



SOP: GO-022
Date Issued: 04/19//2019
Revised: 09/06/2022


Subject: AFTER HOURS CRISIS CARE PROGRAM (AHCCP)

Approved By: SC / FN


The After Hours Crisis Care Program (AHCCP) is a program in conjunction with Chicago Animal Care and Control (“CACC”) and Friends of Chicago Animal Care and Control (“FCACC”), whereby FCACC will agree to pay for emergency veterinary services for animals that are critically sick and / or injured and require stabilization during times when no staff veterinarian is on duty-

Animals eligible for this Program may be critical, but they must be potentially treatable according to CACC’s current capacity of care. Animals beyond treatable care may be humanely euthanized at CACC according to shelter protocols to avoid further pain and suffering.

1. There are stray or owner-surrendered companion animals that come into CACC’s shelter outside of the time in which a staff veterinarian is on duty. These animals may require emergency veterinary care, stabilization, and/or supportive pain relief therapy.
2. Animal Control Officers (ACOs) and Animal Control Inspectors (ACIs) may pick up stray, abandoned or owner-surrendered companion animals that require veterinary care for stabilization and / or pain relief therapy, but they may arrive at CACC during times when there is no staff veterinarian on duty. These animals should arrive at CACC 15 minutes prior to the staff veterinarian’s end of shift to allow for them to triage the animal and determine the next steps for care. If an animal is picked up more than one hour prior to the arrival of a staff veterinarian, the ACO Supervisor will consult with the Shelter Manager or Operations Manager to determine if the animal meets criteria for AHCCP. If neither are on duty, the ACO supervisor will decide if animal is a candidate for AHCCP.
3. When an ACO/ACI picks up a critically sick or injured companion animal that may require emergency veterinary care and/or pain relief therapy, they are to immediately scan the animal for a microchip and contact the ACO Supervisor on duty. The ACO Supervisor shall initiate microchip/tag research. Pursuant to MC 7-12-040 an ACO/ACI may return the animal to its rightful owner, with proof of ownership. The ACO Supervisor shall then collaborate with the ACA Supervisor on duty to determine the next steps. The ACO Supervisor may request video footage of the animal to aid in this determination. This video footage may be shared with the staff veterinarian in the 15 minutes prior to the end of their shift upon their request. Under direction of the ACO Supervisor, the ACO or ACI shall then either bring to animal to CACC or transport the animal to the program-approved veterinary emergency hospital. The ACO Supervisor shall call the designated AHCCP Coordinator, so that a volunteer can meet the responding ACO/ACI at the program-approved veterinary emergency hospital.
4. The ACO/ACI will create an inventory record for the animal in Chameleon and inform the ACO Supervisor of the inventory number. The ACO Supervisor or ACA Supervisor will then update the animal’s location if a transport is to a veterinary emergency hospital is to occur. If an ACO/ACI transports the animal to the veterinary emergency hospital, they shall create an ‘Administrative’ Resource Absence in Salesforce to list the location they are taking the animal.

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5. Upon delivery of the companion animal at the designated veterinary emergency hospital, the ACO/ACI shall inform the hospital's representative that they have delivered the animal for stabilization and overnight care only under the Friends of Chicago Animal Care and Control (FCACC) account.
6. Upon arriving back at CACC, the ACO/ACI shall inform the ACA Supervisor that they have delivered an animal to the veterinary emergency hospital.
7. The ACA Supervisor shall email FCACC (at the designated email address), Shelter Manager, Operations Manager, ACO Supervisor, Animal Placement Coordinators (APC) and Veterinarians to inform them a companion animal has been transported to the veterinary emergency hospital. The email shall also include the animal's inventory number.
8. If, in the opinion of the veterinary emergency hospital's veterinarian(s), the animal is suitable for transport back to CACC, the Operations Manager shall arrange for pick up and transport of the animal and have it returned it to CACC's facility. Should FCACC determine they wish to have the animal transferred into their care, FCACC has the option to facilitate a direct transfer from the veterinary emergency hospital as per Homeward Bound protocols. Should FCACC decline to take possession of the animal, the Shelter Manager or designee may choose to transfer ownership of the animal to an approved Homeward Bound rescue and arrange for pick up by that rescue directly from the veterinary emergency hospital.
9. Upon pick-up of the subject animal at the veterinary emergency hospital, CACC shall retain a copy of the medical records and transport the medical records with the animal back to CACC's facility.
10. If the animal is getting picked up by an ACO/ACI, they shall create an 'Administrative' Resource Absence in Salesforce to list the pickup location. Upon return to CACC's facility, the ACA Supervisor shall update Chameleon and immediately notify the staff veterinarian on duty of the animal's arrival
11. Immediately, the on-duty veterinarian shall triage the animal and proceed as they determine. The veterinarian shall then chart accordingly in Chameleon.
12. The ACA Supervisor shall upload into Chameleon the medical records from the veterinary emergency hospital. The veterinarian will then email the APCs informing them of the animal's status and determination based on current capacity of care. The APCs shall then seek immediate rescue and transfer for the subject animal and notify FCACC of the animal's final outcome.

