



March 24, 2020

COVID-19 Advice and Recommendations for BC Veterinarians from the CVMA-Society of BC Veterinarians Chapter

We continue to advocate for BC veterinarians to be declared essential services/critical infrastructure. To support that effort, the provincial health officer and the chief veterinary officer must be satisfied that BC veterinarians are taking all necessary measures to prevent the transmission of COVID-19 by appropriately lowering risk by restricting services to only what is essential and by enabling spatial distancing.

Here are the Canadian Veterinary Medical Association-Society of BC Veterinarians Chapter's advice and recommendations, which are designed to assist each of you as decision-making professionals to ensure you are delivering, in the safest way possible, veterinary care to patients and veterinary advice to clients. As the professional, you are in the best position to determine what is essential in your specific veterinary practice. In making decisions regarding the reduction or elimination of non-essential and elective services, veterinarians should be guided by their regulatory college, the CVBC.

1. All non-essential and elective services should be eliminated, according to your professional discretion. This includes wellness exams except where puppies and kittens require vaccinations or boosters. Routine rabies vaccines can be reasonably postponed if the owner is able to manage the animal in such a way as to minimize the risk of exposure until the animal can be vaccinated. Veterinarians must use their judgement in determining if the animal cannot be appropriately managed and is at increased risk of rabies exposure, and therefore rabies vaccination is essential. Administer boosters of vaccine series that have started if deemed necessary based on the animal's condition and circumstances (risk of exposure). Postpone other vaccinations if the risk of exposure can be managed. Normal rabies protocols after a potential rabies exposure incident must continue.
2. Management of painful or chronic conditions can be monitored by telephone and appointments scheduled only if examination is needed and a delay would lead to a reasonable likelihood of a negative patient outcome. Postpone elective surgical procedures and routine hematologic monitoring unless it is felt that a delay would substantially increase the risk of complications. Continue chemotherapy ongoing treatment while maintaining social distancing and if possible, consider alternate regimes that may spare PPE supplies (e.g. oral) if there is minimal risk of a negative impact on the animal's condition.

3. All practices should be secured to prevent public access or walk-ins except as directed by veterinary practice staff. This will likely mean locking your doors. All staff must be educated and must follow the procedures laid out by the veterinarian. Parking lot or remote telephone triage should be used, and animals requiring veterinary care should be collected by staff from clients outside of the premises.
4. A risk assessment should be performed for any potential appointment or other owner/clinic contact. This is designed to identify individuals and/or animals that are at increased risk of COVID-19 exposure or shedding before they enter the clinic. This allows for time to determine what measures to use for the protection of clinic personnel and the broader population.
5. The risk assessment involves identification of factors that indicate a higher than average risk that the owner is infected, and correspondingly the potential that the animal has been exposed or contaminated. At minimum you should ask, by phone prior to the pet coming to the practice for examination/treatment, a) have you traveled outside the country in the last 14 days?; b) have you been in contact with anyone who has travelled in the last 14 days?; and c) have you or one of your immediate family members (whom you live with) been in contact with anyone who has travelled or has been sick (cold or flu symptoms) in the last 14 days?
6. Any necessary and medically required services in your discretion should be delivered using social distancing constraints:
 - avoid direct and indirect (e.g. passing items) contact and maintain 2 metre (6 feet) separation
 - sanitize all surfaces regularly and especially after contact with the public
 - transfer animals at intake or discharge with little to no human-to-human contact, such as arms-length handing off of a leash or carrier outside of the clinic, dropping a carrier inside the main clinic door with no clinic personnel present, or other clinic-specific approaches
 - verbal consent is preferred to avoid sharing a pen/paper. Document this in your records and, if in doubt, have a second staff member witness the verbal consent (by phone or at a 2-metre distance)
7. Humane euthanasia should proceed, limiting social interactions as much as is reasonable while respecting the needs of the human-animal bond. Consider necessary PPE for staff if the animal is from a high-risk household.
8. Discontinue boarding, all grooming, daycare, and ancillary services.
9. Food sales and medication refills can be maintained using social distancing and e-commerce rather than cash. Delivery services are encouraged.
10. Establish a practice policy regarding when staff members should not to come to work and advise all staff of this policy. Staff should not come to work if they have recently travelled out-of-country (the Canadian government is requesting all such individuals self-isolate for 14 days); if they are exhibiting any of the symptoms of COVID-19 (fever, cough, difficulty breathing); if they have had close contact with someone who has tested

positive for COVID-19; and/or if they have a household member who is exhibiting symptoms of the virus.

11. There is no CVBC telemedicine (the remote diagnosis and treatment of patients by means of telecommunications technology, including but not limited to phone conversations, video calls, and emailed photographs) standard that establishes special rules for telemedicine. Veterinarians are advised that COVID-19 is creating challenges requiring flexibility and the CVBC trusts and relies on its registrants to provide services in the best interests of their patients and the public. This includes the continuous application of professional discretion and clinical judgement in responding to individual circumstances of each case and in deviating from the normal standard of care only for the sake of the protecting the public.

Registrants must always consider the limits of what can be safely accomplished remotely and consider and understand potential risks. Proper informed consent must explain the limitations of telemedicine and the possible risks of misdiagnosis and inappropriate treatment decisions resulting from incomplete information.

A veterinarian is required to only prescribe for an animal(s) with whom they have (a) established a veterinarian-client-patient relationship (VCPR) and (b) obtained recent and sufficient knowledge of through either a physical examination or premise visit. A veterinarian is expected to use their professional judgement when determining whether they have an appropriate amount of recent and sufficient knowledge in order to provide a prescription.

Only if a veterinarian believes that they have this information (within a VCPR) may that veterinarian provide a prescription via telemedicine. Veterinarians still have the ability to have the animal brought to the clinic or have a real-time (face-time) visual examination of the animal.

The College of Veterinarians of BC, as the provincial regulator, must be contacted if you have any questions about telemedicine. The CVBC may issue revised or other directives. Veterinarians should watch their emails for CVBC communications and should frequently check its website.