Application of Humane Euthanasia Practices at Critter Adoption & Rescue Efforts, Inc.

History of Euthanasia by Injection

During its evolution, euthanasia has transformed from a cruel perceived necessity to a meticulously medically overseen process, reflecting our own growth and empathy towards our animal counterparts. Great strides have been made in modern times to ensure the processes used in humane euthanasia practices reflect the origins of the word itself, as the ancient Greeks coined the term to mean a "good death" (Fricke). The culmination of advancing knowledge and skills within the veterinary world, paired with the solidification of the human-animal bond, has set the stage for euthanasia by injection and the 14 criteria the A.V.M.A. has created to govern it (Fricke). Amongst these principles, a paramount point includes the necessity for an animal being euthanized to become unconscious and die with minimal pain and distress (Fricke).

This was not always the case, as American communities during the 1800s prioritized the depopulation of dogs and cats to prevent the spread of zoonotic diseases, such as rabies (Fricke). Popular methods of dispatching excess animals were often barbaric, as seen in the mass drownings that occurred in New York City, with one incident killing over 700 dogs in just several hours (Lee). Even into the early 20th century, euthanasia methods failed to meet today's welfare standards as gas chambers and electrocution were utilized (Fricke).

It was not until 1963 that the methods of euthanasia began to shift towards a closer image of what is known today. The American Veterinary Medical Association published its euthanasia guidelines, which celebrated barbiturates as the preferred non-inhalant method due to the initial loss of consciousness prior to cardiac arrest (Cooney). The A.V.M.A. refined this statement in 1986 and has since maintained that the preferred method of euthanasia for dogs and cats is the intravenous injection of sodium pentobarbital, a barbituric acid derivative (Fricke).

While euthanasia by injection describes how sodium pentobarbital is delivered to a patient, it does not reflect the euthanasia process at large. The A.V.M.A. has emphasized within their euthanasia guidelines that this process considers sedatives, animal handling techniques, and proper disposal of an animal's remains (Leary, S. et al. 4). Adherence to this process ensures accuracy and efficiency, which further promotes a death free of distress and pain.

Pre-defined parameters can be utilized to assess if an animal is an appropriate candidate for euthanasia. This may be especially helpful in a shelter setting as systems such as The Asilomar Accords eliminate bias by defining what makes an animal unhealthy/unmanageable. Assessing an animal as U/U indicates that they are "not likely to become healthy, well-adjusted companion animals, or animals who are not likely to have a satisfactory quality of life" (Maddie's Fund, 4).

After an animal is identified for euthanasia, animal shelters must ensure that the individual is authorized for the procedure. This entails proper documentation that includes the animal's description, location within the facility, and identification number. This stage also allows veterinary staff and involved personnel to provide written authorization for the process to continue.

Veterinary staff may sedate an animal at this point in the process if necessary. It is paramount that the patient is treated humanely and properly restrained to reduce unnecessary anxiety.

Prior to euthanasia by injection, shelter staff should confirm the animal's identification. This checkpoint ensures the correct animal is euthanized by confirming its microchip and cross-referencing its signalment to the authorization documentation completed previously. This step allows for a final confirmation of written consent.

The administration of sodium pentobarbital may be given intravenously, via an intraperitoneal injection or intracardiac injection (Fricke). Regardless of the route, a certified euthanasia

technician or a licensed veterinarian can be the only personnel to euthanize an animal. Proper dosing must be confirmed prior to administration. Veterinary staff are then responsible for confirming the death of the patient and updating system records and controlled drug logs accordingly.

The euthanasia process is complete once the animal's remains are respectfully disposed of utilizing a legal method that considers environmental and public health. Special care should be taken when considering the mental health of veterinary staff at this time to allow for proper emotional processing.

The multistep and meticulously curated pathway that veterinary staff utilize to navigate euthanasia is a significant improvement when examining methods used 200 years ago. These humane techniques reflect a growth in veterinary understanding and compassion for animals. Detailed and intentional acts such as the euthanasia process continue to allow animal shelters and their veterinary teams to provide premium medical care to animals in all stages of life.

Discussion of C.A.R.E.

