

E. Safety & Related Topics

I. SAFETY

Safety is a priority at all times throughout the veterinary curriculum, but it is especially important during teaching laboratories in Phases 1-3 and during clinical rotations in Phase 4. Serious accidents can occur if participants do not act sensibly or if they fail to follow appropriate procedures. To ensure everyone's safety, you must follow the directions or safety guidelines given by instructors (faculty, teaching assistants / graduate students, and staff). It is also your responsibility to attend any safety orientation that is provided. If, at any time, you are unfamiliar or uncomfortable with a situation, procedure, etc, do not hesitate to immediately inform the instructor.

Safety Spectacles

Protective spectacles are primary protective devices intended to shield the wearer's eyes from impact and optical radiation hazards. The frames and lenses of spectacles shall conform to CSA standards. The Association's logo will be permanently placed on at least one component, usually the inside of one of the temples. Protective spectacles shall have permanently attached side shields, or shall provide peripheral protection by design. Protective spectacles are also known as "plano safety glasses".

Reference: University of Guelph -Safety Policy Manual, Policy 851.05.03,
Eye and Face Protection <http://www.uoguelph.ca/ehs/policies/05-03.pdf>

Safety spectacles required for the following courses:

- * Phase 2
 - o VETM*3450 – Principles of Disease
- * Phase 3
 - o VETM*4490 – System Pathology
 - o VETM*4480 – Comparative Medicine
- * Phase 4
 - o VETM*4620 – Health Management (Small Animal Stream)
 - o VETM*4680 – Health Management (Mixed Stream)
 - o VETM*4940 – Health Management (Equine Stream)
 - o VETM*4720 – Health Management (Large Animal Stream)

Safety spectacles meeting the requirements listed above can be purchased through the OVC Bookstore.

II. VETERINARY TEACHING HOSPITAL (VTH) CONFIDENTIALITY

- A. The VTH recognizes the client's right of privacy in relation to their animal's hospital visit. While an owner does not have the property right to her/his animal's Medical Record, he/she must have the right to protection of all information contained therein.
- B. All information related to an owner and patient must be treated as confidential, this includes students and their pets. This information may be in any form (verbal, written, electronic, radiographic images, etc.). Even the knowledge that the patient is in the hospital must not be volunteered or acknowledged to anyone not directly connected with the case (owner, referring veterinarian, etc).
- C. Confidentiality extends to everything that hospital personnel (clinicians, students, staff) learn in the exercise of their duties. It extends to all information, including:
- 1 The nature of the patient's illness, its cause, its treatment, and everything that the client or referring veterinarian discloses with a view to giving a better understanding of the patient's ailment
 - 2 Everything that the clinician or student learns from her/his examination of the patient
 - 3 The reactions of the patient, owner or referring veterinarian
 - 4 All financial and billing information related to the owner and patient
 - 5 Personal situation of anyone associated with the case
- D. The Medical Record is intended to document the course of a patient's health care and to provide a medium of communication amongst those delivering health care. Unless the owner can be assured that the Medical Record will remain confidential, they may withhold information, thereby diminishing the value of the record and the quality of treatment.
- E. Aside from the sharing of essential information by those people caring for the patient there are three other ways in which information may be released:
- 1 A court order
 - 2 Written authorization by the owner
 - 3 Request from the College of Veterinarians of Ontario for investigation of a client complaint
- F. Any misuse of medical information will be considered a breach of confidentiality and will be reported to the VTH Executive Director. If the allegations are proven, disciplinary action will be taken and could include a charge of academic misconduct.

III. VTH PROCEDURES

A. Access to VTH - The admitting areas of the VTH are not to be used to gain access to the classrooms.

B. General - The VTH maintains a dress code for the safety of employees and students, their dependents, and the public at large; and to comply with the requirements and intent of the Occupational Health and Safety Act.

