

## Emergency Operating Procedure: Intake of Non-Ambulatory Large Dog

**Disclaimer:** This Emergency Operating Procedure (EOP) was developed based on a compilation of best available information, knowledge, experience, and veterinary medical practices to provide guidance to Virginia Tech's Veterinary Teaching Hospital (VTH) staff in performing the activities defined herein. For non-VTH users, this document should be considered as a reference and used as suggested guidance. The VTH has made every attempt to present the information in a clear and concise manner for a variety of users. However, the VTH and Virginia Tech are not responsible for the misuse or misinterpretation of the information presented herein. Under no circumstances shall the VTH or Virginia Tech be liable for any actions taken or omissions made by non-VTH users of this document.

### I. Description & Purpose

This emergency operating procedure describes how to admit a large non-ambulatory dog into a veterinary clinic while minimizing contact with clients and protecting both clients and staff. These are recommendations based on current knowledge of the COVID-19 from the CDC as well as guidelines from the AVMA. These EOPs should be modified to meet your specific practice requirements in order to enhance compliance.

### II. Important Information

In executing or modifying these procedures, please observe these essential principles:

- a. All clients should be asked CDC screening questions on the day of the scheduled visit prior to the appointment. If the answer is “yes” to any of the questions, reschedule the appointment or require that a different individual bring the pet to the appointment.
- b. All appointments should be drop-off appointments with curbside admission and discharge.
- c. Maintain a distance of 6 feet between clients and personnel.



- d. The fewest number of people possible should participate in the appointment.
- e. All appointments should be conducted in areas of the hospital with good ventilation where personnel can observe social distancing. Avoid small exam rooms. Open doors and windows when possible.

### III. Required Personal Protective Equipment (PPE)

- a. Two muzzles of appropriate size for the patient
- b. Disposable hospital gown, white lab coat, or scrub top
- c. Nitrile gloves (S, M, L)
- d. Surgical mask
- e. Closed toed shoes

### IV. Procedures

- a. Inform the client via phone that you will come to their car with a gurney. Let the client know that they are to exit the car and stand 6 ft away while the dog is being lifted out of the car. The client is not to help you lift the dog unless asked.
- b. Instruct the client to bring their vehicle directly to the hospital entrance.
- c. Ask for the color, make, and model of the client's vehicle to minimize any possible confusion.
- d. Identify three individuals to admit the patient. Designate two people as "Primary" and the other person as "secondary".
- e. The "Primary" individuals will put on a surgical mask, gloves, and a disposable hospital gown.
  - i. If you do not have disposable hospital gowns, a single-use white coat or scrub top that is worn as a removable outer layer and can be washed, is also acceptable. Do not wear the same white coat or scrub top into the hospital or when receiving other patients (i.e., use it similarly to a disposable hospital gown).
- f. Once the primary individuals have donned their PPE, they will take the gurney and proceed to the client vehicle. The secondary person will open and close doors. Do NOT touch door handles while wearing gloves. This is poor public health practice – you may think your gloves are clean, but it is easy to lose track and expose others.

- g.** Once the primary individuals have exited the hospital, the secondary individual will NOT follow them to the client vehicle. The secondary individual will stand next to the door and wait for the primary individuals to return.
- h.** On approaching the client vehicle, the primary individuals should maintain a distance of 6 ft from the client and limit contact time to 30 seconds.
  - i.** If the client is upset, engaging in long conversation, or otherwise detaining the primary individuals for more than 30 seconds. The personnel should excuse themselves, state that they return again in 5 minutes, and return to the hospital. The secondary person will open the doors.
- i.** Determine if the pet needs a muzzle.
  - i.** Place the muzzle if needed
  - ii.** If the client must place the muzzle, primary personnel will hand the muzzle to the client and step 6 feet away while the client places the muzzle.
- j.** Pick-up the pet and secure it to the gurney. Return to the hospital. The secondary person will open the door.
- k.** On entering the hospital, the primary personnel will hand off animal to secondary personnel for care and triage.
- l.** The primary personnel will then remove their gloves, mask, and the disposable hospital gown (white coat or scrub top). Avoid bringing dirty PPE into your hospital treatment areas if possible. Please try to reuse unsoiled face masks when possible to conserve PPE.
- m.** Wash your hands with soap and water

## V. References

- a.** AVMA: Considerations for mobile and house call veterinarians during the COVID-19 pandemic: <https://www.avma.org/resources-tools/animal-health-and-welfare/covid-19/mobile-house-call-veterinarians-covid19-pandemic>
- b.** CDC: Households with Pets: <https://www.cdc.gov/coronavirus/2019-ncov/php/interim-guidance-managing-people-in-home-care-and-isolation-who-have-pets.html>