

AVMA Board of Directors

Talking Points: COVID-19 and Resuming Non-urgent/Elective Veterinary Services

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COVID-19 and Resuming Non-urgent/Elective Veterinary Services

- Veterinary Medicine is an essential business that is part of the critical infrastructure of the United States.
 - The AVMA developed advocacy materials to assist state veterinary medical associations as needed in these designations.
 - The AVMA worked with the U.S. Department of Homeland Security in the designations of critical infrastructure that included veterinary practice.
 - We are not aware of any jurisdictions that did not consider veterinary services as essential.
- Many states did not place formal restrictions on the practice of veterinary medicine, while some states and localities instituted restrictions upon performing non-urgent or elective procedures.
 - o In some instances, these restrictions included veterinary practice.
 - o In other instances, these restrictions only addressed human medicine, but most veterinarians honored the spirit of the restrictions and postponed non-urgent or elective procedures.
 - Veterinarians exercise their professional judgment as to which services and procedures are
 urgent or potentially urgent (including those that may be necessary to protect certain
 vulnerable animal populations, prevent adverse effects on public health, or ensure the safety
 and security of the food supply if not performed) and which might be postponed.
 - The AVMA developed <u>case management</u> and <u>triage</u> decision trees to help veterinarians determine urgent and potentially urgent cases, using their professional judgment; support social distancing; and assist in <u>conserving personal protective equipment (PPE)</u>.
 - If a patient is seen for an urgent or potentially urgent procedure, it is acceptable to provide additional services at the same visit as long as doing so does not involve the use of additional PPE that is in shortage. This is because these services can be delivered without increasing risk of person-to-person exposure and in ways consistent with strategies to conserve PPE.
- Resuming non-urgent/elective veterinary services is appropriate.
 - There is a backlog of demand for elective or non-urgent veterinary care that is important for the health and welfare of animals. Failure to provide comprehensive veterinary care places both animal and public health at risk.
 - Veterinarians have adapted to conserve PPE that is in short supply for the delivery of human healthcare. The original concern that performing non-urgent or elective veterinary procedures would negatively impact the availability of PPE for human healthcare providers has largely been ameliorated.
 - Veterinarians have incorporated creative and effective measures that are consistent with social distancing recommendations and limit person-to-person exposure for staff and clients.



- As veterinarians resume providing non-urgent/elective services, veterinary practices should
 continue invoking strategies that conserve PPE and support social distancing as appropriate and
 practical. Some measures that have been adopted, as appropriate to practice type, include:
 - Triaging appointments by phone or videoconference, and handling via telemedicine as medically appropriate and as permissible under federal and state law and guidance on what is permissible during the COVID-19 disaster declaration.
 - O Inquiring as to whether the client or caretaker is ill with, or may have been exposed to, COVID-19. If so, encouraging someone other than the ill client to bring the patient to the hospital, if inperson care is necessary, or providing care via telemedicine if medically appropriate and permissible under federal and state law and guidance on what is permissible during the COVD-19 disaster declaration.
 - Scheduling appointments so that patient flow can be managed, and social distancing of clients maintained.
 - Restricting the number of clients waiting in the lobby for their appointments and enforcing social distancing.
 - Directly admitting clients and patients to examination rooms from their cars, rather than having them wait in the lobby.
 - Curb-side pickup of patients, keeping clients out of clinics except when required. This includes having clients remain in their vehicles in the parking lot while the patient is evaluated, with veterinarian/client communication by phone or videochat.
 - Curbside delivery of medication refills and veterinary diets
 - o Encouraging clients who travel to the clinic to don cloth face coverings.
 - o Having staff, rather than owners, hold animals during examinations.
 - Extra attention to cleaning of often-touched surfaces, including an increase in frequency.
 - Adoption of PPE conservation strategies, including extended use of disposable PPE (as appropriate) and replacement of disposable PPE with reusable and appropriately maintained/sterilized cloth gowns and masks.
 - Conducting daily health assessments or self-evaluations of employees, requiring staff to stay home if sick, and immediately sending staff home if they become ill while at work.
 - Dividing clinic staff into teams, so that if a team member is known to be exposed to or becomes ill with COVID-19, it largely localizes risk to that team while allowing important veterinary services to continue to be provided.
 - Veterinarians are well trained in the control of infectious diseases and diligently apply practices such as frequent handwashing and wearing gloves whenever appropriate.