**MODULE 8: BEHAVIOR, HANDLING, AND SAFETY**

**Lesson 1: Staff and Client Safety**

[Note to Trainer: Radiation, anesthetic, and dental safety are covered in their respective sections in Module 4. This section is not meant to be a substitute for the Occupation Safety and Health Administration (at the United States Department of Labor), as industry safety training and work safety regulations differ from state to state, and country to country.It may be appropriate to conduct your regular safety training in conjunction with this module.]

1) What are some common causes of injury in a veterinary clinic?

[Note to Trainer: This question is meant to foster awareness of workplace hazards and of how to prevent as many injuries as possible.]

**Answer: Lifting and back injuries, bites and scratches, slips and falls, punctures and cuts from sharp objects, chemical spills and splashes (including X-ray chemicals, cleaners, and disinfectants) and exposure to hazardous drugs are some of the most common injuries.**

2) Whose job is it to make sure the client does not get bitten by their pet or another pet?

**Answer: It is the entire team’s responsibility.**

3) How can you prevent people from getting bitten in your hospital?

[Note to Trainer: Can you ask a client to put their dog on a leash? If two dogs are lunging at each other in the lobby, should the CCR help put one of them into an exam room? What if the only chair left for the elderly woman and her cat is right next to a large, bouncy Labrador retriever?]

**Answer:**

4) What should you NOT do if you don’t know the pet?

[Note to Trainer: For experience team members, the message should be that every once in a while even the “regulars” can behave in an unexpected manner.]

**Answer: It is not advisable to reach across the counter to pet dogs or hold a little dog up to your face and smooch it like your own pet at home. These dogs and cats are in a strange place with people they don’t know. Leave the pet alone unless they solicit attention from you and even then, be careful. Every pet should be restrained properly for every procedure.**

5) What is our hospital protocol if a team member is bitten?

**Answer:**

6) What is our hospital protocol if a client is bitten?

**Answer:**

7) What is required by law when a pet bites a person?

[Note to Trainer: What are your state’s rabies regulations? What do municipalities do when a bite is reported to them? Bite wounds are reportable injuries for doctors, so if a client seeks medical care for a bite, it will almost always be reported to the authorities.]

**Answer:**

8) What do you recommend to a client who calls about a bat in their home or if their pet was bitten by a raccoon?

**Answer:**

9) How would you make a note in the medical record if a particular pet bites so the next person who handles that pet is not bitten?

**Answer:**

10) How are our kennel attendants and caretakers trained regarding restraint techniques and behavior, dog and cat body language, and avoiding injury?

**Answer:**

11) What are some common health hazards in the kennel areas of the hospital?

**Answer: Some common health hazards include hearing damage from barking dogs; cleaning chemicals; zoonotic diseases; dogs that are overprotective of their food or toys could bite; etc.**

12) Where are earplugs kept? When are earplugs required?

**Answer:**

13) Do team members wear masks when spraying disinfectants?

 **Answer:**

14) How can team members protect themselves from zoonotic diseases (e.g., while cleaning kennels, doing laundry)?

[Note to Trainer: Discuss personal protective equipment (PPE), wearing gloves and boots, shaking the big chunks of feces off the dirty towel before putting it in the laundry basket, etc.]

**Answer:**

15) Who should the kennel team go to if they need help handling a pet?

**Answer:**

16) Who does the kennel team ask for help handling a pet after hours?

**Answer:**

17) How does the kennel team know if a pet is a potential problem?

**Answer:**

18) If a safety hazard, such as a burned-out exit-light bulb, exists in the clinic, who should be notified?

**Answer:**

19) How often are the mechanical systems (e.g., sprinkler system, fire alarms, fire extinguisher) in the building inspected?

**Answer:**

20) Where are the fire extinguishers located?

**Answer:**

21) Where is our fire safety plan located?

**Answer:**

22) Where should team members meet if we have to evacuate the building?

**Answer:**

23) Should team members try to rescue any pets before fleeing a fire?

