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 retrain 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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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.  

“Ideal Solution”...  

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

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

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

Canine medical intelligence
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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.
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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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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 (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).
    - 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 $\Rightarrow 1\text{cc}/10\text{lbs}$.

- 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.