



# College of Veterinarians of British Columbia

## *Veterinary Medicine: Restriction of Elective Services and Social Distancing Responsibilities*

During the current COVID-19 pandemic, strong public measures are being enacted to reduce the spread of this disease. These have profound impacts on day-to-day activities and require a balance between providing veterinary care and being socially responsible from a COVID-19 standpoint. There are few clear answers and guidance may change.

To help BC veterinarians navigate these difficult times, the CVBC wishes to share Dr. Scott Weese's recommendations with registrants, in the hope that they will help to guide responsible decision-making and risk assessments.

The information below is meant to be a *guide*, and there may be differences in geographical location, individual practices and specific to the patient that will necessitate different approaches. Veterinary clinics must be aware of any unique restrictions in their area/municipality.

The goal of this discussion of restriction of practices is to ensure that veterinarians will be allowed to continue to provide needed veterinary care by demonstrating the profession's respect for public health responsibilities and willingness to adjust the scope and methods of services provided.

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*This document has been adapted by the CVBC, with permission of the Ontario Veterinary Medical Association. The Source Document is the OVMA's March 24, 2020 "Veterinary Medicine During A Time of Restriction of Elective Services and Social Distancing", written by Dr. Scott Weese, DVM, DVSc, DACVIM of the University of Guelph.*

## ELECTIVE VS ESSENTIAL PROCEDURES

As restrictions in elective procedures are put in place, either voluntarily or through government or regulatory body mandates, consideration of what constitutes *elective* is needed. There is no standard list of elective and essential procedures.

- ❖ *Essential* procedures include those that are required to alleviate animal pain and suffering, to prevent imminent threat of death of the animal, and matters pertaining to public health (e.g. vaccination against rabies).
- ❖ Other considerations may be involved, including supply availability, the ability of the clinic to practice strong social distancing, and factors related to specific cases.
- ❖ Animal welfare and owner welfare (human-animal bond aspects) must be important parts of any decisions, particularly as companion animals may be critical support mechanisms during challenging times.

Recommendations may change based on changes in our understanding of this disease, changes in messaging from governments and regulators, and as this pandemic evolves. Veterinarians and owners must understand this is a fluid situation and one where the goal cannot be maintaining ‘business as usual’ but rather providing the optimal outcomes for animals, owners and veterinary facilities, while contributing to social distancing efforts.

**Recommendations** – The table below is meant to provide general guidance but is not absolute.

Service	Advice
Wellness Visits	Postpone
Food Sales	Continue but maintain social distancing (see p.5), arrange delivery or use eCommerce
Medication Refills	Continue but maintain social distancing (see p.5), arrange drop-off or use eCommerce
Rabies Vaccination	Administer puppy/kitten rabies series and first booster. Postpone vaccination in animals that have received multiple rabies vaccines in the past.* Rabies vaccine booster shots after potential exposure must continue to be given within 7 days if the biting animal is not available for testing or observation.
Other Vaccinations	Administer boosters of vaccine series’ that have started if deemed medically important. Postpone other vaccinations unless deemed medically necessary.
Heartworm Prophylaxis	Visits to clinics for heartworm testing should be postponed. If pets have been on prophylaxis in previous years, dispensing without a heartworm test is reasonable. Maintain social distancing (see below), arrange delivery or use eCommerce. If there are concerns about owner compliance or if prophylaxis history is unclear (or absent), risks should be clearly communicated to the owner, but preventives can be dispensed without testing, with owner consent.
Flea/Tick Preventives	Dispense to established clients, maintaining social distancing or arranging for drop-off or delivery. Establish VCPR via telemedicine for new clients prior to dispensing

