PASTORE: To create a uniform, repeatable process for the performance of humane euthanasia when deemed appropriate for companion and other animals impounded at the Chicago Animal Care and Control ("CACC").

SUMMARY: At CACC, humane euthanasia must be performed by licensed euthanasia technicians or licensed veterinarians, and pursuant to the requirements, procedures, and safeguards set forth in this Revised General Order. No animal will be euthanized in the presence of another animal. All controlled substances used must be safeguarded and recorded pursuant to the Illinois Humane Euthanasia in Animal Shelters Act (510 ILCS 72/1, et seq.) (“Act”), and federal law and guidelines.

REQUIREMENTS AND PROCEDURES:

1. General

   1) All information regarding an animal must be entered into CACC’s Chameleon animal shelter management software.

   2) Information regarding animals slated for euthanasia, along with the basis for the euthanasia request, must be entered into the animal’s record in Chameleon. No animal is to be euthanized unless the basis for euthanasia has been entered into Chameleon unless there are exigent circumstances. If an animal is euthanized prior to basis being entered, it must be entered at the time the record is closed.

   3) Information regarding animals slated for euthanasia must be entered into Chameleon by the Shelter Manager or a Staff Veterinarian, who must print out and sign the euthanasia report from the Chameleon system using the Kennel List 2 report form and present the signed report to the ACA Supervisor or designee on duty.

   4) The Executive Director has the authority to remove animals from the Euthanasia list based on his/her discretion.

   5) After the ACA Supervisor or designee has checked and verified the accuracy of each Entry and performed all Pre-Euthanasia verifications set forth in Section VII below, the animal shall be brought into the Euthanasia Room.

   6) No animal is to be euthanized in the presence of other conscious animals. Animals slated for euthanasia may be housed in the Pre Euthanasia Room (PER) adjacent to the Euthanasia Room. (For inventory purposes, the location of the animal in the PER shall be marked “PER”). Animals slated for euthanasia may not be housed in the Euthanasia Room. Animals
on ‘Parvo Watch’ may be temporarily housed in a portable kennel in the euthanasia room until test results are confirmed unless euthanasia is being performed.

7) Sedation and euthanasia shall be performed as set forth in this revised General Order.

8) Following euthanasia and verification of death, the deceased animal shall be placed in a body bag, carried to the designated disposal bin and lifted (using a lift table or other lifting method) into the bin. A deceased animal must never be dragged across the floor to be placed in a bag or bin. The bin shall then be placed into the freezer if no necropsy is required or the fridge if a necropsy is required.

9) The next animal slated for euthanasia may be brought into the Euthanasia Room only after the deceased animal is removed from the Euthanasia Room. Live animals must not be brought into an area containing deceased animals.

10) Where appropriate, pre-sedation of animals slated for euthanasia is encouraged to reduce stress on both handlers and animals.

11) Personnel assigned to euthanasia must focus on the euthanasia process until the entire process has been completed, and the deceased animal is appropriately disposed of.

12) Except as otherwise provided herein, the hours for conducting euthanasia, if necessary, will be from 7 a.m. to 9 a.m. and 7 p.m. to 9 p.m. seven (7) days per week. Exceptions are permitted in emergency situations and must be approved by the Shelter Manager or Veterinarian.

13) Euthanasia shall be completed in the following order of priority: (1) Condition Severe, (2) rabies sample submissions, (3) Behavior severe. Euthanasia of healthy (Condition Mild and Behavior Mild) animals shall always be performed last, and only if capacity for care or disease control necessitate such euthanasia. (see page 3 for definitions).

14) All methods CACC employs for euthanasia must be approved by the American Veterinary Medical Association (AVMA) and administered in strict accordance with contemporary standards of practice.

15) Only certified euthanasia technicians (ACA Supervisors, ACA II, Veterinary Assistants, Shelter Manager, and Veterinary Technicians) and Veterinarians are permitted to perform
euthanasia in the CACC facility. Current Euthanasia Technician Certification must be maintained and kept on file at CACC at all times.

16) Restraint procedures are permitted only by properly trained personnel.

17) A Supervisor, Shelter Manager or Veterinarian must directly supervise all euthanasia during business hours.

18) All euthanasia drugs and substances used at CACC must be recorded. Such Controlled Substance Records must be kept for review for at least three (3) years. Controlled Substance Records must match Chameleon records. Euthanasia drugs may only be distributed by a licensed Veterinarian to the Shelter Manager and Supervisor. All euthanasia drugs not in use must be securely contained in the designated, secured, doubled-locked lockbox at all times, and never left unattended. The Act and all federal law and guidelines pertaining to controlled substances must be followed.

19) Approved personal protective equipment (PPE) must be worn at all times during the euthanasia procedure. PPE includes exam gloves, gowns, shoe covers, protective eyewear and/or face shields.