- 1 Nametags – When in the VTH, your ID nametag must be worn (on protective clothing).
2. Protective Clothing
 - a. Coveralls or lab coats must be worn in all areas of the VTH and in the postmortem room when animals or animal tissue are being handled.
 - b. Coveralls and lab coats should be clean. If they become soiled, they must be changed for clean garments.
 - c. With the exception of individuals on Field Services, protective clothing must not be worn when leaving the VTH.
 - d. All protective clothing and linen must be processed through the VTH laundry system.
3. Footwear
 - a. In all VTH treatment areas, closed-toe shoes with an impervious upper (i.e., not canvas, etc.) are required.
 - b. In the Large-Animal Clinic (ward and surgery areas), personnel in contact with animals are required by University of Guelph Safety Policy Regulations to wear approved safety shoes.
- 4 Hair - Long hair must be confined to prevent entanglement with objects and animals.
5. Isolation Wards
 - a. There are separate policies for the handling of infectious cases and animals housed in isolation, and these must be adhered to at all times.
 - b. Refer to the VTH Infection Control Manual (<http://www.ovc.uoguelph.ca/vth/>) and instructions posted in isolation areas.

C. Operating Rooms

- 1 Scrub Suits
 - a. Clean scrub suits must be worn in all surgery areas, and must be changed if they become soiled.
 - b. Items of personal clothing, such as long-sleeved shirts and turtlenecks, must not be worn with the scrub suit. For warmth, clean cloth gowns or jackets are available.
 - c. To avoid contamination of equipment in sterile areas, scrub-suit tops should be tucked inside the pants.
 - d. When leaving the surgery area, clean coveralls or a buttoned lab coat must be worn.

- 2 Surgical caps
 - a. Hair must be completely covered with a surgical cap.
 - b. A clean cap must be worn every day.
 - c. Balaclavas must be worn over beards.

- 3 Nails
 - a. Nails must be cut short.
 - b. Any nail polish must be removed.

- 4 Earrings
 - a. Only stud earrings can be worn. Drop earrings are not permitted.
 - b. All earrings must be covered by a clean surgical cap.

- 5 Masks
 - a. Masks must be worn in all areas where surgical instruments are being prepared, surgical procedures are in progress, or when personnel are scrubbing for surgery.
 - b. Surgical masks must be discarded when leaving the surgery area.
 - c. Special respirator masks for filtering noxious vapors will be distributed by the surgical staff if indicated.

IV. OVC/VTH WASTE-STREAM MANAGEMENT

- A. Designated Waste (for prepared landfill) -Translucent Pink Bags
Must be identified with a completed white Designated Waste tag.
 1. Items:
 - a. Blood-stained items (e.g., dressings, gauze, drapes, gloves).
 - b. Medical-related plastics (e.g., syringes, fluid bags, fluid lines and administration sets).
 - c. Medical glass (e.g., drug bottles, empty Vacutainers). Broken glass must be wrapped or boxed.
 - d. Fluids must be drained from all containers, bags or lines to be accepted at the landfill.

- B. Biohazardous
 1. Biohazardous Waste - Orange Biohazard Bags
 - a. Must be identified with a completed orange Biohazardous Waste tag.
 - b. Items:
 - (1) Blood-soaked items (e.g., dressings, gauze, drapes, gowns).
 - (2) Animal tissues.
 - (3) All garbage (except sharps) from infectious cases.
 2. Sharps - Yellow Plastic Container
 - a. Needles, stylets, scalpel blades, used Vacutainers, blood vials, empty vaccine containers, hematocrit tubes.
 3. Chemotherapeutic Material - White Plastic Container with Yellow Lid

- C. Enhanced Recycling - Recyclables Only
 1. Aluminum, boxboard, cardboard, glass (broken glass must be suitably contained in a puncture-proof container), paper, plastic, polycoat, steel.

- D. Garbage (for landfill) - Black Bags

1. Anything that does not fit into any of the other categories or that has been contaminated with food.
- E. Hazardous (e.g., used batteries) - Take to the technician in Dispatch (room 1406)
- F. Manure and Shavings - Brown or Green “Manure Only” Dumpsters
Other waste material should not be placed in these dumpsters.
All stalls are bedded with shavings, unless otherwise requested.

V. INFECTION CONTROL & ZOO NOTIC DISEASE

A. Nosocomial infection is a significant problem in human medicine. It has had tremendous impacts on human hospitals and has resulted in numerous changes in hospital protocols. Unfortunately, many of these changes had to be instituted after disease outbreaks that have resulted in illness or death in hospitalized patients and healthcare professionals.

