



VIRGINIA-MARYLAND COLLEGE
OF VETERINARY MEDICINE

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Emergency Operating Procedure: Small Animal Clinic

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

IV. Procedures

Seeing Appointments and Emergencies

- 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. All dogs MUST be on leashes and all cats and exotics MUST be in carriers or cages. If they are not, the clinic reserves the right not to see the pet.
- c. Within 12 hours of the scheduled appointment or before receiving an emergency, clinic personnel will ask the client the CDC screening questions.
- d. 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 pet to the appointment.
- e. 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)
- f. If the client answers “YES” to any of the screening questions, and the appointment cannot be rescheduled and the client must bring the pet 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.
- g. If the client answers “NO” to all the screening questions, advise them that they may bring the per 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.

Drop-off Procedures

- a. 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 clinic.
- b. Client will call the clinic to advise they have arrived.
- c. Reception will inform the client to exit their vehicle with their pet and wait in front of the clinic door. Hospital personnel should not enter into vehicles to retrieve animals. Reception will instruct client that they are not permitted to engage personnel in conversation or give medical histories. The clinician will call the client once the animal is inside the facility and has been evaluated.
- d. Reception will alert clinician/technician that the client is waiting
 - i. 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). Clinic personnel will wear a surgical mask and gloves to retrieve the pet. Clinic personnel 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, clinic personnel will leave the animal with the client and return to the clinic, stating, “We are returning to the clinic, and will call you from the clinic in 5 minutes.”
 - ii. Option 2 (no client contact): If an animal is securely in a carrier or cage, reception unlocks the front door and advises the clients to bring the animal

to the entrance. The client opens the door and places the carrier on the ground inside the hospital. The client returns to their car. Reception informs clinic personnel. The carrier or cage is retrieved using gloved hands.

Remove the pet from the carrier or cage. If the carrier or cage is hard-sided and non-porous, it should be disinfected. Be sure to observe proper disinfection procedures and contact times (this will be on the label of your disinfectant). For further guidance, see the EOP on our website entitled: Disinfection and Contact Time.

- iii. Non-ambulatory large dogs: Please see the EOP on our website entitled:
Intake of Non-Ambulatory Large Dogs.
 - e. During the appointment, gloves should be worn.
 - f. 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, e.g., placement of an IV catheter. If a pet can be safely sedated to limit contact time between personnel, this should be prioritized, e.g., sedation for radiographs instead of physical restraint.
 - g. All veterinary staff should wash their hands at the conclusion of the appointment.

Pick-up Procedures

- a. If the patient is admitted to the hospital and is being discharged more than 12 hours later, the client should again be asked the CDC questions listed above (IV-e).
 - 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.
 - i. Option 1 (limited client contact): Reception advises clients that only one client may hand off the patient (unless unsafe to do so, e.g., multiple pets).

Clients must stay in the vehicle until directed by reception to wait at the clinic entrance. Clinic personnel will wear a surgical mask and gloves, and bring the pet to the client. Clinic personnel will keep a distance of 3 feet and limit client contact time to less than 30 seconds. If the client attempts to engage in conversation or ask questions, clinic personnel will leave the animal with the client and return to the clinic, stating, "We are returning to the clinic, and will call you from the clinic in 5 minutes."

- ii. Option 2 (no client contact): If an animal is securely in a carrier or cage, reception unlocks the front door and advises the clients to wait at the front door. Clinic personnel place the carrier on the ground inside the hospital. The client opens the door and retrieves the pet after the clinic personnel have walked at least 6 feet away.

V. Euthanasia

- a. Attended euthanasia poses a health risk to both the client and veterinary staff due to the use of confined space and the need to be physically close. In addition, due to the nature of euthanasia, there is a higher risk associated with clients who are crying and blowing their nose.
- b. If attended euthanasia is permitted, perform euthanasia outside with as few people present as possible and only with those who answered "NO" to all CDC screening questions.
- c. Require all individuals present to wear a surgical mask. Please be mindful of the PPE shortage, and limit the number of people present at the euthanasia.
- d. Either use a very long extension set to maintain as much distance as possible between veterinary staff and the client; or ask the client to remain at least 6 feet from the animal and clinician during the procedure.
- e. If a client answered "YES" to the CDC screening questions, attended euthanasia should be discouraged.

VI. Payments and Receipts

- a. Payment can be made over the phone via credit card or billed, as per veterinary practice preference
- b. If possible, all receipts should be emailed. If the client does not have access to email, receipts should be sent via mail.

VII. 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>