II. Classification/Basis for Euthanasia

The bases for euthanasia shall be classified and recorded per animal in accordance with the nomenclature below. Decisions shall be based on available resources. For keeping such classification and records, the following terminologies shall be used:

1. **Condition** refers to sick, injured, and under-aged animals; and to animals that are not expected to become reasonably healthy, but that are expected to have a satisfactory quality of life if care is given to them (e.g., animals with endocrine diseases [Hyper- Hypothyroidism, diabetes mellitus], fractures, mild neurologic conditions, renal insufficiency, deafness, non-metastatic neoplasia, etc.). These cases will be sub categorized as “Mild-Capacity for Care.” **Condition** also refers to animals suffering from any disease, injury or congenital or hereditary condition that perpetuates suffering and that cannot be relieved by conventional and available therapies (e.g., end stage cardiac, pulmonary or renal failure). These cases will be sub categorized as “Severe.”

2. **Behavior** refers to animals with behaviors that are easily corrected with readily available therapies and/or medications (e.g., cage guarding; inter-animal aggression, resource guarding, etc.) These cases will be sub categorized as “Mild – Capacity for Care.”
Behavior also refers to animals ascertained by CACC personnel or other experienced and knowledgeable individual as posing a safety risk to the public (e.g., repeat history of injuring humans or other animals). These cases will be sub categorized as “Severe.”

III. Acceptable Methods of Sedation

If sedation is deemed appropriate prior to euthanasia, an acceptable method of sedation, and an acceptable sedative or combination of sedatives must be employed as determined by a Veterinarian. Oral barbiturates and Benzodiazepines are acceptable if administered at doses and using methods that are consistent with standards of practice. A euthanasia technician must consult with a Supervisor or Veterinarian for any animal that the euthanasia technician deem risky to handle. If intramuscular (IM) is not feasible for administering a sedative, a Veterinarian must be consulted.

Pole syringes may be used for sedation if the animal is fractious or frightened. A pole syringe must never be used for administering euthanasia substances.

IV. Acceptable Methods of Euthanasia

The following list provides acceptable methods of euthanasia. A euthanasia technician who is uncertain of the correct method of euthanasia for a particular situation, must confirm the correct method with a Shelter Manager or Veterinarian.

1. **Intravenous injection (IV)** of approved barbiturates or anesthetics, such as Sodium Pentobarbital and derivatives (Fatal Plus and similar), to facilitate rapid anesthesia and death. IV injection is the preferred method for administration of injectable anesthetics used to euthanize animals. Cephalic (front limb), Saphenous (hind limb) or other humanely accessible veins are allowed. **Intra-arterial injection is prohibited.**

2. **Intraperitoneal injection (IP)** if venous access is unavailable or humane restraint for intravenous injection causes undue stress to the animal.

3. **Isoflurane overdose for smaller wild creatures.** Isoflurane is an inhalable anesthetic that can cause humane death if administered in the appropriate concentration. Smaller animals, especially small bats or mice, may be euthanized by placing them in a small, semi-airtight container with a cotton ball soaked in Isoflurane. Care must be taken to prevent Isoflurane from making contact with the animal.

   Specialized equipment is not required. The process is as follows:

   i. Place small animal (e.g., bat) into small, semi-airtight container.
ii. Place cotton ball in syringe casing prepared by punching several small holes to allow vapor escape.

iii. Place into container with animal. Time until death can be 5-15 minutes. The larger the container, the longer it takes to reach lethal concentration.

iv. Secondary methods, such as following Isoflurane with an IP injection of barbiturate, are highly recommended.

4. Intracardiac (IC) puncture. At no time, under any circumstances, may an intracardiac puncture be administered to a non-anesthetized animal. The process is as follows:

   i. Surgical plane of anesthesia (no ocular blink reflex, no toe pinch withdrawal) is required before any intracardiac injection.

   ii. Significant blood must be ‘pulled back’ to ascertain entry of needle into heart chamber, and not heart muscle or pleural space.

   iii. Palpate over 4/5th rib space on either side to feel strongest heart pulse. Insert needle between ribs quickly. Aspirate blood to ascertain needle is in chamber. Let go of syringe and observe twitching associated with heartbeat. Inject.

   iv. Once substance has been injected into the heart chamber, leave needle in heart until all movement of syringe stops, indicating cardiac arrest.

V. Strictly Prohibited Methods of Euthanasia

Strictly prohibited as primary methods of euthanasia are:

i. Suffocation by any method, (including drowning)

ii. Cervical dislocation,

iii. CO2

iv. CO

v. Inert gases

vi. Decapitation

vii. Pithing, and

viii. Exsanguination.

Any use of these methods will result in disciplinary action, including immediate dismissal and possible criminal charges.

