



EQUINE CLINIC BIOSAFETY INSTRUCTIONS

Doc. No: BG-TAL.12 Publish Date:

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1. OBJECTIVE:

The purpose of this instruction is to provide safe working conditions in Erciyes University, Faculty of Veterinary Medicine, Animal Hospital, Equine Clinic and its affiliated units.

2. RESPONSIBILITY

Erciyes Veterinary Faculty Animal Hospital Equine Clinic is responsible for all the rules - faculty students and technical, administrative (head physician) and academic staff.

3. APPLICATION:

- All staff and students should wear hospital-specific clothing to reduce the risk of carrying an infectious disease.
- It is forbidden to consume any kind of food and drink in the examination rooms.
- Academic, administrative and cleaning staff and students must be in aprons or overalls in the polyclinic examination rooms. If he does not have suitable clothes, he should be removed from the clinic.
- All staff and students should wear durable, easy-to-clean and disinfectable boots or shoes at all times.
- The student, intern or clinician in charge of the patient's examination should wash their hands with soapy water before and after the patient's examination (See Hand Washing and Glove Usage Instructions) and then clean them with an alcohol-based hand disinfectant.
- It is mandatory to wash hands after wound treatment, bandage change, ophthalmological care, catheter placement, endoscope application and contact with risky patients. Hands should also be washed in other cases where hands are soiled.
- Clean examination gloves should be worn before touching suspected infectious diseases or newborn foals or secretions, discharges and wounds (See Hand Washing and Glove Usage Instructions).
- After the examination is over, the instruments and equipment used in the patient examination must be cleaned and disinfected before being used on another patient (See: General Cleaning, Disinfection and Sterilization Instructions).
- Residue materials formed in this area during the examination should be thrown into medical and household waste bags in the trash cans in the hall, sharp and piercing materials should be collected in special yellow sharp-piercing waste boxes. In case faeces or secretions contaminate the floor, these parts should be cleaned and disinfected as soon as possible by the personnel responsible for the patient. should be done. This is particularly important for patients suspected or known to shed important infectious agents.
- Before leaving the examination room, the hands should be washed again in accordance with the handwashing instructions after the gloves used and the disposable aprons, if used, are thrown into the appropriate trash cans, and then exit the salon.

Horse Hospitalization Unit, Cleaning and Maintenance of the Unit

- Horses with infectious or non-infectious diseases that are not likely to infect other animals and do not pose a risk of infection in humans are normally hospitalized. Cleaning and disinfection procedures are recorded in the "Horse and Farm Animal Hospitalization Cleaning-Disinfection Follow-up Form" on a daily basis.

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- Paddocks for the care of inpatients are determined by the clinician and hospitalization staff.
- Disinfectant foot baths must be used at the entrance and exit to the hospitalization unit.
- The paddocks are collected daily by the cleaning staff and new mats are laid in their place. A garbage container is in a suitable place outside the paddock, and care must be taken not to scatter garbage along the way and not overflow in the garbage container.
- Paddocks and hospitalization corridors should be cleaned and disinfected regularly by the personnel assigned in the hospitalization. When there is contamination in the paddocks outside of the cleaning staff's working hours, students, interns and/or clinicians should remove feces and wet/dirty bedding and lay new litter.
- In the presence of newborn animals, patient hygiene is much more important, and interns or students should remove accumulated feces and litter from the area as soon as possible.
- Residue materials formed during the examination of a hospitalized patient should be thrown into household waste bags in the garbage cans in the corridor, and sharp, piercing materials (scalpel, injector tips and cannulas) should be thrown into sharp-drilling waste bins.
- Feeders and drinkers in paddocks should be checked regularly and cleaned before a new patient is introduced. The information about whether the hospitalized patient consumes feed or water should be reported to the responsible clinician, and if he does not eat the feed, the feed should be removed from the manager.
- The hospitalized patients should be cleaned daily with the approval of the responsible clinician; they should be groomed regularly, their secretions and excreta should be reported to the clinician and removed from the paddock as soon as possible after approval. The stool and urine that the patient has made in the paddock or walking area should be removed immediately.
- If the infectious agent causing the disease of the patient in the empty paddock is known or suspected, an effective disinfectant should be determined, and disinfection should be applied as soon as possible.
- Cleaning materials used for patients in the non-risk group should be disinfected once a week. Cleaning materials used in patients with known or at risk of infectious diseases should be cleaned and disinfected after use.
- The floors of the feed rooms in the hospitalization unit should be cleaned and disinfected before new feed sources are introduced.
- Areas that are not used daily (walls, glass edges, etc.) should be washed monthly to prevent dust accumulation.

Equine Infectious Diseases Hospitalization Unit

- Special precautions are required when managing patients known or suspected to be infected with infectious disease agents. Due to the potential for nosocomial transmission, acute gastrointestinal disorders (eg, diarrhea without fever and/or leukopenia), acute respiratory tract infections, patients with acute neurological diseases or abortion, dermatophytosis, dermatophilosis, etc.) should be kept in a hospitalization unit located separately from the general population of the hospital.
- Clinical faculty, interns or students should perform the initial physical examination of these patients to assess their risk of infectious disease.
- Personnel should take personal preventive care measures until it becomes clear that there is no risk of contagious disease when examining these patients.

