



SAVA Guidelines during Covid-19 Lockdown

26 March 2020
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INTRODUCTION

The South African Veterinary Association (SAVA) would like to inform veterinarians of **suggested** practice guidelines in this period until the COVID-19 virus subsides to a point where it no longer poses a threat to public and personal health. Be reminded that these are general recommendations but that each practice and veterinarian's situation is unique and thus adjustments may need to be made. **We have updated this document effective 26 March 2020. The update was performed following the Covid-19 Contingency Plan received from the Department of Agriculture, Land Reform and Rural Development dated 25 March Please see the Annexed document for guidance on Essential and Non-Essential Services, also updated to include inputs from the Ruminant Veterinary Association, the Poultry Group, the Wildlife Group, the National Veterinary Clinicians Group and the South African Equine Veterinary Association.**

South African veterinarians are acutely aware of the policies of social distancing and will be updated regularly by SAVA on recommended practice guidelines to implement in their veterinary practices.

ESSENTIAL VS NON-ESSENTIAL SERVICES.

As restrictions in elective or non-essential services are put in place, either voluntarily or through government or regulatory body mandates, careful consideration of what is considered essential is needed. There is no standard list of elective/essential procedures.

Essential procedures include those required to alleviate animal pain and suffering, to prevent imminent threat of death of the animal, and matters pertaining to public health (e.g. vaccination against rabies). Other considerations may be involved, including supply availability, the ability of the clinic to practice appropriate social distancing, and factors related to management of specific cases either in the clinic or at home. Both animal welfare and owner welfare (i.e. human animal bond aspects) are important parts of these decisions, particularly as companion animals may be critical support mechanisms to many people during these challenging times.

Recommendations may change based on our growing understanding of this disease, changes in messaging from governments and regulators, and as this pandemic evolves. Veterinarians and owners must understand this is a fluid situation and the goal cannot be maintaining "business as usual", but rather providing the optimal outcomes for animals, owners and veterinary facilities, while doing our part to support social distancing efforts.

Any consultations that do not absolutely require physical contact with the animal should be done via telemedicine if at all possible. The table below provides some general guidance for regular clinic

activities, but is not absolute. Veterinarians must use their judgement in determining whether certain services or procedures may be deemed essential for specific clients or patients based on their circumstances.

Please see the Annexed document for guidance on Essential and Non-Essential Procedures

OWNER RISK ASSESSMENT

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.

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

It is recommended that the following be performed:

- Have they been in contact with a confirmed or suspected Covid-19 case?
- Have they returned from travelling to countries considered as risky? Use this link from the Centre for Disease Control and Prevention as a guideline as it is continuously updated: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/map-and-travel-notices.html>
- Are they experiencing any current symptoms of respiratory tract infections?
- Keep a record of the above, with client names and contact details (Example attached). SAVA encourages staff of veterinary practices to also complete this register daily.

High-risk households are those that have individuals with known or suspected COVID-19 infections, as well as those in which a person has been self-isolating and subsequently developed signs of respiratory disease, even if COVID-19 testing has not been performed.

SOCIAL DISTANCING

Social distancing aims to reduce the number of human-human contacts and to reduce the closeness of those contacts. Transmission of Covid-19 is mainly through aerosols, direct contact and potential contact with contaminated surfaces. Avoiding direct and indirect (e.g. passing items) contact and maintaining 2 metre separation should greatly reduce the transmission risk. Various measures can be implemented in veterinary clinics to facilitate social distancing. Specific application can vary based on the nature of the clinic, but general approaches that should be considered are outlined below.

