

COVID-19:

A Guide to Re-opening Veterinary Medicine in Nova Scotia



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On March 22, 2020, the Province of Nova Scotia declared a Public Health related State of Emergency. As the Health Authority moves to ease public health measures, (restrictions,) the limitations on the provision of veterinary services will be adjusted.

This guide has been developed to assist veterinarians as they expand the range of services they offer. During the phasing-in of services, Veterinarians are strongly encouraged to use their professional judgement to determine whether services or procedures are appropriate for specific patients based on the patient's individual circumstances, while balancing 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 services in Nova Scotia. As 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 associated with veterinary services to minimize the risk of spread of SARS-CoV-2, the cause of COVID-19.

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 services; therefore, measures must be in place to reduce the risk of exposure when distancing is not possible.

The role of animals in the 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 services that would apply to all situations and practice types. Rather, there is a set of expectations and areas of consideration that veterinarians and veterinary services must evaluate and apply, as applicable.

Scope of Practice

Prior to entering Phase 1 on the path to re-opening the veterinary profession, veterinary services have been operating under a restricted scope of practice. As of May 14, 2020, the ORDER BY THE MEDICAL OFFICER OF HEALTH UNDER SECTION 32 of the HEALTH PROTECTION ACT 2004, c. 4, s. 1. Clause 22 reads as follows:

“Effective March 26, 2020, all veterinarians, including veterinary surgeons and veterinary physicians engaged in for-profit and not-for-profit practice, may provide: (a.) in-patient emergency or urgent care services; (b.) essential veterinary supply chain services, such as prescription refills and prescription diets; and (c.) virtual care services if authorized to provide this care within their scope of practice and as established by their governing association, but only veterinary surgeons and veterinary physicians engaged in not-for-profit practice may carry out spay and neuter surgeries.”

Initial State and Re-opening Phases

The first period of restricted scope of practice during the State of Emergency, referred to as the initial state, is describe below. Subsequently, each phase of the re-opening strategy is described, methodically and incrementally allowing veterinary services to function in a more traditional manner.

As society and the delivery of veterinary services progress through structured re-opening Phases, the following **core personal public health measures** will be maintained:

1. Ensuring when people are outside of the home, that physical distancing is maintained.
2. Maintaining good hygiene (hand hygiene, avoidance of touching one's face, proper respiratory etiquette, and disinfection of frequently touched surfaces).
3. Keeping informed, being prepared and following public health advice.
4. The limiting of non-essential travel.
5. Increasing environmental cleaning & ventilation of public spaces & worksites.
6. Staying at home (not going to work or school) and away from others when symptomatic and following public health advice.
7. Considering the use of non-medical mask or face covering in situations where physical distance cannot be maintained.
8. Wearing medical mask if symptomatic and in close contact with others or going out to access medical care. If not available, then the use of nonmedical mask or face covering.

In addition to implementing and following the elements of the phased re-opening approach, employers and workers in Nova Scotia have certain duties and rights under *the Occupational Health and Safety Act* (OHSA) and its regulations. Reviewing this Act and the corresponding Regulation(s) is recommended.

Below is a summary of the limited operations of veterinary services that were imposed following the declaration of the State of Emergency. The strategic progression through subsequent Phases is described. This guide is provided to ensure the veterinary profession will be ready when the time comes to implement a new Phase. Each Phase is composed of Sections, which describe a specific element to be considered in the Phase. The content of the element is described in detail to ensure accurate compliance. Please note, that this re-opening guide for the veterinary profession in Nova Scotia has been developed by the NSVMA and approved by the Nova Scotia Health Authority.

Veterinary Medicine Re-opening Guide – INITIAL STATE

Sect	Element	Content
1	Provision of emergency and urgent care only	Emergencies, and other procedures that in the veterinarian's judgement have been deemed as urgent, are permissible.
2	Provision of essential supply chain services	Provision of essential supply chain items such as prescription and prescription refills, veterinary diets, and other items deemed essential.
3	Ability to provide virtual care services	<p>The NSVMA has provided a Telemedicine Position Statement to encourage virtual veterinary care during the State of Emergency.</p> <p>Having an animal visit the clinic, or a veterinarian visit the farm or household, will be necessary in many situations. However, telemedicine should be used 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 Nova Scotia Veterinary Medical Association (NSVMA) guidance on telemedicine.</p>
4	Limited elective surgeries	Spays and neuters are limited to being performed only for not-for-profit organizations.
5	Curbside services	<p>Food and product pickups occurring curbside, without the client entering the facility.</p> <p>As per the physical distancing recommendations, when clients must visit a clinic to pick up food, medication or other supplies, every attempt should be made to prevent or limit direct contact. 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.</p>
6	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.

