



VETERINARY SURGEONS BOARD OF SOUTH AUSTRALIA

COVID-19 (Coronavirus) guidance and resources for veterinary surgeons

General information

- For current information on COVID-19 in South Australia, veterinary surgeons should refer to the [SA Health](#) website
- International information about COVID-19 can be found on the [World Health Organisation](#) website

Veterinary information and resources

- The [World Organisation for Animal Health \(OIE\) website](#) has [information on COVID-19 and its potential impacts on animal health](#)
- The World Small Animal Veterinary Association [has issued advice on COVID-19, managing the risk in a clinical setting and the potential impact on companion animals](#)
- The World Health Organisation has prepared [an infographic](#) that veterinary practices may wish to use on their websites and social media to address fears of clients about COVID-19 and their animals
- The US Centres for Disease Control and Prevention has provided [FAQ guidance regarding contact with pets and other animals](#)

Workplace information

- Persons conducting businesses or undertakings (PCBUs) have a duty to provide and maintain, so far as is reasonably practicable, a safe work environment and safe system of work for workers and others (including clients and visitors)
- [SA Health](#) has information on its website about workplace preparedness for COVID-19 including links to fact sheets published by the Australian Government Department of Health
- [SafeWorkSA](#) has issued guidance on work health and safety (WHS) responsibilities of PCBUs and workers with respect to COVID-19



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Start Planning Now

- Conduct a **risk assessment** and think about how you can protect staff who are at particularly high risk such as those with comorbidities
- Prepare a **contingency plan**
- Consider ways to **minimise exposure of staff** to the virus. Some practical examples include:
 - Ask clients about whether they, or those they are in close contact with, are self-isolating or infected with the virus, before they attend the veterinary practice
 - Carefully select cases following tele-triage and in-person triage processes to assess patient condition and exposure risk to staff
 - Defer non-urgent patient care (e.g. annual health checks and vaccination visits) following a risk assessment
 - Offer alternatives to in-person consultation, where appropriate, to reduce prolonged direct client contact (e.g. by admitting patients for assessment and care)
 - Use veterinary telemedicine (VTM) in appropriate cases. Cases that may suit VTM include:
 - Post-op assessment
 - Repeat prescription requests
 - Consider how to safely provide products (including medicines) to clients whilst minimising exposure risk
 - Avoid having more than one client attend consultations with their pet
 - Avoid any physical contact with clients even if distressed (e.g. no shaking hands, hugging)
 - Avoid having clients wait in waiting rooms (e.g. arrange for clients to wait in their vehicle until ready to be seen)
 - Practice regular hygiene in consultation and waiting rooms between each visitor
 - Make alcohol-based hand sanitiser products available for clients before signing papers or touching machines

FAQs

The FAQs set out below aim to provide a framework to assist veterinary practices with decision-making in these very challenging and rapidly-changing circumstances.



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1. What if we have to completely close our premises?

This situation may arise if, for example, a staff member of your practice tests positive for the virus and the entire staff has to self-isolate.

You should **notify your clients** as soon as possible that the practice is closed and let them know how long this will be the case. Where appropriate, direct clients to other sources of assistance. Ensure that your **telephone system** is appropriately diverted or, if it cannot be diverted, that there is a recorded message which informs clients of how they can access veterinary help. Ensure that a sign is prominently displayed at or near the premises specifying the name and contact details of a referral veterinary practice/ veterinary surgeon.

If you are contacted by a client and you think their **animal requires veterinary attention**, consider whether it is possible for you to see the animal at a venue other than the practice without having to come into contact with its owner or putting the owner at risk, or whether it is appropriate for you to refer the animal to another veterinary practice.

If this is not possible, consider to what extent **services can be provided remotely**. This may include telephone calls directing clients to other sources of assistance or giving advice via remote means as to how to manage conditions at home. In exceptional circumstances, it may also include the **remote prescribing of prescription medicines**. However, as there can be no physical examination of the animal, this should only be done as a last resort where you are satisfied that the risk is outweighed by the benefit, and you can justify your action if asked to do so. The factors to be considered in this respect are set out below in FAQ 4.

If you provide an **out-of-hours emergency service**, you should take steps to find another provider to cover the period that your practice is closed for current cases requiring after-hours access/care. If your out-of-hours cover is through a separate provider, check that they are still able to cover your service. Inform your clients of the out-of-hours arrangements in place whilst the practice is closed. See also FAQ 4.

2. What if we are short-staffed and cannot provide our normal level of service?

This situation may arise if members of staff have to self-isolate or test positive for the virus, but the practice is still able to remain open.



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You should **review the services you provide** and, in so far as possible, continue to provide those services as best you can even if it means providing them on a more limited basis than usual.

Services that have the most impact on animal health and welfare, for example emergency care, should be prioritised.