(1&2) Critter Adoption & Rescue Efforts, Inc. (C.A.R.E.) is a 501(c)(3) private no-kill animal shelter and public charity located in Ruskin, Florida. C.A.R.E.s mission is to reduce the number of homeless and abandoned animals through adoption, sterilization, and education. The facility is on 3 acres and can house up to 15 dogs and 30 cats. C.A.R.E. houses its dogs in double-compartment kennels with an outdoor compartment and an indoor sleeping unit. Cats are housed first in the isolation ward and then moved to communal cat rooms based on age. Each communal cat room is connected to a screened-in lanai accessible to the cats by a cat door.

(3) Due to its limited intake and dedication to the no-kill movement, euthanasia within the facility is rare. However, when an animal is assessed as unhealthy/unmanageable after medical, pharmaceutical, or training interventions, humane euthanasia is indicated.

(3A) Proper animal handling is required to prevent excess stress during the euthanasia process. Low-stress handling begins before an animal is brought out of its kennel by obtaining the proper supplies. Towel wraps are utilized for cats and small dogs to transport them out of their enclosures and into the veterinary treatment area or euthanasia area. Placing the towel over the eyes of the animal can reduce intimidating visual stimuli and promote a safer examination. Medium to large dogs capable of walking are handled using slip leads and walked from their enclosures to veterinary treatment. Medium to large dogs that cannot walk due to age or illness are moved utilizing a stretcher. Proper utilization secures the animal safely in place and prevents pain for the staff transporting them.

(3B) Low-stress animal handling may not be achieved without pharmaceutical intervention, depending on the animal. Patients charted as "anxious" or "unfriendly" require a calculated dose of gabapentin or trazodone by a veterinarian on site. This dose should be determined 48 hours before anticipated euthanasia to ensure a dose may be given the night before and again the morning of their euthanasia procedure. This oral premedication allows for low-stress handling and transportation to the euthanasia area. Once an animal can be safely restrained, injectable sedation can be used. Propofol dosing should be calculated by the veterinarian performing the euthanasia and then confirmed again after a certified veterinary technician has pulled it up. Based on veterinarian preference, propofol and later Euthasol may be administered via a catheter.

(3C) Once an animal has been assessed as unhealthy/unmanageable, written authorization is required for the euthanasia process to proceed. The veterinarian conducting The Asilomar Accords survey and the shelter manager must sign off on the Euthanasia Authorization form. This form must be printed out, describe the patient's signalment, state its kennel location in the shelter, and state its shelter identification number. The form also provides an area for the veterinarian conducting the Asilomar Accords survey to denote results and how this label was reached. The euthanasia procedure is then scheduled with the veterinary staff, and oral premedications are dosed and prescribed by a veterinarian if necessary. On the day of the euthanasia, the patient is handled with respect and transported from their kennel to the euthanasia area. Technicians are expected to utilize low-stress handling techniques based on the species and size of the patient. The patient is weighed upon entrance to the euthanasia area to allow for popper propofol and Euthasol dosage calculations. Once the appropriate drugs are pulled up, a catheter may be placed in the patient if the veterinarian indicates. Whether a catheter is indicated or not, the technician and veterinarian may collaborate to administer propofol. The technician should use humane restraint techniques while the veterinarian pushes propofol. Once propofol has taken effect, the veterinarian may administer Euthasol. Euthasol may only be administered via injection utilizing the IV, I.C., or I.P. route. The IV route is preferred, but patients who have veins that are difficult to access may require the I.C. or I.P. route. To ensure open communication, veterinarians are expected to discuss the primary route and backup plan for Euthasol administration with the technician before the procedure.

(3D) The veterinarian and technicians are expected to collaborate to verify the patient's death using multiple methods. A physical copy of the verifying death checklist can be located on the counter of the euthanasia room. The team should follow this document to confirm that a patient

has died. First, the team should use visual cues to confirm that the patient is no longer breathing. The technician or the veterinarian should ensure that the patient is unresponsive when the inner eyelid is palpated or when their toe is pinched. Gum color should be assessed to ensure it appears gray or blue rather than pink. When pressure is applied to the gums, there should be no capillary refill. The veterinary team must confirm that there is no visual movement of the skin over the patient's heart. The veterinary team must then confirm there is no pulse when the medial saphenous vein is felt inside the patient's hind leg. No movement should be felt when an open palm is placed over the patient's chest. The veterinarian should then ensure there are no heart sounds using a stethoscope. Finally, the veterinarian should utilize the intracardiac method to ensure death has occurred. The intercostal space on the patient should be located between the fourth and fifth rib above the sternum. The ribs should be counted backward, starting with the 13th rib. A needle can then be inserted at a right angle between the fourth and fifth rib. A large volume of blood should be drawn back to confirm the correct placement. The veterinarian should then be able to visualize the absence of movement in the syringe and the lack of patient response from the intracardiac stick. The veterinary technician may begin the documentation process, which entails recording the volume of premedication, the volume of euthanasia solution, the route of the Euthasol, and the bottle number for any control drugs used.

