



# **Recommendations For Pre-Hospital Care of an Operational Canine, Injured or Ill in the Line-Of-Duty**

## *GUIDANCE DOCUMENT*

### **INDIANA STATE BOARD OF ANIMAL HEALTH**

1202 E 38<sup>th</sup> Street; Discovery Hall, Ste. 100; Indianapolis IN 46205  
317-544-2400 • [animalhealth@boah.in.gov](mailto:animalhealth@boah.in.gov) • [www.in.gov/boah](http://www.in.gov/boah)

*Version 1.0 • December 1, 2021*

# Recommendations For the Pre-Hospital Care of an Operational Canine which Is Injured or Becomes Ill While in the Line-Of-Duty

*Version 1.0*

*12-01-2021*

The 122<sup>nd</sup> Indiana General Assembly passed House Enrolled Act 1201 (HEA 1201). HEA 1201 authorizes certain EMS responders, under certain circumstances, to use emergency ambulance services to transport an operational canine injured in the line of duty to a veterinary hospital or clinic. IC 16-31-13.

When an operational canine is injured or becomes ill in the line of duty, medical care may be necessary prior to the canine reaching a veterinary hospital. This document is intended to provide guidance and clarification for EMS responders in accordance with IC 16-31-13 Emergency Transport of Operational Canines. The following guidelines were developed by the Indiana State Board of Animal Health (BOAH), in consultation with the Indiana Department of Homeland Security.

The Board of Animal Health intends these guidelines to be best practice interventions for animal handlers and first responders when access to veterinary care for injured operational canines may be delayed. These best practices are intended for use by qualified licensed or certified Emergency Medical Services (EMS) professionals, including Emergency Medical Technicians (EMT), Advanced Emergency Medical Technicians (AEMT) and paramedics, law enforcement officers and operational canine handlers who have received hands-on training specific to the canine species. Responders should only perform skills on operational canines that they have been approved to perform and are proficiently trained to perform on humans. **Therefore, no EMS professional should perform a procedure on an operational canine that they could not perform on a human being in their underlying EMS certification/licensure status.** The goal of prehospital care is to address life-threatening conditions that, if not addressed, would substantially decrease the canine's chance of surviving transport to a veterinary hospital.

## Pre-Incident Planning

Operational canine handlers are encouraged to obtain training for in-field triage and care for canines. This training should be refreshed on a regular basis.

Operational canine handlers should complete multiple "K9 ID-Quick Reference" cards. The quick reference cards should be present on the handler, in the response vehicle,

and with dispatch, as well as any other location or individual as deemed appropriate by the handler or agency.

Veterinary hospitals willing and able to handle an emergency event involving an operational canine should be identified in advance. This includes both the canine's normal working area and any incident-specific locations outside that space. A call-down list that includes the clinic's name, veterinarian(s) name(s), phone number(s), physical address of the clinic, and hours of operation should be maintained in the response vehicle and at dispatch.

"K9 ID-Quick Reference" cards and veterinary hospital call-down lists should be updated a minimum of every 6 months.

A Memorandum of Understanding (MOU) should be created with ambulance organizations covering the normal work area as well as incident-specific locations. The MOU should establish operational guidelines regarding transportation of operational canines.

Ambulance organizations entering into a MOU to transport operational canines should have their EMS personnel complete training in canine emergency care conducted by a licensed veterinarian. This training should be refreshed on a recurring basis.

The canine tactical combat casualty care (K9TCCC) is a set of guidelines for emergency canine care. There is no specific approved course or certification for K9TCCC, but rather the guidelines can be used to educate EMS professionals about canine emergency medical care. Indiana law provides that an EMT, advanced EMT, or paramedic trained in K9TCCC may provide care within the scope and protocols of the K9TCCC training. IC 16-31-13-1(b)(10). EMS professionals taking a K9TCCC course, should adhere to their underlying EMS certification and not receive training or practice outside their EMS scope of practice for humans.

## **During an Operational Canine Emergency Event**

### **Animal Handling**

1. Do not attempt to handle or treat a conscious operational canine without a trained canine handler or agency representative available to restrain the animal.
2. Apply a muzzle to protect care providers unless respiratory distress precludes its use. If possible, have the canine handler apply the muzzle to avoid undue stress on the animal.
3. Move the operational canine to a safe location. Keep collars and tactical vests in place to aid restraint and movement unless they are causing obvious harm to the animal.