Infection control is an important, but often overlooked, component of veterinary practice. Recent outbreaks of *Clostridium difficile*-associated diarrhea in dogs, methicillin-resistant *Staphylococcus aureus* infection in horses and humans, and salmonellosis in horses have been encountered at the OVC-VTH. Additionally, and perhaps more importantly, there is an endemic level of nosocomial infection (e.g. postoperative infection) that can have a significant impact on patient morbidity and mortality. Infection-control techniques are relevant for all veterinarians, from single practitioners to specialists in referral centers.

The main goal of infection control is to reduce the risk of infection of animals and humans. A number of different routes of disease transmission can occur and must be considered. These include animal-to-animal, animal-to-human, and human-to-animal. Transmission of infection by veterinary personnel from patients to family members or personal pets is also possible.

B. Exposure to Zoonotic Pathogens – Exposure to zoonotic pathogens is an inherent risk in veterinary medicine. It is not possible to completely eliminate the risk of encountering a zoonotic disease. The most important factors for preventing the spread of zoonotic diseases are early identification of potentially infected animals, implementation of proper protocols, and good general-hygiene practices. Students on Phase 4 clinical rotations are likely at higher risk for being exposed to zoonoses because of more direct patient contact.

C. Identification of Infectious Animals

1. Identification of potentially infectious animals (clinically infected or subclinical carriers) can sometimes be difficult. Every time you see an animal, you should think to yourself:
 - a. Is an infectious disease likely (or reasonably possible) in this case?
 - b. Are any of the reasonable differential diagnoses infectious or zoonotic?
 - c. Is there anything in this animal’s history that suggests it might be carrying an infectious agent?
 - d. Is there any reason why this animal might be more prone to acquire an infection in-hospital?

If you answer yes to any of these questions, you should discuss these issues with the instructor or attending clinician. Do not be afraid to recommend isolation of animals to your instructors, or to ask why infection-control precautions are not being

used. This shows that you are thinking about the animal and possible risks.

3. Infectious diseases can develop during hospitalization, either from nosocomial infection or hospital-expression of community-acquired infections. During Surgical-Exercises laboratories and Phase 4 rotations, you should be aware of any changes in your patients that suggest they may have developed an infection in-hospital. This is important for a number of reasons, including:

- a. Treatment of the new infection,
- b. Determination of whether the infection puts other animals or people at risk,

and

- c. Evaluating infection-control protocols.

D. Isolation – Isolation protocols are in place for both the Large Animal Clinic and Small Animal Clinic. These protocols must be adhered to at all times. If you are unsure about isolation protocols, ask your instructor or a technician before proceeding. A small break in protocol is all that is needed to create a major disease outbreak.

E. Protective Clothing

Protective clothing requirements vary with the area of the College. In the Small Animal Clinic, lab coats must be worn. In the Large Animal Clinic, coveralls and steel-toed shoes must be worn. Exam gloves should be worn when handling any client-owned horse. Gloves must be changed between horses and hand hygiene performed after glove removal. Lab coats or coveralls must be worn over surgery scrubs when not in surgery. Protective clothing must be clean. Soiled lab coats or coveralls are ineffective and look unprofessional. If items of protective clothing are soiled, they must be changed as soon as possible.

Protective clothing must not leave OVC. The OVC laundry must be used. Coveralls, lab coats or scrubs must not be worn outside OVC, except for Field-Service rotations or other OVC-sanctioned visitations.

Protective clothing must NOT be worn in the OVC Cafeteria. There have been complaints directed to the Dean's Office and Occupational Health and Safety about people wearing protective clothing in the cafeteria. Even if your lab coat, coveralls or scrubs appear to be clean, you must change before entering the cafeteria.

We would like to remind all OVC students that only regulation coveralls, lab coats and scrubs will be cleaned in our laundry facilities during the course of the school year. Regulation coveralls, lab coats and scrubs must be blue and must have your name embroidered or as a name patch with your year of graduation. The only exception to the blue coloured clothing is the short white lab coats that will be worn by Phase 4 students on some rotations. These white lab coats will be signed out of laundry and then returned for cleaning.

