



## COVID-19: A Guide to Reopening Veterinary Medicine in Ontario

***Disclaimer:*** Under the current Provincial state of emergency, veterinary practices are to provide urgent care only. As the Province eases public health measures, this limitation on the provision of veterinary services will eventually be lifted. In anticipation of that event, this guide is being distributed to assist veterinary practices to implement appropriate measures to ensure the health and safety of both veterinary clients and practice staff, as they expand the range of services they offer.

Going forward, veterinarians are strongly encouraged to continue to use their professional judgement to determine whether services or procedures are appropriate for specific patients based on their individual circumstances, and balance the need for treatment with the associated risk to the health of the client and the practice team.

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## Overview

The COVID-19 pandemic has impacted the delivery of veterinary medicine, like virtually all sectors. While societal containment measures are being decreased, the risk posed by COVID-19 will continue for months or years to come, and control measures of varying forms will be required during this time. Veterinarians will need to continue to implement measures to minimize the risk of spread of SARS-CoV-2, the cause of COVID-19, associated with veterinary practice.

As COVID-19 is predominantly, if not exclusively, maintained through human-to-human transmission, the overall goal of social distancing is to reduce human-to-human contact, both by reducing the incidence of contacts and reducing the closeness and duration of any required contacts. It is recognized that complete social distancing is not possible in veterinary medicine; therefore, measures must be in place to reduce the risk of exposure when distancing is not possible.

The role of animals in transmission of SARS-CoV-2 is unclear. Zoonotic transmission, if it occurs, is presumably very rare. However, veterinarians are at the forefront of risk groups, particularly as they may have contact with animals owned by people with active COVID-19. While the risk is low, it is impossible to say that it is zero. Therefore, measures to minimize zoonotic transmission risks are indicated.

There is no standard approach to COVID-19 control in veterinary practice that would apply to all situations and practice types. Rather, there is a set of expectations and areas of consideration that veterinarians and veterinary clinics must evaluate and apply, as applicable. Below is a set of resources, tips and best practices to help employers and employees prevent the spread of COVID-19 and work together to reopen the province.

In addition to reviewing and implementing recommendations set out in this guide, employers and workers in Ontario have certain duties and rights under *the Occupational Health and Safety Act (OHSA)* and its regulations. Employers should also review and follow any applicable directives and guidance coming from the Chief Medical Officer of Health and Ministry of Health.

## General Concepts

While specific measures will vary between clinics, the main concepts that must be considered are listed below. These should be addressed in every clinic's COVID-19 response plan.

- Physical distancing
- Alternative service delivery (e.g. telemedicine)
- Self-monitoring
- Personal protective equipment
- Cleaning and disinfection
- Response to an infected employee
- General infection prevention and control

## Physical Distancing

Social/physical distancing is critical and is likely the most important and effective approach to COVID-19 control. The overall goal of social distancing is to reduce human-to-human contact, both by reducing the incidence of contacts and reducing the closeness and duration of any required contacts. This includes contacts with clients, farm personnel, delivery personnel, clinic personnel and anyone else that might be encountered. Specific application can vary in different veterinary situations, but the same principle remains; use of basic measures to maintain separation of 2 metres from others. With that, and droplet reducing measures such as cough etiquette, transmission risks can presumably be markedly reduced.

### In Veterinary Clinics

Distancing from animal owners is critical, as owners pose the greatest risk of SARS-CoV-2 exposure. Measures to reduce or prevent owners from entering clinics will be a key control measure. Approaches include:

- Curbside transfer of pets, with little or no contact with owners, and with the use of PPE.
- Contactless patient drop-off and return through leaving carriers or attaching leashes to secure hooks in unoccupied entrances.
- Maximizing the use of telemedicine, as discussed below.
- Limiting situations where clients enter the facility to a minimum (e.g. euthanasias). When clients must enter the building, a pre-planned approach should be used to determine where the client will be and what PPE will be worn by all individuals. Consideration should be given to asking the clients to bring a mask, or to give them a mask to use when in the clinic.
- Euthanasia appointments should be structured so that time in close proximity to the client is minimized. For example, contactless or quick transfer of the patient, distanced escort of the owner to a room, insertion of a catheter in a separate room, keeping personnel distant from the owner until the time of injection, having the owner stand distant or, if they will hold the animal, have personnel wear PPE to protect themselves (mask and eye protection).
- Documentation of verbal consent rather than requiring signatures.
- Using contactless electronic payment whenever possible.
- Considering methods for personnel to perform some duties remotely, to limit the number of people in the clinic. This could include conducting telemedicine appointments, telephone follow-up, medical records time or management activities.

