

VI. TASK FORCE CANINE

A. VETERINARY CARE

INTRODUCTION

- This section of the course is devoted to care of the canine element of the task force Search Team.
- The health care role in US&R includes taking care of dogs.
- Many may be somewhat timid about taking care of dogs.
- Similar to the medical job dealing with abusive, aggressive, drunk and/or violent patients.

POSITIVE ASPECTS OF VETERINARY CARE

- A few guarantees:
 - This patient can't give you AIDS.
 - This patient won't deliberately try to spit in your eye or mouth.
 - This patient won't verbally abuse you, calling attention to any of your physical deficits so that the "whole world" hears them (i.e. "bald-headed bastard").
 - This patient won't be inebriated.
- This patient WILL come with an automatic assistant (the handler), who will understand that they:
 - Will assist you.
 - Have a responsibility to restrain and "muzzle" the animal before you even need to get close to it."
 - Will provide you with information about the canine.

BACKGROUND

- Rationale for the task force Medical Team having this role:
 - The canine are very valuable.
 - Quality canines are expensive to acquire.
 - Many years of intense training invested by the handlers.
 - Intense psychological attachment of the owner/handler, who is willingly placing the animal "at-risk" by being part of the response (i.e. reducing the risk to humans in the search for victims).

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 TASK FORCE CANINE

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TAKING CARE
 OF DOGS??
 VETERINARY CARE
 TASK FORCE CANINE

- Veterinary care — positives:
- Can't give you AIDS
- Won't spit in your eye
- Not verbally abusive
- Not drunk
- Comes with a handler:
 - Assists you
 - Restrains dog
 - Provides information

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BACKGROUND (continued)

- Realities of US&R disaster response:
 - Logistical considerations prevent the addition to the task force of a job description that is primarily veterinarian.
 - Most handlers at this level are (or should be) fairly sophisticated in caring for the dog's health needs.
- The Medical Team's role is to assist the handler in health maintenance issues, to care for the animal with minor to moderate injuries/illness and to arrange veterinary care for more serious or esoteric problems.
- Ideal solution to veterinary care:
 - Task forces should be encouraged to recruit a veterinary who would be primarily a canine handler or another task force job description.

MEDICAL TEAM'S RESPONSIBILITY/ROLES

- Canine medical intelligence. Important when performing the medical intelligence/assessment of the disaster site.
- Determine any canine health threats:
 - Unusual insect or other vectors.
 - Unusual diseases.
 - Hazardous materials: polluted/contaminated bodies of water that the animal may try to drink from and other haz mat.
- Convey this information to the Search Team Managers.

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■ Canine medical intelligence

■ Canine health threats

- Vectors
- Endemic diseases
- Haz mat
 - polluted water
 - soil contamination, etc.

■ Available veterinary resources

- U.S. military veterinarians
- Local (on-scene) vets

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■ "Ideal Solution"...

- Recruit a veterinarian qualified to fill another Task Force position
 - Search Team
 - Technical Team, etc.

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MEDICAL TEAM'S RESPONSIBILITY/ROLES (continued)

- Important to determine during the medical intelligence/assessment of the disaster site the availability of veterinary resources:
 - U.S. military veterinarians.
 - there is a strong military commitment to veterinary issues in a disaster response (they are the designated Federal agency responsible for this veterinary care in a The Federal Response Plan).
 - since the military has a large contingent of veterinarians and their role in response includes evaluating food sources and other tasks, it is likely that this will be a readily available resource.
 - Local veterinary care resources, more distant but accessible veterinary care resources, communications with them and evacuation routes to them.

- Canine health maintenance. This includes:
 - At mobilization site, review canine info sheet with individual handlers to assure canines are currently healthy and up-to-date with immunizations.
 - Remind handlers about their preventative care responsibilities during the response (do this during task force briefings when reminding personnel about personal health maintenance).

- Responsiveness to handler concerns:
 - Address any canine element concerns about health issues in the response.

- Emergent canine medical care.
 - Minor problems.
 - Major illness/injury.
 - Provision of definitive or supportive care.
 - Similar in many respects to human emergency medicine.
 - Arranging veterinary referral is important component of care.

■ Emergent canine medical care

• Minor problems

• Major illness/injury

• Definitive vs supportive care

• Similar to emergency medicine

• Referral is important component

of care

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■ Canine health maintenance

• Review canine info at

mobilization site

• Remind handlers about

preventative care

Error!

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MEDICAL TEAM'S RESPONSIBILITY/ROLES (continued)

- Handler's responsibility:
 - Bring a healthy, immunized animal. (On the whole, the health requirements for the canines is probably much stricter than for the humans on the task forces.)
 - Preventive issues: Rest, proper food, fluids and psychologic well-being.
 - Bring any canine health concerns to the Medical Team's attention promptly.
 - Control, "muzzle" and restrain the dog prior to medical evaluation and intervention.
 - Assist the Medical Team with the evaluation and care.