*Sample Response: It is our duty to protect ourselves during a fire and leave the rescuing to the professionals. We can help the animals by telling the rescuers how many animals are in the building and where they are housed.*

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**Lesson 2: Restraint in Dogs**

[Note to Trainer: Use a live animal to demonstrate these techniques.]

1) How are dogs restrained during an examination?

**Answer:**

2) How should an assistant restrain a dog while the doctor is listening to the dog’s heart with a stethoscope?

[Note to Trainer: Should the assistant hold the dog’s mouth closed? Does the doctor or assistant explain to the owner why they are holding the mouth closed? Does the assistant tell the owner that the doctor can’t hear them if the owner is speaking?]

**Answer:**

3) Name three human body language signals or movements that are perceived as aggressive by dogs.

**Answer: Several movements include staring at their eyes, looming over them, reaching over their head, standing facing them, and approaching them head on.**

4) Name three human body language signals or movements that are perceived as friendly or non-threatening.

**Answer: Three movements include crouching down, turning your body sideways, and not making eye contact.**

5) How is a timid dog approached in the exam room?

*Sample Response: Do not look directly into the dog’s eyes. Turn sideways, approach slowly, and speak with a calm voice. Squat down and crouch (or sit down) sideways to encourage shy dogs to approach you, especially if you have treats in your hand. Toss the dog the treat without fully approaching or making eye contact with him or her. If the dog investigates the area and/or you, give the dog another treat.*

6) What is the proper way to put on and take off a dog muzzle?

**Answer:**

7) How do you explain to the owner why you need to use a muzzle?

[Note to Trainer: While muzzling does not hurt the dog, it makes many pet owners uncomfortable. How does your practice approach this problem?]

**Answer:**

8) How and when is **lateral recumbency** used in a dog?

[Note to Trainer: Demonstrate and practice on a calm dog.]

*Sample Response: Nail trims, lameness exams, blood collection, X-rays, bandaging*

9) When might an extra charge for a nail trim be indicated?

*Sample Response: When it takes more than two people to perform the nail trim, an extra charge might be indicated.*

10) How is a dog restrained to collect blood from a hind leg? Front leg?

**Answer:**

11) How is a dog restrained to collect blood from the jugular vein?

**Answer:**

12) If different doctors and technicians have specific restraint preferences certain procedures, what are they?

**Answer:**

13) How do you administer a pill to a dog?

**Answer:**

14) How do you lift a dog onto the examination table if you think it may bite?

[Note to Trainer: It’s important for the team to know that they should not lift a dog that is fearful enough to bite without using a muzzle, leather gloves, or other protective device.]

**Answer:**

15) What are some signals that tell you a dog may bite?

[Note to Trainer: Do you have a behavior book or DVD with pictures of canine body language?]

**Answer:**

16) What is a rabies pole?

**Answer: A stiff pole with a retractable loop at the end that can be placed around the neck of an aggressive animal. It is used as a last resort for animals that are very difficult to handle. A rabies pole should only be used by team members trained to use it properly.**

17) What does **brachycephalic** mean?

**Answer: “Brachy” means short and “cephalic” means head/face. Therefore, short face dogs with pushed in noses (e.g., Pugs).**

18) How is restraint different for the brachycephalic breeds?

[Note to Trainer: There are several muzzles made just for brachycephalic dogs. Does your clinic have any such muzzles?]

**Answer:****Brachycephalic breeds should not be restrained tightly around the neck. They can have difficulty breathing if their mouth is held shut and it is not always possible to muzzle them. In general, less restraint is better.**

19) If a pet is having trouble breathing, what restraint techniques should not be used?

*Sample Response: Putting a pet in lateral recumbency or laying it on its back when it is having difficulty breathing is not advisable.*

20) How would you modify your restraint techniques for a dog with osteoarthritis?

**Answer:**

21) Is a dog more likely to bite when it is with its owner or away from its owner? Why?

