**Emergency Operating Procedure: Large Animal Clinic**

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1. **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.

1. **Important Information**

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

1. 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.
2. Maintain a distance of 6 feet between clients and personnel.
3. The fewest number of people possible should attend the appointment.
4. All appointments should be conducted outside or in areas of the clinic with good ventilation where personnel can observe social distancing. Open doors and windows when possible.
5. **Required Personal Protective Equipment (PPE)**
	1. Disposable hospital gown, white lab coat, or scrub top
	2. Nitrile gloves (S, M, L)
	3. Surgical mask
	4. Closed toed shoes
6. **Procedures**

**Admission**

* 1. For all appointments and emergency calls, obtain the history over the phone prior to arriving or prior to exiting the vehicle. Avoid all face-to-face interactions.
	2. Within 12 hours of the scheduled appointment or before going out on an emergency visit, clinic personnel will ask CDC screening questions.
	3. 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 attend the appointment
	4. Screening questions should include:
		1. Does anyone in the household have a fever, cough, respiratory symptoms, or shortness of breath?
		2. 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?
		3. 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)
	5. If the client answers “YES” to any of the screening questions, and the appointment cannot be rescheduled and the client must be present 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.
	6. If the client answers “NO” to all the screening questions, advise them that they may be present for the 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.
	7. 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.
	8. Client will call the clinic to advise they have arrived.
	9. Reception will inform the client of where to park and to unload their animal from the trailer. 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.
	10. Reception will alert clinician/technician.
		1. 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 service/front desk advises them to bring patients to the outside of the main receiving bay. Client will need to unload animal from trailer. The client will wait until hospital personnel retrieve the animal. 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.”
		2. Option 2 (no client contact): Reception advises clients to unlock trailer and return to their vehicle. Clinic personnel will retrieve the animal from the trailer with clients remaining in their vehicle throughout this process.
		3. Option 3 (client contact required): If owner is unable to unload animal and clinical personnel are unable to retrieve 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.
	11. During the appointment, if the client is not present, gloves should be worn.
	12. 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.
	13. If procedures are being conducted that require the client to be present and to be within 6 feet of clinic personnel for more than 15 minutes, all personnel and the client should wear surgical masks and gloves. Procedures that require client presence should be delayed if possible.
	14. If a whitecoat is worn in place of a disposable hospital gown, it should be washed before being worn for another appointment. Alternately, scrub tops may be worn and changed between appointments.
	15. All veterinary staff should wash their hands at the conclusion of the appointment.

**Discharge**

1. When 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-d).
2. 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).
3. All discharge instructions should be given over the phone prior to client arrival.
4. All payment should be taken over the phone prior to client arrival.
5. Upon arrival the client should remain in their vehicle and call the clinic to alert reception to their presence.
6. Reception will direct the client on where to park.
7. Reception will inform clinical personnel that the client is ready for discharge.
	1. 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 they see clinic personnel approach their vehicle with their animal. The client will then exit the vehicle and take the animal. Client will load the animal onto the trailer. 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.”
	2. Option 2 (no client contact): Reception advises clients to unlock trailer and return to their vehicle. Clinic personnel load the animal onto the trailer with clients remaining in their vehicle throughout this process.
	3. Option 3 (client contact required): If owner is unable to load animal and clinical personnel are 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 load the animal on the trailer.
8. **Euthanasia**
	1. 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.
	2. 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.
	3. 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.
	4. 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.
	5. If a client answered “YES” to the CDC screening questions, attended euthanasia should be discouraged.
9. **Payments and Receipts**
	1. Payment can be made over the phone via credit card or billed, as per veterinary practice preference
	2. If possible, all receipts should be emailed. If the client does not have access to email, receipts should be sent via mail.
10. **References**
	1. 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>
	2. 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>