects confidentiality of employees
- Form 300A (summary of injuries and illnesses): This report summarizes, for all employees, the number of work-related injuries and illnesses, the number of days away from work, and the total numbers of injury and illness types. This form will not contain confidential information and must be publicly posted for employees to review.
- Employers with 10 or fewer employees throughout the previous calendar year are not required to complete these forms. This exemption applies to employers in states with federal as well as state OSHA plans.¹⁸⁷

3. Staff Training and Education

Comprehensive staff training and education are essential components of an effective employee safety and health program. Training should have defined objectives and a means of measuring the effectiveness of the training.¹⁸⁸ Furthermore, all training, whether written or oral, must be provided at a level of complexity and in a language that employees can understand.¹⁸⁹ Before new staff begin

work, they should receive training that emphasizes infection control practices and the clinic infection control plan, the potential for zoonotic disease exposure, hazards associated with work duties, and injury prevention.^{104,190-193} Training should also include instruction in animal handling, restraint, and behavioral cue recognition. Additional in-service training should be provided at least annually and as recommendations or policies change. Staff participation in infection control and hazard awareness training should be documented.

Although training is critical to reducing the incidence of occupational illness and injury, remember that it is only 1 component of an employee safety and health program. Practice managers and supervisors must ensure that all feasible engineering and administrative controls have been implemented on the basis of a workplace risk assessment.

B. IMMUNOCOMPROMISED PERSONNEL

Personnel with a weakened immune system as a result of disease or medication and pregnant women are more susceptible to infection with zoonotic agents and more likely to develop serious complications from zoonotic infections.¹⁹⁴ Employees with immunocompromising conditions should talk to their primary health-care provider to clarify work parameters and obtain guidance.

Occupational activities associated with a higher risk of exposure to zoonotic pathogens include processing laboratory samples, necropsy, and care of certain high-risk animals. High-risk animals include those that are young, parturient, unvaccinated, stray or feral, fed raw-meat diets, or housed in a shelter; animals with internal or external parasites; wildlife; reptiles and amphibians; and exotic or nonnative species.^{195,196}

Although data regarding the risks of zoonotic infection for HIV-infected persons employed in veterinary settings are limited, there are none that justify their exclusion from the veterinary workplace.¹⁹⁷ Risk of exposure to zoonotic pathogens in the workplace can be mitigated through consistent use of the VSP outlined in this compendium.

C. PREGNANCY

Pregnancy presents a situation in which multiple potential occupational hazards must be addressed. The employer, on the basis of a workplace risk assessment, should provide information about hazards to which the employee and fetus may be exposed. Pregnant employees should consult with their health-care provider about potential hazards including zoonotic disease, chemicals, waste anesthetic gas, radiation, and lifting hazards. Employers must then provide reasonable workplace accommodation for the employee.

The ADA as amended in 2008 states that while pregnancy itself is not a disability, pregnant workers and job applicants are not excluded from the protections of the ADA. Pregnant workers with pregnancy-related impairments may demonstrate that they have

disabilities for which they may be entitled to a reasonable accommodation under the ADA. Also, if an employee is temporarily unable to perform her job because of pregnancy, the employer must treat her the same as any other temporarily disabled employee; for example, by providing light duty, modified tasks, alternative assignments, disability leave, or leave without pay.^{198,199} Employees should notify managers as soon as they know they are pregnant so that potentially harmful activities may be avoided and necessary adjustments to workplace activities can be addressed.

Pregnant women are more susceptible to certain zoonotic infections owing to physiologic suppression of cell-mediated immunity. Conditions to which pregnant women are more susceptible include toxoplasmosis, lymphocytic choriomeningitis, brucellosis, listeriosis, and psittacosis.²⁰⁰ Vertical transmission of certain zoonotic agents may result in miscarriage, still-birth, premature birth, or fetal congenital anomalies.

V. CREATING A WRITTEN INFECTION CONTROL PLAN

Veterinary practices should have a written infection control plan.^{3,53} A model infection control plan that can be tailored to individual practice needs is available in electronic format from the NASPHV website (**Appendix 4**).²⁰¹ Effective infection control plans should do the following:

- Provide explicit and well-organized guidance specific to the facility and practice type
- Be flexible so that new issues can be addressed easily and new knowledge incorporated.
- Indicate the staff members responsible for each area, activity, or function.
- Provide contact information, resources, and references.