**Answer: It depends on the dog. Some are much better with the owner and some without. It takes communication and flexibility to make each visit go as smoothly as possible. Some doctors elect to anesthetize patients with the owner holding them because they are so much better behaved with the owner there. For others, the pet is taken out of the room immediately because they are too protective of their owner to safely handle the pet with the owner present.**

22) Who is legally liable if the owner is bitten by their own pet during an exam?

**Answer: The veterinary hospital is liable. We are supposed to be the experts.**

23) What frequently administered medications sting when injected? What should you do if you know it will sting?

*Sample Response: Antihistamines sting when injected, so if both an antihistamine and a steroid injection are going to be injected for an allergic reaction you may wish to administer the steroid first and the antihistamine last. Same with famotidine (stings) and metoclopramide (usually doesn’t sting). It’s better if the pet jumps or gets ticked off at the end when we are done than to still have to hang on for a second poke. Give the Rabies vaccine first (it doesn’t sting) and the feline leukemia vaccine via the VetJet™ last (because it makes a big scary “pop”).*

24) Is acepromazine effective for fearful pets?

**Answer: No. Acepromazine is a sedative and has no antianxiety effects. It also decreases bite inhibition and can make the situation worse.**

25) Is alprazolam (or equivalent) effective for fearful pets?

**Answer: Yes, alprazolam reduces anxiety considerably. It works better in dogs than in cats. You would still need to be cautious, but antianxiety medication can be very helpful in dealing with fearful animals.**

26) How long does acepromazine take to work after it is given orally or via injection?

[Note to Trainer: Acepromazine can take one to two hours to take effect after oral administration. If the owner is giving it at home prior to an appointment, they will need to give it ahead of time (i.e., not five minutes before leaving the house). Injections generally take effect much more quickly, one to 30 minutes, depending on the route of administration (e.g., IV versus SC).]

**Answer:**

27) What should you NOT do when two dogs are fighting?

[Note to Trainer: Talk about how your clinic disrupts fighting dogs. Do you first try a loud noise like a fog horn? Do you use a remote device like a water sprayer or fire extinguisher? Who is trained in safely and appropriately separating dogs when they fight?]

**Answer: Do not grab them by the collar. This is how people get bitten.**

28) If you know that a dog is aggressive toward other dogs, how is the appointment handled differently?

[Note to Trainer: Is there a note in the pet’s medical record so the CCR knows to put the dog straight into an exam room as soon as it arrives? Does the owner wait in the car until a team member lets them know when it is safe to bring the dog in?]

**Answer:**

29) When does our practice recommend a Gentle Leader™ head halter or similar product?

*Sample Response: All puppies and any adult dog with a behavior problem (especially unruly dogs that drag their owners around or bark and lunge at other dogs).*

**MODULE 8: BEHAVIOR, HANDLING, AND SAFETY**

**Lesson 3: Restraint in Cats and Exotics**

[Note to Trainer: Use a calm cat to demonstrate these techniques.]

1) How are cats restrained for examinations or vaccinations?

**Answer:**

2) What techniques can be used to get a cat out of a carrier?

*Sample Response: Open the door and give the cat a chance to walk out on its own or tip the carrier and pour the cat out. Try to avoid dragging the cat out (it looks bad to the owner and the cat may bite). If the cat will not come out, take the top off of the carrier and gently lift him out.*

3) How do you give a pill to a cat?

[Note to Trainer: Demonstrate pilling, use of a pet piller, and giving liquid medication.]

**Answer:**

4) How is a cat restrained for collecting blood from a back leg? Front leg?

**Answer:**

5) How is a cat restrained for collecting blood from the jugular vein?

[Note to Trainer: Demonstrate as many restraint techniques as possible. Do your technicians or doctors prefer having cats in lateral or sternal? Are the necks shaved to obtain a sample from the jugular vein?]

**Answer:**

6) If you need to draw blood on a cat and there is a dog nearby, what should you do?

*Sample Response: Take the cat somewhere else to draw the blood (e.g., the treatment area or another exam room).*

7) How is a cat carried from an exam room to the back treatment area?