## **Transport**

1. While stabilizing the canine, direct one person to contact a veterinary hospital listed on the call-down list. They are to confirm the veterinary hospital is available to receive the canine. If the veterinary hospital is not able to receive the canine, the individual should continue through the call-down list until they find a veterinary hospital that can accept the canine. Follow instructions provided by the receiving veterinarian. If the canine will be transported via ambulance, an EMS person on the transport should be in communication with the receiving veterinarian. EMS personnel should follow the receiving veterinarian's instructions regarding procedures which should be performed during transit.
2. **Do not delay** transport of the operational canine to manage nonlife-threatening injuries. Treat these conditions under the supervision of the licensed, receiving veterinarian enroute to the veterinary hospital. When transporting an operational canine in an emergency medical vehicle, the operational canine's handler, another canine handler, or a representative from the agency who owns the canine is to accompany the canine during transport to the receiving veterinarian.
4. The individual accompanying the operational canine has the right to refuse any treatment option that is offered for the care of the dog.
5. Maintain adequate medical records of all treatment provided to the injured operational canine from the time of injury or illness until the animal is placed under the care of a licensed veterinary professional. Provide a copy of this medical record to the receiving veterinarian when the care of the animal is transferred.

## **Procedures**

Assess and treat any life-threatening conditions that affect the principles of **airway, breathing, circulation, disability, and hemorrhage**.

Canines requiring Cardio-Pulmonary Resuscitation (CPR) have an approximate survival rate of 6%. Canines suffering from severe central nervous system trauma have a guarded prognosis. The likelihood of survival should be taken into consideration when deciding whether to initiate treatment or to provide palliative care.

1. Opening and Maintaining an Airway
  - a. Place the canine in a position that favors air movement with the least amount of expended energy and minimizes stress on the patient.
  - b. If animal does not have a patent airway, consider endotracheal intubation.
  - c. If airway obstruction is suspected and a patent airway cannot be achieved using an endotracheal tube the EMS professional may attempt the Heimlich maneuver. IF a patent airway cannot be achieved with these procedures, an advanced life support-trained EMS professional may

perform a needle tracheotomy or cricothyrotomy if authorized by the licensed, receiving veterinarian.

## 2. Cardiopulmonary Resuscitation

- a. First responder should follow appropriate basic life support (BLS) guidelines as appropriate for their level of training which could include chest compressions and breathing assistance.
- b. If there is potential that the operational canine has had an accidental exposure to narcotics, the EMS professional may administer naloxone.

## 3. Administering Oxygen and Managing Ventilation by Mask

- a. Administer oxygen either via flow-by route, loose-fitting face mask, vented bag-valve-mask (BVM), or oxygen hood when the airway is not obstructed. If the airway is obstructed, oxygen may be administered via endotracheal tube, needle tracheotomy or cricothyrotomy if present.

## 4. Controlling Hemorrhage

- a. The operational canine should be assessed for external hemorrhage as well as potential unrecognized hemorrhage. The EMS professional should work to control all sources of hemorrhage using direct pressure, wound packing and/or circumferential pressure dressing. Use of impregnated hemostatic dressings or other suitable absorbent material is acceptable.
- b. The use of tourniquets is controversial in operational canines. Their use should be judiciously considered and limited to injuries located on the distal limb and tail when possible.
- c. The administration of tranexamic acid and canine blood products is not advised to be used by EMS professionals for operational canines.

## 5. Immobilizing Fractures and Bandaging

- a. EMS professionals may consider the use of manual stabilization or the temporary application of a splint if the operational canine has a fracture or joint luxation of the distal limb. This procedure may help avoid further soft tissue and neurovascular injury. If transport times are anticipated to be less than 20 minutes and patient movement can be minimized the EMS professional may consider delaying splinting or bandaging until the animal is transferred to the veterinary hospital.
- b. Open wounds should be covered with a clean nonadherent dressing.
- c. Temporary stabilization may be achieved using a soft padded bandage such as a Robert Jones bandage. The bandage should incorporate the joint above and below the point of injury to limit motion and pressure. Ensure the bandage is not too tight by leaving the toes exposed and checking them frequently for sensation and warmth.
- d. The patient should have restricted movement during transport to reduce pain and further injury.

## 6. Maintaining Circulation

- a. Intravenous (IV) access may be indicated if the operational canine is unconscious, in cardiopulmonary arrest, or is determined to be in hemorrhagic shock, hypovolemic shock or dehydrated. The goal of resuscitation in veterinary medicine should be aimed at the arrest of hemorrhage and restoration of effective circulating volume.
- b. Advanced EMTs and paramedics who have received and maintained specific canine intravenous access skills training may place a large bore intravenous catheter in the cephalic or lateral saphenous vein to allow for administration of crystalloid or colloid solutions.

## References

The following article was referenced by the Indiana State Board of Animal Health when writing this guidance document and is considered to be a reliable training resource for agencies wishing to train EMS professionals.

Hanel, Rita M, et.al. on behalf of ACVEDD's Veterinary Committee on Trauma (VetCOT) "Best practice recommendations for prehospital veterinary care of dogs and cats." *Journal of Veterinary Emergency and Critical Care*, volume 26, no. 2, 2016, pp. 166-233, doi:10.1111/vec.12455