Clinics should make plans for operations for the time when clients will be routinely allowed in the clinic. This includes aspects such as:

- Reviewing waiting room use and layout, including moving seating areas to facilitate 2 metre distancing between clients, and between clients and staff.
- Developing, implementing and enforcing maximum waiting room occupancy numbers.
- Considering installing clear partitions in reception areas to protect front office staff.
- Adding floor signage to maintain distancing while waiting at reception areas.

- Reviewing client flow to minimize situations where paths will cross with personnel or other clients.

Distancing of clinic personnel within the clinic must be maintained. This can include:

- Emphasizing the importance of 2 metre distancing whenever feasible.
- Advance planning and provisioning for procedures that will require close contact (e.g. blood collection, catheter placement) to minimize the contact time.
- Efficient performing of procedures that require people to be in close contact.
- Reviewing scheduling practices to avoid waiting area congestion.
- Reviewing clinic layout and operations to facilitate separation (e.g. seating arrangement in reception areas, offices, meeting/break rooms, separation of procedure or treatment areas in common treatment rooms).
- Maintaining some use of curbside drop-off and pickup (animals and supplies) to facilitate limiting the number of people in the clinic.

An additional consideration is distancing from other people that may visit the clinic, such as couriers. A clinic-based approach to receipt of goods should be in place to minimize contact and protect staff. This can include having contactless deliveries made by depositing goods inside a door with no one around or dropping items off outside the clinic. Signatures should be avoided as much as possible, and masks worn for any required contact. Good hand hygiene practices should be used after contact with items handled by external individuals.

### On Farms

The approach to farms involves the same concepts as those in clinics. The goal is to minimize the number and closeness of contacts. Visits should be coordinated such that close contact (<2 metres) with owners or farm personnel is avoided as much as possible. Contact may be unavoidable in some situations (e.g. restraint of an animal when a technician or assistant is not available or adequate). In those situations, the following can be considered:

- Using the lowest risk person on the facility based on their health and exposure status.
- Minimizing duration of close proximity through proper planning and organization, and efficient performing of a procedure.
- Asking the person to wear a mask. If they do not have one and clinic supplies are adequate, they could be provided with a mask.
- Use of PPE by veterinary personnel (e.g. mask and eye protection).

### Mobile Companion Animal Practices

The general approach in mobile practices is similar to those for companion animal clinics and farm visits, with the understanding that mobile practices may pose a higher risk because they entail entering a client's house. They also often require closer contact with animal owners for restraint. Therefore, identifying and avoiding higher risk situations (see below) is particularly important. Other considerations would include:

- Examining the animal outside of the household (e.g. in vehicle, garage, fenced yard, enclosed porch) where safe for the veterinarian and where escape of the animal can be prevented.
- Using the lowest risk person in the household for restraint, based on querying health and exposure status.
- Minimizing duration of close proximity through proper planning and organization, and efficient performing of a procedure.
- Asking the animal owner(s) to wear a mask. If they do not have one and clinic supplies are adequate, they could be provided with a mask.
- Use of PPE by veterinary personnel (e.g. mask and eye protection).

In some situations, it may be prudent to reschedule or divert the appointment to a physical veterinary clinic where safe handling of the animal without owner involvement can be performed.

### Cohorting

As discussed below, the response to identification of an infected person may include requiring in-contact individuals to self-isolate for 14 days. When feasible, measures should be taken to reduce the number of different contacts within veterinary practices. This is not always possible but can be performed in some clinics. Examples of this would include operating separate shifts with specific personnel, designating specific work groups (e.g. constant pairing of veterinarian and technician) or other approaches to try to reduce exposure of all personnel in a clinic should one person be infected.