(3E) The conclusion of the euthanasia process manifests in the proper disposal of the remains. To adhere to Florida Law, remains must be cremated, aquamated, or buried 2 feet below ground level. Remains may be sent to stated licensed rendering facilities, although this is not common practice at the facility. Remains must not be discarded in a manner that allows wild scavengers to access them due to the sodium pentobarbital present within the remains. It is expected that the technician places the remains in a mortuary bag with proper identification before placing the

patient in cold storage. The technician is expected to speak with the shelter manager so that crematory services can be contacted for transport. Remains are disposed of via communal cremation unless the veterinarian or shelter manager indicates otherwise.

(3F) Ideally, a shelter should have a designated room that is used solely for euthanasia procedures. This room should not be accessible by the public, have minimal noise pollution, provide access to cold storage, and comfortably hold up to 3 staff members. The room itself could be set up similarly to an exam room with cabinets and counters for storage, a central exam table, and a sink for proper hand washing. In contrast, this room should have a wall-mounted controlled drug safe to store controlled drugs such as Euthasol. C.A.R.E. does not have a dedicated euthanasia room, but it does have the ability to transform its treatment area into an appropriate euthanasia area. The treatment area within the facility is located on the back wall of the shelter, away from the kennels. This room contains a centrally located stainless steel examination table with empty kennels along the room's southern wall. The northern wall contains built-in cabinets and countertops with a sink next to a non-controlled drug cabinet. Controlled drugs are transported to the shelter by the veterinarian on shift, eliminating the need for a drug cabinet. Closing the door provides privacy for the pet and prevents the public from entering the area. As a result of the small shelter population size, the veterinary treatment room is not used every day, providing a quiet place for euthanasias free from anxiety-inducing stimuli. Proper cleaning the night before scheduled euthanasia can ensure the pet does not become distressed from unfamiliar smells caused by other patients.

(4) The team at C.A.R.E. strives to maintain an emotionally intelligent work culture regarding euthanasia. Euthanasia at the facility is rare, and many of the animals euthanized, whether due to behavioral or health concerns, were long-term residents at the facility. As a result, even the most

behaviorally challenged residents are mourned by staff and volunteers due to their semblance of a bond. To allow for proper mourning, the shelter has a memorial garden to commemorate each of the residents who have passed. At the time of the euthanasia procedure, staff are given time to process their emotions before returning to work.

Standard Operating Procedure for Euthanasia at Critter Adoption & Rescue Effort, Inc.

Identification Number

E-01

Effective Date

07/30/2024

Purpose

This document is designed to outline the process Critter Adoption & Rescue Effort Inc. staff and volunteers are expected to follow when conducting humane euthanasia in the facility.

Revision History

- 06/30/2024. Edited.
- 06/01/2024. Created.

Persons Affected

- Shelter Director
- Administrative Staff
- Veterinarians
- Certified Veterinary Technician
- Veterinary Volunteers
- General Public

Policy

Critter Adoption & Rescue Effort, Inc. (C.A.R.E) strives to provide high quality veterinary care for animals during all life stages. To ensure that the humane euthanasia process is done consistently, accurately, and efficiently, C.A.R.E follows the ASV Guidelines for Standards of Care in Animal Shelters. Animals humanely euthanized within the facility will be treated with compassion and dignity throughout the process, from animal identification to body disposal.

Definitions

- Euthanasia by Injection (EBI) – Deadly dose of a drug injected into a patient.
- Intravenous Injection (IV injection)- injection into a vein.
- Intraperitoneal Injection (IP injection)- injection into abdominal cavity.
- Intracardiac Injection (IC Injection) – injection into the heart of an unconscious animal.
- Euthasol – schedule three euthanasia solution.
- Conscious – A state where an animal can purposefully react to environmental factors.
- Unconscious – A state when an animal is unaware of its surroundings or outside factors.
- PreMix- A pre-euthanasia injection that is a combination of Ketamine and Xylazine, which puts patients into an unconscious state.
- Premedication – An injection that puts patients into an unconscious state to reduce anxiety before euthanasia.

