



COVID-19: A Guide to Reopening Veterinary Medicine in Ontario, Stage 2

Disclaimer: Under the current Provincial state of emergency, veterinary practices are to take appropriate measures to protect both clients and staff from COVID-19. As the Province moves through the three stages of its reopening plan, health and safety requirements in the practice will gradually be eased. As the Province transitions to Stage 2 of that plan, this guide has been revised to assist veterinary practices to implement appropriate measures to ensure the health and safety of both veterinary clients and practice staff, as they begin to open their doors to veterinary clients.

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.

Prepared By:

Dr. Scott Weese, DVM, DVSc, DACVIM
University of Guelph

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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, the Ministry of Health, or the Local Health Unit.

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
- 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 continue to 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. When clients 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.
- Documentation of verbal consent rather than requiring signatures.
- Using contactless electronic payment whenever possible.

Allowing Clients into Clinics

Keeping clients out of the clinic should be the default approach. However, there may be situations where it is deemed necessary to have clients in the clinic. The importance of having a client enter the clinic, the stage of the Province's reopening plan that applies to the clinic and the incidence of COVID-19 in the community in the practice's area must be considered.

A common question is, ‘how do I know when it is safe to allow clients into clinic?’. There is no definitive answer to that question. “Safe” is subjective and a moving target and gradations of risk will be present. The more prolonged and closer the contact, the greater the risk. Having a client in the clinic is riskier than having them outside. The epidemiology of disease in the area will impact risk, and that is a dynamic situation. While the odds of any client being infectious are low, the risk is not zero, and measures should be in place to reduce the risk to clinic personnel and other clients.

If clients are to be allowed in the clinic, the following should be considered:

- Limiting visits to situations where the client must be present for a reason. This should be pre-determined, with the default position being a request that clients remain outside.
- Limiting visiting of hospitalized animals to compassionate situations (e.g. pre-euthanasia) or where visiting the animal is necessary for the owner to make a patient care decision.
- Restricting the number of clients attending the appointment with an animal. Attendance of a single owner should be encouraged (or mandated) for routine visits.
- Requiring use of a non-medical mask.
- Ensuring that people entering the clinic have self-screened and have no signs or symptoms suggestive of COVID-19.

Clinic Entrance

- Signage should be placed indicating relevant practices (e.g. when/how to enter, hand hygiene requirement, mask requirement, physical distancing requirements, indication to not enter the building if sick, telephone/text information to contact clinic personnel from outside).
- A hand hygiene station should be positioned at the door.
- If use of a mask by clients entering the building is required (as is recommended), masks can be made available for clients that arrive without one. This could include disposable non-medical masks or re-usable cloth masks. If re-usable masks are provided, clean masks should be in individual sealed bags to indicate they are clean and prevent cross-contamination. A receptacle for used cloth masks for re-processing should be placed at the exit. If disposable masks are used, a garbage container should be placed at, or just outside, the door.
- Controlled entrance (e.g. locked door with buzzer access controlled by reception) should be considered to control numbers of people in the reception area.

Reception

- Reception areas should be viewed as processing areas, not ‘waiting rooms’. Congregation of people in reception areas should be minimized.
- Maximum occupancy of the reception area should be determined based on the realistic likelihood of people maintaining a 2-metre distance between each other and clinic personnel.

- Room use and layout should be reviewed, including moving seating areas to facilitate 2-metre distancing between clients, and between clients and staff.
- Consideration should be given to installing clear partitions in reception areas to protect front office staff.
- Floor signage should be considered to maintain distancing while waiting at reception areas. This could consist of signs (e.g. footprints) indicating where to stand while waiting.
- Room design should be evaluated and, if needed, altered, to facilitate client flow, with a goal of maintaining a consistent, one-way flow, preventing unnecessary contact of client with staff and other clients. This can include creating central barriers or displays to disrupt open concept areas, use of crowd control ropes/belts to direct flow.
- Magazines, toys, and other items that might be handled by multiple people should be removed.
- Mandatory mask use by clients is recommended. Personnel must facilitate this by requiring that clients wear masks properly in the clinic.
- The number of staff working at reception should be minimized. If more than one person is required, 2-metre distancing should be arranged.

Examination Rooms

High risk situations for SARS-CoV-2 transmission involve spending time with people in close spaces, with talking or other activities that produce droplets (e.g. yelling, coughing). Examination rooms should be considered high risk areas, because of the typically small space, inability to maintain 2-metre distancing, potential for owners to get close to personnel (e.g. stepping in to help restrain an animal) and talking that inevitably occurs. If clients are allowed in the clinic with their pet, time spent with clinic personnel and owners in examination rooms should be minimized. Examination rooms are ideally client waiting rooms, whereby the client comes in with the animal, most discussion has already occurred by phone or electronically, the pet is taken to a treatment area for any procedures, and the pet is then returned to the client. If the pet and client must remain together, clients should wear a mask and be instructed to stay back. Providing a chair or indicating a standing area through floor signage should be considered. Clinic personnel should be available for restraint so that clients do not have (or feel the need) to approach personnel during patient care.

