APPLICATION FOR LIVE ANIMAL USE IN TEACHING AT COASTAL ALABAMA COMMUNITY COLLEGE

MARK WITH AN "X" IN THE BOX FOR ONE OF THE FOLLOWING AND TYPE YOUR CURRENT PROTOCOL NUMBER IF NEEDED:

 New application
 _____ Amendment of current protocol #_____

 _X___ Renewal of current protocol #
 VET 112-1014

<u>Amendments</u> are required when any significant change occurs in a protocol such as change of study objectives, procedures and pain category, increasing animal number, change of species, use of anesthetic or analgesic agents or methods of euthanasia. <u>Renewal</u> is required after <u>one year</u> for all protocols that involve species covered by the Animal Welfare Act (AWA) and after <u>three years</u> on all other protocols. All aspects of the protocol need to be carefully reviewed for significant changes and updating. Particular attention needs to be given to numbers of animals needed over the next approval period. New signatures are required by the attending veterinarian, the applicant, and the supervisor.

1) NAME OF ACTIVITY, CLASS, OR TRAINING EVENT

Name of activity and associated course number: Encage and Remove Small Animals from Cages- VET 112 Protocol # VET 112-1014

| 2) APPLICANT NAME | | | | Ca | Cathleen B Forester DVM | | | |
|-------------------|------------------------|--------------|----------------|----|-------------------------|--|---|--------------------|
| Office Pho | one | (25)580-2273 | | | | | | |
| Dept. | Allied Health-Vet Tech | | E-mail address | | Cathleen.forester | | @ | Coastalalabama.edu |
| | | | | | | | | |

3) GOALS AND SPECIFIC OBJECTIVES OF PROPOSED USE OF LIVE ANIMALS

Use language understandable to a non-scientist. One or two paragraphs are usually adequate.

As per AVMA-CVTEA required tasks, each student must demonstrate the ability to accurately and safely perform the following in dogs and cats:

Encage and remove from a cage cats and small dogs

4) PROJECTED START DATE, ANIMAL SPECIES, AND NUMBER NEEDED.

Projected Start Date (If this is a renewal of an existing protocol this date should be the date your current protocol expires). 11/01/17

-Approval for ONE year is granted for species covered under the Federal Animal Welfare Act (dogs, cats, non-human primates, guinea pigs, hamsters, rabbits, wild mammals, and any other animal used in bio-medical research)

Species (common name)

0

Domestic Dog and cat

| Number needed in one year | Approximately 100 representing 2 or 3 dogs or cats per day. |
|--|---|
| If renewal - Total number utilized since prior protocol review | |

OR

-Approval for THREE years is granted for those species exempted by the Animal Welfare Act (agricultural species used in agricultural research, birds, commercially bred rats, commercially bred mice, and non-mammal wildlife.)

| Species | |
|------------------------------|--|
| | |
| Number needed in first year | |
| | |
| Number needed in second year | |
| Number needed in third year | |

RATIONALE FOR NUMBER OF ANIMALS REQUESTED FOR TEACHING PROTOCOLS: For example, if numbers are determined by a specific student-to-animal ratio, the choice of the ratio must be justified in writing.

All procedures will be performed by each student. Each animal will be subjected to a maximum of three attempts per procedure per day.

5) PROCEDURES, PAIN CATEGORY, SPECIES, PERSONS PERFORMING PROCEDURES AND THEIR TRAINING.

Provide a detailed description of all proposed procedures to be conducted on each species, (Example: IV injection in the jugular vein, up to 3 ml, twice a day for six days), the pain category for the procedure, and the personnel who will perform the procedure. For pain categories see USD A/AWA Pain/Distress Categories on the last page of this application.

Species - Procedure - Pain Category - Personnel

Canine and feline - Encage and remove from cage -C - Vet Tech Lab Instructors and Students

- 1. Students will observe an animal prior to any manipulation for respiratory rate and character. Animals will not be restrained or otherwise stressed during this observation.
- 2. To encage a small pet, students will secure the patient against their right hip keeping the head secure with the right hand and using the left hand open the cage door. Once the door is open the student will support the patient's body with the left hand while transferring patient into cage, when patient's paws touch the cage floor the animal will be released and the cage door quickly shut to prevent escape. The student will check to make sure the cage door is secure.
- **3.** Students will quietly observe a patient prior to removal from a cage to assess the patient's mental status, to minimize stress and anxiety as well as minimize the potential for injury.
- 4. Students will remove a cat from a cage by distracting the cat with their left hand and opening the cage door with their right and quickly scruffing the cat, the left hand supports the cat's abdomen as it is brought to the student's right hip. Students will hold cat to hip using the forearm and elbow and then they can close the cage door with the left hand.

5. Students will remove a small dog from a cage by quietly approaching the cage, opening the door with the left hand and encircling the dog's head with the right arm, the head restraint will be transferred to the left arm and the right arm will move down to support the dog's body. One hand will be placed between the front legs to support the chest. A manual muzzle may be applied as needed by placing the thumb over the dog's muzzle and wrapping the fingers under the mandible.

6. Any patient showing extreme anxiety, stress or aggression will be eliminated from the student's proficiency exercise for this skill.

Specific training of each person for each procedure listed above.

Students will receive lectures on proper procedures and use of necessary equipment prior to performance. All students will demonstrate proper technique using models prior to live animal use.