Responsibilities

- *Shelter Manager*- Collaborate with veterinarians to identify and confirm an animal as untreatable and unhealthy to begin the euthanasia process.
- *Administrative Staff*- Ensure documentation of euthanasia has been completed by C.E.T by checking the patients Chameleon chart at the end of the day.
- *Veterinarians* – Confirm premedication and Euthasol dosing calculated by C.E.T, collaborate with shelter manager to identify and confirm animals to begin the euthanasia process, conduct pre-euthanasia exam, administer Euthasol and premedications to patients, verify death of patient prior to remain disposal.
- *Certified Veterinary Technician* – Calculate premedication and Euthasol dosing for veterinarian approval, handle and restrain animals during euthanasia, document drugs in drug log, assist in verification of death, and properly prepare remains for cremation service pick up.
- *Veterinary Volunteers*- Assist with C.E.T. to properly bag animal remains for cremation service pick up.

Procedures

- Locate the animal scheduled for euthanasia by finding its kennel number on the euthanasia sheet created by the shelter manager.
- Refer to the temperament and pre-medication section to allow transportation pre-planning
- Confirm that the animal in the noted kennel matches the signalment of the chart included on the euthanasia sheet.
- Transport small dogs and cats in a towel wrap if their temperament notation says friendly.
- Transport unfriendly small dogs and cats using a towel wrap and muzzle. These animals will have already received oral premedication.
- Transport large dogs using a slip lead using a treat to encourage them to enter the lead.
- Bring animal into treatment area converted into the euthanasia area
- Record animals' weight on the scale
- Confirm the animal's identity using the microchip scanner, signalment, and kennel card collected when finding the animal.
- Confirm completion of euthanasia approval documentation with DVM and Shelter Manager
- Calculate the dosing of premedication and euthasol according to DVM instructions.
- Present calculations to DVM for approval
- Draw up pre-medications and euthasol as directed
- Discuss route of premedication and euthasol administration with DVM according to animals' size, health status, and temperament.
- Place an IV catheter in animal if requested by DVM.

- Transfer small dogs and cats to the examination tablet.
- Transfer large dogs to blanket pallet premade on treatment floor.
- Administer pre-medications according to DVMs orders.
- Allow animal's pre-medications to become effective by waiting up to 5 minutes.
    - Confirm patient is unconscious by tapping the inside of the eyelid to ensure there is no corneal response
    - Further confirm patient is unconscious by pinching the webbing between the patient's digits and observing a lack of response.
- Position animal as directed by DVM to accommodate route of euthasol administration
    - Confirm animal is unconscious by checking its blink reflex and response to a toe pinch prior to conducting an IC route.
- Allow DVM to administer euthasol by gently restraining animals head and body
- Pause to give euthasol time to go into effect.
- Verify death of patient by first visualizing the chest and abdomen for absence of movement
    - Pinch the webbing between patients toes and evaluate the lack of response
    - Tap the corner of the patient's eye to ensure there is no blink reflex.
    - Place hand over patient's chest and inside its hind leg to confirm a lack of pulse.
    - Allow the DVM to listen to patient with a stethoscope to confirm the heartbeat is absent
- Document time of death, route of administration, and other pertinent information by completing the euthanasia sheet.
- Complete controlled drug logs involved in euthanasia case.
- Place remains in a mortuary bag with a labeled tag that includes the pets name, species, weight, C.A.R.E.'s name and phone number, and "communal cremation"
- Transfer remains into cold storage
- Confirm with shelter manager and DVM that patient is in cold storage and ready for pick up.
- Dispose of needles, syringes, and other medical equipment used in the euthanasia procedure
- Move blankets and towels to the laundry room.
- Speak with DVM to confirm complete of the euthanasia sheet
- Give euthanasia sheet to shelter manager.

(6.1) Due to the rare occurrence of euthanasia, on average five incidents a year, and the small and familiar staff size, formal S.O.P.s and training surrounding the process are absent from the facility. While the same staff collaborates for this process and has been doing so for years, having official documentation for facility expectations and procedures can provide consistency and ensure high-quality care amongst staff. In the event of a change in staff or protocol shift, documentation would allow the entire facility to be aligned. Providing an S.O.P. on the entire euthanasia process, an S.O.P., and training on low-stress handling, and making some retrofitted alterations to the euthanasia area would provide a better environment and staff understanding of the process, in turn providing a better experience for our patients.

