

To provide more specific details on how the Animal Care Services (ACS) staff members generally interact with **non-experimental research colony animals**, this overview has been prepared.

**NOTE:** *Recognizing the wide variety of project-specific animal handling and management requirements dictated by specific Animal Use Protocols, it is not possible to provide a generalized overview describing interactions with animals involved in experimental procedures.*

*The methods used, and extent of the physical interaction with the animal by staff members is minimized as much as possible in every case. The severity and location of the injury/illness, researcher protocols and history of procedures written on cage cards all contribute to the cage-side decisions on how and when the animal should be handled. Researchers are encouraged to provide as much information as feasible on cage cards to help facilitate this process.*

*To ensure general handling or management techniques do not compromise your experimental data, please contact the Veterinary Director ([acsvet@uvic.ca](mailto:acsvet@uvic.ca)) or Animal Health Technician Coordinator ([acsah@uvic.ca](mailto:acsah@uvic.ca)) to discuss your research needs.*

A detailed description of the **general** management of animals found with abnormalities is described in the Animal Care Services standard operating procedure for *Monitoring of Animals with Abnormalities* (SOP# AC2038), available on our website [here](#). You are encouraged to review this to determine if there are specific interactions that may affect your research. (ACS website: <http://www.uvic.ca/research/conduct/home/animalcare/index.php>)

**Husbandry staff members, the Register Laboratory Animal Technicians (RLATs), conduct daily “rounds”. Every animal in the facility is visually observed without opening the cage at least once each day (per CCAC guidelines). “Rounds” include the following cage interactions:**

- 1) Visual inspection of the animals and cage components (e.g. food, water, enrichment) from the outside of the cage, without opening the cage.
- 2) Gently sliding the cage part way out of its slot (50-75% on average) without opening the cage to visualize the back of the cage, look at the cage from underneath to observe animals hidden within enrichment, and amount of soiling in the cage.
- 3) Visual assessment for unexpected external abnormalities (based on protocols/strains) including spontaneous/unexpected tumours or abdominal distension, unexpected poor body condition, non-surgical wounds/injuries on the body (e.g. fight wounds, dermatitis), experimentally unrelated abnormalities in locomotion, non-experimentally induced diarrhea and discoloured urine.
- 4) Visual assessment for unexpected abnormal behaviours, including hunching, aggression, abnormally groomed, isolated from cage mates, not moving (in the context of cage mates), changes in nest-building behaviour.
- 5) Visual assessment for general signs of illness/abnormality including dystocia, presence of dead pups, unexpected discharges.

**If any abnormal behaviours or clinical signs are present and a veterinarian or Animal Health Technician (AHT) is not immediately available to assess, the RLAT will open the cage and each of the animals will be briefly examined to establish the urgency of the problem, and which animal is affected (if not obvious). This initial examination will generally include the following;**

- 1) Placing animal on palm of hand;
- 2) Lifting tail to visualize orifices and abdomen;
- 3) Only when necessary, restraining by using the scruff technique to visualize conditions (e.g. malocclusion, injury to abdomen).

The RLAT will then place the animal back in the cage, and notify the AHT by telephone (if urgent), or by placing an "AHT CHECK" notification card on the cage.

**Based on the urgency of the condition the AHT will then go to the appropriate holding room immediately or within a reasonable time period to examine the animal. This initial AHT assessment consists of the following;**

- 1) Visual inspection of the animals and cage components from the outside of the cage, without opening the cage;
- 2) Gently sliding the cage out of its slot (50-75% on average) to visualize the back of the cage and looking at the cage from underneath to observe animals hidden within enrichment;
- 3) Removing the cage from the rack and opening it;
- 4) Placing animal on palm of hand;
- 5) Lifting tail to visualize orifices and abdomen;
- 6) Only when necessary, restraining the animal by using the scruff technique (e.g. to assess malocclusion, skin lesion on abdomen) and palpate abdomen;
- 7) Skin tent test (light gathering and lifting of skin over shoulder blades)- to assess hydration as required, if hydration of the animal is of concern;
- 8) Return the animal to its cage.

**After the AHT's initial assessment of the animals, the AHT does the following;**

- 1) Contact the researcher to inform/update;
- 2) Provide recommendations if the animal requires treatment or isolation;
- 3) Provide treatment or further monitoring of the animal if required/as authorized.
- 4) Document findings and treatments (if applicable) on an animal morbidity sheet (the health record).

**Following this initial assessment, and guided by the researcher's protocol where appropriate, the animals may require daily or weekly treatments or monitoring by the AHT. Depending on the condition, monitoring will consist of some or all of the following (based on the abnormality under treatment);**

- 1) Visual inspection of the animals and cage components from the outside of the cage, without opening the cage;
- 2) Gently sliding the cage out of its slot (50-75% on average) to visualize the back of the cage and looking at the cage from underneath to observe animals hidden within enrichment;
- 3) Removing the cage from the rack and opening it;
- 4) Placing animal on palm of hand;
- 5) Lifting tail to visualize orifices and abdomen;
- 6) Restraining the animal by using the scruff technique -when required to visualize conditions (e.g.. malocclusion, skin lesion on abdomen) and palpate abdomen;  
Skin tent test (light gathering and lifting of skin over shoulder blade)- to assess hydration as required, if hydration of the animal is of concern;
- 7) Administration of approved medications.

**In every case** where an animal is under treatment or observation, details regarding observations and treatment provision (what, when, by whom) are documented on the animal's health record (morbidity sheet) within the room where the animal is held. Researchers are encouraged to review the health records for their colony animals at any time to ensure they are fully apprised of all findings.