Client Flow

Clinic layout should be reviewed with respect to clinic flow. Ideally, clients enter and flow through the clinic in a specific manner, never having unintended exposure to clinic personnel or crossing paths with other clients. This can be facilitated through means such as one-way flow through reception areas or having clients exit through a side/back door. Completing all visit activities, including dispensing and billing, while the client is in the examination room should be considered to facilitate flow, minimize reception area congestion and facilitate clear planning of reception area occupancy (e.g. avoiding unexpected return of clients to the reception area to wait for something).

Minimizing Clinic Staffing

Reducing the number of people in the clinic at any time facilitates physical distancing by reducing the number of potential contacts and making distancing and flow measures more practical. Where possible, personnel should work at home. This could include telemedicine, time spent doing client follow-up calls and various practice management activities.

Monitoring Temperatures

Routine testing of body temperature through distanced methods (e.g. infrared forehead temperature sensor) is used in some facilities. However, the effectiveness of this is unclear because of the relatively low sensitivity of fever for detection of early COVID-19. It can likely be of greatest benefit identifying people that are incorrectly reporting no signs or symptoms of COVID-19. There is currently no consensus about whether temperature screening is an effective control measure for situations such as veterinary clinic visits. Temperature screening can be considered but does not replace any other precautions. Lack of fever cannot be taken as an indication of lack of risk of infection.

Visitors

A visitor policy should be created for each clinic. If possible, visits should be done virtually. However, some visits may be important for clinic function (e.g. repairs, continuing education) or for the broader profession (e.g. veterinary and technician student placements, pharmaceutical reps). However, there is always some inherent risk associated with entrance of any new person.

Considerations for short term visits include:

- No drop-in visits should be allowed. Visits should be by appointment only.
- The time and location of the visit should be clearly described.
- Visitors should self-screen for signs and symptoms of COVID-19 on the day of visit.
- Visitors should be admitted directly to the location of the visit and should avoid taking up space in reception areas.
- PPE requirements should be determined. Mask use by visitors is recommended.
- Visits should be structured so that a 2-metre distance is maintained.

All the above cannot apply for longer term visits (e.g. student placements). Long term visitors likely pose increased risk because of the longer time in the clinic and closer contact with clinic personnel. More scrutiny can therefore be applied to their risk and health status. People from areas with increased rates of COVID-19, people that have not practiced responsible social distancing and people that have recently travelled may pose higher risks. Clinic practices can limit the impact of those, such as through prioritizing people from the same area, interviewing to develop confidence in the person's social distancing efforts and to outline clinic requirements. If longer term visitors are coming from higher risk situations, a 14-day period away from the clinic after arrival could be considered.

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

- Emphasizing the importance of 2-metre distancing whenever feasible.
- Advanced 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. This may be challenging over the long term from a practical perspective. Cohorting should be approached as an ideal, with the goal to maintain as much group separation as possible. In situations where cohorting is not possible, the use of other measures (e.g. PPE) becomes even more important.

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.

Streamlined Owner/Patient Processing

Activities that occur in reception and examination rooms should be reviewed to identify those that can be done remotely. Some, such as patient registration, can be done prior to the owner's arrival, limiting the need for the owner to enter the clinic or the time that they must spend in the clinic. Other considerations might include billing and obtaining informed consent, which can potentially be done before or after the visit.

Clinic Efficiency

Similar to the above, activities that result in owners waiting should be reviewed, with the goal to minimize any time spent in the clinic not actively engaged in a necessary process. This can improve clinic efficiency and owner satisfaction, while minimizing the number of people in the clinic. This can improve overall clinic function and optimize the ability to maintain normal patient caseload numbers by avoiding bottleneck situations where delays occur because reception areas are at maximum occupancy or examination rooms are occupied by waiting clients.

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.

Hybrid Appointments

There are many situations where telemedicine cannot be used as the sole approach but could still be an effective means of limiting client contact during an appointment. For example, a new puppy appointment could be first conducted via telemedicine, to obtain the history and discuss various issues. This could be followed by a shorter clinic visit for physical examination and vaccination. Since the discussion was already had, the animal's visit could effectively be performed without the owner present in the clinic.

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.

