

Emergency Operating Procedure: Large Animal Receiving and Discharge College of Veterinary Medicine or Referral Facility

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 appropriately conduct scheduled and emergency appointments 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 are currently being implemented at the Virginia Maryland College of Veterinary Medicine. At this time the VMCVM is only receiving emergent and urgent specialty cases. Clients that have a referral practice in closer proximity to their home are being directed to those practices and are not being seen at the VMCVM in order to discourage unnecessary client travel. At this time, attended euthanasia is not being permitted in the VMCVM. 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 be present at the appointment.
- b. Maintain a distance of 6 feet between clients and personnel. A distance of 3 feet for brief exchange of an animal for under 30 seconds, while wearing appropriate PPE, is acceptable.
- c. The fewest number of people possible should participate in the appointment.
- d. 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.
- e. There will be no exchange of written paperwork. All consent for estimates and procedures will be verbal and documented in the medical record. All receipts will be emailed or mailed.
- f. When performing procedures that require personnel to be in close contact (less than 6 feet) for more than 15 minutes, surgical masks should be worn.

III. Responsibilities and Definitions

- a. **Public Health Personnel** are responsible for setting up PPE donning and doffing areas, messaging, signage, and training hospital personnel
- b. **Reception Personnel/Service Coordinators** are responsible for communicating messaging to clients via the phone, completing initial screening for emergent cases, and directing calls to the appropriate service.
- c. **Clinician on Duty (by Service)** is responsible for final approval of patients seeking care, completing the “Clinician Approval Form”, and for assigning personnel within their service to manage patient handoff. The Clinician Approval Form is available electronically in the patient medical record or a hard copy is available at Reception.
- d. **Primary and Secondary Personnel** are designated by service and patient to manage patient admission and discharge.

IV. Required Personal Protective Equipment (PPE)

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- a. Disposable hospital gown, white lab coat, or scrub top
- b. Nitrile gloves (S, M, L)
- c. Surgical mask
- d. Closed toed shoes

V. Procedures

Initial Risk Assessment

- a. For all appointments and emergencies, obtain the history over the phone prior to the client arriving. Explain all appointments will be drop-offs, interaction with clinical personnel during drop-off and pick-up will be limited to 3 feet of distance and 30 seconds of contact time. Face-to-face interactions will not be permitted.
- b. Within 12 hours of the scheduled appointment or before receiving an emergency, clinic personnel will ask the client the CDC screening questions.
- c. If the answer to any of the following questions is “YES”, the visit should be delayed 14 days, if possible. If not possible, the clinic should require that a different individual bring the animal to the appointment.
- d. Screening questions should include:
 - i. Does anyone in the household have a fever, cough, respiratory symptoms, or shortness of breath?
 - ii. Has anyone in the household been tested for COVID-19 or had contact with anyone who has been tested for COVID-19 or had respiratory symptoms in the past 14 days?
 - iii. Has anyone in the household traveled to a high-risk area within the past 14 days? (high risk areas will depend on your specific location, check the CDC website for details)
- e. If the client answers “YES” to any of the screening questions, and the appointment cannot be rescheduled and the client must bring the animal for the appointment, advise them that they cannot be present for any part of the exam or evaluation of the animal, and that face-to-face interaction with clinic personnel will not be permitted.
- f. If the client answers “NO” to all the screening questions, advise them that they may bring the animal to appointment, but that they cannot be present for any part of the

exam or evaluation of the animal, and that face-to-face interaction with clinic personnel will not be permitted.

Receiving

- a. Client call is transferred to the head of the service by reception or the case coordinator. The head of the service will decide if the patient is scheduled for an appointment.
- b. If an appointment is approved, the clinician or case coordinator will read the “CVM and Referral Facility: Phone Script”.
- c. When a client arrives for an approved visit, the front door to the clinic should be locked and signage should be present directing the client to return to their vehicle and to call the clinics.
- d. The client will call the hospital to advise that they have arrived.
- e. Reception will inform the client of where to park and to unload their animal from the trailer, if possible. Reception will instruct the client that they are not permitted to engage personnel in conversation or give medical histories, and will remind the client that the clinician will call the client once the animal is inside the facility and has been evaluated.
- f. Reception will alert clinician/technician that the client and patient have arrived and are waiting.
- g. The service will identify two individuals to admit the patient. One will be designated as “primary” and the other as “secondary”. It is preferable that this not always be the same two individuals so that no member of the team is continually put at higher risk.
 - i. The “primary” individual will put on a surgical mask, gloves, and a disposable hospital gown.
 1. If you do not have disposable hospital gowns, it is also acceptable to use a white coat, scrub top, or coveralls that is worn as a removable outer layer and can be washed. Do not wear the same white coat, scrub top, or coveralls into the hospital or when receiving other patients (i.e., use it similarly to a disposable hospital gown).
 2. Once the primary individual has donned their PPE, they will proceed to meet the client and patient. The secondary designated personnel

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will open doors for the primary designated personnel and provide assistance with fractious or medically instable patients.