### Recovered Personnel

There has been much discussion about the protective role of serum antibodies against subsequent COVID-19 infection. At this point, it appears that repeated COVID-19 infections are rare, and that antibody status may reflect immunity. However, there is much uncertainty at this point and people that have recovered from COVID-19 should follow distancing and PPE recommendations.

## Alternate Service Delivery

Methods to reduce the need to contact clients and animals will need to be emphasized for the foreseeable future. As restrictions on in-clinic activities decrease, it will still be important to implement measures to reduce the need for in-clinic contact while maintaining full veterinary services.

### Telemedicine

Having an animal visit the clinic or a veterinarian visit the farm or household will be necessary in many situations. However, telemedicine should be approached as the default method to deal with a patient or farm question. A triage approach should be used, whereby telemedicine options are considered first, and in-person visits are used when telemedicine is not appropriate. Veterinarians should remain apprised of College of Veterinarians of Ontario (CVO) guidance on telemedicine.

### Food/Medication Delivery

Measures to reduce the need for animal owners to come to veterinary practices are important, irrespective of measures that are used to minimize contacts during those visits. Methods to ship or deliver food, medications and other supplies should be used, when possible. This is particularly important for clients at increased risk of being infectious and clients at increased risk of complications or severe disease, should they be exposed.

### Food/Medication Pickup

As per physical distancing recommendations, when clients must visit a clinic to pick up food, medication or other supplies, approaches to prevent or limit contact should be used. Curbside pickup with pre-order and pre-payment has been widely adopted by many businesses and can be easily performed in veterinary medicine. Contact-free procedures (e.g. placing the items in the client's trunk while they remain in the vehicle, placing items on a table for clients to pick up) are feasible in most situations.

## Identification of High-Risk Owners and Facilities

Querying the health status of owners prior to them attending a veterinary practice or prior to veterinary personnel visiting a farm, household or facility should remain a standard practice. While this does not assure that encountered individuals are not infected, because of asymptomatic infections and the potential for shedding of SARS-CoV-2 prior to the onset of disease, it will identify a subset of higher risk situations. This will enable decisions regarding whether the appointment should be rescheduled or whether additional protective measures and approaches should be used.

## Self-Monitoring

Self-monitoring by all veterinary personnel is a critical tool to reduce intra-clinic and veterinary-client spread of SARS-CoV-2. Personnel must be cognizant of their health and err on the side of caution if they may be ill. The signs and symptoms of COVID-19 (e.g. fever, cough, chills, sore throat, vomiting, diarrhea) are similar to other illnesses, including the cold and flu, which complicates matters. However, personnel with symptoms related to cold, flu or COVID-19 be sent home and/or not be allowed to visit farms, households or facilities. People with signs or symptoms potentially compatible with COVID-19 should use Ontario's [online self-assessment](#) or call Telehealth ([1-866-797-0000](tel:1-866-797-0000)) or their primary healthcare provider.

## Personal Protective Equipment

Proper use of PPE is an important aspect of COVID-19 control and will remain so for some time. Personal protective equipment is used for two main purposes - to protect the user, and to protect others from the user.

The goal for PPE use (protection of, or protection from, the user) is critical to consider when deciding what PPE to require and when to require it. While the field efficacy of routine cloth masks for prevention of COVID-19 transmission is unclear, routine mask use is increasingly common and is a reasonable consideration in veterinary situations. These are used to reduce the spread of droplets and aerosols from the wearer. Therefore, they are a population protective measure, and for effective use within a population (e.g. veterinary clinic, on farm), they must be worn by all personnel. Cloth masks are not as predictable effective as surgical masks but are a balance between safeguarding and protection of limited supplies of surgical masks.

Routine use of masks in clinics, in vehicles and on farms, is reasonable, when maintaining a 2 metre distance from others is not possible. Masks will reduce the risk that an unknown infected person will infect others. If there are particular concerns about an individual's susceptibility (e.g. someone at high risk for serious disease), other measures to protect that person could be implemented, such as having them wear a face shield or eye protection, along with their mask, when around others. N95 masks or equivalent respirators are also designed to protect the user.

However, they are uncommonly indicated in veterinary practice. The limited supply, importance for human healthcare and need to conserve them for high risk veterinary situations (see below) mean that routine use of N95 masks should be avoided.