**Answer:**

8) How is a cat restrained in lateral recumbency?

**Answer:**

9) When is lateral recumbency used?

*Sample Response: For radiographs, blood collection, cystocentesis, etc.*

10) What is “scruffing”?

**Answer:**

11) When is a cat restrained by scruffing?

[Note to Trainer: Is it acceptable to scruff a cat in front of its owner?]

**Answer:**

12) What is “stretching the cat”?

**Answer: Stretching is similar to lateral recumbency, but the restrainer has better control. This technique can be used for procedures where the cat needs to be still or for fractious cats. This position keeps the cat from flailing, biting, or clawing.**

13) How is a cat muzzle used properly?

**Answer:**

14) How is a cat bag used?

**Answer:**

15) How are gloves and towels used to handle cats?

**Answer:**

16) How do you make a “kitty burrito”?

**Answer:**

17) What devices do we use to restrain aggressive cats?

**Answer:**

18) What is a “bagger” bag?

**Answer: A canvas or mesh bag on a scissors-like frame that can be used to trap a cat against a wall and then scoop him up inside the bag.**

19) What does “tank him down” mean?

**Answer:**

20) What is the best technique to restrain an aggressive cat?

**Answer: More restraint is not always better. For many cats, simply placing a hand on the scruff or the back of the neck will keep them on the exam table. Calm and slow often works best. Covering the cat with a towel so she or he feels hidden may also help. If these techniques do not work, then try the other restraint techniques already discussed.**

21) What signals indicate that a cat may bite?

[Note to Trainer: Do you have a behavior book with pictures of cat body language?]

**Answer:**

22) What is a **feral** cat?

**Answer: A feral cat is a nondomesticated cat, or a cat that was not handled as a kitten and is not socialized to humans.**

23) Are sedatives effective for aggressive cats?

*Sample Response: Oral sedatives are not usually helpful in cats and may make them more aggressive.*

24) How do you get a cat back into the carrier?

**Answer: Open the door and let them walk right in or stand the carrier on its end with the door open, stretch the cat, and lower it into the carrier back feet first.**

25) Why is it important to support a rabbit’s back end when picking it up?

**Answer: If a rabbit kicks when it is picked up improperly, it can break its back.**

26) How can you catch a bird in its cage?

[Note to Trainer: If your practice routinely exams pockets pets and exotics, you may wish to go into more detail and perform additional demonstrations in this section.]

**Answer: Turn the lights out to catch a bird (birds don’t like to fly in the dark). It may also be helpful to put the cage on the floor.**

**Module 8 Suggested Reading**

American Animal Hospital Association. 2007. *Client Service Standards.* *AAHA Standards*. Lakewood, CO: AAHA

American Animal Hospital Association. 2007. *Patient Care Standards.* *AAHA Standards*. Lakewood, CO: AAHA

American Animal Hospital Association. 2007. *Safety Standards. AAHA Standards*. Lakewood, CO: AAHA.

American Animal Hospital Association. 2007. *Anesthesia Standards*. *AAHA Standards*. Lakewood, CO: AAHA.

American Animal Hospital Association. 2016. Pet Behavior Brochures. Lakewood, CO: AAHA Press.

American Association of Feline Practitioner’s Feline Behavior Guidelines. http://www.catvets.com/uploads/PDF/Feline\_Behavior\_Guidelines.pdf

The American Society for the Prevention of Cruelty to Animals. Reading Canine Body Postures. <http://www.aspca.org/site/DocServer/CanineBody_Language.pdf?docID=6521>

Seibert, Jr., Philip J. 2007. *Be Safe! Veterinary Safety Training for Medical and Technical Staff*. Lakewood, CO: AAHA Press.

Seibert, Jr.,Philip J. 2007. *Be Safe! Veterinary Safety Training for the Whole Practice Team*. Lakewood, CO: AAHA Press.

White, Linda. 2009. *First Steps with Puppies and Kittens: A Practice-Team Approach to Behavior.* Lakewood, CO: AAHA Press.