A. INFECTION CONTROL PERSONNEL

All veterinary personnel are responsible for supporting and carrying out the activities outlined in the practice's infection control plan; however, it is the practice management team and senior clinicians who must play a leadership role in establishing the culture of infection control practice. Staff members should be designated for development and implementation of specific infection control policies such as monitoring compliance, maintenance of records, and management and documentation of workplace exposures and injuries. Breeches in infection control practice should be addressed.

B. IMPLEMENTING THE INFECTION CONTROL PLAN

1. Leadership

The management team should set the standard for infection control practices, champion the importance of infection prevention in daily activities, and model desired behaviors such as hand hygiene after every patient contact.

2. New Staff

New staff members should be given their own copy of the infection control plan. Detailed training

should be provided. Receipt of the plan and training should be documented for each employee.

3. Review and Revision

Practice management should evaluate incidents as they occur and evaluate processes and identify deficiencies that may necessitate engineering or administrative changes. Revisions should be communicated to all staff members. If deficiencies in training are identified, the management team should ensure that corrective measures are taken and employee retraining is instituted.

4. Compliance

All team members should ensure that infection control policies and protocols are carried out consistently and correctly.

5. Availability

Copies of the infection control plan and resource documents should be readily accessible to all staff, including reception, administration, animal care, and housekeeping personnel.

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Appendix 1

Selected zoonotic diseases of importance in the United States, 2015.

Disease	Agent	Means of transmission to humans	Most common species associated with transmission to humans	Nationally notifiable for human (H) or animal (A) cases	Severe or prolonged infection usually associated with immunosuppression	Deaths in humans reported
Acariasis (scabies)	<i>Sarcoptes scabiei</i> , <i>Notoedres cati</i> , and other species of mites	Contact	Dogs, cats, horses, goats, sheep, swine, birds	No	No	No
Anthrax	<i>Bacillus anthracis</i>	Contact, aerosol, vector	Cattle, sheep, goats, horses	H, A	No	Yes
Avian influenza	Highly pathogenic avian influenza virus	Contact, aerosol	Poultry, pet birds	H, A	No	Yes
Babesiosis	<i>Babesia microti</i> and other <i>Babesia</i> spp	Vector	Cattle, rodents	A	Yes	Yes
Bartonellosis	<i>Bartonella henselae</i> , other <i>Bartonella</i> spp		Cats, other species possible	No	Yes	Rare
Baylisascariasis	<i>Baylisascaris procyonis</i>	Contact	Raccoons	No	No	Yes
<i>Bordetella bronchiseptica</i> infection	<i>Bordetella bronchiseptica</i>	Aerosol	Dogs, cats, swine, rabbits, guinea pigs, horses	No	Yes	No
Brucellosis	<i>Brucella melitensis</i> , <i>Brucella abortus</i> , <i>Brucella suis</i> , <i>Brucella canis</i>	Contact, aerosol	Goats, cattle, swine, feral pigs, dogs, horses	H, A	No	Yes
Campylobacteriosis	<i>Campylobacter jejuni</i> , other <i>Campylobacter</i> spp	Contact	Poultry, cattle, sheep, goats, swine, dogs, cats, mink, ferrets, hamsters, racoons, other wildlife	No	No	Yes
<i>Capnocytophaga</i> spp infection	<i>Capnocytophaga canimorsus</i> , <i>Capnocytophaga cynodegmi</i>	Contact	Dogs, cats	No	Yes	Yes
Chlamydiosis (mammalian)	<i>Chlamydomphila abortus</i> , <i>Chlamydomphila felis</i>	Aerosol, contact	Sheep, goats, llamas, cats, cattle	No	Yes, preganant women	Yes
Contagious pustular dermatitis (orf or contagious ecthyma)	Parapoxvirus	Contact	Sheep, goats	No	No	No
Cryptococcosis	<i>Cryptococcus neoformans</i>	Aerosol	Pigeons, other birds	No	Yes	Yes
Cryptosporidiosis	<i>Cryptosporidium parvum</i>	Contact	Cattle (typically calves)	H	Yes	Yes
Dermatophilosis	<i>Dermatophilus congolensis</i>	Contact, vector	Goats, sheep, cattle, horses	No	No	No
Dermatophytosis (ringworm)	<i>Microsporum</i> spp, <i>Trichophyton</i> spp, <i>Epidermophyton</i> spp	Contact	Cats, dogs, cattle, goats, sheep, horses, rabbits, rodents	No	No	No
<i>Dipylidium</i> infection (tapeworm)	<i>Dipylidium caninum</i>	Vector	Dogs, cats	No	No	No
<i>Escherichia coli</i> O157:H7 infection	<i>Escherichia coli</i> O157:H7	Contact	Cattle, goats, sheep, deer	No	No	Yes
Echinococcosis	<i>Echinococcus granulosus</i> , <i>Echinococcus multilocularis</i>	Contact	Dogs, cats, wild canids	A	No	Yes
Ehrlichiosis or anaplasmosis	<i>Ehrlichia</i> and <i>Anaplasma</i> spp	Vector	Deer, rodents, horses, dogs	H	Yes	Yes
Equine encephalomyelitis	Togaviridae (eastern, western, and Venezuelan equine encephalomyelitis viruses)	Vector	Birds, horses	H, A	No	Yes
Erysipeloid	<i>Erysipelothrix rhusiopathiae</i> (multiple subtypes, called assemblages, exist, several of which can be transmitted to people)	Contact	Pigs, poultry, lambs, calves, birds, fish, crustaceans mollusks	No	No	Yes
Giardiasis	<i>Giardia intestinalis</i> (<i>Giardia lamblia</i>)	Contact	Beavers and other wild rodents, dogs, cats, guinea pigs, ferrets, livestock	H	Yes	No
Hantaviral diseases	Hantaviruses	Aerosol	Rodents	H	No	Yes
Herpes B virus infection	Macacine herpesvirus	Contact	Macaque monkeys	No	No	Yes
Histoplasmosis	<i>Histoplasma capsulatum</i>	Aerosol	Bats, soil enriched with wild bird guano	No	Yes	Yes
Influenza	Influenza A viru	Contact, aerosol	Poultry, swine, ferrets	H, A	No	Yes