VI. Euthanasia Considerations Related to Species Other Than Cats and Dogs

Euthanasia of species other than cats and dogs shall be performed pursuant to American Veterinary Medical Association Guidelines.
1. **Bats.** Bats may be euthanized by IP injection, but the preferred method isIsoflurane overdose followed by IP injection as a secondary method.

2. **Avian.** It is best to administer euthanasia solution directly below the sternum, as with mammalian intraperitoneal injection. Always aspirate before injection to make sure needle has not entered an air sac.

3. **Reptiles:** Some lizards, amphibians and turtles require special techniques. Administer IP solution as for a similarly-sized mammal. With regard to snakes, be sure to avoid the caudal half of the snake. *When in doubt, or if you have not been appropriately trained in euthanizing reptiles, contact Shelter Manager, Supervisor, or Veterinarian.*

4. **Fish.** Suffocation, by any method, is not permitted. For individual fish, an intracolonic injection is the most humane option available at CACC. See AVMA Guidelines pg. 69. Ascertain death by insuring no gill movement for 10 minutes.

5. **Rodents, Rabbits, < 1kg (2 lb.) animals:** IP injection is preferred.

6. **Ruminants and equids (cattle, goats, sheep, deer, horses, donkeys, etc.) and other large mammals** should be euthanized only under direct supervision of a licensed veterinarian.

7. **Wildlife:** skunk, raccoon, possum, etc.: Any of the three approved injection routes are acceptable, sedation is preferred. (Per the Illinois Administrative Code, Title 17, Conservation, Chapter 1, Subchapter B, Section 525: Striped skunks must be euthanized and raccoons must be euthanized or released on the same property).

**VII. Verifications PRIOR and SUBSEQUENT to Euthanasia**

**Prior**

Prior to euthanasia, the ACA Supervisor (or designee) shall review each individual record in Chameleon on the euthanasia report. The ACA Supervisor (or designee) shall perform a second level check in Chameleon (after the Shelter Manager/Veterinarian) on the accuracy of all information related to the animal to:

- **a.** Guarantee identity of animal by description, cage location, ID number, and photograph on euthanasia list;

- **b.** Locate any memos and/or medical entries that support the euthanasia decision;

Page 6 of 11
c. Ensure law enforcement holds (e.g., "RD Number") are cleared with the Operations Manager;

d. Ensure Municipal Code 7-12-050 holds are cleared with the Operations Manager and ACO Supervisor on duty;

e. Ensure accuracy of hold dates and status;

f. Ensure animal is CACC property;

g. Ensure basis for euthanasia entered;

h. Ensure animal is scanned again for a microchip;

i. Ensure that microchip search was performed, all legal issues resolved, and ownership ascertained;

j. Ensure no rescue holds have been placed by confirming in Chameleon, and by contacting Shelter Manager or Animal Placement Coordinator;

k. Ensure that no animal is euthanized without a thorough check of all Chameleon entries along with identification of authorizing individual(s).

All drugs used must be recorded appropriately at time of administering chemical on Controlled Substance Log and in Chameleon.

Subsequent

All animals must be positively verified dead prior to removal, bagging or storage of the remains. Use one of the following acceptable verification methods:

1. Cardiac puncture.
   a. Locate the heart – between fourth and fifth ribs (4th intercostal space) or "point of the elbow" landmark. Needle can be inserted into left or right side.
   b. NOTE: prior to inserting the needle into the heart, check for the absence of either the toe or corneal reflex.
   c. Insert a needle (with syringe attached) into the heart (muscle or blood chamber).
   d. Retract the syringe plunger to aspirate blood to verify proper location.
e. Let go of the syringe, if the heart is beating or fibrillating (even faintly) the syringe will quiver.

f. A completely still syringe indicates cardiac standstill.

2. Stethoscope.
   a. Check for absence of breathing.
   b. Check for dark blue tongue (most apparent on the underside of the tongue).
   c. Place the diaphragm or bell of the stethoscope on the left or right side of the chest approximately at the point of the elbow and listen for no respiration or heartbeat.

3. Rigor mortis ("rigidity of death")
   a. Used primarily for birds, reptiles and small rodents who are too small for accurate auscultation (examination by stethoscope) or cardiac puncture.
   b. Partial rigor, especially of the jaw muscles or lower extremities can occur within 20-30 minutes of death; full rigor usually occurs within 2 hours.
   c. Rigor results from chemical changes in the body which brings about muscle cramping.

Things to keep in mind, according to 2013 American Humane Association, "Euthanasia by Injection":

- **Timing** – Use the following guideline to determine if something has “gone wrong”
  o IV - heartbeat after 5 minutes (normally the animals will have no heartbeat in less than 3 minutes)
  o IP - heartbeat after 30 minutes (normally the animal will have no heartbeat in less than 10 minutes)
  o If the heart is beating (sinus rhythm) after the above times, inject at least one-half of the original dose.
  o If the heart is fibrillating after the above times, do not inject any additional sodium pentobarbital.