7	Contactless Payments	All effort should be made to receive payments via contactless methods. These can include the use of “tap” and the provision of credit card numbers over the phone.
8	Limiting operational hours	To limit people from leaving their homes and increasing public interactions, veterinary services have reduced their operational hours.
9	Working in small groups/cohorts	<p>Veterinary services have implemented working in teams. Teams are made up of smaller groups that limit interactions between groups and between staff members in the groups. Following the 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.</p> <p>Recovered Personnel</p> <p>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.</p>
10	No clients within the Veterinary Facility	<p>During the Initial period of the State of Emergency, veterinary services have not allowed, or strictly limited clients within their facility.</p> <p>Please refer to physical distancing below, for direction on situations such as euthanasia when clients may be permitted into the facility as well as for on-farm contact.</p>
11	Physical distancing	Physical distancing is critical and is likely the most important and effective approach to COVID-19 control. The overall goal of physical 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 Facility

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.
- Limiting situations where clients enter the facility to a minimum (e.g. euthanasia). 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.

If clients must enter the facility - upon arrival the client should again be asked if they are feeling well. If they are not, they must be asked to cancel the appointment as well as to go home and complete the 811 online self-assessment. Clients must wash their hands immediately upon entering and/or be provided with hand sanitizer, as appropriate.

Allowances should be made for designated personnel to perform some duties remotely, and thereby to limit the number of people in the clinic. This could include conducting telemedicine

appointments, telephone follow-up, medical records, or management activities. Pharmaceutical representatives are not permitted in the veterinary facility. These interactions can occur virtually. Veterinary services often provide experience for externs in professional veterinary training programs, these persons cannot be a part of the veterinary team at this time.

An additional consideration is distancing from other people who 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. Regular hand washing and/or use of hand sanitizer must occur.

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 (less than two 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 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.
- A pre-visit screening must occur, advising clients when they make an appointment to have a veterinarian on-site, that if they are feeling unwell the day of the appointment, the appointment may be cancelled, or the client cannot attend the veterinarian's visit. The client should be advised that if they have any one of the COVID-19 symptoms, or any other symptoms that concern them, they should call the 811 online self-assessment. Upon arrival on site, the client should again be asked if they are feeling well. If they are not, they must be asked to cancel the

appointment or not attend the appointment, as well as to complete the 811 online self-assessment.

- Use of PPE by veterinary personnel (e.g. mask and eye protection).
- Regular hand washing and/or use of hand sanitizer.

Mobile Companion Animal Practices

The general approach in mobile practice is like 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. 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 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.
- A pre-visit screening must occur, advising clients when they make an appointment to have a veterinarian on-site, that if they are feeling unwell the day of the appointment, the appointment may be cancelled, or the client cannot attend the veterinarian's visit. The client should be advised that if they have any one of the COVID-19 symptoms, or any other symptoms that concern them, they should call the 811 online self-assessment. Upon arrival on site, the client should again be asked if they are feeling well. If they are not, they must be asked to cancel the appointment or not attend the appointment, as well as to complete the 811 online self-assessment.
- Use of PPE by veterinary personnel (e.g. mask and eye protection).
- Regular hand washing and/or use of hand sanitizer.

		In some situations, it may be prudent to reschedule or divert the appointment to a physical veterinary clinic where safe handling of the animal can be performed without owner involvement.
12	Identification of High-Risk Owners and Facilities	<p>Querying the health status of owners prior to them attending a veterinary practice or prior to veterinary personnel visiting a farm, household or facility is necessary. A pre-visit screening must occur, advising clients when they make an appointment that they cannot attend if they are feeling unwell the day of the appointment. The client should be advised that if they have any one of the COVID-19 symptoms, or any other symptoms that concern them, they should call the 811 online self-assessment.</p> <p>A client registry, including their names, phone number, date and time of visit, must be maintained.</p> <p>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.</p> <p>NSVMA members are discouraged from charging cancellation fees to avoid public travel if clients are unwell.</p>
13	Self-monitoring	<p>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. Operators and staff should not come to work if they are feeling unwell. A staff registry tracking the date and time of working shifts must be maintained. 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. Personnel with symptoms related to cold, flu or COVID-19 must 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 Nova Scotia's on line self-assessment, visit http://www.nshealth.ca/coronavirus-assessment or their primary healthcare provider.</p>