You are also responsible for removing your clothing from laundry in a timely manner. The laundry room is not to be used for storage. Laundry that remains in the room puts additional demands on staff who are trying to work in a crowded space. You are provided with a locker to store these items. The expected turn around time for laundry is 5 business days. In the event that students are not picking up laundry in a timely manner, you will receive a reminder email from your Class President with deadlines for pick up.

During the summer months, you must move your clothing out of laundry. Please ensure all laundry has been picked up by May 1, 2009.

If you have any questions or concerns regarding laundry services please contact:

Anne O'Donnell

Jennifer Lawlor

aodonnell@ovc.uoguelph.ca jlawlor@uoguelph.ca

Ext. 54146

Ext. 54163

Laundry Hours of Operation:

Monday to Friday

7:30am – 9:30am

11:00am-1:30pm

Note: The laundry room will be locked at all other times.

F. Hand Hygiene

1 The most important factor for prevention of disease transmission in hospitals, and in the community, is proper hand hygiene. Hand hygiene must be performed after any animal contact, and should be performed routinely throughout the day, independent of animal contact.

2 If your hands are not grossly contaminated, you can wash with antibacterial soap or use an alcohol-based hand sanitizer (these are present in wall mounted units throughout the hospital).

3 If gross contamination is evident, you must wash your hands because alcohol-based hand sanitizers will not work in the presence of organic debris. The Centers for Disease Control and Prevention (CDC) recommends that a 15-second hand wash be performed, using antibacterial soap. Take care not to contaminate the taps; and to avoid recontaminating your hands, turn off the taps using paper towels.

G. False Fingernails – False fingernails have been shown to harbor a number of potentially zoonotic pathogens and must not be worn in the VTH.

H. Pets – Pets of OVC staff and students should not be brought to OVC unless they are here in relation to a course or on VTH business (e.g., appointment, blood donation). In these circumstances, your pet must not be taken into other areas within OVC or the VTH. Any questions should be directed to the Clinic Head or the VTH Executive Director.

I. Compliance – Failure to comply is one of the biggest challenges in Infection Control.

Infection control protocols are mandatory. Failure to follow infection control protocols may result in your removal from a laboratory and/or restriction of access to the clinic.

J. OVC Infection Control Protocols

1. The OVC-VTH has an infection-control manual that details all of the hospital's infection control protocols. This manual is available from <http://www.ovc.uoguelph.ca/ovcth/>.
2. Questions regarding infection control can be directed to your course instructor, to the attending clinician of a VTH case, or to Dr. Weese, Chair of the Infection Control Committee.

VI. GUIDELINES FOR PREGNANT OR DISABLED VETERINARY STUDENTS

A. The potential for human injury always exists in the practice of veterinary medicine and in the training of student veterinarians. It increases whenever a person is pregnant or suffers a disability of any nature. The greatest hazards are accidents that can occur while working with animals and that result in injury to the student, or to the unborn child where a pregnancy exists. Exposure to toxic drugs, infectious agents, inhalation anesthetics, radiation, and other agents presents additional hazards (see *Health Hazards in Veterinary Practice*, 3rd ed, 1995; available in the OVC Library).

B. Rights and Responsibilities

Students should expect due consideration from everyone associated with them during pregnancy or during a period of disability.

Pregnant or disabled students are expected to complete each and every requirement of the veterinary curriculum.

If the risks in completing the requirements of the program are great, then the pregnant or disabled student must develop an alternate equivalent plan or schedule, in consultation with appropriate faculty members, that can be implemented and by which the risks are deemed assumable by the student and the attending physician. The responsibility for decisions concerning the student veterinarian's activities will be based on a physician's assessment of circumstances.

A faculty member may refuse to allow pregnant or disabled students to be actively involved in any activity whenever the potential for accidents or exposure to hazards is considered too high. In this case, in consultation with faculty, an alternate plan should be developed and submitted to the OVC Assistant Dean (Student Affairs) Office.

Copies of all documents pertaining to pregnant or disabled student's assignments will be maintained by the respective department.

