Recommendations for Disaster Sheltering of Household Pets, Service Animals, and Support Animals during the COVID-19 Pandemic

Purpose

- This information is provided to assist emergency planners who may need to consider local conditions, statutory authorities, resources, agreements, and other critical factors to form the final plan for disaster sheltering of household pets, service animals, and support animals during the pandemic.

- Emergency managers will face many challenges pertaining to both the pandemic and a disaster that requires evacuation and sheltering. There are no perfect solutions, and all strategies could contain an element of risk for SARS-CoV-2 transmission in people.

Planning assumptions

- Disaster animal sheltering is addressed first at the local level, with support from community non-governmental partners and other resource providers.

- Animal diseases and zoonotic diseases are significant concerns in animal disaster sheltering operations. Infection control in animal disaster sheltering operations is a frequent concern not exclusively related to SARS-CoV-2 virus.
The greatest risk for transmission of SARS-CoV-2, the virus that causes COVID-19 (the disease), during the pandemic is person-to-person spread. Occasional transmission from people to animals has been documented. Transmission from animals to people has not been clearly demonstrated but may be possible. **People and at least some companion animal species may be able to spread SARS-CoV-2 without showing symptoms of COVID-19, creating a baseline risk for all emergency response and support personnel as well as disaster/emergency survivors.**

- **Pet owners** should create or update their emergency plans, including for pets, to account for the COVID-19 pandemic.
- Providing safe sheltering options for household pets, service animals, and support animals and their owners protects the safety of the public by encouraging individuals and families to evacuate in a timely manner.
- CDC and other federal agencies will update guidance as new information becomes available. Emergency planners should monitor [CDC's COVID-19 website](https://www.cdc.gov/coronavirus/2019-ncov/index.html) and seek additional guidance from local health departments and state animal health officials such as the state veterinarian.

**General mass care considerations for local jurisdictions**


CDC guidance on [human sheltering](https://www.cdc.gov/nhsphosting/covid/guidance.html) during the COVID-19 pandemic can be found on the [National Mass Care Strategy website](https://www.ready.gov/national-mass-care-strategy).[PDF – 9 Pages]

- To reduce the potential for person-to-person transmission of SARS-CoV-2, communities and organizations should plan to use the minimal necessary staffing to support animal sheltering. Rotating teams or reserve staffing should be identified to provide relief or to step in if individuals or teams need to go into quarantine or self-isolation due to exposure to SARS-CoV-2.
- How communities deliver human sheltering services will impact the methods of emergency sheltering for animals. Generally, animal sheltering formats include the following:
  - Individual cohabitated housing: People are housed in hotel rooms or similar private accommodations with their pets or service or support animals.
  - Congregate cohabitated housing: People and pets or service or support animals are housed together within a larger shared space with other families.
  - Co-located congregate sheltering: People are housed in a large shared space, and pets and other animals are housed nearby, allowing owners to provide almost all care for their animals.
  - Animal-only emergency shelters: Pets and other animals are housed at a location that does not allow owners to provide routine care for their pets.

**Assistance animals** include service and support animals: In accordance with the Americans with Disabilities Act, service animals must be permitted to remain with their handlers. The Fair Housing Act also mandates that all assistance animals remain with their owners in housing, including emergency sheltering.

- Pet shelter-in-place strategies may be used in some incidents according to local jurisdictional plans. In some cases, pets could remain sheltered in their homes with appropriate care visits at least once daily.