Continued on next page.

Appendix 1

Zoonotic diseases of importance in the United States, 2015 (continued).

Disease	Agent	Means of transmission to humans	Most common species associated with transmission to humans	Nationally notifiable for human (H) or animal (A) cases	Severe or prolonged infection usually associated with immunosuppression	Deaths in humans reported
Larval migrans: cutaneous (hookworm)	<i>Ancylostoma</i> spp	Contact	Dogs, cats	No	No	Rare
Larval migrans: visceral, ocular, neuro (roundworm)	<i>Toxocara canis</i> , <i>Toxocara cati</i>	Contact	Dogs, cats, raccoons	No	No	Rare
Leishmaniasis	<i>Leishmania</i> spp	Vector	Dogs, wild canids	A	No	Yes
Leptospirosis	<i>Leptospira</i> spp	Contact, aerosol	Rodents, swine, cattle, sheep, goats, horses, dogs	A	No	Yes
Listeriosis	<i>Listeria monocytogenes</i>	Contact	Cattle, sheep, goats, pigs, birds, dogs, cats	H	Yes, particularly pregnant women	Yes
Lyme disease	<i>Borrelia burgdorferi</i>	Vector	Small rodents, wild large mammals	H	Yes	Yes
Lymphocytic choriomeningitis	Arenavirus (lymphocytic choriomeningitis virus)	Contact, aerosol	Mice, hamsters, guinea pigs	No	Yes, particularly pregnant women	Rare
Monkeypox	Orthopoxvirus	Contact, aerosol	Nonhuman primates, rodents	A	No	Yes
Mycobacteriosis (nontuberculous)	<i>Mycobacterium avium</i> complex, <i>Mycobacterium marinum</i>	Aerosol, contact	Poultry, pet birds, aquarium fish reptiles	No	Yes	Yes
Pasteurellosis	<i>Pasteurella multocida</i> and other species	Contact	Dogs, cats, rabbits, rodents	No	Yes	Rare
Plague	<i>Yersinia pestis</i>	Vector, contact, aerosol	Rodents, cats, rabbits	H, A	Yes	Rare
Psittacosis (human) chlamydiosis (avian)	<i>Chlamydochlamydia psittaci</i>	Aerosol, contact	Pet birds, poultry	H, A (poultry)	Yes	Yes
Q fever	<i>Coxiella burnetii</i>	Contact, aerosol, vector	Goats, sheep, cattle, rodents, rabbits, dogs, cats	H, A	No	Yes
Rabies	Lyssavirus	Contact	Cats, dogs, cattle and other domestic animals, wild carnivores, raccoons, bats, skunks, foxes	H, A	No	Yes
Rat bite fever	<i>Streptobacillus moniliformis</i> , <i>Spirillum minus</i>	Contact	Pet rats, wild rats	No	No	Yes
<i>Rhodococcus equi</i> infection	<i>Rhodococcus equi</i>	Aerosol, contact	Horses	No	Yes	Yes
Rocky Mountain spotted fever	<i>Rickettsia rickettsii</i>	Vector	Dogs, rabbits, rodents	H	No	Yes
Salmonellosis	<i>Salmonella</i> spp	Contact	Reptiles, amphibians, poultry, horses, swine, cattle, pocket pets, many species of mammals and birds	H	Yes	Yes
Sporotrichosis	<i>Sporothrix schenckii</i>	Contact	Cats, dogs, horses	No	Yes	Rare
Staphylococcosis	<i>Staphylococcus</i> spp	Contact	Dogs, cats, horses	H (certain drug-resistant strains of <i>S aureus</i>)	Yes	Yes
Streptococcosis	<i>Streptococcus</i> spp	Contact, aerosol	Swine, fish, other mammal	H (some forms)	No	Yes
Toxoplasmosis	<i>Toxoplasma gondii</i>	Contact	Cats	No	Yes	Yes
Trichinellosis	<i>Trichinella spiralis</i>	Contact	Feral pigs, swine	H, A	No	Rare
Trichuriasis (whipworm infection)	<i>Trichuris suis</i> , <i>Trichuris trichiura</i> , <i>Trichuris vulpis</i>	Contact	Dogs, swine	No	No	Rare
Tuberculosis, bovine	<i>Mycobacterium bovis</i>	Contact, aerosol	Cattle, swine, sheep, goats, bison, elk, deer, reindeer	H, A	No	Yes
Tularemia	<i>Francisella tularensis</i>	Vector, contact, aerosol	Rabbits, pocket pets, wild aquatic rodents, sheep, cats, horses, dogs	H, A	No	Yes
Vesicular stomatitis	Vesicular stomatitis virus	Vector, contact, aerosol	Horses, cattle, swine, sheep, goats	A	No	No
West Nile fever	West Nile virus	Vector	Wild birds	H, A	No	Yes
Yersiniosis	<i>Yersinia enterocolitica</i>	Contact	Swine, many species of mammals and birds	No	Yes	No