You should **inform your clients** of the strain on your practice and that they may have to wait for a longer period than usual for non-urgent appointments. You should also inform your clients when they have an appointment, that they should expect longer than usual waiting times.

Consider the extent to which **services can be provided remotely**. This may include telephone calls directing clients to other sources of assistance or giving advice via remote means as to how to manage conditions at home.

Remote prescribing of prescription medicines is less likely to be necessary in this scenario as physical examination of animals will still be possible, but the need could still arise. Again, the factors to be considered are set out below in FAQ 4.

3. What if one of our clients is self-isolating/tested positive for coronavirus and their animal is unwell?

Remind all **owners not to bring their pets to the surgery if they are self-isolating** because of suspected or confirmed COVID-19. Consider delaying routine treatments and consults for pets belonging to people who are self-isolating.

Draw up plans for dealing with emergency cases.

Plans for dealing with emergency cases should focus on **restricting any interaction with the owners and managing the risks associated with environmental contamination** (e.g. on fur of animals). Plans may include:

- asking **owners to nominate a friend/family member** from outside their home to bring the animal to your practice (there is no expectation that you will undertake home visits when it's not safe to do so)
- using **personal protective equipment (PPE)** when examining and treating pets from a household where COVID-19 is suspected or confirmed (similar to MRSA or Parvovirus cases)
- **designating a specific area of the practice** for pets from a household where COVID-19 is suspected or confirmed

Consider whether the animal could be brought to you (or you go to it) without putting your own (or someone else's) health at unnecessary risk.



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If you do decide to see the animal in person, **normal biosecurity measures**, as well as additional government guidance on hand washing, should be observed.

Consider the extent to which you can **assist remotely** - this may include giving advice via remote means as to how to manage the animal's condition at home or, in exceptional circumstances, it may also include the remote prescribing of prescription medicines. However, as there can be no physical examination of the animal, this should only be done as a last resort where you are satisfied the risk is outweighed by the benefit, and you can justify your action if asked to do so. The factors to be considered are set out below in FAQs 4 and 7.

There may be instances where, in order to ensure your own safety, an animal needs to be taken away from its owner to undergo **euthanasia for welfare reasons**. This is likely to be particularly distressing for the owner if he or she wishes to be with their animal at the end of its life. As such, you may wish to consider whether you can direct the owner to an appropriate source of support, for example a bereavement or counselling service.

4. When making decisions that go beyond applicable legislation, codes of conduct and professional standards, what factors should I consider?

When making decisions of this kind, the **key questions to consider** are:

- Have I considered all available information and am I satisfied that the information is reliable?
- Have I received and documented sufficient information to establish identification and ownership of the animal?
- Do I have evidence to support treatment of the patient?
- Is immediate action necessary and in the interests of animal welfare?
- Can I delay treatment until a physical examination is possible?
- Can I refer the animal/owner to another veterinary practice/ veterinary surgeon?
- Has the client provided informed consent?
- What are the risks (including consideration of the nature and quantity of any drugs being prescribed)?
- What are the benefits?



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- How, and how often, will I follow up with the owner to monitor the animal's progress?
- In my professional opinion, is my decision reasonable and would it be considered reasonable by a group of my peers in all the circumstances?
- Would I be able to justify my decision?

If you make decisions that deviate in any way from the *Code of Professional Conduct* for Veterinary Surgeons or a professional standard prepared or endorsed by the Veterinary Surgeons Board of South Australia, you should **make detailed notes of the decision**, together with the reasons for it (taking into account the above questions) and **ensure that any consent given by the client is fully informed**, for example, the risks associated with any medication prescribed remotely may be higher because there has been no physical examination. See also FAQ 7.

5. Is there anything we can do now to prepare for these scenarios?

There are a number of things you could do to prepare for the above scenarios:

- Carry out **risk assessments** for all staff to minimise exposure, particularly if they have comorbidities
- Make a **contingency plan** for how your practice would deal with one of the above scenarios
- Refer to your **business continuity plan** if you have one
- Familiarise yourself with **guidance on infection prevention and control** from the Australian Government and SA Health and consider whether any of the suggested measures could be applicable and implemented at your practice
- **Ask clients if they or a member of their household are currently self-isolating** or have tested positive for the virus when booking appointments and before attending any home/farm visits or offsite consultations. You could also consider sending a short questionnaire to external visitors (including clients) before they attend the practice in order to identify whether their attendance poses any particular risk to the visitor or your team. You may wish to ask about:
 - places they, members of their household or others they have come into contact with, have travelled to in recent weeks
 - whether they or anyone they have come into contact with is symptomatic



