

COMMUNITY CLINICS STANDARD OPERATING PROCEDURES AND PROTOCOL



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Together, the collective efforts of these individuals and organizations have made a significant impact, enriching the lives of both animals and humans alike. We are deeply grateful for their partnership and unwavering commitment to creating positive change in our communities.

This work is dedicated to the countless animals within our communities who endure substandard welfare conditions and lack access to quality veterinary care. We fervently hope that one day, these challenges will be a thing of the past and that every animal will enjoy high standards of welfare and compassionate care. Our vision is for all animals to live healthier, happier lives, free from suffering and neglect.

PREAMBLE

Welcome to our comprehensive guide for community animal clinics. This document is designed to provide a thorough framework for the effective operation of our clinics, covering the following key aspects:

1. **Preparation for the Community Clinic:** Guidelines on procuring necessary supplies and equipment.
2. **Collaboration with Local Leaders and Community:** Strategies for effective community mobilization and engagement.
3. **Site Selection and Event Setup:** Criteria for identifying the appropriate location and setting up for the clinic.
4. **Animal Handling Protocols:** Ensuring the safety and welfare of both animals and humans during the event.
5. **Standard Operating Procedures for Treatments:** Detailed procedures for vaccinations, deworming, and surgeries.
6. **Post-Surgery Follow-Up:** Protocols for monitoring and supporting cases after surgery.
7. **Event Closure Procedures:** Steps to effectively conclude the clinic and wrap up activities.

This guide aims to ensure a seamless and efficient operation, promoting the well-being of the animals and the success of the community clinics.

1.0. PRE-CLINIC PREPARATION

Take the following preparatory steps to prepare for the community clinic

1. **Initiate contact with the community:** Contact and meet the authorities to introduce the project and the discuss the interest to conduct a community clinic in the area. Deliver introduction letters to the local leaders.
2. **Confirm availability of the team members:** Contact team members and discuss their availability. A proactive approach ensures that everyone is informed and can plan accordingly.
3. **Schedule a meeting:** Once availability is confirmed, schedule a meeting to bring everyone to speed with the objectives, expectations, and logistics of the outreach program. All team members should study the Standard operating procedures and the protocols for the meeting. Assign roles to the members and identify the team leaders for each section i.e. surgery, reception, vaccination and registration.
4. **Secure service providers:** Secure a service provider for the transportation, meals, tents, media coverage, videography, printing sensitization materials.
5. **Prepare materials and equipment:** Procure consumables, assemble the kits and another equipment required. Complete a checklist for all the available materials. Record any missing materials/items that need to be sourced.
6. **Quality assurance check:** a day before the field, verify availability of the team, contact the mobilization team in the community and check all the materials and items are in order.

2.0. SETTING UP FOR THE COMMUNITY CLINIC

Do the following upon arrival to the site

1. Arrive on site at least an hour earlier
2. Study the site topography to determine the main entrance, isolated area and the exit.
3. Set up the tents and tables for registration and waiting area at the entrance of the site, followed by the tent with the vaccination site and lastly away from the former, a tent for surgery set up in the most isolated area.
4. Every section team leader should take the time to set up their station
5. The events leader should check in with the section leaders to make sure everything is set upon which they will open the event.

3.0. STATIONS

General guidelines

1. Arrange materials and equipment to allow sufficient space for maneuverability and easy access. Once stationed, materials should not be moved from one place to another.
2. Display clear information stickers to guide the people at the event both those on the team and any new persons coming to the event. Each station should be labeled i.e. registration desk, waiting areas, vaccination station, surgery station, restrooms, and emergency exits.
3. Each station should have a waste collection area
4. All team members must be re-oriented about the procedures that are going to undertake and how they will do it.

3.1. Station I: Registration and Waiting area

- a) This station shall be the designated registration equipped with registration forms, pens, and informational materials.
- b) The section head will work with the volunteers or team to ensure that the arriving persons are welcomed and organized to avoid chaos.
- c) While waiting, a volunteer may educate the community about the welfare and purpose of the event
- d) Education materials should be given to the pet owners
- e) The team must be cautioned to identify dog owners that may be struggling to keep hold of their pet or those with very aggressive animals to see that they are helped without placing anybody at risk of sustaining a dog bite
- f) Exhausted pets should be offered water and allowed a period of rest
- g) All details on the registration should be filled without leaving empty spaces, where there is nothing to fill place a dash or NA
- h) Every pet receiving a vaccine for the first time should be issued a signed vaccination card adorned with a sticker as proof of vaccination. Those with vaccination cards should be updated with a sticker and signed against.
- i) Owners that consent to have their pets sterilized will be given a card indicating the number in the order of registration.