Data regarding nationally reportable diseases were obtained from the CDC's nationally notifiable infectious diseases list, the World Organization for Animal Health (OIE) notifiable animal diseases list, and the USDA APHIS reportable-diseases list.^{14,15} Cases may also be notifiable at the state level; state veterinarians or state public health veterinarians should be consulted for current listings of reportable diseases in specific areas.

Appendix 2

Antimicrobial spectrum of hand-hygiene antiseptic agents.^{82,84,86}

Target organism or agent characteristic	Alcohols (ethanol or isopropanol)	Chlorhexidine (2%–4%)	Iodophors ^a	Triclosan	Quaternary ammonium compounds ^{b,c}
Gram-positive bacteria	+++	+++	+++	+++	++
Gram-negative bacteria	+++	++	+++	++	+
Enveloped (lipophilic) viruses	+++	++	++	+++	+
Nonenveloped viruses	++	+	++	++	±
Mycobacteria	+++	+	+	±	–
Fungi	+++	+	++	± ^d	–
Spores	–	–	–	–	–
Protozoal oocysts	–	–	–	–	–
Speed of action	Fast	Intermediate	Intermediate	Intermediate	Slow
Residual activity	No	Yes	Variable	Yes	No
Comments	Optimum concentration 60%–85%	Persistent activity; potential allergic reactions	Less irritating than iodine	Tolerability on hands varies; decreases skin hydration and possible irritation	Used in combination with alcohols; activity limited by organic matter and hard water; prone to contamination

+++ = Excellent. ++ = Good. + = Fair. ± = Variable. – = No or insufficient activity.

^aIodine compounds are usually too irritating for hand hygiene; iodophors are specially formulated iodine compounds that are less irritating.

^bQuaternary ammonium compounds are not recommended as a sole antiseptic agent. ^cEfficacy against dermatophytes may be less than indicated.

^dActivity against some fungi, but much less against filamentous fungi.

Appendix 3

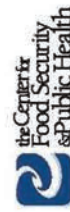
Selected disinfectants used in veterinary practice.