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- Entry to the infectious hospitalization unit should not be allowed unless necessary. Responsible clinicians may make personal decisions about students entering the paddock for educational purposes, but this should be as minimal as possible and all personnel entering should take appropriate protective measures.
- Disinfected foot mats should be used at the entrance to the unit, and disposable aprons and gloves should be worn. Tools and materials used in the unit should be cleaned and disinfected by wiping with 70% alcohol. Materials such as apron and gloves used should be removed.
- During the examinations of the patients staying in the isolation unit, the waste materials formed in this area should be thrown into the household waste bags in the trash cans in the unit, cutting, piercing and stinging materials (scalpel, injector tips and cannulas) should be collected in special yellow boxes, stools or secretions should be collected by the personnel responsible for the patient as soon as possible.
- Before removing the patient from isolation, the patient's hoof should be brushed with 0.5% chlorhexidine solution. Personnel carrying the patient must wear all appropriate clothing and take barrier precautions. Personnel in contact with the patient, doors, exits, etc. during the transport of the patient. Avoid contaminating areas with contaminated gloves or hands, and contact surfaces should be cleaned and disinfected effectively to minimize the possibility of nosocomial transmission.
- Diagnosis and treatment procedures to be done in the main hospital building for isolation patients should be planned at the end of the day. All kinds of tools and equipment used for examination should be cleaned and disinfected according to the relevant procedure after the procedure.
- Cleaning and disinfection of surfaces contaminated with feces or body fluids during the transport of the patient should be done very quickly.

Equine Clinic Anesthesia Area, Operations Hall, and Wake-Up Paddock Anesthesia Area

- Anesthesia preparation area is designed to facilitate entry of students, staff and clinicians into the operating room.
- Before entering the anesthesia area, patients' feet should be thoroughly brushed or washed. The patient's mouth should be rinsed outside the induction area. For unusual emergency surgeries, the patient should be cleaned as much as possible.
- Barrier protective measures should be taken in this area as well, and fecal material should be urgently removed from the anesthesia preparation area or other areas of the surgical unit.
- As much as possible, the apparatus on the patient should be removed before entering this area.
- Agents required for intravenous administration should be prepared aseptically and the catheter should be placed aseptically in accordance with its technique. For this process, clean gloves should be worn after washing and drying hands (See Hand Washing and Glove Usage Instructions).

Operation Hall

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- A high standard of cleaning and hygiene should be provided in the equine operation room.
- All personnel, including cleaning and maintenance personnel, are obliged to comply with all rules regarding dress in the operating room. All personnel should wear shoe covers (overshoes) or shoes designated for use in "clean" surgical areas.
- The operating equipment and operating room should be prepared aseptically and the rules of asepsis should be maintained during the surgery. Personal, patient and environmental hygiene standards in the operating room and perioperative areas should be at the highest level.
- The doors must always be closed during, during and after the operation.
- All kinds of auxiliary and technical materials used during and after the surgical procedure should be cleaned, disinfected and sterilized at the end of the procedure. Blood and other wastes on the floor should be washed first and then disinfected.
- Sharp, penetrating and penetrating materials used during the surgical procedure should be collected in sharps-drilling waste boxes, and feces or secretions should be cleaned by the personnel responsible for the patient as soon as possible.
- Tools and equipment in the hall and sewer channels should be cleaned and disinfected once a week during non-operational times.

Waking up Paddocks

- The operated patient is transferred from the operating room to the recovery pad with the help of hoist
 - Wake paddock floor and four side walls are covered with special soft material. Before entering the patient, cleaning and disinfection should be done.
 - After the patient is taken inside to wake up after the surgery, the doors are securely closed and the patient is periodically checked through the observation window by the intern or technical or academic staff.
 - After Hatsa wakes up completely, she is taken to the recovery pad and then the cleaning, disinfection and controls of the wake pad are done by the cleaning and technical personnel.
- Management of surgical patients with infectious diseases
- Relevant academic and technical personnel and interns should be responsible for identifying and informing cases known or suspected to have communicable diseases.
 - As far as possible, surgical intervention should not be performed on cases that are found to have infectious diseases, but in necessary cases, the procedures related to these cases should be planned towards the end of the day or performed in the Equine Infectious Disease Hospitalization Unit as much as possible.
 - Clinicians and students assigned to these cases are responsible for reporting that the anesthesia, operative field, and recovery pad are contaminated with potentially infectious pathogens. Thus, it should be ensured that these areas are properly disinfected before other patients can use them.
 - When the patient leaves the unit, a thorough cleaning and disinfection with appropriate disinfectant should be done in the entire area.

Patients Who Have Died or Need To Be Euthanized

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- Patients who died during hospitalization should be reported to the relevant clinician by the relevant cleaning and technical personnel.
- Paddocks used by deceased patients should be cleaned and disinfected before a new animal enters the paddock.

4. RELATED DOCUMENTS:

- BG-FRM.06 Horse and Livestock Hospitalization Cleaning-Disinfection Follow-up Form
- BG-TAL.09 General Cleaning, Disinfection and Sterilization Instruction
- BG-TAL.10 Hand Washing and Glove Usage Instructions

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