Veterinary Medicine Re-opening Guide – PHASE 1

Sect	Element	Content
1	Scope of practice unrestricted	Elective surgeries and procedures, routine annual health visits, non-urgent examinations, all vaccination series, dental cleanings, nail trims, etc. are permitted but subject to elements described below.
2	All supply chain merchandise available for sale	Non-essential merchandise is now available for sale, but the transactions of the sales are subject to elements described below.
3	Ability to provide virtual care services	No change from Initial phase
4	Elective surgeries no longer restricted	N/A
5	Curbside services	<p>Curbside services are the preferred method of practice which can be maintained at the discretion of the veterinary clinic. However, if veterinarians feel they can uphold the enhanced measures described in Elements 10 & 11 below, clients may be permitted into the Facility.</p> <p>As per the 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. Contact-free procedures (e.g. placing items on a table for clients to pick up) are feasible in most situations.</p>
6	Food/medication delivery	Food/medication delivery can be maintained at the discretion of the veterinary clinic.
7	Contactless Payments	No change from initial phase
8	No need to limit operational hours	N/A
9	Working in small groups/cohorts	Initial phase restrictions apply with the following change: Staffing may increase to accommodate an increase in services provided; however, the use of

		teams, as described in the Initial Phase, is still recommended.
10	Client access to the Facility limited	<p>Initial phase restrictions apply with the following change:</p> <ul style="list-style-type: none"> ▪ Veterinary services may allow clients to enter veterinary facilities if enhanced measures as described in <i>physical distancing</i> (11) are in place. It is recommended to permit only one client to accompany the patient within the facility (veterinarians are to use their discretion when making allowances for emotional events, such as euthanasia). When clients enter the building, a pre-planned approach must be used to determine where the client will be and what PPE will be worn by all individuals. If clients enter the building, they must wear a mask that is acceptable to the veterinarian. <p>Staff will perform a pre-visit screening, advising clients when they make an appointment that they cannot attend if they are feeling unwell the day of the appointment. The client should be advised that if they have any one of the COVID-19 symptoms, or any other symptoms that concern them, they should call the 811 online self-assessment. Clients who enter the facility must wash their hands immediately upon entering and/or be provided with hand sanitizer, as appropriate.</p>
11	Physical distancing	<p>As in Initial Phase with the following changes:</p> <p>In Veterinary Facility</p> <p>Distancing from animal owners is critical, as owners pose the greatest risk of SARS-CoV-2 exposure. Measures to guide clients when they are within a clinic will include:</p> <ul style="list-style-type: none"> ▪ Physical barriers (i.e. plexiglass) to separate front staff from members of the public. ▪ Adding floor signage to maintain distancing (2 metres) while waiting at reception areas and waiting outside to enter the building. ▪ Reviewing scheduling practices to avoid waiting area congestion. ▪ Minimizing clients in the facility to a maximum occupancy number that allows safe movement of people and the maintenance of the 2 metre buffer between individuals. ▪ Reviewing client flow to minimize situations where paths will cross with personnel or other clients. ▪ All appointments should be structured so that time in-close-proximity to the client

		<p>is minimized. For example, contactless or quick transfer of the patient, distanced escort of the owner to a room, keeping personnel distant from the owner as much as possible, having the owner stand distant or if they hold the animal, have staff wear PPE.</p> <ul style="list-style-type: none"> ▪ Maintaining some use of curbside drop-off and pickup (animals and supplies) to facilitate limiting the number of people in the clinic. ▪ Contactless patient drop-off and return through leaving carriers or attaching leashes to secure hooks in unoccupied entrances, can be maintained at the clinic’s discretion. ▪ Documentation of verbal consent rather than requiring signatures, can be maintained. ▪ Distancing of clinic staff within the clinic must be maintained. This includes: <ul style="list-style-type: none"> ○ 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 clinic layout and operations to facilitate separation (e.g. seating arrangement in offices, meeting/break rooms, separation of procedure or treatment areas in common treatment rooms). ○ Regular hand washing and/or use of hand sanitizer.
12	Identification of High-Risk Owners and Facilities	No change from initial phase
13	Self-monitoring	No change from initial phase