Training in your Shelter

(A) The shelter manager would oversee the program to ensure proper staffing, time, and training resources were available. Her familiarity with the facility's workflow and involvement with scheduling the euthanasia procedures would allow her to collaborate effectively with the veterinary team. The most senior certified veterinary technician would oversee the training. This individual has been coming to C.A.R.E. since its founding and is also a certified euthanasia technician. Her presence for the last three euthanasia procedures within the facility also provides a timely context for her training. Training would be threefold to ensure proper patient care.

(A1) Technicians would first participate in lectures that would cover the foundations of the euthanasia procedure. The first lecture would delve into sodium pentobarbital, the Euthasol solution used within the facility, and the premedications commonly administered by our veterinarians. The I.V., I.C., and I.P. routes would be discussed, including proper location and

when their utilization is appropriate. Confirming a patient has died, as well as how to restrain them for the procedure using low-stress techniques, would also be covered. Controlled drug usage, storage, administration, and its relation to Florida laws will also be discussed. Finally, the lecture portion will also discuss the ideal euthanasia environment, as well as what compassion fatigue is and how to avoid it.

(A2) After completing the lecture portion of the training, technicians will participate in demonstrations led by the senior C.V.T. This would allow technicians to learn or solidify their skills in animal handling, verifying death, and filling out controlled substance logs. This would also be an opportunity to show on an animal where the IV, I.C., and I.P. methods are located, as well as where and how premedications are administered. The shelter manager, who finalizes the decision to euthanize an animal, will participate in a discussion about why animals within the facility are selected for euthanasia.

(A3) The training would end with a written assessment to evaluate technicians' comprehension of the lecture and demonstrated material. Once the assessment is passed with an 80%, the technician may be approved to assist in euthanasia procedures under the supervision of the senior C.V.T. This will allow the technician to begin completing their technical competency checklist, which will evaluate their ability to perform IV, I.C., and I.P. injections, as well as administer premedications. The senior C.V.T. will check off on a skill after four successful attempts. Once all four competencies are checked off, the technician will be approved to conduct euthanasia procedures within the facility.

(B1) Currently, C.A.R.E. does not provide training regarding the euthanasia process within the facility. Veterinarians and C.V.T.s receive training from the local private practice they work

with. Only veterinarians administer euthanasia solution to patients within the organization and a C.V.T typically assists them.

(B2) The lack of formal training is disadvantageous and places professional trust in the veterinary staff's adherence to policies outlined by another facility. Although the staff participating in the euthanasia procedures within C.A.R.E are experienced, they understand the expectations due to their familiarity with the organization and management. Providing veterinary staff with proper training will only solidify their understanding and ensure their practices align with the ideologies of C.A.R.E. Despite their lack of official training with the facility, the team at C.A.R.E communicates effectively and demonstrates mutual respect across departments. These relationships will promote further growth in tandem with the recommended training.

(B3) The absence of formal training needs to be addressed to ensure that staff understand the organization's expectations. Staffing shortages have made it difficult for the shelter to function as it typically does, and this impediment has also impacted how the shelter has been able to offer training. Formulating training and obtaining the resources to implement it require additional staffing.

(C) As mentioned above, the training recommendations for C.A.R.E would encompass lecture and demonstration portions utilizing a written assessment to ensure understanding of the material. The Shelter Manager and head C.V.T. would spearhead this initiative due to their consistent presence and experience within the field. In addition to the initial training, these individuals would oversee retraining within the facility to guarantee continued compliance. All staff involved in the euthanasia process will require retraining. This will be conducted each year to ensure that skills are up-to-date and proficient. Retraining lectures will be condensed to allow a refresher without being overly redundant.

Laws and Regulations Regarding Euthanasia

(A1) C.A.R.E. must legally adhere to federal laws and Florida state laws regarding euthanasia. A chief component of the euthanasia process is overseen by federal laws, such as the Controlled Substance Act, which oversees drugs that have the potential for abuse. The Drug Enforcement Administration enforces the usage, storage, and purchase of these drugs, which are classified into five classes. Drugs sorted into lower-numbered classes are more likely to be abused. As a Florida-based animal shelter, the D.E.A. allows C.A.R.E. to use direct registration to obtain controlled drugs as a mid-level practitioner. This allows the shelter to purchase, use, and store controlled drugs without utilizing the D.E.A. number of a veterinarian on staff.