Consultations: The veterinarian may insist on a telephonic screening process but would in most cases not make a diagnosis or prescribe medicine without a consultation. House calls for companion animals should be avoided as far as possible. The animal owner should firstly attempt to use family/friends to transport animals to the practice. It will remain the prerogative of the veterinarian to do house calls in extreme circumstances. We advise that, even though veterinarians should work by appointment only, clients do not wait in the waiting room. Clients should announce their visit to the receptionist

but then remain outside until called for the appointment. Veterinarians should request all clients to use a hand sanitizer prior to entering the practice

Admission & discharge: The animal should be transferred with little to no human-to-human contact, regardless of the status of the person bringing the animal. This can consist of arms-length handing on 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. The same approaches can be used for patient discharges. Calm animals can be handed over to practice staff outside of the practice and returned after examination and possible treatment. Consultations should be limited to one client accompanying a maximum of two animals

Telemedicine : Telemedicine should be considered for consultations, even those that involve a new clinical concern. While not all cases can be managed by telemedicine, telemedicine provides the ability to provide good veterinary care to a reasonable subset of the patient population. Telemedicine can be complemented with drug/food delivery and owner drop-off of some specimens (e.g. urine, faeces). **SAVA has partnered with Medici ([link here](#)).**

Cashless payment: Credit card information can be obtained over the phone and this is the preferred approach. Cards can be tapped for smaller amounts, but this requires the owner to be in the vicinity of personnel. Owners should be asked to avoid touching the machine. Zapper and Snapscan may be an option in some situations. These should be encouraged as much as possible, ensuring there is still an ability for the small subset of the population that cannot or does not use credit or debit for payment to obtain veterinary care.

Verbal consent: Signatures should be avoided because of the need to pass paper and pens. Documentation of verbal consent in the medical record is an acceptable approach. If there are concerns about a specific situation, documentation of verbal consent could be supplemented with recording of verbal consent (with client permission) or having a second staff member witness/confirm the consent by phone and document that accordingly in the record.

Staff grouping: When possible, staff groups should be kept together to minimize the number of different human contacts and to minimize the implications of any one staff member being infected.

Arranging for delivery of food and medications: To reduce the number of individuals coming to the clinic, when possible, delivery or shipment of items to the owner's residence should be used. This can include commercial eCommerce platforms for direct shipment, or delivery by clinic personnel. Care should be taken when using local commercial services that involve meeting with drivers. If those are needed, careful social distancing must be used for all interaction with drivers at pick up.

Preventing walk-ins: People should be kept out of clinics apart from pre-scheduled appointments or pick-ups, where risk has been assessed and where measures are in place to minimize contact. Signage can be useful, but is often missed or ignored. Locking doors, with a contact number to call, is more effective. In the event that a client arrives in an emergency situation while you are busy with a consultation, tend to the emergency as you would have normally done. Ensure that contacts between clients are limited

Practice Management: Larger practices may consider breaking up the practice in teams of two or more, working at different times. This may assist in preventing staff and owners of a practice being infected completely – should a person from one team be diagnosed positive for Covid-19, the affected team could be quarantined without having to close the practice.

Visiting Client Premises: SAVA's recommendations to veterinarians who visit client premises are:

- All recommended precautions with regard to social distancing should be applied, i.e. hand sanitizing before and after a visit, maintaining a distance of 2 meters from the client(s). As far as possible, these consultations must take place outdoors.
- It is recommended that routine procedures and inspections be postponed to after the conclusion of the lockdown period, or at the discretion of the veterinarian.
- It is recommended that food and medicine be collected by appointment only.

It is impossible to describe all possible situations. Be advised that veterinarians are trained in infection control and will evaluate each situation on a case-by-case basis. The veterinarian will determine the best course of action.

TRANSMISSION OF COVID-19 BY LIVESTOCK AND PETS

Although data is still limited, the SAVA is not aware of any reports worldwide of any animal getting sick after exposure to a human case, despite the large outbreak in humans. To date, there have been no reports of livestock being infected or sick with COVID-19 virus anywhere.

There are still many unknowns and scientists are trying to understand if and how it affects animals. There have been reports of two dogs in Hong Kong testing positive for COVID-19 viral material following exposure to a human COVID-19 case. Both of the dogs did not show any signs of being sick, and according to the World Organisation for Animal Health (OIE), there is no evidence that pets play a role in transmitting the disease to humans.

HANDLING ANIMALS FROM HIGH RISK INDIVIDUALS

If admission of an animal from a high-risk household is needed, clinics should ensure they have the required equipment and training to do so safely. If they cannot safely manage the patient and appropriately protect staff from potential exposure, the animal should be diverted to a facility that can.

If the animal is to be admitted, it should be transferred with no human contact, regardless of the status of the person bringing the animal (see admission and discharge of animals under social distancing above).