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- Consider whether it is necessary to **reduce the number of people attending the premises** or to limit physical contact with clients. This could be achieved by asking that only one person accompanies an animal when attending the practice, or by asking clients to wait in the waiting room, or even their cars, while you examine their animal. The consultation with the owner could then take place over the telephone. Please be mindful to ensure that directions are taken only from the animal's rightful owner or agent of the owner
- Encourage making **prior arrangements with other local practices** in the event you need to redirect cases and agree to take on additional cases from neighbouring practices should they be in a similar position
- Make plans as to how **practice resources could be pooled** with those of other practices in order help to ensure that veterinary services can continue to be provided to the local community in the event of staff shortages and practice closures
- Plan for how you would issue (and ensure clients can fulfil) **remote prescriptions for medicines** if the need arises. See FAQ 7

6. Good hygiene

Everyone must practise **good hygiene to protect against infection and prevent the virus spreading**. Good hygiene includes:

- covering your coughs and sneezes with your elbow or a tissue
- disposing of tissues properly
- washing your hands often with soap and water, including before and after eating and after going to the toilet
- hand hygiene between touching every patient - either sanitising or washing and drying hands
- using alcohol-based hand sanitisers
- cleaning and disinfecting surfaces
- if you are sick, avoiding contact with others and staying more than 1.5 metres away from people

Wash your hands frequently and thoroughly, with soap and warm, running water.

Reassure family and friends that, if they are well, they do not need to wear a facemask. Facemasks are generally for people who are sick. There is no reason to wear a facemask for protection against COVID-19 unless you are directly caring for people who are suspected cases.



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7. Using veterinary telemedicine (VTM)

VTM is not currently provided for in any code or professional standard issued by the Veterinary Surgeons Board of South Australia. However, **VTM may be a helpful tool to minimise the risk of exposure to COVID-19.**

Veterinary surgeons must use their **professional judgement** to decide whether using VTM is appropriate and necessary in particular circumstances relating to COVID-19. See FAQs 1, 2, 3 and 4.

The Veterinary Surgeons Board of South Australia **recommends** that use of VTM during the COVID-19 pandemic be limited to the following:

- VTM should only be conducted by a veterinary surgeon in order to diagnose a disease, injury or condition, prescribe medication or otherwise treat an animal within an **existing Veterinary Surgeon-Client-Patient Relationship (VCPR)**, with the exception of advice given in an emergency until the patient can be seen by a veterinary surgeon
- The veterinary surgeon should **assume responsibility** for making medical judgements and ensure that he or she has **sufficient knowledge of the patient** to make at least a differential or preliminary diagnosis of the disease, illness or condition
- The veterinary surgeon should be **readily available for follow-up evaluation**, or have arranged for **veterinary emergency coverage and continuing care and treatment** of the patient
- The veterinary surgeon should provide **oversight of treatment, owner compliance and outcome**
- The veterinary surgeon should **document the patient's continuing care and treatment** in the medical record
- The veterinary surgeon should obtain and document the owner's **informed consent for the use of VTM**
- **In the absence of a VCPR**, any **advice** provided by the veterinary surgeon to a client through electronic means should be **general and not specific to a patient, diagnosis or treatment**

In light of the risk COVID-19 poses, if it becomes widespread in South Australia, it may be appropriate for veterinary surgeons to use VTM to **authorise repeat medicines** where they can reasonably judge it appropriate and safe to do so using patient histories and/or recent visits to the premises even without having seen the animal recently. Whilst this departs from the clear standard set out in the Code of Professional Conduct for Veterinary Surgeons, it may be justified during the COVID-19 pandemic to protect veterinary surgeons, their staff, and the wider public. Risk



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assessment and professional judgement by the veterinary surgeon in each case is vital. See FAQ 4 regarding making these decisions.

Further guidance and resources

[South Australian Government - SA Health website](#)

[Australian Government - Department of Health website](#)

Royal College of Veterinary Surgeons - [Coronavirus \(COVID-19\) FAQ](#)

American Veterinary Medical Association - [What do you need to know about coronavirus?](#)

British Small Animal Veterinary Association (BSAVA) - [COVID-19 and Pets](#)

British Veterinary Association (BVA) - [Coronavirus disease \(Covid-19\) – updates for the veterinary profession](#)

World Small Animal Veterinary Association (WSAVA) - [The New Coronavirus and Companion Animals – Advice for WSAVA Members](#)

Sources:

<https://www.bva.co.uk/news-and-blog/news-article/coronavirus-disease-covid-19-updates-for-the-veterinary-profession/>

<https://www.rcvs.org.uk/setting-standards/advice-and-guidance/coronavirus-covid-19/>

https://www.dhhs.tas.gov.au/publichealth/communicable_diseases_prevention_unit/infectious_diseases/coronavirus

<https://dpiw.tas.gov.au/biosecurity-tasmania/animal-biosecurity/veterinary-board-of-tasmania>

https://vetcouncil.org.nz/Web/News/Articles/COVID-19_for_vets.aspx