

21.7 Appendix G — Guidelines for COE site visit teams: Isolation Facilities/Procedures

Principles:

- It is possible for colleges/schools of veterinary medicine to meet Standard 3, Physical Facilities and Equipment, with a wide range of isolation facilities.
- Other standards are also involved: Standard 9, Curriculum (patient management and care including intensive care, emergency medicine and isolation procedures) and Standard 11, Outcomes Assessment (clinical competencies – health promotion, disease prevention/biosecurity, zoonosis, and food safety).
- The top priority is to educate students on infection control in a safe environment; students must understand the principles and characteristics of an ideal isolation facility.
- It may be possible to mitigate physical facility limitations through the use of effective procedures; emphasis will be placed on implementation of an effective program:
 - Infection control plan must be appropriate for caseload and effectively mitigate facility deficits.
 - Faculty, students, and staff must have an in-depth knowledge and understanding of the infection control plan.
 - Evidence of program effectiveness must be available, for example, nosocomial infection rate, results and analysis of microbial surveillance.

Facilities – “Ideal” General Characteristics:

- Separation from high traffic areas and other animals which might be infected
- Single purpose use
- Equipment and materials dedicated to this area
- Negative pressure air flow
- Ante room
- Easily cleaned and disinfected surfaces
- Other characteristics?

Procedures Must:

- Ensure personnel follow infection control policies related to personal hygiene, patient care, and disinfection of equipment facilities
- Include method(s) to identify potentially infectious diseases upon entry to the hospital
- Address various types of infectious diseases
 - Respiratory – viral
 - G.I. – viral, bacterial, parasitic
 - Zoonotic diseases
- Include workflow and traffic patterns to reduce risk of cross contamination
- Include disposal procedures for potentially infective material, bedding, and animals to limit the potential for cross contamination
- Include appropriate surveillance methods to ensure procedures are effective

Questions for the Site Team to Explore:

- How often are patients placed in isolation in comparison to the total case load?
- Do clinicians and students apply risk assessment to all patients admitted to the veterinary teaching hospital (VTH) – such as risk of spreading disease, zoonotic potential, increased risk of some types of patients in the VTH (immunocompromised, young, non-vaccinated animals, etc.)
- Does the VTH have a method/system to track disease transmission?
- Does the VTH monitor or track potential antimicrobial resistance in their patients?
- Is there a method/procedure to segregate or not admit animals suspected of a specific infectious disease such as:
 - Canine parvovirus, or other types of viral diseases
 - Feline upper respiratory disease
 - Neonatal ruminants with cryptosporidiosis
 - Any animal with Salmonella

- Does the VTH have a biosecurity report that is shared with faculty, students, and staff?
- Is there an active educational process to inform all members of the VTH on issues of biosecurity?
- Are there easily accessible and understood procedures for infectious disease control and is there evidence that the procedures are effective?

Are surveillance results used to evaluate program effectiveness?