Disinfectant Category	Alcohols	Alkalis	Aldehydes	Halogens: Chlorine	Halogens: Iodine	Oxidizing Agents	Phenols	Quaternary Ammonium Compounds
Example Active Ingredients	• ethanol • isopropanol	• calcium hydroxide • sodium carbonate • calcium oxide	• formaldehyde • glutaraldehyde • ortho-phthalaldehyde	• sodium hypochlorite (household bleach) • calcium hypochlorite • chlorine dioxide	• providone-iodine	• hydrogen peroxide • peracetic acid • potassium peroxymonosulfate	• ortho-phenylphenol • orthobenzylpara-chlorophenol	• benzalkonium chloride • alkyl/dimethyl ammonium chloride
Mechanism of Action	Precipitates proteins; denatures lipids	Alters pH through hydroxyl ions; fat saponification	Denatures proteins; alkylates nucleic acids	Denatures proteins	Denatures proteins	Denature proteins and lipids	Denatures proteins; disrupts cell wall	Denatures proteins; binds phospholipids of cell membrane
Characteristics	<ul style="list-style-type: none"> • Fast acting • Rapid evaporation • Leaves no residue • Can swell or harden rubber and plastics 	<ul style="list-style-type: none"> • Slow acting • Affected by pH and temperature • Irritation of skin/mucous membrane • Only use in well ventilated areas • Pungent odor • Noncorrosive 	<ul style="list-style-type: none"> • Fast acting • Affected by pH • Requires frequent application • Inactivated by UV radiation • Corrodes metals, rubber, fabrics, • Mucous membrane irritation 	<ul style="list-style-type: none"> • Stable in storage • Affected by pH • Requires frequent application • Inactivated by QACs • Corrosive • Stains clothes and treated surfaces 	<ul style="list-style-type: none"> • Fast acting • Damaging to some metals (e.g., lead, copper, brass, zinc) • Potential eye and skin damage; • Mucous membrane irritation 	<ul style="list-style-type: none"> • Residual film on surfaces • Can damage non-corrosive • Stable in storage • Irritation to skin and eyes 	<ul style="list-style-type: none"> • Stable in storage • Best at neutral or alkaline pH • Effective at high temps • High concentrations corrosive to metals • Irritation to skin, eyes, and respiratory tract 	
Precautions	Flammable	Very caustic	Carcinogenic	Toxic gas released if mixed with strong acids or ammonia			May be toxic to animals, especially cats and pigs	
Gram-positive Bacteria	++	++	++	++	++	++	++	++
Gram-negative Bacteria	++	++	++	++	++	++	++	+
Mycobacteria	++	+	+	+	+	±	±	=
Endospores	=	+	++	+	+	++	=	=
Enveloped Viruses	+	+	++	++	++	++	+	+
Non-enveloped Viruses	±	±	++	++	+	±	=	=
Fungal/Fungal spores	±	+	++	+	+	++	±	+
Efficacy with Organic Matter	Reduced	Variable	Variable	Rapidly reduced	Rapidly reduced	Variable	Effective	Inactivated
Efficacy with Hard Water	?	Reduced	Reduced	Effective	?	?	Effective	Reduced
Efficacy with Detergents	?	?	Reduced	Inactivated	Effective	?	Effective	Reduced by soaps and anionic solutions

++ = highly effective; + = effective; ± = variable or limited activity; = not effective; ? = data not found

Disclaimer: The information provided generalizes data for each class of products; antimicrobial activity may vary with formulation and concentration. Always read and follow the product label. The preparation and application of disinfectant solutions must be in accordance with product label directions. Only EPA-registered products should be used.

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Appendix 4

Model Infection Control Plan for Veterinary Practices, 2015

National Association of State Public Health Veterinarians (NASPHV) Veterinary Infection Control Committee (VICC)

This plan should be adapted to your practice in keeping with local, state, and federal regulations. A modifiable electronic version is available on the NASPHV Website (www.nasphv.org). Please refer to the full Compendium of Veterinary Standard Precautions for complete information and guidance (also available at www.nasphv.org).

Clinic: _____
Date of Plan Adoption: _____
Date of Next Review: _____
Infection Control Officer: _____

This plan will be followed as part of our practice's routine procedures. The plan will be reviewed at least annually and as part of new employee training.

PERSONAL PROTECTIVE ACTIONS AND EQUIPMENT

Hand hygiene: Perform hand hygiene between examinations of individual animals or animal groups (eg, litters of puppies or kittens, groups of cattle) and after contact with feces, body fluids, vomitus, exudates, and articles contaminated by these substances. Perform hand hygiene before eating, drinking, or smoking; after using the toilet; after cleaning animal cages; after contact with environmental surfaces in animal areas; after handling laboratory specimens; after removing gloves; and whenever hands are visibly soiled. Keep fingernails short. Do not wear artificial nails or hand jewelry when handling animals. Keep hand-hygiene supplies stocked at all times.