Life-Threatening Conditions	With low-risk cases, manage using social distancing. With high risk cases (see p.4), determine the required PPE and whether the case can be managed
Management of Painful Conditions	Manage by telemedicine when possible. If examination is needed and delay of care is likely to have a negative patient outcome, ensure there are no household risk factors. If not, admit for examination, maintaining social distancing.
Management of Chronic Conditions	Maintain by telemedicine when possible. Schedule appointment if examination is needed and a delay would lead to a reasonably likelihood of a negative patient outcome. Postpone routine hematologic monitoring when the impact on patient care would be limited.
Elective Surgical Procedures for Painful Disorders	If the patient can be temporarily maintained on analgesics with a low risk of negative consequences, delay the surgery. Otherwise, schedule surgery if household is low risk. If household is high risk, post-pone surgery until an isolation period has passed.
Elective Surgical Procedures for Other Reasons	Postpone
Routine Hematological Monitoring	This should be postponed unless it is felt that a delay would substantially increase the risk of complications
Routine Fecal/Urine Testing	Since these samples can be collected by the owner and dropped off without social interaction, testing can be performed. Packages should be handled by personnel wearing gloves and a lab coat, and handled as potentially infectious. Containers should be wiped with a disinfectant. If containers are retained (e.g. for subsequent testing) they should be placed in a new sealable bag.
Euthanasia	Humane euthanasias should proceed, limiting social interactions as much as is reasonable.
House Calls	Veterinarians that currently offer house calls (through housecall-accredited facilities) can continue to do so but should still approach appointments as per the individual procedures listed above, recognizing the greater risk to veterinary personnel entering a household and the need for owner risk assessment.
Chemotherapy	Continue ongoing treatment if social distancing can be maintained. Consider the clinical implications of delays when deciding whether to start new chemotherapy treatment regimens
Boarding, day care, grooming and other ancillary services	Discontinue

\* Animals need to be managed to avoid exposure if they're not up-to date on vaccination once they are overdue, as would be the case for animals with a certificate of exemption (e.g. can't be taken to an off-leash park or left outside unsupervised). Local animal health authorities may need to be consulted to discuss the ramifications of letting vaccination lapse.

## **OWNER RISK ASSESSMENT**

A risk assessment should be performed for any potential appointment or other owner/clinic contact. This is designed to identify potential risks before they enter the clinic and allow for time to determine what to do and what measures to use – for protection of clinic personnel and of the broader population.

This involves identification of factors that indicate a higher than average risk that the owner is infected (and correspondingly, the potential that the animal has been exposed or contaminated). The usefulness of this will be impacted by the epidemiology of COVID-19 in an area. As community transmission increases, screening is less effective, since more infections occur without identifiable risk factors. However, screening can still help identify at least a subset of higher risk situations and identify households with active disease.

If respiratory disease is reported by any household member ('household member' also includes other close contacts of the animal), they should be directed to complete the BC self-assessment tool: <https://bc.thrive.health/covid19>.

## SOCIAL DISTANCING

Social distancing aims to reduce the number of human-human contacts and to reduce the closeness of those contacts. Transmission of SARS-CoV-2 is mainly through aerosols, direct contact and potentially contact with contaminated surfaces. Avoiding direct and indirect (e.g. passing items) contact and maintaining 2 metre (6 feet) separation should greatly reduce the risks. Various measures can be implemented in veterinary clinics to facilitate social distancing. Specific application can vary based on the nature of the clinic but general approaches that should be considered are outlined below.

**Admission:** The animal should be transferred with little to no human contact, regardless of the status of the person bringing the animal. This can consist of arms-length, quick handing off of a leash or carrier outside of the clinic, dropping a carrier inside the main clinic door with no clinic personnel present or other clinic-specific approaches. The same protocols can be used for patient discharges.

**Telemedicine:** Telemedicine should be considered for consultations, even those that involve a new clinical complaint. While not all cases can be managed by telemedicine, telemedicine provides the ability to provide good veterinary care to a reasonable subset of the patient population. Telemedicine can be complemented with drug/food delivery and owner drop-off of some specimens (e.g. urine, feces).

**Cashless payment:** Credit card information can be obtained over the phone and this is the preferred approach. Cards can be tapped for smaller amounts, but this requires the owner to be in the vicinity of personnel. Owners should be asked to avoid touching the machine. eTransfer may be an option in some situations. These should be encouraged as much as possible, ensuring there is still an ability for the small subset of the population that cannot or does not use credit or debit for payment to obtain veterinary care.

**Verbal consent:** Signatures should be avoided because of the need to pass paper and pens. Written documentation of verbal consent in the medical record is an acceptable approach (with explanation that written consent was not obtained because of social distancing procedures). If there are concerns about a specific situation, documentation of verbal consent could be supplemented with recording of verbal consent (with client permission).

