

Emergency Operating Procedure: Small 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 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. A distance of 3 feet for brief exchange of a pet for under 30 seconds, while wearing appropriate PPE, is acceptable.
- 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.
- f. 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.
- g. 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. **Atrium:** The entrance to the Small Animal Hospital at the VMCVM has a set of glass doors leading from the parking lot into a vestibule (or atrium) and another set of glass doors leading from the vestibule (atrium) into the lobby. This atrium area provides a separation between clients and reception personnel. The interior glass doors are locked at all times and can be unlocked remotely by reception personnel.
- b. **Public Health Personnel** are responsible for setting up PPE donning and doffing areas, messaging, signage, and training hospital personnel
- c. **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.

- d. **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.
- e. **Primary and Secondary Personnel** are designated by service and patient to manage patient admission and discharge.

IV. 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

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. 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 pet 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 scheduled appointment, the door to the lobby will be locked. A sign will direct clients to call from their vehicle.
- d. If unscheduled walk-in arrives:
 - i. Client arrives at the hospital and reads signage to return to their car and call the front desk.
 - ii. Front desk speaks to the client and will ask the CDC screening questions to determine the needed level of PPE.
 - iii. Front desk alerts appropriate service to the walk-in client and advises the clients that only one client may hand off the patient.
 - iv. Clients must stay in the vehicle until service/reception advises them to bring patients into the atrium.

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- e. Clients will call reception to advise they have arrived.
- f. Reception alerts appropriate service and advises clients that only one client may hand off the patient.
- g. Clients must stay in the vehicle until service/reception advises them to bring patients into the hospital. Only one client is permitted to bring the patient to the atrium area and will wait there with the patient for handoff.
- 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.
- i. The “primary” individual will put on a surgical mask, gloves, and a disposable hospital gown.
 - i. If you do not have disposable hospital gowns, it is also acceptable to use a white coat or scrub top that is worn as a removable outer layer and can be washed. 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).
- j. Once the primary individual has donned their PPE, they will proceed to the atrium at the hospital entrance.
 - i. The client will wait for the primary personnel inside the atrium.
 - ii. Only the primary designated personnel will enter the atrium for direct interaction with the client and patient.
 - iii. The secondary person will open the door to the atrium and the primary will enter the atrium to retrieve the patient. Primary will 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.
 - iv. The primary personnel will hand the client paperwork packet (billing consent, estimate consent, sedation and anesthesia consent for their review and records) to the client and take the patient.
 - 1. A minimum of 3 feet will be maintained between the primary designated personnel and client, except for leash or carrier handoff.

2. If a client tries to extend handoff by more than 30 seconds, and is engaging the primary personnel in conversation or giving a medical history, the primary personnel will excuse themselves, state that they will return in 5 minutes.
 - v. The secondary designated personnel will open doors for the primary designated personnel and provide assistance with fractious or medically unstable patients.
 - vi. Once inside, the secondary designated personnel will take the animal to the designated triage area for their service.
 - vii. The primary designated personnel will remove all PPE. If the disposable gown 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.
 - viii. Do not wear PPE into the interior of the hospital.
- k. While the patient is being assessed, Reception will contact the client to begin generation of the electronic medical record.
- l. Once the patient has been assessed, the clinician will call the client for further patient history or to discuss treatment options.
- m. To minimize direct client interaction, all consent for estimates or procedures will be verbal and documented in the medical record.

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. Service will contact the client to advise of discharge time and will instruct the client to call reception from their car when they arrive.
- c. When reception receives a call from a client to advise they are in the parking lot, reception will notify the service.
- d. All discharge instructions will be delivered over the phone prior to client arrival.
- e. All payment will be accepted over the phone prior to client arrival. Receipts will be mailed or emailed.

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- f. The service will again identify two individuals to admit the patient. One will be designated as “primary” and the other as “secondary”.
- g. The “primary” individual will put on a surgical mask, gloves, and a disposable hospital gown.
 - i. If you do not have disposable hospital gowns, it is also acceptable to use a white coat or scrub top that is worn as a removable outer layer and can be washed. 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).
- h. Once the primary individual has donned their PPE, they will proceed to the atrium at the hospital entrance with the patient that is being discharged.
 - i. The client will wait for the primary personnel inside the atrium.
 - ii. Only the primary designated personnel will enter the atrium for direct interaction with the client and patient.
 - iii. The secondary person will open the door to the atrium and the primary will enter the atrium to give the patient to the client. The primary will 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.
 1. A minimum of 3 feet will be maintained between the primary designated personnel and client, except for leash or carrier handoff.
 2. If a client tries to extend handoff by more than 30 seconds, and is engaging the primary personnel in conversation or giving a medical history, the primary personnel will excuse themselves, state that they will return in 5 minutes.
- i. The primary individual will return to the hospital and remove all PPE as described above (V-"Receiving-vii).

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>

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- 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>