Staff responsible: _____

Correct handwashing procedure:

- Wet hands with running water.
- Place soap in palms.
- Rub hands together to make a lather.
- Scrub hands thoroughly for 20 seconds.
- Rinse soap off hands.
- Dry hands with disposable towel.
- Turn off faucet using the disposable towel to avoid hand contact.

Correct use of hand rubs:

- Place alcohol-based hand rub in palms.
- Apply to all surfaces of hands.
- Rub hands together until dry.

Gloves: Gloves are not necessary when examining or handling healthy animals. Wear gloves when touching feces, body fluids, vomitus, exudates, and nonintact skin. Wear gloves for dentistry, resuscitations, necropsies, and obstetric procedures; when cleaning cages, litter boxes, and environmental surfaces and equipment in animal areas; when handling dirty laundry; when handling diagnostic specimens (eg, urine, feces, aspirates, or swabs); and when handling an animal with a suspected infectious disease. Wear gloves if you have wounds or compromised skin integrity of the hands. Change gloves between examination of individual animals or animal groups (eg, a litter of puppies), between dirty and clean procedures performed on the same patient, and when torn. Gloves should be removed promptly and disposed of after use. Disposable gloves should not be washed and reused. Hands should be washed immediately after glove removal.

Facial protection: Use a face shield or goggles worn with a surgical mask whenever splashes or sprays are likely to occur. Wear facial protection for the following procedures: lancing abscesses, flushing wounds, dentistry, nebulization, suctioning, lavage, obstetric procedures, and necropsies.

Respiratory tract protection: Use a molded particulate respirator (N95 or N99) when exposure to airborne pathogens is likely. Use respiratory protection under the supervision of a veterinarian and following OSHA regulations. Training and fit testing are required for their use.

Protective outerwear: Wear a protective outer garment such as a laboratory coat, smock, nonsterile gown, or coveralls when attending animals and when conducting cleaning chores in animal areas. Protective outerwear should be changed after handling an animal with a known or suspected infectious disease, after working in an isolation room, after performing a necropsy or other high-risk procedure, and whenever soiled. Impermeable outerwear should be worn during obstetric procedures and necropsies and whenever substantial splashes or large quantities of body fluids may be encountered. Shoes or boots should have thick soles and closed toes and be impermeable to water and easily cleaned. Disposable shoe covers or washable boots should be worn when heavy quantities of infectious materials are expected. Garments should be changed and laundered daily and whenever they become visibly soiled or contaminated. Coveralls should be changed and boots cleaned between farm premises, facilities, locations, or herds. Protective outerwear should not be worn outside of the work environment. Keep clean outer garments available at all times.

Staff responsible: _____

PROTECTIVE ACTIONS DURING VETERINARY PROCEDURES

Patient Intake: Place animals that have neurologic signs, diarrhea, respiratory signs, fever, infected wounds, chronic infections, or a known exposure to an infectious agent directly into a designated examination or isolation room. Bring them in a side entrance if possible.

Animal handling and injury prevention: Take precautions to prevent bites and other animal-related injuries. Identify aggressive animals and alert clinic staff. Use physical restraints, muzzles, bite-resistant gloves, and sedation or anesthesia as necessary in accordance with practice policies. Plan an escape route when handling large animals. Do not rely on owners or untrained staff for animal restraint.

- If there is concern for personal safety, notify: _____
- When injuries occur, wash wounds with soap and water, then immediately report incident to: _____ (infection control officer)
- If medical attention is needed contact: _____ (health-care provider)
- Bite incidents will be reported to: _____ (public health agency) as required by law.
Telephone number: _____

Examination of animals: Wear protective outerwear and perform hand hygiene before and after examination of individual animals or animal groups (eg, a litter of puppies). Use gloves and other protective equipment as appropriate to examine potentially infectious animals. Keep potentially infectious animals in a designated examination room until diagnostic procedures and treatments have been performed.

Continued on next page.

Appendix 4 (continued)

Injections, venipuncture, and aspiration procedures: Wear gloves when performing soft tissue or body fluid aspirations and while performing venipuncture on animals suspected of having an infectious disease. Trained personnel should restrain animals to minimize needlestick injuries due to animal movement. Do not bend needles, pass an uncapped needle to another person, or walk around with uncapped needles. Do not remove an uncapped needle from the syringe by hand or place a needle cap in the mouth. Do not recap needles unless the 1-handed scoop method is used.