There are no standard approaches to routine PPE use, and clinics should develop their own specific practices. Suggested approaches are outlined below in the chart.

Situation	Gloves	Mask	Outerwear	Eye protection
<b>Situation where 2 metre distance from someone cannot be maintained</b>		Cloth	Routine (e.g. lab coat, coveralls)	
<b>Contact with a healthy animal that has no known SARS-CoV-2 exposure</b>			Routine	
<b>Contact with a healthy animal of a species that can be infected by SARS-CoV-2 (e.g. cat, dog, ferret) that has had known or suspected contact with a person with COVID-19 in the <u>past 14 days</u></b>	Yes	Surgical	Dedicated, impermeable	Yes
<b>Contact with a healthy animal of a species not known to be susceptible to infection but that has had known or suspected contact with a person with COVID-19 in the <u>past 3 days</u></b>	Yes	Surgical	Dedicated, impermeable	+/-
<b>Contact with an animal of a species that can be infected by SARS-CoV-2 (e.g. cat, dog, ferret)* that has had known or suspected contact with a person with COVID-19 in the past 14 days and which has signs potentially compatible with COVID-19 (acute respiratory or gastrointestinal disease)</b>	Yes	Surgical or N95	Single use, impermeable	Yes
<b>Aerosol generating procedure (e.g. intubation, dental examination, close contact with the face of a panting dog) involving an animal of a species that can be infected by SARS-CoV-2 (e.g. cat, dog, ferret)* that has had known or suspected contact with a person with COVID-19 in the past 14 days and which has signs potentially compatible with COVID-19</b>	Yes	N95 whenever possible	Single use, impermeable	Yes

*\* **Note:** The species range that is susceptible to COVID-19 is still poorly understood. The risks are thought to be highest with cats and ferrets. The risk related to dogs is unclear and likely much lower than cats and ferrets. The list of higher risk species may change over time and veterinarians should follow ongoing developments.*



## Cleaning and Disinfection

Routine cleaning and disinfection practices are adequate for inactivation of SARS-CoV-2. Any routine disinfection will be effective, but those with shorter contact times and less inhibition by organic debris are preferred. The main issue pertaining to disinfection is ensuring that it is done properly.

In addition to routine clinic cleaning and disinfection, increased attention should be focused on common human hand contact surfaces, particularly those touched by many different people (e.g. areas that clinic personnel, owners and visitors such as couriers may all touch).

There is no standard approach for the frequency of disinfection, but a general concept is that more commonly touched sites should be disinfected more frequently. Disinfection of high-touch areas multiple times per day is reasonable.

Disinfection duties should be specifically assigned to facilitate compliance. Measures to record disinfection (e.g. wall sign-off sheet) of highest risk areas should be considered, as are commonplace in areas like public restrooms. They also provide an indication to clients of the measures that are being taken to protect them.

## Response to Infected Personnel

Identification of an infected person in a workplace will typically result in an investigation by the local public health unit. There may be a requirement to:

- inform co-workers who were exposed and send those workers home for two weeks;
- ask those workers to self-isolate and self-monitor and report any COVID-like illness;
- shut down the facility while the affected workplace and equipment are disinfected; and/or
- implement other measures based on the advice of public health officials

Veterinary clinics can facilitate this investigation by proactively compiling potentially required data (e.g. contact between people on the job) when they are notified about a confirmed or suspected COVID-19 case in a staff member.

## General Infection Prevention and Control

General practices are the cornerstone of routine infection prevention and control activities. These include some aspects discussed above (e.g. cleaning and disinfection), as well as myriad other activities that are designed to reduce exposure risks of patients, personnel and owners. Review of standard recommendations and clinic-specific practices is warranted.

A comprehensive resource for small animal clinics is the *OAHN Best Practices for Infection Control in Small Animal Veterinary Clinics* (<https://oahn.ca/resources/oahn-companion-animal-research-project-infection-prevention-and-control-best-practices-for-small-animal-veterinary-clinics/>).

Information for farms is available through the Canadian Food Inspection Agency's National Biosecurity Standards documents for different species groups (<https://www.inspection.gc.ca/animal-health/terrestrial-animals/biosecurity/standards-and-principles/eng/1344707905203/1344707981478>). ■