Dog owners line up to register their dogs (a), the team capturing the data at the reception desk

3.2. Station II: Vaccination, Deworming and Treatment area

On this station, the pet will be examined, vaccinated, dewormed and treated against ectoparasites and any other treatment. All drugs must be administered according to manufacturers instruction or as guided by the veterinarian.

Code of conduct

1. Check if the dog owner has been registered by asking them to present their registration certificate.
2. The owner must assist in restrain of their pet to avoid unnecessary stress to the animal unless if it is deemed impossible for instance in case of children coming with big dogs.
3. All treatments that the dog will receive should be prepared before restraining the pet. This is to reduce on the time of restrain ensuring that the dog is quickly treated and released.
4. All individuals administering vaccinations, deworming, or treatments should wear appropriate medical attire, such as a lab coat or scrub suit.
5. Personnel must consistently wear gloves when interacting with animals to ensure safety and hygiene.
6. Adequate spacing between animals must be maintained throughout the entire process for their comfort and safety.
7. Tablets are administered to puppies and cats. ivermectin injections should administered to adult dogs.
8. Ecto-parasiticides should be administered to pets with heavy infestation with guidance from the veterinarian



In set, a volunteer administering a tablet (left) and injection (right) at the treatment station

3.3. Station III: Surgery

In this station the pets will be sterilized.

- a) This site shall have restricted access to only personnel involved in the surgery
- b) All personnel present in the theatre must be clad in scrub suits or lab coats.
- c) Surgery tables must be adequately spaced to ensure optimal workflow and safety.
- d) Sharp objects must be segregated from other waste materials within the theatre environment.
- e) All members will be oriented by the section head before the surgery. The section head must be a reputable surgeon.

The station will have the following substations

1. The main table where all the materials and items will be arranged
2. Multiple surgical tables
3. Scrubbing and wash area
4. Collection area for the used kits and drapes
5. Disposal area for the sharps and the other materials separated.

The station will have the following members with designated roles

1. Materials manager- a volunteer responsible for managing all the supplies and drugs
2. Record taker- a volunteer who fills the surgery form for the pet and registers it for surgery and makes sure the owner signs the consent form
3. Preparation team of two persons at minimum- These are responsible for cannulation, administering the pre-medicant and the loading anesthetic dose, restraining the pet on the surgical table
4. Anesthesiologist- this person will monitor the anesthesia
5. Assistant surgeon- will assist the surgeon during surgery. They must have knowledge of the surgical procedure that is being performed.
6. Surgeons. Must be a certified surgeon who will carry out the surgical procedure and coordinate all the other team members attending the surgery, **refer to the SOP-VETCONEKT012024.**



The surgeon scrub area (a), materials and consumables station (b), pet under surgery (c), and pets in recovery (d)

4.0. CLOSURE OF THE EVENT

The event must close at 4 pm to allow time for cleanup.

The following measures will be undertaken.

1. Material reconciliation: Every team leader must ensure that they assemble and pack up and clear up their station.
2. The team must perform general cleaning of the site to pick any litter and any surgical materials
3. The overall community clinic head will convene a closing meeting. A member of the community (leader), and each section head will give their remarks. The community clinic leader and the local leader will close the meeting.
4. All teams will depart



Appendix I: STANDARD OPERATING PROCEDURE FOR PET STERILISATION - VETCONEKT012024

Anesthetic Drugs and Dosages

1. Administering a pre-medicant

- Estimate the weight of the dog
- Calculate the dosage of xylazine using the formula
- $\text{Volume} = \frac{\text{Dosage}-\text{mg/kg}}{\text{Conc}-\text{mg/ml}} \times (\text{Weight} - \text{kg})$
- Aspirate the volume calculated into a syringe
- Administer xylazine intramuscular
- Monitor until the pre-medicant takes effect (drowsy and recumbent)