**Considerations for animal intake and housing**

**General recommendations**

- Set up registration and triage for people and/or pets, service animals, and support animals in a location that allows people and their animals to stay at least six feet away from others and that protects them from the elements.
- Instruct staff, volunteers, and survivors of the disaster on requirements for everyone (i.e., staff, volunteers, and survivors) to wear masks, follow recommended hand hygiene practices, practice social distancing, and follow other jurisdictional guidelines while in any type of animal sheltering facility.
  - Do not put masks on pets. Covering a pet's face could harm them.
- Encourage staff, volunteers, and pet owners to practice healthy habits around pets and other animals. Follow CDC recommended precautions for people at increased risk of severe COVID-19 illness and zoonotic diseases.
- Jurisdictions may need a plan for managing people unwilling to comply with healthy practices. This might include assigning security personnel to sheltering sites.
- Clearly communicate areas and procedures for walking/exercising dogs, collecting and disposing of animal waste, and other key owner/animal activities.
- Advise owners to immediately report any signs of illness in their animals to shelter staff or volunteers.
- Make hand hygiene stations readily available. Instruct owners to always wash hands with soap and water for at least 20 seconds or to use a hand sanitizer containing at least 60% alcohol before entering and after leaving an animal area.
  - Hand hygiene stations should have adequate supplies of soap and water, or hand sanitizer with at least 60% alcohol, paper towels, tissues, and no-touch trash cans.
- Owners should only handle their own animals. When possible, families in co-located shelters should designate one person to enter the animal area to care for the animal(s) or to check out/return the animal(s).
- In some cases of animal-only sheltering, owners might not be allowed to visit pets, and jurisdictions should consider the use of telecommunications to allow virtual audiovisual visits.
- Every congregate cohabitated companion animal shelter should have veterinary medical support to provide examinations and address animal health issues at the shelter.
- Staff should use handouts, signs, and verbal encouragement to help communicate the need for healthy behaviors around animals and social distancing of at least 6 feet between people, between people and pets, and between pets from other households.
- Discourage owners, staff, and volunteers from eating and drinking in animal housing areas.
- Discourage owners from letting other people handle items that go into their animal’s mouth, such as toys and treats.
- Discourage sharing of items between animals from different households (for example, leashes, toys, or blankets). If items like leashes must be shared, they should be cleaned and disinfected after each use or between each animal.

Animal intake triage and housing

The following applies to all congregate cohabitated companion animal emergency shelters. Owned animals entering private sheltering (such as hotel rooms) may not need a veterinary examination.

The flow chart below illustrates the initial intake and levels of precautions needed for housing animals with various combinations of history and clinical signs.

*If an animal has an examination that is suggestive of a contagious disease, including SARS-CoV-2, that animal should be examined by a veterinarian.
An epidemiologic link to a human COVID-19 case or a SARS-CoV-2 animal case is defined as:
- Being within approximately 6 feet (2 meters) of either a person with suspected or confirmed COVID-19 or another animal infected with SARS-CoV-2
- Having direct contact with secretions from a person with suspected or confirmed COVID-19 (e.g., saliva, respiratory droplets) or an animal with SARS-CoV-2 infection

All animals should receive a screening examination from a veterinarian, veterinary technician, or experienced animal care and handling specialist. If the screening examination finds signs that could be consistent with SARS-CoV-2 infection or another infectious disease or significant health problem, the animal should be examined by a veterinarian if a veterinarian did not perform the initial screening examination.

The following signs are potentially consistent with, but not specific to, SARS-CoV-2 infection in any companion animals and could represent a wide array of infectious and non-infectious diseases:
- Fever, lethargy
- Coughing, difficulty breathing or shortness of breath
- Sneezing, nasal or ocular discharge
- Vomiting, diarrhea

Animal intake staff should ask the following:
- **Has the animal been exposed to a person with suspected or confirmed COVID-19?** Exposure includes close contact with a known or possibly infected family member or other person (being within 6 feet of the person, direct contact, sleeping in the same bed, sharing food, kissing, snuggling, or being exposed to sneezes or saliva).
- **Has the owner noticed any signs of illness in their pet, particularly coughing, breathing difficulty, sneezing, runny eyes or nose, fever, loss of appetite, lethargy, vomiting or diarrhea?**

Animals should be assigned to one of the following housing areas:
- **General housing:** Area for animals that do not appear sick and do not have a known history of exposure to people with COVID-19 (confirmed or suspected). General precautions are appropriate for this area.
- **Separated housing:** Area for animals with a known history of exposure to people with COVID-19 (confirmed or suspected) but that are showing no signs of illness. Intermediate precautions (defined in the graphic above) are appropriate in this zone.
  - Animals in separated housing should not be allowed in or around animals in the general housing area. Owners with exposure history should be managed according to local public health policy, the National Mass Care Strategy, and CDC Interim Guidance for General Population Disaster Shelters During the COVID-19 Pandemic.
  - In private accommodations, animals can remain with their owners with appropriate precautions.
- **Isolation:** Area(s) for animals that may have a disease potentially transmittable to people or other animals.