(A2) C.A.R.E. complies with federal laws by obtaining Euthasol, a class III substance, utilizing its direct registration and storing it in a controlled drug lockbox. Euthasol usage is documented after each patient in a controlled substance log in veterinary treatment. Drug-specific documentation includes the bottle number the Euthasol was pulled from, the initial mass of the Euthasol bottle in grams, the volume of Euthasol dispensed in mls, and the final mass of the Euthasol bottle in grams.

(A3) It is imperative that veterinary staff properly log their Euthasol usage, as controlled substances are transported to the shelter by the staff veterinarians. Euthasol is kept in a traveling safe during transport and in a lock box at the sister private clinic when not used at the shelter. Due to this travel, proper documentation is necessary to ensure accuracy and transparency.

(B1A) Florida code West's F.S.A. § 828.05 relays that in the absence of an animal's owner, law enforcement, veterinarians, agents of the municipal animal control unit, or agents of an animal society may euthanize the animal if it's decided to be suffering from disease or suffering to death

(The Florida Legislature). West's F.S.A. § 828.055 states that government animal control agencies and humane societies that are registered with the secretary of state must follow the Board of Pharmacy regarding the use, purchase, and storage of substances utilized during the euthanasia process. This includes but is not limited to controlled substances such as sodium pentobarbital and ketamine. This code also refers to noncontrolled drugs such as acepromazine and xylazine (The Florida Legislature). West's F.S.A. § 828.058 states that sodium pentobarbital, a sodium pentobarbital derivative, or other approved substance from the Board of Veterinary Medicine are the only legally approved methods of euthanizing dogs and cats within private and public animal shelters (The Florida Legislature). This code also states that the euthanasia solution should be administered only by IV, I.P., or I.C. injection, with the methods listed from most to least favorable (The Florida Legislature). Additionally, It is illegal to use neuromuscular blocking agents or gas chambers to euthanize animals (The Florida Legislature). This code also states that euthanasia procedures should only be done by a licensed veterinarian or certified euthanasia technician who has completed the 16-hour approved course (The Florida Legislature). All euthanasia procedures should be proficient and humane, and no dog or cat should be left unattended until the euthanasia procedure is completed. Finally, this code states that the remains of dogs and cats will not be disposed of until confirmation of death (The Florida Legislature).

(B1B) West's F.S.A. § 828.058 states that dogs and cats may be premedicated with approved substances before being euthanized.

(B1C) Florida Statute 823.041 says that it is legal to cremate, aquamate, or bury remains 2 feet below ground level. It is lawfully unacceptable to discard euthanized remains in a manner that exposes them to wild scavengers (The Florida Senate).

(B1D) According to West's F.S.A. § 828.058, Certified Euthanasia Technicians must complete coursework covering pharmacology, proper administration, euthanasia solution storage, federal and state laws regarding euthanasia solutions, stress management for euthanasia technicians, and lawful remain disposal (The Florida Legislature).

(B2) C.A.R.E. complies with all state laws regarding euthanasia practices. Only licensed veterinarians administer sodium pentobarbital to patients, strictly regulated by the Board of Veterinary Medicine and the Board of Pharmacy. Patients at C.A.R.E. are only given sodium pentobarbital for euthanasia, and its route of administration is either the IV, I.C., or I.P. method. Patients are not left alone until the completion of the euthanasia process and remains are not disposed of until death has been confirmed.

(B3) No additional changes are necessary as compliance with Florida State Laws is being met and maintained.

Owner Requested Euthanasia

(A1) Owner requested euthanasia is not currently a service offered at C.A.R.E. Veterinary services, euthanasia included, are reserved for animals currently under the facility's care. Offering owner requested euthanasia can be a viable means of income and an opportunity to provide veterinary staff with additional experience. Unfortunately, this is not a service C.A.R.E. could offer at the moment as it would require staff and volunteer rearranging. This could result in a financial strain from an influx in variable costs, such as supplies, and increased hours for part-time staff.

(A2) Demystifying the process of euthanasia would be a great benefit to the community as this process is still considered taboo to the general public. Providing owner requested euthanasia would also provide owners with the chance to be with their pets during their final moments,

providing them with peace of mind regarding their pets' care during this vulnerable time. Extending the human-animal bond until a pet's passing can allow an owner to grieve appropriately. Owner requested euthanasia would not be beneficial if the shelter could not provide this resource at an accessible price. If a shelter rarely conducts euthanasia, such as C.A.R.E., the price of the procedure would have to be high enough to justify the resources and staffing. In this scenario, the price becomes comparable to private practices, defeating the purpose of being financially feasible for low-income families.