- **Gasp reflex, terminal gasp, or agonal breathing.**
  o Reflexive, spasmodic post-mortem tightening of the diaphragm causing the animal to appear to be taking a breath.

Once death is verified, appropriate Chameleon entries must be completed prior to next operation (i.e. marked as Euthanized, along with the appropriate subcategory, then closed).

**VIII. Medical Euthanasia**
The Veterinarian or Shelter Manager’s signature is required for any animal euthanized for medical reasons. The Medical record in Chameleon must list Veterinarian’s reason for the euthanasia request prior to euthanasia (except as noted below).

Medical euthanasia by a CACC Veterinarian to prevent extreme suffering or trauma may be performed immediately by certified euthanasia technicians or a Veterinarian by the sole authority of the Veterinarian in charge. At no time shall the individual Veterinarian’s authority in these cases be superseded by CACC or outside authority. Emergency situations preclude the need for prior medical entry; however, following the emergency, reporting must be completed.

Supervisors certified as Euthanasia Technicians and Veterinary Assistants certified as Euthanasia Technicians, or Veterinary Technicians may occasionally be faced with extreme suffering or trauma that requires euthanasia prior to a Veterinarian’s exam. Severe dyspnea (gasping), severe shock from blood loss (white mucous membranes), seizures of more than a 5-minute duration, etc. are all just reasons for humane euthanasia in the absence of a Veterinarian. When in doubt, the specified personnel must contact the Veterinarian or Shelter Manager.

**IX. Behavioral Euthanasia**

To determine whether euthanasia is warranted due to behavioral concerns, the following system shall be used:

a. A minimum of two (2) independent behavior observations by two CACC staff, who may also consult the assessments of volunteers who work with the animals.

b. Two independent behavioral observations should be made at least twenty-four (24) hours apart.

c. Observations shall be entered into Chameleon, and reviewed immediately prior to euthanasia to insure adherence to this policy.

d. In the case of potentially dangerous dogs, it is imperative that staff enter a behavioral observation upon intake.

e. There shall be an exception to the procedure set forth in this Part to euthanize animals that are surrendered by their owners, and that CACC employees deem to be a severe risk to employees or the public.

**X. Euthanasia for Space or Disease Control (Capacity for Care)**
Every effort must be made to avoid the euthanasia of healthy or treatable animals based solely on space or capacity concerns. Transfers, adoptions, and other methods for achieving live outcomes for healthy animals must be fully explored prior to euthanizing for capacity.

Anticipated intake must be taken into account daily to maximize time for transfer groups to promote live outcomes of shelter animals.

The Shelter Manager holds primary responsibility for control of population density in the facility. A Veterinarian may act in that role in the absence of the Shelter Manager. An inventory identifying current animals and available capacity (i.e. staff and kennels) shall be generated daily to assist planning for anticipated intake.

On occasion, highly contagious disease outbreaks will occur. Depending on facility resources and nature of the disease, animals with a highly contagious disease need to be quarantined to contain the disease, or euthanized to protect the remainder of the shelter population.

Euthanasia for space or disease control shall be authorized by the Veterinarian and the Shelter Manager, or the Executive Director, or their designees.

XI. Record Keeping

Accurate record keeping is essential for effective shelter management and public trust. Every animal’s Chameleon record must be complete and closed at the time of Euthanasia.

**Chameleon**

Chameleon records must include:

i. Identification of authorizing individual(s)

ii. Euthanasia classification (Condition, Behavior, or Capacity for Care)

iii. All drug quantities administered.

**Controlled Substance Logs**

Supervisors must insure all Controlled Substance Log entries are complete and accurate. Completed Controlled Substance Logs and empty controlled substance containers must be returned to medical immediately following completion. Controlled Substances are to be returned to medical prior to...
an employee going on a leave of absence or vacation longer than one full calendar week. Delays are not acceptable.

At no time, except as otherwise provided in this paragraph, are the controlled drugs or records permitted to be out of the Supervisor's direct sight during the process until returned to the designated secure, double-locked location; an exception to this rule is made where Veterinary Assistants or Veterinary Technicians are performing euthanasia.

Individual drug logs shall be reviewed, corrected if necessary and updated on a weekly basis. A complete log must be available for Supervisor inspection at all times, and must be presented to Medical with the empty bottle by end of shift.

Medical staff shall perform a bimonthly review, correction and update of all controlled substances, culminating with the creation of a bimonthly report. The bimonthly reviews shall be collated at end of each year for yearly reporting as required by state and/or federal regulations.

The Shelter Manager shall perform random audits on ACA II's and ACA Supervisor's controlled substance logs.

A Veterinarian shall perform random audits on medical staff Controlled Substance Logs.