Veterinary Medicine Re-opening Guide – PHASE 2

Sect	Element	Content
1	Scope of practice unrestricted	No change from Phase 1
2	All supply chain merchandise available	No change from Phase 1

	for sale	
3	Ability to provide virtual care services	Telemedicine should continue when appropriate.
4	Elective surgeries no longer restricted	N/A
5	Curbside services	No change from Phase 1
6	Food/medication delivery	No change from phase 1
7	Contactless Payments	No change from Initial Phase
8	No need to limit operational hours	N/A
9	Working in small groups/cohorts	Clinic teams and staffing level may be maintained under discretion of the veterinary clinic. However, further increases in staff levels may occur to allow clinics to increase client services to more normal levels. Physical distancing between clinic personnel will be more difficult at this stage but should be maintained as much as possible.
10	Client access to the facility limited	No change from Phase 1
11	Physical distancing	<p>As in Phase 1 with the following changes:</p> <p>An additional consideration is distancing from other people that may visit the clinic, such as couriers or pharmaceutical reps. 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.</p> <p>Pharmaceutical Reps can now visit clinics, though they must observe all the same physical distancing and PPE requirements as clients visiting the clinic.</p>

		Veterinary services often provide experience for externs in professional veterinary training programs, and these persons can now return as part of the veterinary team. These persons will be subject to all the same Phase 2 requirements as other veterinary staff members.
12	Identification of High-Risk Owners and Facilities	No change from Initial Phase
13	Self-monitoring	No change from Initial Phase

Veterinary Medicine Re-opening Guide – PHASE 3

Sect	Element	Content
1	Scope of practice unrestricted	No change from Phase 1
2	All supply chain merchandise available for sale	No change from Phase 1
3	Ability to provide virtual care services	No change from Phase 2
4	Elective surgeries no longer restricted	N/A
5	Curbside services	No change from Phase 1
6	Food/medication delivery	No change from Phase 1
7	Contactless Payments	No change from Initial Phase
8	No need to limit operational hours	N/A
9	Working in small groups/cohorts	No change from Phase 2
10	Client access to the Facility limited	Clients allowed to enter building with some physical distance changes. (Reference to public health recommendations will be made at this time).

11	Physical distancing	Physical distance requirements from phase 2 apply, however restrictions applying to clients wearing of PPE may be relaxed in accordance with public health recommendations.
12	Identification of High-Risk Owners and Facilities	<p>Querying the health status of owners prior to them attending a veterinary practice or prior to veterinary personnel visiting a farm, household or facility may remain at the discretion of the veterinary service. (Reference to public health recommendations will be made at this time).</p> <p>A client registry, including their names, phone number, date and time of visit, must be maintained.</p> <p>While requesting this information 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.</p> <p>NSVMA members are discouraged from charging cancellation fees to avoid public travel if clients are unwell.</p>
13	Self-monitoring	No change from Initial phase

Veterinary Medicine Re-opening Guide – PHASE 4

Sect	Element	Content
1	Scope of practice unrestricted	No change from Phase 1
2	All supply chain merchandise available for sale	No change from Phase 1
3	Ability to provide virtual care services	No change from Initial Phase
4	Elective surgeries no longer restricted	N/A

5	Curbside services	No change from Phase 1
6	Food/medication delivery	No change from Phase 1
7	Contactless Payments	No change from Initial Phase
8	No need to limit operational hours	N/A
9	Working in small groups/cohorts	No restrictions
10	Client access to the Facility limited	Physical distancing guidelines further relaxed as per public health recommendations
11	Physical distancing	Physical distancing guidelines further relaxed as per public health recommendations
12	Identification of High-Risk Owners and Facilities	No change from Phase 3
13	Self-monitoring	No change from Initial Phase

Veterinary Medicine Re-opening Guide – PHASE 5

Element
All veterinary businesses re-open as desired when public health restrictions are removed by the Provincial Government. Practices are encouraged to continue to use re-opening guidelines developed in the interest of public health in the new normal that has developed.

General Concepts

While specific measures will vary among clinics, some of the main concepts considered are below. These should be addressed in every clinic's COVID-19 response plan. Also below are resources, tips and best practices to help employers and employees prevent the spread of COVID-19, as they work together to re-open the province.

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 predictably 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
Situation where 2 metre distance from someone cannot be maintained		Cloth	Routine (e.g. lab coat, coveralls)	
Contact with a healthy animal that has no known SARS-CoV-2 exposure			Routine	
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>	Yes	Surgical	Dedicated, impermeable	Yes
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>	Yes	Surgical	Dedicated, impermeable	+/-
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)	Yes	Surgical or N95	Single use, impermeable	Yes
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	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>).