CANINE EVALUATION

- Similar to "Pediatric Model":
- The handler as "parent":
 - Provides history of injury/illness and also canine's veterinary history.
 - Accurately provides canine's behavioral "norm".
 - Assists in exam and treatment.
 - Handler can tell you what is "tender," when the dog is acting abnormally, etc.
 - Monitors canine's course and response to treatment.
- Careful observation (as in pediatrics) prior to hands-on exam.
- Observe the animal's gait, attention span, interaction with handler, etc.
- Gentle and thorough examination:
 - Look,listen and feel, take your time.
- Sedation may be necessary.
 - Especially if injury is painful or if painful procedures are required.

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■ Handler's responsibility
• Bring a healthy, immunized animal
• Provide preventive care
• Rest, food, fluids, etc.
• Bring canine health problems to Medical Team's attention
• Control animal prior to evaluation
• Assist in evaluation and care

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CANINE EVALUATION (continued)

- Consult liberally.
 - Don't be afraid to liberally obtain consultation, even if it is only by telephone/radio.
- Canine examination.
 - Similar to human exam.
- Normal values for canine: (dog @ 80 lbs.)
 - Blood volume (75-90ml/kg) 3.0 L
 - Heart rate (70-140 beats/min) 120
 - Respiratory rate (10-30) 24
 - Core Temperature (100-102.5°F) 101.5°F
 - Water maintenance/24 hr requirement (23ml/lb) 1840ml

ILLNESS/INJURY

- Basic veterinary care.
 - Much of it is not too different from human care. It is important to understand that the most likely problems encountered in this scenario are very familiar problems: foreign bodies (eye or foot pads), abrasions, lacerations, contusions, R/O fractures, etc. are within our domain.
- Common problems:
 - Foot pad - foreign body.
 - remove, clean, AB ointment, waterproof boot.
 - Broken toenail - if near base.
 - remove, antibiotic (AB) ointment, bandage; otherwise may trim it or splint it and bandage.
 - Eye - foreign body.
 - check under third eyelid.
 - flush/remove as in humans; if penetrating, protect from pawing and refer.
 - Laceration care - local blocks.
 - clean gently, inspect thoroughly, use staples if possible.

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■ Illness/injury — common problems

- Foot pad foreign body
- Broken toenail
- Eye foreign body
- Laceration
- Skin infections
- Contusion/fractures

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ILLNESS/INJURY (continued)

- Common problems: (continued)
 - Skin infections - same as humans.
 - clean and use antibiotics (Keflex).
 - Contusion/fracture - splinting.
 - front leg (see Dr. Jean Sessions article and demonstration).
 - hind leg (see Dr. Jean Sessions article and demonstration).
 - Shock - recognition, treatment.
 - splenic auto-transfusion, IV access and crystalloid fluids.
 - URI - +/- febrile, +/- purulent ocular or nasal discharge ⇒ p.o. ABs and ophthalmic drops.
 - Hyperthermia (temp. > 102°F).
 - normal saline IV, shock Rx, cool bath.
 - Hypothermia (temp. < 100°F).
 - warmed normal saline IV, warm blankets, if alert ⇒ mild exercise, warmed food, if wet ⇒ dry.
 - Diarrhea - If otherwise acting normally.
 - clear liquids, hold food 12-24 hrs.
 - Vomiting - If otherwise normal.
 - hold food and water, give ice chips/ cubes, then start liquids/light and bland diet.
 - UTI - foul urine.
 - Rx with ABs.
 - Hypoglycemia - lethargy and behavior change.
 - Rx as in humans.
 - Seizure.
 - sedate with Diazepam if prolonged; determine cause.
 - Allergic Reactions.
 - treat with Epinephrine and Diphenhydramine as in humans. Determine cause and avoid.

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EUTHANASIA

- Handler to be involved in all instances and makes final decision in conjunction with the Medical Team Manager.
- Model similar to the one for determining "do not resuscitate" status in incompetent adults.
- Method.
 - Putting the dog "down" for severe injury: dose of Socumb ⇒ 1cc/10lbs.
- Handler stress:
 - Remember to intervene in handler stress from canine injury.
 - Handler will feel severe responsibility for exposing the very trusting canine to the dangers that resulted in death.
 - Considered to be similar stress to that in a parent who intentionally exposed their small child to a danger that resulted in death.
- May have major stress impact on entire task force.

VETERINARY CACHE

- Drugs and dosages, tracking, cross-over with medical cache should be reviewed by managers and specialists.