

## **Covid-19 and Companion Animal Veterinary Practice Update 29<sup>th</sup> June 2020**

It is recognised that companion animal practices have been extremely busy over the last period of time, with the new way of working resulting in it taking far more time and personnel to do work as it presents. Many practices have commented that they are just about able to cope with the workload and that in particular their telephone time has increased exponentially. The ability of practices to cope has been aided by the unusually dry weather since March – had this been a wet spring, or even a normal one, we would have found ourselves in a much more difficult situation.

Veterinary Ireland shall be issuing the **accompanying press release** commending the work of the profession and asking for the public to understand the extraordinary levels of workload and stress we are all under, that there will continue to be a waiting list for non-urgent procedures, that biosecurity protocols we have in place (which are there to protect the public and our staff) inevitably result in there being delays and most of all to be patient with us. This press release can of course be distributed to your own client base by the usual means (website, social media, newsletter, etc). We have collectively done a fantastic job and we should all be proud of this – and we should not be shy about telling the public what a good job we have done and are doing.

### **Biosecurity protocols and client/caseload management**

At the outset of the COVID-19 pandemic, companion animal practices, recognising the high degree of personal interaction in their waiting and consulting rooms, reverted to offering an emergency and urgent care service only and put in place strict biosecurity measures to minimise the risk of SARS-CoV-2 transmission at veterinary premises.

The 29<sup>th</sup> April 2020 advisory issued by Veterinary Ireland (see **VetALERT 21/20**) discussed the recommencement of non-urgent 'routine' preventative healthcare procedures (vaccination, neutering, dentals, etc.) during May. Most practices felt comfortable recommencing these procedures, in a staged manner, during May and are now booking in all cases as they present and working their way through overdue vaccinations, neutering etc, albeit with waiting lists for non-urgent procedures being longer than heretofore.

It was advised at that time to continue adhering to the initial biosecurity measures introduced in March, in particular the operation of the 'closed door' policy (i.e. taking animals in at the door, dispensing medications and pet foods to the client at the door/their car, etc.)

For as long as a practice is comfortable doing this, and for as long as the weather allows, then practices can of course, if they see fit, continue with this 'closed door' protocol, or a version of it.

The Government's **Return to Work Safely Protocol** is a mandatory document, which all businesses, including veterinary practices must follow. The Protocol also applies to those businesses, such as veterinary practices, that remained open during the COVID-19 lockdown, and both employers and workers have responsibilities under the Protocol. A copy of the Protocol can be downloaded from <https://www.gov.ie/en/publication/22829a-return-to-work-safely-protocol/>, and it is advised that all Veterinary Ireland members, employees and workers, read and understand it.

However there is no government advisory relating *specifically* to veterinary practices, nor will there be. As medical professionals with extensive knowledge and experience of disease transmission and control we are able and expected to make appropriate local decisions to mitigate risk in our own practices.

It has been, and remains, the case that each practice can and indeed must make an individual risk assessment, taking into account a wide range of factors relating to their staff levels, their location, their clientele and their practice design and size as well as the national and local COVID-19 situation, and set their own protocols accordingly. [Ireland's COVID-19 Data Hub](#) is a very useful resource to ascertain the local prevalence of COVID-19 cases. <https://covid19ireland-geohive.hub.arcgis.com/>. In addition, the Health & Safety Authority's **BeSmart** online safety statement and risk assessment tool has a specific section on Veterinary practices – go to <https://www.besmart.ie>.

As the incidence of SARS-CoV-2 in the community reduces and, having performed such a risk assessment of their own circumstances, if a practice concludes it is comfortable admitting clients for consultations then a practice may do so. However, it is advised that all measures are taken to reduce close interactions in the building (i.e. client-client contact in the waiting room, client-staff contact in the consultation room). The usual flow of clients (waiting room -> consultation room -> waiting room/desk to pay) is best amended to avoid public mixing in the waiting room. A new flow *could* be: Wait in car -> directly to consultation room -> animal back to car -> client back in to desk to collect medications and pay. This is just an example of what *may* work: Every practice has their own design and layout so it is up to each practice to decide what flow and protocol will work best for them. For example a practice with a large waiting room and multiple consultation rooms may be comfortable having persons in the waiting room waiting to be called into the consultation room. This is a decision each practice has to make for themselves.

Whilst it is not mandatory to wear a mask, it is advised that the veterinary profession adheres to - and is seen to adhere to - the CMO's advice regarding use of face masks to decrease risk of viral spread from an infected person. Therefore if members of the public are admitted to veterinary practice premises, then a) those persons should be required to wear faces masks and b) all staff that are in the public areas and/or who are interacting with the public should wear face masks. As per the CMO's advice it is not necessary to wear a disposable face mask – an appropriate reusable mask, washed daily, may suffice – see <https://www.gov.ie/en/publication/aac74c-guidance-on-safe-use-of-face-coverings/>.

An example of such a protocol could be:

1. All visits strictly by appointment and the client waits in their car until their turn.
2. Only one healthy adult may accompany the animal into the building.
3. The client must don a face mask before entry and must perform hand hygiene on entry to the practice.
4. The client is directed to the consultation room and asked to take a seat or to stand at the far end of the room from the staff (Note: a sitting person will be less inclined to unintentionally move forward).
5. Having taken a history, the animal is examined by the veterinary practitioner assisted a member of staff (not the client) restraining the animal. This can take place in the in the consultation room or in another part of the practice as may be appropriate.
6. Medications can be dispensed and payment can be taken in the consult room (or, to free up consult room capacity, the client can take the animal back to the car and then return to pay and collect medications at the desk).

This is an example rather than a set of strict guidelines and may be amended as per a practice's own individual risk assessment. Whatever protocol is decided on it should be communicated to your clients and an appropriate sign should be placed at the entrance to the building. **An example of such a sign accompanies this circular.**

## **Staff Management – Team Splitting – Staff PPE Protocols**

Some practices have been splitting their teams and/or have been requiring all staff to wear full PPE at all times. Other practices have not done these but rather treated the staff as a single epidemiological unit. Excepting a member of staff is diagnosed with COVID-19 (in which case the specific advice of the health authorities must be followed), there is no specific advisory on what approach a practice must take. It is up to each practice to make their own decision taking all factors into account, having performed their own risk assessment.

The team splitting was considered prudent so that if a member of one team was infected (and therefore the whole of that team had to self-isolate) then at least the other team could remain available to offer an emergency and urgent care 'skeleton' service. As the incidence of SARS-CoV-2 in the community has decreased, practices may now form the view that this risk mitigation is no longer required. Similar applies to the necessity to use full PPE at all times. There is no legal requirement to split teams nor for staff to wear full PPE - this is a decision that can be made by each practice as they see fit. As previously said it is of course highly recommended that masks should be worn by staff when the public are in the building or whilst in very close (less than 2 metre) proximity outdoors to the public.

In conclusion, it is important to understand that this is not meant as a set of 'rules' that a practice is obliged to follow. Merely this is an advisory so that each practice may make a new set of risk assessments and amend (or not) their protocols accordingly to reflect the current situation and the practice's ability to provide a viable service in the medium to long term.

Should the COVID-19 situation deteriorate – either nationally or in specific local areas - then practices will have to reassess their protocols accordingly, with it likely that local outbreaks may result in local decisions having to be made.