Emergency Operating Procedure: Small Animal Ambulatory 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 be present at the appointment.

b. Maintain a distance of 6 feet between clients and personnel.

c. The fewest number of people possible should attend the appointment.
d. All appointments should be conducted outside.

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

a. 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.

b. Within 12 hours of the scheduled appointment or before going out on an emergency visit, clinic personnel will ask 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 attend 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 be present for the appointment, advise them that they cannot be present for any part of the exam or evaluation of the pet, 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 be present for the appointment, but that they cannot be present for any part of the
exam or evaluation of the pet, and that face-to-face interaction with clinic personnel will not be permitted.

g. Prior to the visit, the client should be advised that the patient will be seen outside of the residence. If the animal cannot be put on a leash (for example, most cats and birds), assessment and treatment should occur inside the veterinary vehicle, if possible. If the pet must be seen inside the home, ask that the client select the largest room in the house, and open doors and windows in that room.

h. If the animal is recumbent, advise clients that they must keep at least 6 feet of distance from all veterinary staff while veterinary staff uses a gurney to retrieve the animal and bring it outside for further assessment and/or treatment.

i. If at any time, the residence needs to be entered, the minimum amount of veterinary staff needed should enter.

j. During the appointment, gloves, a surgical mask, and a disposable gown or whitecoat should be worn.

k. 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.

l. All veterinary staff should wash their hands at the conclusion of the appointment and prior to leaving the site.

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
