

Vaccinations Technician

The Vaccinations Technician administers two vaccines subcutaneously: one that protects against panleukopenia/herpes virus/calicivirus/feline leukemia (FVRCP/FeLV) and one that protects against rabies. **This position requires a rabies vaccination.**

Safety First

- ✓ **Respiration should be >6/minute, heartbeat should be >100/minute, and gum color should be pink.** If the cat is not breathing well, or its gums are blue, take the cat immediately to the Emergency Station. Speaking loudly and calmly say “cat not breathing” to alert vets to converge at the Emergency Station.
Note: Xylazine causes pale gums.
- ✓ **Dispose of all needles and syringes according to protocol with no exceptions. Do not recap the needles.** Place the needle/syringe combination into a sharps disposal container. The needle cap can be disposed of in garbage or the sharps container.

Special Handling

- **When transporting, do not hold the cat from the scruff of its neck alone.** Always support its back and bottom, too. Support the cat’s head without flexing its neck, so that the airway remains straight and open.
- **Keep the cat entirely on its fleece, including its tail, head and all of its feet.** Do not allow any part of the cat’s body to contact clothing, skin or anything except the fleece, in order to prevent any contamination from cat to cat.

Station Alert

- **A DVM or veterinary student** must administer the rabies vaccine.
- **Cats tagged with URI or other infectious conditions are vaccinated after all of the healthy cats** have been processed. As the clinic winds down, one table is reserved to medicate these cats. Do not place healthy cats on this table after an infectious cat has been treated. Change gloves after handling any contagious cat.
- **Do not remove any alert tags.**
- **Vaccines should be kept in a cooler at all times. Place a towel between the vaccines and the ice packs to prevent freezing.**
- **If blood is present, send the cat back to the surgical station for cleaning.**

Vaccinations Technician Instructions

1. **Monitor the cats carefully.**
2. **Prepare approximately 50 doses of each vaccine at the beginning of the clinic and as needed throughout the clinic.** Avoid drawing up excessive doses, since they must be discarded if not used by the end of the clinic.
 1. Use a 3 cc syringe with an 22 ga needle to draw up multiple doses of the vaccines upon arrival.
 2. Place the filled syringes in containers with a towel between the vial and the ice packs to prevent freezing.
 3. Keep the extra vaccines in a cooler with a towel between the vial and the ice packs to prevent freezing.
3. **Compare the Paw Tag and the Medical Record to be sure the ID# matches.**
4. **Remove the cat from the spay board, if present,** leaving the cat on its fleece.
5. **If the cat has been identified as infectious/URI,** was not separated, and is being processed amidst non-infectious cats, then the vaccines and medications should be administered at the surgery table and the cat taken directly to the Clinic Records Station. The Veterinary Assistants will retrieve the vaccines and medications for these cats.
6. **ALL cats that have been sterilized should receive a vaccination** regardless of the cat’s size or age.

7. **Dispose of all needles and syringes according to protocol with no exceptions. Do not recap the needles.**
8. **Administer the rabies vaccine in the right hind leg subcutaneously below the stifle as close to the hock as possible.**
9. **Administer the combination FVRCP/FeLV vaccine in left hind leg subcutaneously below the stifle as close to the hock as possible.**
10. **Immobilize non-anesthetized “vaccine only” cats in the trap** with a trap divider to administer the boosters subcutaneously.
11. **Cover the traps of “vaccine only” cats and transport them with their Medical Records and Rabies Certificates to the Clinic Records Station.**

Station Closing and Cleanup

When the clinic is concluded:

- inventory the remaining supplies and repack the supply kit
- return the kit, station instructions, and any remaining items to storage
- clean the area
- dispose of all trash
- wash all tables, including the central trough
- wipe down entire base of table
- remove tape from underside of table
- wipe as much of the overhead surgery lamp as can be reached
- sweep or vacuum
- mop the floor.