- a. Option 1 (limited client contact): Reception advises clients that only one client may hand off the patient (unless unsafe to do so, e.g., mare and foal). Clients must stay in the vehicle until reception advises them to exit the vehicle and unload their animal. The client will then unload the animal from trailer. The client will wait by the trailer with their animal until the primary individual arrives to retrieve the animal. The primary individual will retrieve the animal, maintaining a distance of 3 feet and limiting contact time to less than 30 seconds. If the client attempts to engage in conversation or give a history, the primary individual will leave the animal with the client and return to the hospital, stating, “We are returning to the hospital, and will call you from the hospital in 5 minutes.”
 - b. Option 2 (no client contact): Reception advises clients to unlock the trailer and return to their vehicle. The primary individual will retrieve the animal from the trailer with clients remaining in their vehicle throughout this process.
 - c. Option 3 (client contact required): If the owner is unable to unload the animal and the primary individual is unable to retrieve the animal from the trailer without owner assistance, all individuals removing the animal from the trailer should wear a surgical mask, gloves, and a disposable hospital gown or coveralls. Contact should be limited to as short a duration as possible and to as few people as are needed to safely remove the animal from the trailer. Before carrying out this procedure, the Hospital Infection Control Officer should be notified and consent attained.
- h.** Once inside, the secondary designated personnel will take the animal to the designated triage area for their service.
- i.** The primary designated personnel will remove all PPE. If the disposable gown (or other dedicated outerwear) is not dirty or soiled, the disposable

gown will be rehung for reuse. Gloves will be discarded. Unsoiled surgical masks will remain with the individual for reuse. Each individual should write their name on their surgical mask and keep it with them.

- i.** Do not wear PPE into the interior of the hospital.
- j.** While the patient is being assessed, Reception will contact the client to begin generation of the electronic medical record.
- k.** Once the patient has been assessed, the clinician will call the client for further patient history or to discuss treatment options.
- l.** To minimize direct client interaction, all consent for estimates or procedures will be verbal and documented in the medical record.
- m.** If procedures are being conducted that require clinic personnel to be within 6 feet of each other for more than 15 minutes, all personnel should wear surgical masks and gloves.
- n.** All veterinary staff should wash their hands at the conclusion of the appointment.

Discharging

- a.** If more than 12 hours has passed since the initial patient admission, please repeat the steps in Section V- “Initial Risk Assessment”.
- b.** If the client answers “YES” to any of the screening questions, the client should not be present for discharge and should send a different person in their place (we do not want to encourage sick clients to be out in the community).
- c.** All discharge instructions should be given over the phone prior to client arrival.
- d.** All payment should be taken over the phone prior to client arrival.
- e.** Upon arrival the client should remain in their vehicle and call the clinic to alert reception to their presence.
- f.** Reception will direct the client on where to park.
- g.** Reception will inform clinical personnel that the client is ready for discharge.
- h.** The service will identify two individuals to admit the patient. One will be designated as “primary” and the other as “secondary”. It is preferable that this not always be the same two individuals so that no member of the team is continually put at higher risk.

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- i. The “primary” individual will put on a surgical mask, gloves, and a disposable hospital gown.
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 2. Once the primary individual has donned their PPE, they will proceed to meet the client with the patient. The secondary designated personnel will open doors for the primary designated personnel and provide assistance with fractious or medically instable patients.
 - a. Option 1 (limited client contact): Reception advises clients that only one client may hand off the patient (unless unsafe to do so, e.g., mare and foal). Clients must stay in the vehicle until reception advises them to exit the vehicle to load their animal. The primary individual will hand the animal to the client, maintaining a distance of 3 feet and limiting contact time to less than 30 seconds. The client will then load the animal onto the trailer. If the client attempts to engage in conversation or give a history, the primary individual will leave the animal with the client and return to the hospital, stating, “We are returning to the hospital, and will call you from the hospital in 5 minutes.”
 - b. Option 2 (no client contact): Reception advises clients to unlock the trailer and return to their vehicle. The primary individual will load the animal onto the trailer with clients remaining in their vehicle throughout this process.
 - c. Option 3 (client contact required): If the owner is unable to load the animal and the primary individual is unable to load the animal onto the trailer without owner assistance, all individuals loading the animal onto the trailer should wear a surgical mask, gloves, and a disposable hospital gown or coveralls. Contact should be limited to as short a duration as possible and to as few people as are needed to safely remove

the animal and load the animal onto the trailer. Before carrying out this procedure, the Hospital Infection Control Officer should be notified and consent attained.

- i. The primary individual will return to the hospital and doff PPE as described above (V-"Receiving-h-i).

VI. 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>