House animals from different households with increased space (6 feet or greater) between cages, crates, or kennels when possible. When out of the enclosure, keep dogs on a leash and maintain 6 feet in distance from other animals and people other than the owner/family members.

House cats in the largest cages available. Increased cage size has been shown to help reduce the incidence of respiratory virus outbreaks.

Co-located and animal-only companion animal shelters may have five or more areas for animal housing:
- General population area for dogs
- General population area for cats and other small pets
- Separation area for dogs (if needed)
- Separation area for cats and other small pets (if needed)
- Isolation area(s) as necessary

**Veterinary medical care**

- Information on general best practices for veterinary medical care, precautions, personal protective equipment (PPE), and disinfection can be found in the best practice document on the National Mass Care Strategy Site.
- Veterinary professionals provide a critical role in emergency companion animal sheltering in providing care for animals, as well as the crucial task of supporting infection control, biosafety measures, and zoonotic disease prevention at the facility. Veterinarians should work closely with state animal health and local/state public health officials in planning
operational practices of infection control and biosecurity. Community veterinary professionals should be integrated into the planning process for emergency animal sheltering as soon as possible.

- National personal protective equipment (PPE) prioritization may impact the choice of PPE used by veterinary personnel. Veterinary professionals supporting emergency animal sheltering should discuss protective measures recommended in this document with local public health officials and determine specific jurisdictional policies on PPE, PPE availability, and infection mitigating practices.
- During all disasters and especially during the COVID-19 pandemic, it is critical to maintain continuity of veterinary care through effective records and communication among veterinary staff supporting the emergency animal shelter(s).
- Use telemedicine, or virtual veterinary visits, as an adjunct to direct examination.
  - While veterinarians may not be able to be at the shelter continuously, having access for video calls through which information and visuals can be shared could effectively expand veterinary support. Telemedicine can also reduce the need for additional people to be onsite, potentially reducing the risk of SARS-CoV-2 transmission at the location.
  - Local planners should request input from their state veterinary medical association on the use of telemedicine in supporting disaster animal sheltering.
- Follow best practice documents including CDC guidance on zoonoses prevention in emergency animal sheltering. No specific changes in preventive care should be made for the COVID-19 pandemic.
- The following are suggested standards for daily observation and examination:
  - Ensure that there is a system for staff and volunteers to record abnormalities in all animals related to eating, drinking, urination, defecation, alertness, or other observations they make while caring for the animals each day.
  - A veterinary technician/assistant or experienced animal care and handling specialist should observe every animal every day and report any abnormalities to the attending veterinarian(s).
  - Abnormal findings should result in a veterinary examination or telemedicine consultation.
- Veterinarians may also be able to provide examinations, treatments, and isolation areas at offsite animal hospitals, reducing the number of people coming into shelters. Animal shelters may have isolation facilities[1] and may be able to provide veterinary support as well.

**Testing for SARS-CoV-2 in animals**

- CDC provides guidance on testing animals for SARS-CoV-2 and a USDA provides a U.S. case definition. [2] [3]
- Animals that test positive for SARS-CoV-2 should be reported to state public health (e.g., the state public health veterinarian) and state animal health officials (e.g., the state veterinarian).
- Animals that test positive for SARS-CoV-2 should be managed according to local and state, tribal or territorial guidance in conjunction with CDC’s Toolkit: One Health Approach to Address Companion Animals with SARS-CoV-2.