**Staff cohorting:** When possible, staff groups should be kept together to minimize the number of different human contacts and to minimize the implications of one staff member being infected.

**Arranging for delivery of food and medications:** To reduce personnel coming to the clinic, when possible, delivery or shipment of items to the owner should be performed. This can include commercial eCommerce platforms for direct shipment or delivery by clinic personnel. Care should be taken using local commercial services that involve meeting with drivers. If those are needed, careful social distancing must be used for interaction with drivers.

**Preventing walk-ins:** People should be kept out of clinics apart from pre-scheduled appointments or pick-ups, where risk has been assessed and where measures are in place to minimize contact. Signage can be useful but is often missed or ignored. Locking doors, with a contact number to call, is more effective.

## HIGH RISK HOUSEHOLDS

High risk households are those that have people with known or suspected COVID-19 infections. They would also include households where people are being self-isolated and where someone has developed signs of respiratory disease. Households with one or more individuals with respiratory disease that would be indicated to self-isolate as per the BC self-assessment checklist (<https://bc.thrive.health/covid19>) are also included.

If admission is needed, clinics should ensure they have the required equipment and training. If they cannot safely manage the patient, it should be diverted to a facility that can.

### Highest risk households consist of those with:

- People with confirmed or suspected COVID-19 infections
- People that are self-isolating and have developed respiratory tract disease

The animal should be transferred with no human contact, regardless of the status of the person bringing the animal. This can consist of arms-length, quick handing off of a leash or carrier, dropping a carrier inside the main clinic door with no clinic personnel present or other clinic-specific approaches.

History and consent should be obtained verbally by phone or computer.

Nothing beyond the animal and its leash and collar, or crate, should be taken. Leashes should be switched as soon as practical and safe. Owner leashes, if still on the animal at the time of clinic entry, should be bagged and set aside for future return. Cages should be sprayed with disinfectant. Any items in cages (e.g. paper, towels) should be discarded as biohazardous waste or bagged for future return.

Personnel handling the animal at admission should wear a gown and gloves, at a minimum. If there is potential that the patient will contact the person's lower legs (e.g. dog on a leash), it should be ensured that the gown (or alternative outerwear) covers all lower leg contact sites. Foot covers should be considered when bringing in a dog on a leash, because of the potential for the dog to nose or lick. Surgical masks can be considered for routine handling to reduce inadvertent hand-mouth/nose contact.

Personnel handling the animal should be kept to a minimum. Procedures should also be kept to the minimum required to probably manage emergent care. For non-emergent care where the patient must be admitted, handling should be minimized, particularly during the first 1-2 days, to reduce the risk of fomite transmission.

All personnel involved in patient handling or procedures should wear gown and gloves, at a minimum. People not involved in the procedure should be kept out of the room. Mask and eye protection or face shield should be worn if there will be close contact during restraint and procedures. For work that will potentially involve contact with aerosols (e.g. working around a dog's face, intubation), an N95 mask should be used in place of a surgical mask. If an N95 mask is not available, surgical mask and face shield is likely an acceptable alternative if care is taken to ensure that the user faces the patient at all times during aerosol generation (to avoid exposure through the sides).

If the patient's condition and temperament permit, decontamination of the haircoat can be attempted. This can be done through routine bathing (e.g. 2-4% chlorhexidine shampoo), wiping with disinfectant wipes, application of half strength accelerated hydrogen peroxide (Prevail™, Rescue™), or application of topical biocide rinses or mousses (e.g. chlorhexidine).

Particular care should be taken around ferrets, as they may be the most susceptible domestic animal species. PPE recommendations outlined above would still apply, with use of N95 masks if there is potential for any aerosol generation.

## **STAFF MONITORING**

Staff should be diligent in social distancing and monitoring their health. Any staff member that develops a fever or signs of respiratory disease should complete the BC self-assessment checklist (<https://bc.thrive.health/covid19>) and act as per the provided outcome recommendations.

## **STAFF BEHAVIOUR**

Social distancing requires broad and consistent efforts. Clinics should have open discussions with staff members about the need for them to use excellent social distancing practices outside of work. Staff pose a significant risk to clinical personnel because of difficulties social distancing while working within a clinic. Therefore, staff must be responsible outside of work hours to reduce the risk to coworkers and the clinic as a whole.