1-handed scoop method for recapping needles:

- Place the cap on a horizontal surface.
- Hold the syringe with attached needle in 1 hand.
- Use the needle to scoop up the cap without use of the other hand.
- Secure the cap by pushing it against a hard surface.

Dispose of all sharps in designated containers. After injection of live vaccines or aspiration of soft tissue or body fluid, dispose of the used syringe with needle attached in a sharps container. Otherwise, you may remove the needle with a forceps and throw the syringe away in the trash. Do not transfer sharps from one container to another. Replace sharps containers before they are completely full.

Staff responsible: _____

Dental procedures: Wear protective outerwear, a head cover, gloves, and facial protection when performing dental procedures or when in range of splashes or sprays (such as when monitoring anesthesia).

Resuscitation: Wear gloves and facial protection. Use a manual resuscitator, anesthesia machine, or ventilator to resuscitate animals. Do not blow directly into the mouth, nose, or endotracheal tube of the animal.

Obstetrics: Wear gloves or shoulder-length sleeves, facial protection, and impermeable outerwear. Do not blow directly into the nose or mouth of a nonrespiring neonate.

Necropsy: Wear cut-resistant gloves, facial protection, and impermeable outerwear. Also wear eye protection and a respirator when using a band saw or other power equipment. Only necessary personnel are allowed in the vicinity of the procedure. If an animal is suspected of having a notifiable infectious or a foreign animal disease, consult with the State veterinarian before proceeding with a necropsy.

Contact information for State Veterinarian's office: _____

Diagnostic specimen handling: Wear protective outerwear and gloves. Handle feces, urine, vomitus, aspirates, and swabs as if they were infectious. Discard gloves and perform hand hygiene before touching clean items (eg, medical records, keyboard, or telephone). Eating and drinking are not allowed in the laboratory.

Wound care and abscesses: Wear protective outerwear and gloves for debridement, treatment, and bandaging of wounds. Facial protection should also be used when lancing abscesses or lavaging wounds. Discard used bandages. Handle used scissors, clipper blades, and other equipment as if contaminated. Autoclave or gas sterilize leftover bandaging material before putting it away. Perform hand hygiene after removing gloves.

ENVIRONMENTAL INFECTION CONTROL

Cleaning and disinfection of equipment and environmental surfaces: Wear gloves when cleaning and disinfecting cages and other surfaces in animal areas. Perform hand hygiene afterwards. Clean surfaces and equipment to remove organic matter, and then use a disinfectant according to manufacturer's instructions. Clean and disinfect animal cages, toys, and food and water bowls between uses and whenever visibly soiled. Clean litter boxes at least once daily. Keep clean items separate from dirty items.

Isolation of infectious animals: Put animals with an infectious disease in isolation as soon as possible. Clearly mark the room or cage to indicate the patient's status and describe additional precautions. Limit access to the isolation room. Keep a sign-in log of all people (including owners or other nonemployees) having contact with an animal in isolation. Keep only the equipment needed for the care and treatment of the patient in the isolation room, including dedicated cleaning supplies. Personal protective equipment should be donned immediately prior to care of the animal in isolation and removed just prior to leaving isolation. Discard gloves after use. Leave reusable PPE (eg, gown, mask) in the isolation room. Clean and disinfect or discard protective equipment between patients and whenever contaminated by body fluids. Disassemble and thoroughly clean and disinfect any equipment that has been used in the isolation room. Place potentially contaminated materials in a bag before removal from the isolation room.

Staff responsible: _____

Handling laundry: Wear gloves and protective outerwear when handling soiled laundry. Check for sharps before items are laundered. Wash animal bedding and other laundry in the facility with standard laundry detergent, and completely machine dry at the highest temperature suitable for the material. Use separate storage and transport bins for clean and dirty laundry. Outerwear to be laundered at home should be transported in a plastic bag, kept separate from household items, washed separately, and then thoroughly machine dried.

Spill response and decontamination: Immediately contain spills and splashes of potentially infective substances with absorbent material (eg, paper towels, sawdust, or cat litter). Use PPE to protect against potentially infective agents and the cleaning agent or disinfectant to be used. Consult and follow the label recommendations for the cleaning agent or disinfectant. Pick up the material, seal it in a leak-proof plastic bag, and clean and disinfect the area. Keep clients, patients, and employees away from the spill area until disinfection is completed.