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Appendix

Appendix A

Companion animals exhibiting the following signs and/or symptoms are eligible to be transported to the program-approved veterinary emergency hospital under the AHCCP:

- a. Lateral recumbency, unable to get up and stand without assistance
- b. Severe obvious trauma
- c. Animals exhibiting symptoms of shock
- d. Cyanotic or pale gums and/or tongue
- d. Bloat/GDV
- f. Unconscious
- g. Seizing
- h. Burns and/or smoke inhalation

See Appendix B for further clarification on above items.

LATERAL RECUMBENCY (LAYING ON SIDE)

This literally means the animal is laying on its' side. A potential emergency situation exists if the animal is unable to get up and stand without assistance.



CYANOSIS OR PALENESS TO THE GUMS AND/OR TONGUE

Cyanosis is a bluish to red-purple tinge of the tissues, seen best in the gums and tongue, and typically accompanying respiratory distress (i.e., difficulty breathing).



Pale or White Gums mean that the animal could be suffering from [anemia](#), shock, blood clotting disorders, internal bleeding, or heart disease.



SHOCK

Shock has many definitions, so it is easier to list symptoms. These symptoms include:

- Lethargy and general weakness
- Rapid and/or shallow breathing
- Thirst (but please do not offer water!)
- Weakness or apparent dizziness
- Nausea and vomiting; may have diarrhea
- Hypothermia (animal is cold to the touch. May be cold and clammy)
- Confusion or disorientation

BLOAT/GDV

Gastric dilatation and volvulus (GDV) is a life-threatening disorder most commonly seen in large, deep-chested dogs, although any dog may be affected.



TRAUMA

Trauma can be external (visible to the eye) or internal (not visible to the eye). Signs can include:

- Whimpering upon being touched or moved
- Coughing or vomiting up blood
- Bruising, puncture wounds, scrape wounds ("road rash")
- Bleeding from anywhere on the body
- Black or bloody diarrhea

SEIZURE

Symptoms can include collapsing, jerking, stiffening, muscle twitching, loss of consciousness, drooling, chomping, tongue chewing, or foaming at the mouth. Dogs can fall to the side and make paddling motions with their legs. They sometimes poop or pee during the seizure. They are also not aware of their surroundings. It is important thing is to keep the animal from falling or hurting itself by knocking objects onto itself. As long as it is on the floor or ground, there is little chance of harm occurring.

SMOKE INHALATION (HOUSE FIRE, WAREHOUSE FIRE, ETC)

Exposure to smoke and the potential for inhalation will usually be known prior to being on scene. Victim animals may squint due to pain, the third eyelid may remain up over the eye, and you may also notice inflammation and redness of the eyes (conjunctivitis). They may cough, have soot in their saliva and have hoarse vocalization (bark or meow). Neurologic signs are common with carbon monoxide inhalation. Signs include weakness, ataxia (impaired coordination, or walking as if drunk), seizures, and/or coma.

BURNS

A burn is a type of injury to the skin of an animal. They may be first-degree, second-degree or third-degree. They may have redness to the skin with pain on contact (first-degree); red, raw skin with blistering and drainage with pain on contact (second-degree); firm piece(s) of dead tissue, coupled with raw skin, blistering, drainage, and may have a smokey or charred smell (third-degree burns).