2. Administering the loading anesthetic dose

- Calculate the loading dose of Ketamine
- $\text{Volume} = \frac{\text{Dosage}-\text{mg/kg}}{\text{Conc}-\text{mg/ml}} \times (\text{Weight} - \text{kg})$
- Place an intravenous cannula on the brachiocephalic vein
- Aspirate the calculated volume of the Ketamine
- Fix the syringe onto the cannula
- Administer the loading dose in a bolus intravenous
- Monitor signs of anesthesia (palpebral reflex, reduced respiration and heart rate)

3. Maintaining anesthesia

- Calculate the volume of Propofol or thiopental sodium
- $\text{Volume} = \frac{\text{Dosage}-\text{mg/kg}}{\text{Conc}-\text{mg/ml}} \times (\text{Weight} - \text{kg})$
- Load the volume into a syringe
- Top up as guided by the surgeon by administering the drug intravenous

S/n	Drug	Concentration	Dosage	Working range
1	Xylazine	20 mg/ml	2.5 mg/kg	1-3 mg/kg
2	Ketamine	50 mg/ml	9 mg/kg	6-12 mg/kg
3	Propofol	10 mg/ml	2 mg/kg	1-4 mg/kg
4	Thiopental sodium	25 mg/ml	5 mg/kg	
5	Medetomidine	1 mg/ml	40 µg/kg	
6	Diclofenac	25 mg/ml	1 mg/kg	
7	Lidocaine	20 mg/ml	4 mg/kg	
8	Tramadol	50 mg/ml	2 mg/kg	

Note: For cats, use a combination of Xylazine (0.5 mg/kg) and Ketamine (20-25 mg/kg) administered intramuscular.

Surgical Procedure

Spay (Ovariohysterectomy)

- a) Place the bitch on dorsal recumbency
- b) Fix the limbs
- c) Shave the area from the xiphoid to the pelvic area
- d) Clean adequately with antiseptic
- e) Spray with alcohol
- f) Make a 5-10 cm midline incision through the linear alba
- g) Locate the uterine horns using a finger or a spay hook
- h) Exteriorize one horn and snap the ovarian ligament
- i) Place double clamps and place a trans-fixation ligature in the middle of the clamps
- j) Incise to release the horn and the ovaries
- k) Break the broad ligament by applying pressure thumb to free the uterine horn
- l) Repeat the same procedure on the other horn
- m) Identify the cervix
- n) Place three clamps
- o) Place a trans-fixation ligature
- p) Incise to release the uterine body from the stump
- q) Close the incision in three layers
 - a. Linear alba using a 3 metric Vicryl absorbable suture using an interrupted pattern
 - b. Close the subcutis with a simple continuous using 3 metric Vicryl absorbable suture material
 - c. Close the skin using simple interrupted pattern, horizontal mattress or intradermal suture pattern depending on the surgeon's preference

Neuter (pre-scrotal)

- r) Place the dog on dorsal recumbency
- s) Fix the limbs
- t) Shave the scrotal area
- u) Clean adequately with antiseptic
- v) Spray the area with alcohol
- w) Apply pressure on the testicle to drive it to the anterior
- x) Make a 3-5 cm incision over the testicle
- y) Exteriorize the testicle
- z) Place double clamps and place a trans-fixation ligature in the middle of the clamps
- aa) Incise to release testicles
- bb) Close the incision in a single layer using a 3 metric Vicryl absorbable suture using a simple continuous
- cc) Administer post-operative antibiotics (penicillin) and anti-inflammatory drugs (diclofenac) to dogs for optimal recovery and pain management.
- dd) Transfer patients to a designated recovery area post-surgery, where they undergo continuous monitoring for any potential complications until they achieve full recovery.
- ee) Discharge patients once they have sufficiently recovered and shown no signs of complications, ensuring their well-being post-surgery.

Follow Up

1. All contacts of the owners whose dogs have been sterilized will be collected for follow up and monitoring
2. After sterilization, a care card that contains emergency contacts for surgeons or clinicians on standby will be given to the owners of the sterilized dogs.
3. The team on call will determine the urgency of the matter. Where it is deemed necessary, a team will be dispatched to attend to the patient. In cases where the site may be far from the VETCONEKT station, a local veterinarian/clinic will be contacted to provide the required service.

After guide pet care booklet provided to the dog owners of sterilized pets



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