(B) C.A.R.E. aims to help the community by reducing homeless pet populations through adoptions, sterilizations, and education. Owner-requested euthanasia does not currently fit into this mission as veterinary services from the facility are not available to the community at large. Ideally, the facility would be able to accommodate this service, but resource and staffing limitations prevent this from being viable. In the meantime, we strive to strengthen the human-animal bond in other ways, such as finding owners for pets without a home.

(C) Owner requested euthanasia may become a service C.A.R.E. can offer in the future. Management is fundraising $3 million to build a new and updated facility. As the process of saving continues, schematics are being planned for the new building. To incorporate owner-requested euthanasia into the next phase of the shelter, a private euthanasia room that owners may use should be included. These rooms should meet all the standards previously mentioned in ideal euthanasia rooms but should also include elements of comfort to accommodate the owners that will now be involved. This could include soft indirect lighting, comfortable seating, and a back door to allow owners to depart the facility without interacting with the shelter lobby.

Management Oversight

(A1) Due to the small facility size present at C.A.R.E., management is involved in all processes throughout the shelter. This includes deciding if an animal is appropriate for the euthanasia process. While the Board of Directors is not involved with this process, the Shelter Manager does consider behavioral and medical concerns reported by shelter staff and volunteers. The Shelter Manager additionally discusses an animal's health status and quality of life with a veterinarian familiar with their circumstances.

(A2) To eliminate any emotional bias associated with the euthanasia process and to ensure continuity in this decision, a formal pet evaluation matrix should be utilized to determine if a pet is appropriate for euthanasia. The shelter manager, the head kenneling assistant, and the veterinarian should collaborate to create a euthanasia coalition. Each participant should evaluate the pet using the Asilomar Accords to assess behavioral and medical concerns. The creation of a euthanasia coalition would alleviate the emotional stress that is currently concentrated solely on the shelter manager and provide further staff reflection. The permanence of the euthanasia procedure requires finality and confidence across shelter staff, which can be achieved through formal pet evaluations and staff collaboration.

(B1) Animals housed within the facility are handled utilizing low-stress methods to minimize animal fear, anxiety, and stress. This practice is upheld during the euthanasia process as pharmaceutical interventions and minimal restraint are utilized. These practices are conducted across all staff despite the lack of a formal S.O.P. Management currently relies on staff experience and familiarity to promote low-stress handling, which is not effective in the event of restaffing or policy changes.

(B2) The creation and accessible placement of an S.O.P. should confirm C.A.R.E.'s adherence to low-stress handling. This document would outline what types of restraint techniques are acceptable across patients in the facility. Clarification on what behavioral signs warrant the use of pharmaceutical intervention would be included to provide veterinarians with a guide to ensure continuity.

(C1) The route of administering the euthanasia solution is decided by the practicing veterinarian. Veterinarians are legally required to comply with West's F.S.A. § 828.058, which outlines the IV, I.P., or I.C. route as acceptable. C.A.R.E. does currently provide documentation that outlines restrictions or recommendations regarding Euthasol administration. Veterinarians performing the procedure consider the patient's age, size, and vein viability when deciding which method should be selected.

(C2) Proper documentation, as seen in an S.O.P., should be created and made available to staff within the facility. This documentation would corroborate West's F.S.A. § 828.058 and provide patient preferences for each of the three accepted methods. IV injection would be outlined as the preferred route, vein access, and patient size permitting. I.P. injections would be indicated for neonate dogs, cats, or small adults. I.C. injections would be indicated in unconscious animals only and after other routes have proven to be unfeasible.

(D1) To adhere to Florida Law, euthanized remains are cremated by a pet crematory service. C.A.R.E.'s euthanized pets are communally cremated, eliminating the need to store remains within the facility. Management does not currently have a formal S.O.P. available for reference regarding the disposal process. Current staff understand the expectations related to body disposal due to their familiarity with the organization and training completed at their local private practice.

(D1) Formulating and presenting an S.O.P. outlining current practices would be beneficial. Current practices follow Florida law but are not documented, creating the opportunity for miscommunication in the event a new staff member joins the organization. A body disposal S.O.P. should include placing the remains in a mortuary bag, what to write on the corresponding cremation tag, cold storage protocols, and contacting management for remains pick up.