History and consent should be obtained verbally by phone or computer.

Nothing beyond the animal and its leash and collar, or crate/carrier, should be taken into the clinic. Leashes should be switched as soon as practical and safe. Owner leashes, if still on the animal at the

time of clinic entry, should be bagged and set aside for future return. Cages should be sprayed with disinfectant. Any items in cages (e.g. paper, towels) should be discarded as biohazardous waste or bagged for future return.

Personnel handling the animal at admission should wear a gown and gloves, at a minimum. If there is potential that the patient will contact the person's lower legs (e.g. dog on a leash), it should be ensured that the gown (or alternative outerwear) covers all lower leg contact sites. Foot covers should be considered when bringing in a dog on a leash, because of the potential for the dog to nose or lick. Surgical masks can be considered for routine handling to reduce inadvertent hand-to-mouth/nose contact.

Personnel handling the animal should be kept to a minimum. Procedures should also be kept to the minimum required to properly manage emergent care. For non-emergent care where the patient must be admitted, handling should be minimized, particularly during the first 1-2 days, to reduce the risk of fomite transmission.

All personnel involved in patient handling or procedures should wear a gown and gloves, at a minimum. Those not involved with the case should be kept out of the room. Mask and eye protection or face shield should be worn if there will be close contact during restraint and procedures. For work that will potentially involve contact with aerosols (e.g. working around a dog's face, intubation), an N95 mask should be used in place of a surgical mask. If an N95 mask is not available, a surgical mask and face shield is likely an acceptable alternative if care is taken to ensure the user faces the patient at all times during aerosol generation (to avoid exposure through the sides).

If the patient's condition and temperament permit, decontamination of the haircoat can be attempted. This can be done through routine bathing (e.g. 2-4% chlorhexidine shampoo), wiping with disinfectant wipes, application of half strength accelerated hydrogen peroxide, or application of topical biocide rinses or mousses (e.g. chlorhexidine).

Particular care should be taken around ferrets, as they may be the most susceptible domestic animal species to COVID-19. PPE recommendations outlined above would still apply, with use of N95 masks if there is potential for any aerosol generation.

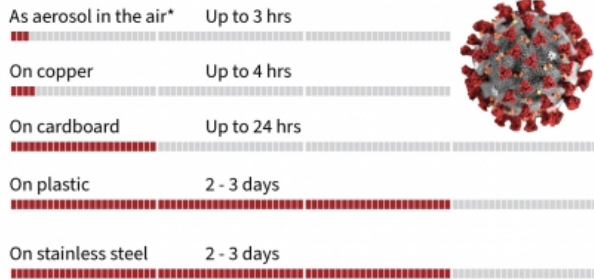
ANIMAL TO HUMAN TRANSMISSION OF COVID-19

The current spread of COVID-19 is as a result of human to human transmission. According to the [OIE](#), there is no evidence that pets play a role in transmitting the disease to humans. Scientists are still trying to understand if and how it affects animals. This is an area that continues to be studied.

The graphic below, as published in the [New England Journal of Medicine](#) on the 17th of March 2020 highlights the period the virus can exist outside the body.

How long does the virus last?

SARS-CoV-2, which causes COVID-19, needs a living host to reproduce in. A new study looks at how long it can last outside the body



Study and paper by :
New England Journal of Medicine
CDC
Universit of California, LA, Princeton

*Researchers used a nebulizer to simulate coughing or sneezing, and found that the virus became an aerosol

© AFP

The above highlights the need for adequate and regular disinfection procedures.

Conclusion

The above are recommendations for your guidance to be applied in each veterinary practice's unique context. SAVA will continue to survey the domestic and international landscape and inform you of any further suggestions. This document is directed at the veterinary industry of South Africa and you may distribute it amongst your colleagues that are not SAVA members. SAVA would like to request that you refrain from making this available on forums for the general public (e.g. Facebook, Twitter) and from making public comments on this document – society is currently operating at a high level of alarm and we must ensure that we do not add to the highly charged emotional state.

SAVA would welcome further suggestions and insights that you may have implemented in your practice that could be useful for your colleagues.