6) LITERATURE SEARCH FOR PAIN AND DISTRESS REDUCTION

<u>-Replacement</u> of a live animal model with non-living systems; <u>refinement</u> of methods which are less painful or distressful; and <u>reduction</u> in number of animals used should be considered. Include an appropriate conclusion such as ''Literature search verified that procedures and methods described in this protocol are currently accepted methods and minimize pain and distress to the animals and that there are no alternatives available for these procedures.''

Databases searched

| NORINA |
|---|
| http://awic.nal.usda.gov/ |
| http://www.aphis.usda.gov/animalwelfare |
| http://www.animalearn |
| http:neavs.org |

Specific key words used in your search including animal species, pain, stress, distress, alternatives and specific type of research alternatives to use of live dogs and/or cats in teaching Dates search covered 2000 through

2000 through November 2013

Date search completed 11/27/2013

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Conclusion Some adjunctive audiovisual aids were identified to minimize the amount of handling necessary to achieve proficiency. Accurate, less invasive methods for the required proficiencies are otherwise not available through models.

7) JUSTIFICATION OF LIVE ANIMAL USE AND SPECIES SELECTION Alternatives to live animal use must be considered and the lowest appropriate phylogenetic species must be used All tasks listed for completion by students are required by the CVTEA as described in the Accreditation Policies and Procedures Manual, Appendix I. All tasks performed by students will be under the direct supervision of a licensed veterinary professional.

8) ATTENDING VETERINARIAN

An attending veterinarian must review proposed procedures, especially drug use. He/she must also sign all protocols. The Veterinarian must have experience with the species for which he/she is responsible. All drugs are to be obtained through or with the approval of the Attending Veterinarian.

| ANESTHESIA & PAIN CONTROL | | | | |
|--|--|--|--|--|
| Name and purpose of drug to be given NA | | | | |
| Dose NA | | | | |
| Route of administration NA | | | | |
| Maximum volume NA | | | | |
| Frequency of dosing NA | | | | |
| If pain alleviation interferes with end point measurements, a complete justification must be included, (i.e. pain <u>Category E Protocols</u>) | | | | |
| NA | | | | |
| Who will perform thisNAprocedure | | | | |
| Specific training of each person for each type of anesthesia/pain control procedure they will perform NA | | | | |
| EUTHANASIA/CARCASS DISPOSAL AVMA Euthanasia Guidelines must be followed http://www.avma.org/resources/euthanasia.pdf . If you don't plan to euthanise animals, you must still be prepared to euthanise an animal because in all protocols, which include manipulations, an animal may be seriously injured and need to be euthanised. Method of euthanasia to be used (all AVMA methods classified as "conditionally acceptable' NA | | | | |
| must be justified in writing) | | | | |
| If drugs are used specify the agent NA | | | | |
| Dose NA | | | | |
| Route of administration NA | | | | |
| Maximum Volume NA | | | | |
| Justification for "conditionally acceptable" methods NA | | | | |
| Who will perform euthanasia procedure NA | | | | |
| Specific training of each person for each type of euthanasia they will perform NA | | | | |
| Describe how carcasses will be disposed of (especially applicable to carcasses which have been exposed to recombinant DNA, infectious, toxic or radioactive agents or euthanised with drug) | | | | |
| state sensitive species) | | | | |
| All animals utilized for training purposes are owned by the animal care facility and all tasks are performed on site. An MOU is in place regarding all animal use. | | | | |

| Species | Attending Veterinarian Name | Attending Veterinarian's Email Address |
|-------------------------|--|---|
| canine and feline | Cathleen B Forester DVM | Cathleen.forester@coastalalabama.edu |
| Attending Veterina | rian Comments | |
| Animal use is justified | d and minimally stressful. Pain should | l not be present in healthy animals as requested by |
| MOU. | | |
| Animal numbers are | reasonable based upon preliminary en | rollment and planning, but may need to be adjusted by |
| addendum based up | oon first year "pilot" program use. | |
| | | |
| | | |
| | | |
| Signature Cath | leen B Forester DVM | Date 10/05/17 |
| | | |

9) SUPPLEMENTAL INFORMATION

Please read carefully & place a "Y" or "N" to each question & provide information as required.

a. Y _ Is the proposed species covered under the <u>Animal Welfare Act</u>? (i.e. dogs cats, non-human primates, guinea pigs hamsters rabbits wild mammals and any species used in bio medical research)

guinea pigs, hamsters, rabbits, wild mammals, and any species used in bio-medical research)

b. Y _ Are <u>any animals described in this application privately owned</u>? If yes, contact your department head for discussion of liability issues and the potential need for a signed "Owner's Release Form", and provide written notice to the IACUC.

c. N_ Is <u>surgery</u> in which the animal recovers part of this application? If yes, the person performing the procedure must prepare a description of the procedure, and the level of asepsis to be

maintained. A record must be made for each procedure performed including anesthesia, analgesia, and pre- and post- operative care.

d. N_ Is <u>tail clipping</u>, to obtain blood or tissue sample, of rodents over two weeks of age a part of this application? If yes, a specific written justification must be included with this application.

10) CERTIFICATION

/ certify that the above is a complete and accurate description of all proposed use of LIVE animals in this activity. I agree that if there are SIGNIFICANT CHANGES from those procedures described in the application I will, prior to the change, prepare a written amendment to this application and receive written IACUC approval prior to implementing the changes.

I assure that students, staff, faculty, or other personnel who perform the procedures described above are QUALIFIED to perform the procedures in a humane and scientifically acceptable manner. I certify that the procedures conducted do not unnecessarily duplicate previous experiments.

| Faculty Applicant Name | Cathleen B Forester DVM | | |
|------------------------|-------------------------|------|----------|
| Signature | | Date | 10/05/17 |