(E1) C.A.R.E. does not currently have a designated euthanasia room within the facility. The small population size within the facility leaves the veterinary treatment area empty most days. As a result, euthanasia procedures are conducted in the veterinary treatment area. During this time, no other animals are housed in treatment kennels, and the doors are closed to ensure privacy. Management has not established an S.O.P. for the location of euthanasia procedures as the same staff members are involved with the process and understand management expectations via experience.

(E2) While a euthanasia room cannot be constructed retroactively, an S.O.P. detailing how the veterinary treatment area should be set up should be created. This S.O.P. should outline the absence of other animals, how the doors should be closed to the rest of the facility, and how the exam tablet should be set for the patient. Patients who are too large for the exam table should have a pallet of blankets made for them on the ground to provide comfort. This S.O.P. should also discuss opting for a lamp to provide less harsh lighting during the procedure. Other setup considerations include using a pheromone plug-in and playing classical music to reduce patients' stress and anxiety further.

Cost of Euthanasia

(A) The direct cost of euthanasia is considerably high due to its rare occurrence.

Contributions include various syringe sizes, needle gauges, IV catheter options, premedications, and the Euthasol solution. The direct cost of euthanizing a 75 lb dog would be $139.06, which would be financially concerning if its occurrence were not so rare. The hourly wage of the veterinary technician and veterinarian working on the procedure is factored into this value and the price for communal cremation. If the facility were to consider offering owner requested euthanasia, a different cremation service should be considered as the $65 flat fee is excessive.

(B) C.A.R.E.'s indirect costs included utilities, insurance, building maintenance, and the mortgage on the building itself. These expenses exceeded $137,500 annually despite the facility's only being 3 acres and housing 45 animals at most.

(C) Owner requested euthanasias are not performed.

Compassion Fatigue

(A) At this time, C.A.R.E. does not formally acknowledge compassion fatigue. This is not done as a means of discrediting the individuals who experience compassion fatigue but is a response to the limited number of euthanasia procedures conducted and the small staff size. Culturally, C.A.R.E strives to provide a positive experience for staff and volunteers within the facility and has maintained a dedicated team of the same individuals for many years. The urge to address compassion fatigue may be stifled primarily due to the high volume of adopted animals and the limited admissions process that makes the high adoption rate feasible.

(B) Management does not provide tools to staff and volunteers at this time to combat compassion fatigue. This decision is not done maliciously but due to the absence of staff members discussing it in a professional setting.

(C) Despite the limited euthanasias and high adoption rate within the facility, compassion fatigue should still be discussed within the organization. Furthermore, positive coping mechanisms should be shared across staff to promote mental health and career longevity. Morning meetings should be held once every two weeks to discuss compassion fatigue, its symptoms, and how to positively navigate its associated feelings. These meetings will first give the floor to staff to encourage them to speak about organizational concerns and open up about challenging cases. Staff members will then be provided with the Native Wellness Worksheet Guide, prompting staff to discuss the Four Directions of Life (Native Wellness Institute). This will serve as an opportunity to discuss positive coping mechanisms and the importance of self-care. Attendees will then be provided with a "How Well Am I?" and a "Healing Plan" worksheet, which they may complete during the remainder of the meeting (Native Wellness Institute).

Summary

(A) C.A.R.E. strives to provide compassionate medical care to all patients within its facility. The euthanasia process is no exception and should be treated with utmost regard due to its finality and the mental toll it takes on shelter staff. The process has several checkpoints to ensure quality care is given to the patient and that legal considerations are being adhered to. Veterinary Staff at C.A.R.E. are expected to uphold these principles throughout the duration of the process and abide by the newly implemented S.O.P.s and training.

(B) Staff meetings held every other week will be utilized as organizational housekeeping. This opportunity will allow staff members to voice changes they would like to see in S.O.P.s and allow time for group discussion regarding the efficacy of current policies.

(C) S.O.P.s will play a vital role in implementing new policies within the shelter. While the organization has been able to rely on staff to perform well without formal documentation until this point, S.O.P.s will ensure continuity of care and clearly outline the facility's expectations. Eliminating procedural confusion will allow veterinary staff to complete the euthanasia process efficiently, promoting a less stressful experience for the patient involved.

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