



# **NORTH CAROLINA AGRICULTURAL AND TECHNICAL STATE UNIVERSITY**

SEC. V–Animal Care 1.0

## **VETERINARY CARE**

### **ADMINISTRATIVE POLICY**

#### **I. Purpose**

The purpose of this policy is to explain the delegations of authority and responsibilities of personnel providing veterinary care at North Carolina A&T State University (NCA&T). This policy covers research and teaching animals in the animal care and use program.

#### **II. Policy**

The Attending Veterinarian (AV) is the veterinarian responsible for the health and well-being of all research and teaching animals in the animal care and use program at NCA&T. The AV is hereby granted authority, including access to all animals and resources, to manage the program of veterinary care. The AV is hereby granted the authority and responsibility to oversee the adequacy of animal care and use, including animal husbandry and nutrition, housing, sanitation practices, zoonosis control, and hazard containment.

### III. Procedure

- A. Delegation of Veterinary Care:** The AV may approve areas of responsibility and may delegate primary clinical and herd health management to other individuals or units. The AV hereby delegates to the Director of the Laboratory Animal Resource Unit (LARU) primary clinical management for the traditional laboratory animal species and to the Caswell Veterinary Service primary herd health management for agricultural species.

Designated veterinarians must notify the NCA&T AV by phone or e-mail of any significant animal health concerns that are the direct result of an animal care and use protocol or if a significant spontaneously occurring herd or colony health problem occurs.

- B. Animal Procurement and Transportation:** All applicable federal, state, and local laws and regulations must be followed when obtaining and transporting animals. Purchase and shipping records must be retained. To maintain the biosecurity of the laboratory animal colonies, animals must be purchased from the Approved Vendor List or if not available, from a supplier that has been approved by the LARU Director prior to shipment. Selection of vendors for agricultural animals and other non-traditional species should involve clinical veterinarians and other staff to insure a high level of health for animals that are to be purchased. Animals may only be procured if they are linked to an approved IACUC protocol.
- C. Preventive Medicine Programs:** Disease prevention is the cornerstone of maintaining healthy animals and limiting variables in their environment that may interfere with research. Some of the aspects of an effective preventive medicine program include adequate animal biosecurity procedures to prevent the introduction of unknown diseases, provisions for quarantine and stabilization, implementation of disease surveillance programs including investigations of unexpected deaths, procedures to minimize stress during handling and restraint, zoonosis prevention, etc.
- D. Sick, Injured and Dead Animals:** It is the responsibility of everyone working with animals at NCA&T to report any sick or injured animals to the appropriate clinical veterinarian or designee. Reporting must be timely and accurate. Records of the diagnosis, testing, delivery of medical treatments, and final resolution must be maintained by the facility or veterinary service. Assurance that compliance with study and humane endpoints is very important and recurrent or significant problems should be communicated to the IACUC. Unexpected deaths must be documented and investigated as potential sources of infection or possible research complications.

The NCA&T AV is authorized to halt procedures which he/she believes do not comply with institutional policies or compromises animal welfare until the IACUC can be convened and consider the matter formally. The AV will immediately notify the IACUC in writing of any such situation. Emergency meetings may be necessary in these cases to ensure prompt consideration of concerns.

- E. Medical Records:** Documentation of provision of adequate veterinary care is important from a regulatory perspective but also from an animal welfare perspective. All those involved in animal care and use must comply with federal and state laws and regulations regarding human and veterinary drugs and treatments. Drug records and storage procedures should be reviewed during facility inspections. In addition, animal records of experimental manipulations, anesthetic and medical drug treatments, health abnormalities, prophylactic treatments, diagnostic tests (including rodent sentinel testing), pre-, peri-, and postsurgical procedures, and euthanasia should be maintained. Group health records are acceptable for animals maintained as a cohort. All entries should indicate the animal's ID, originator of the entry, and date. These medical records shall be retained for a duration of no less than 3 years.
- F. Surgical Procedures and Postsurgical Care:** There are many factors that contribute to successful surgical outcomes. First, appropriate training on good surgical technique is crucial. No one shall perform surgery without first demonstrating that he/she is adequately trained to perform the specific techniques he/she intends to perform. Pre-surgical planning is required to insure all procedures are in place before the surgery starts. Animal postsurgical care, recovery, and suture removal must be addressed to minimize pain or distress. Surgical facilities appropriate for the procedure and the species must be utilized. All surgical facilities must be approved by the IACUC prior to first use and inspected on at least a six month interval thereafter. Clinical veterinarians should be consulted in assisting with all aspects of performing surgical procedures as needed to maintain high standards.
- G. Pain and Distress:** Recognition, prevention, and alleviation of pain and distress are important and integral responsibilities for everyone working with animals. Since recognition of early signs of pain can be difficult, especially in stoic animals, training in the recognition of species-specific signs of pain is most important. In general, assume that a procedure that causes pain in humans will also cause pain in animals. Preemptive analgesia should be considered before a procedure is performed when it is expected to cause more than momentary pain, unless medically contraindicated or if IACUC has granted an exemption based on scientific necessity. If unanticipated pain that is more than momentary is recognized, relief of pain must be initiated promptly unless withholding analgesics is scientifically justified and approved in the animal protocol by the IACUC.

Consideration for minimizing the duration and intensity of distress is important when caring for animals and when planning the use of animals on a protocol. In addition, stress can cause significant physiological alterations which may negatively impact research.

**H. Euthanasia:** Unless an IACUC exemption is given for scientific reasons, the methods for euthanasia for all species should be consistent with the most current edition of the AVMA Guidelines on Euthanasia. Selection of agents is based on such factors as the species, animal's age, scientific objectives, and equipment available but most importantly, is based on inducing rapid unconsciousness without pain and distress. Individuals must be trained in the delivery of euthanasia. People who will be using physical methods of euthanasia must first be trained prior to performing these tasks. Euthanasia conducted on animals for experimental purposes must comply with methods described in the IACUC-approved protocol. Animals euthanized for medical reasons or as culls must be euthanized following the AVMA recommendations.

#### **IV. REFERENCES**

American Veterinary Medical Association (AVMA) Guidelines on Euthanasia

Federation of Animal Sciences Society's Guide for the Care and Use of Agricultural Animals in Research and Teaching

Institute for Laboratory Animal Research, National Research Council's Guide for the Care and Use of Laboratory Animals (the *Guide*)

United States Department of Agriculture's Animal Welfare Act

United States Public Health Service

Date amended policy is effective: Upon Approval

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Revised:

Approved by the Chancellor

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Harold L. Martin, Sr.  
Chancellor

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Barry L. Burks  
Vice Chancellor for Research and Economic Development