Appointment Only

The current provincial directive indicates that veterinary care should be delivered by appointment only. Predictability is important to maintain flow and distancing. People that arrive without an appointment (for veterinary care, purchases or other reasons) can disrupt measures taken to minimize the number of people in the clinic and structured flow. This does not mean everything must be scheduled well in advance. Emergency patient care and spontaneous visits (e.g. last minute food purchases) can be facilitated; however, having clients call first allows staff to be prepared and to alter client arrival times, as needed (e.g. "Our reception area is at capacity now, but if you arrive in 15 minutes you can pick up your pet's food").

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 and pre-symptomatic infections (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. As the epidemiology of disease evolves over time and as other activities such as travel restart, the specific approach to querying health status may similarly evolve. The key aspect is having a structured approach to query the risk status of any person that will enter the clinic and every pet's household contacts. Currently, this focuses on whether people have signs and symptoms potentially attributable to COVID-19.

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 from the wearer. Therefore, they are a population protection measure, and for effective use within a population (e.g. veterinary clinic, on farm), they must be worn by all personnel.

Routine use of masks in clinics, in vehicles and on farms, is strongly recommended, when maintaining a 2-metre distance from others is not possible or predictable. Masks will reduce the risk that an unknown infected person will infect others. In a clinic situation, where contacts might be unpredictable, it is recommended that cloth/non-surgical masks be worn by all clients that are in the clinic, and by all personnel apart from times when they can be assured that there will be no close (<2m) contact with another person (e.g. alone in an office). Face shields offer some protection from a user's droplets, but less than what is provided by a mask. Face shields should be reserved as the sole PPE item for people that cannot wear a mask for health reasons.

While cloth/non-medical masks are mainly intended to protect *from* the user's droplets, they offer some degree of personal protection. Face shield or goggles offer an additional level of personal protection and can be approached as an elective additional tool for people at increased risk of severe disease or that are particularly concerned about exposure. Mandatory use of mask or goggles can be considered for situations where close contact is required, especially if contact might be prolonged and associated with higher risk activities (e.g. talking, struggling). Examples may include placing an intravenous catheter in a patient, where the person placing the catheter and the person restraining may be in very close contact and be talking to one another, creating aerosols with limited distancing options. However, here is the potential for struggling and talking.

N95 masks or equivalent respirators are 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.

| Item | Use/comments |
|-------------------------------|---|
| Cloth/non-medical mask | <ul style="list-style-type: none"> ▪ Mainly to protect FROM the user's droplets. ▪ Some degree of personal protection. ▪ Should be considered for routine use by all personnel and clients. ▪ Should be mandatory whenever a 2 metre distance cannot be maintained. |
| Surgical mask | <ul style="list-style-type: none"> ▪ Mainly to protect FROM the user's droplets. ▪ More predictable performance than cloth/non-medical masks. ▪ Unnecessary in routine non-medical situations (e.g. interacting with a person where a 2 metre distance cannot be maintained). ▪ Best reserved for sterile procedures and higher risk patient contact situations (see table). |
| N95 mask | <ul style="list-style-type: none"> ▪ Protection both OF and FROM the user. ▪ Wearer must be fit tested. ▪ Rarely required in veterinary situations. |
| Face shield | <ul style="list-style-type: none"> ▪ Some protection FROM the user's droplets but likely inferior to a cloth/non-medical mask. ▪ Provides eye protection and addition level of respiratory protection. ▪ Prevents hand contact with mask. ▪ Potential alternative for people that cannot wear a mask for medical reasons. ▪ Potential added level of protection for the wearer in close contact situations. ▪ Recommended along with mask for certain higher risk situations (see table). |
| Goggles | <ul style="list-style-type: none"> ▪ Excellent eye protection if using appropriate goggles. Goggles intended for protection against droplets should be used when eye protection is indicated. ▪ Unlike masks, goggles do not provide additional respiratory protection or prevent hand contact with masks. ▪ Regular safety glasses provide impact protection but not the same level of protection against droplets. ▪ Eyeglasses offer some protection are not considered adequate protection from droplets. |

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/non-medical | 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* | 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 | +/- |
| 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 if possible. Surgical mask acceptable if needed. | Single use, impermeable | Yes |

* *Dedicated means in item used only for that patient. This could include a laboratory coat that is laundered after use.*

** *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.*

*** *E.g. surgical gown.*

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.

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.

Hand Hygiene

Hand hygiene should be encouraged for personnel, clients, and visitors. A key aspect of this is ensuring that hand hygiene supplies are present throughout the clinic, including at the entrance and any areas where staff and owners may mix. Alcohol based hand sanitizers and hand washing are equally effective; however, hand sanitizers are easier to add throughout the clinic. Hand sanitizers should be at least 70% alcohol.

Resources

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>). ■