Veterinary medical waste: *Insert here your local and state ordinances regulating disposal of animal waste, pathology waste, animal carcasses, bedding, sharps, and biologics. Refer to the US Environmental Protection Agency website (www.epa.gov/epawaste/nonhaz/industrial/medical/programs.htm) and the AVMA website (www.avma.org/PracticeManagement/Administration/Pages/AVMA-Policies-Relevant-to-Waste-Disposal.aspx) for guidance.*

Rodent and vector control: Seal entry portals, eliminate clutter and sources of standing water, keep animal food in closed metal or thick-plastic covered containers, and dispose of food waste properly to keep the facility free of rodents, mosquitoes, and other arthropods. Check and treat animals entering the veterinary facility for vector parasites.

Other environmental controls: Use the employee break room or designated area for eating, drinking, smoking, application of makeup, and similar activities. These activities should not occur in animal-care areas or in the laboratory. Do not keep food or drink for human consumption in the same refrigerator as food for animals, biologics, or laboratory specimens. Dishes for human use should be washed and stored away from animal-care and animal food preparation areas.

OCCUPATIONAL HEALTH

Infection control and employee health management: The following personnel are responsible for development and maintenance of the practice's infection control policies, record keeping, and management of workplace exposure and injury incidents.

Staff responsible: _____

Record keeping: Current emergency contact information will be maintained for each employee. Records will be maintained on vaccinations, rabies virus-specific antibody titers, and exposure and injury incidents. Changes in health status (eg, pregnancy) that may affect work duties should be reported to and recorded by the office manager so that accommodations may be made

Correction: Compendium of Veterinary Standard Precautions for Zoonotic Disease Prevention in Veterinary Personnel

In the report “Compendium of Veterinary Standard Precautions for Zoonotic Disease Prevention in Veterinary Personnel” (*J Am Vet Med Assoc* 2015;247:1252-1277), several paragraphs at the end of Appendix 4 (Model infection control plan for veterinary practices, 2015) were mistakenly omitted. The final sections of the appendix should read as follows:

OCCUPATIONAL HEALTH

Infection control and employee health management: The following personnel are responsible for development and maintenance of the practice’s infection control policies, record keeping, and management of workplace exposure and injury incidents.

Staff responsible: _____

Record keeping: Current emergency contact information will be maintained for each employee. Records will be maintained on vaccinations, rabies virus antibody titers, and exposure and injury incidents. Changes in health status (eg, pregnancy) that may affect work duties should be reported to and recorded by the office manager so that accommodations may be made.

Pre-exposure rabies vaccination: All staff with animal contact must be vaccinated against rabies, followed by periodic titer checks and rabies vaccine boosters, in accordance with the recommendations of the Advisory Committee on Immunization Practices.

Tetanus vaccination: Tetanus immunizations must be up-to-date. Report and record puncture wounds, animal bites, and other animal-related trauma. Consult a health-care provider regarding the need for a tetanus booster.

Influenza vaccination: Veterinary personnel are encouraged to receive the current seasonal influenza vaccine. The CDC website and healthcare consultation will be used for guidance (www.cdc.gov).

Documenting and reporting exposure incidents: Report incidents that result in injury or potential exposure to an infectious agent to: _____ Information will be collected for each exposure incident using OSHA forms 301, 300, and 300A. Incident reporting includes documenting the date, time, location, person(s) injured or exposed, vaccination status of injured person(s), other persons present, description of the incident, whether health-care providers and public health authorities were consulted, the status of any animals involved (eg, vaccination history, clinical condition, and diagnostic information), first aid provided, and plans for follow-up.

Staff training and education: Infection control and hazard awareness training and education will be documented in the employee health record.

Pregnant and immunocompromised personnel: Pregnant and immunocompromised employees are at increased risk from zoonotic diseases. If you are concerned that your work responsibilities may put you at increased risk, inform: _____ so that preventive measures may be taken (such as increased use of PPE) and other accommodations may be made. Consultation between the supervising veterinarian and a health-care provider may be needed.

ADDITIONAL INFORMATION

The following information is attached to the infection control plan:

- Emergency services telephone numbers—fire, police, sheriff, animal control, poison control, etc
- Reportable or notifiable veterinary diseases and where to report
- State department of agriculture or board of animal health contact information and regulations
- State and local public health contacts for consultation on zoonotic diseases
- Public health laboratory services and contact information
- Environmental Protection Agency—registered disinfectants
- Occupational Safety and Health Administration regulations
- Animal waste disposal and biohazard regulations
- Rabies regulations
- Animal control and exotic animal regulations and contacts
- Other useful resources

Note that a modifiable electronic version of the model infection control plan is available on the National Association of State Public Health Veterinarians website (www.nasphv.org).