C. In addition to disabilities of mobility or of a medical nature, students who have disabilities of hearing, speech, vision or learning could also experience problems in the DVM program. The University of Guelph and the Ontario Veterinary College strive to provide equal opportunity for all students who are academically qualified and to ensure that such students are reasonably accommodated if required due to a disability. Students must remember that the DVM program has requirements that a disabled student may not be able to meet in the same manner as a non-disabled student. It is the responsibility of disabled students to initiate any request that they feel would enhance their learning experience. Students must be aware that they carry the responsibility for arranging these academic accommodations. Students with disabilities should contact the Centre for Students with Disabilities, University of Guelph (ext. 56208), and the Assistant Dean for Student Affairs at the start of the

academic year.

D. It is in the best interest of a disabled or pregnant student to:

Contact a physician immediately to get recommendations for a plan to minimize exposure to the hazards associated with their training.

Provide a signed statement from the physician, which defines permitted limits of exposure to possible hazards during pregnancy.

Inform the OVC Assistant Dean's Office for Student Affairs, of pregnancy or disability as early as possible in order that steps may be taken to conform to the plan developed by the physician and to take advantage of available options.

E. Available Options

1. **Withdrawal as a student** – Pregnant or disabled students may consider temporary withdrawal from school with the intention of being readmitted to graduate with a subsequent class.

2. **Continuation as a regular student with some schedule and assignment accommodations** – This option may not delay or only slightly delay the time of graduation. It is dependent upon:

a. Certification by a physician of any constraints and of the student's physical ability to participate in the revised educational program.

b. Making changes in the student's schedule in advance.

Continuation as a regular student with no schedule and assignment changes – This requires written approval of a physician, with students being aware of possible hazards which might be encountered and being willing to assume any risks.

VII. RABIES IMMUNIZATION PROGRAM FOR DVM STUDENTS

A. Rabies is a viral disease that is endemic in wild and domestic animals in southern Ontario. Once acquired it is almost invariably fatal. For this reason, without exception, immunization against rabies is a requirement for admission to and continuation in the DVM program.

Whether you have previously been immunized against rabies or have never previously been immunized against rabies, you will be required to become part of the rabies program at Student Health Services.

B. Students Not Previously Immunized Against Rabies

1 A primary series of 3 injections of vaccine will be given in Student Health Services in the Fall semester of the first veterinary year. Vaccination is by appointment only, which can be made by calling extension 52131. Injections are given on day 0, day 7 and day 21. It is important that you comply with the recommended immunization interval, by arranging an appointment before leaving the clinic after each injection.

2 Four weeks after the third injection, a blood sample is drawn to measure your antibody level (titer). A protective level is ≥ 0.5 IU/mL by RFFIT. Students will receive notice of their antibody level 4-6 weeks after the blood is drawn.

C. Students Previously Immunized Against Rabies

1 All students previously immunized against rabies will be required to have an

annual blood sample drawn to measure rabies antibody level (titer). Students will be required to provide proof of immunization in the form of written documentation from the administering physician. These documents will become part of the student's immunization record at Student Health Services.

2 For first-, second-, third- and fourth-year DVM students, blood-sampling will be performed during the Fall semester. The specific date(s) and location will be announced by the Dean's Office. This clinic will draw blood samples for antibody-titer determination only.

D. The cost of the rabies vaccine is not covered by the Ontario Health Insurance Plan and is therefore the responsibility of each individual student. The cost of the rabies vaccine will be \$110.00 per dose for a total of \$330.00 for the complete series. Your Extended Benefit Health Insurance Plan covers the entire cost of the series and will be submitted on your behalf to the insurer. The cost of the injection and venipuncture for titer is covered by your OHIP or Out of Province Health Insurance Plan. Please bring your health insurance number with you when you come to Student Health Services.

E. You should note that a protective rabies-antibody titer does not exempt you from being seen at Student Health Services should you be exposed to rabies.

1 All exposures and suspected exposures to rabies must be reported to Student Health Services immediately and each individual's risk assessed. Depending on your vaccination status, titer, and the seriousness of the exposure, a titer may be requested and a series of post-exposure injections of the vaccine may be given. There is no charge for post-exposure vaccination in confirmed rabies exposures. This vaccine is provided free of charge through the local public health unit.

2 Students should immediately report any personal injuries/accidents to their instructor/supervisor and fill out an Injury/Incident Report.