**Personal protective equipment and safe behaviors**

- Animal sheltering planners and veterinarians should consult with local or state public health officials on jurisdictional-specific PPE recommendations and consider the following for people in contact with:
  - **Animals in general housing:** People should use normal COVID-19 prevention precautions including wearing masks, performing hand hygiene, and following other infection prevention practices according to local public health and veterinary guidance.
  - **Animals in separate housing:** Staff, volunteers, and others from outside the household should consider wearing PPE according to CDC guidance for veterinarians. People who have lived in or visited homes with SARS-CoV-2-positive residents should limit their interactions with animals and other people according to CDC guidance.
  - **Animals in isolation:** Use PPE in accordance with general CDC guidance for emergency animal shelters and COVID-19-specific guidance for veterinarians.

**Cleaning and disinfection of premises**

- For animals with no signs of contagious illness, use cleaning and disinfection practices as described in CDC guidance for pet stores.
  - Cleaners and disinfectants should be stored out of reach of pets and children.
- For animals with signs of contagious illness, follow CDC guidance for veterinary clinics:
Use gloves when handling the pet's dishes, toys, or bedding and when cleaning up urine, feces, or vomit. Throw out gloves and place waste material or litterbox waste in a sealed bag before throwing it away in a trashcan lined with a trash bag. Always wash your hands with soap and water for 20 seconds immediately after cleaning up after pets.

For cleaning up body fluids (e.g., urine, feces, blood, saliva, vomit) from high-risk animals (defined in the flow chart above):

- Wear appropriate PPE.
- Contain the urine, feces, blood, saliva, or vomit with absorbent material (e.g., paper towels, sawdust, or cat litter) and pick up the absorbent material and bodily fluids and seal in a leak-proof plastic bag.
- **Clean and disinfect** the area with an [EPA-registered disinfectant](#) according to the disinfectant label instructions.
  - Visibly soiled surfaces should be cleaned before disinfecting.
- After disinfection, safely remove and dispose of PPE according to locally accepted procedures and wash hands.
- Keep other people and animals away from the area until disinfection is completed.

- If a high-risk animal becomes sick or dies while in the shelter, seek additional guidance (with consultation from the owner) from supporting veterinary personnel, local health departments and state animal health officials to determine cause of death and manage the remains.

### Shelter staff responder and volunteer monitoring

- For sick animals, including those that test positive for SARS-CoV-2, limit the number of people who have contact with the animal and maintain a log of all personnel who have had contact with the animal for occupational health monitoring.
- For staff/responders who test positive for SARS-CoV-2, consider maintaining a log of the animals that the staff/responder worked with and monitor these animals for clinical signs of illness. Inform the owner if someone who tested positive for SARS-CoV-2, the virus that causes COVID-19, was in contact with their animal.
- Animal sheltering team or veterinary healthcare team members, staff, or volunteers who have symptoms of fever or acute respiratory illness should stay at home and consult with their healthcare provider. Communicate expectations and procedures developed from the CDC [Interim Guidance for Businesses and Employers Responding to Coronavirus Disease 2019 (COVID-19)](https://www.cdc.gov/coronavirus/2019-ncov/worksafety/businesses-employers.html).

### References

1. For purposes of this document, “companion animals” generally refers to household pets and assistance animals, including service and support animals.

2. For purposes of this document, references to state partners apply equally to territories and Tribal Nations.

3. Reviewing organizations included the American Veterinary Medical Association, the Extension Disaster Education Network, National Alliance of State Animal and Agricultural Emergency Programs/State Animal Health Officials, and the National Animal Rescue and Sheltering Coalition along with several individual subject matter experts.

4. Zoonotic diseases are those that can be transmitted between animals and humans.

5. [https://www.hud.gov/program_offices/fair_housing_equal_opp/assistance_animals](https://www.hud.gov/program_offices/fair_housing_equal_opp/assistance_animals)

6. [https://www.ada.gov/service_animals_2010.htm](https://www.ada.gov/service_animals_2010.htm)


8. Acknowledging that some small children may not be able to wear or maintain masks

9. The terms *general housing, separation and isolation* are defined for purposes of this document only and do not necessarily apply to other regulatory or guidance documents.

10. [https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0190140](https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0190140)
11. If resources permit, some emergency shelters further separate cats from small pets such as rodents, rabbits, birds, etc. because the presence of cats may be stressful to some of these animals.