

## Guidance Document for relaxing definitions of essential veterinary services in response to easing of strict pandemic requirements in BC

On May 6<sup>th</sup>, Premier John Horgan announced the next stage of British Columbia's response to the COVID-19 pandemic. This guidance document reflects agreement between the College of Veterinarians of British Columbia (CVBC), the Society of British Columbia Veterinarians (SBCV) Chapter and the Ministry of Agriculture (AGRI) with final review provided by WorkSafe BC. This document supersedes all previous B.C. documents from various B.C. sources providing guidance on essential veterinary services.

Following the guidance in this document will better prepare you to ease the previous strict social distancing and interaction requirements cautiously and safely, and gradually open your practice up to providing a greater range of service. This will be a careful start to normalizing the provision of veterinary services to British Columbians and their animals, while ensuring the protection of veterinarians and staff and their clients. The goal is to allow social contact to stay below a maximum of 60% of where it was prior to when the regulations on social distancing were introduced.

Specific guidance considers the 4 basic pillars of the pandemic response that must be followed. These pillars allow veterinarians to interpret the new concepts of social and economic loosening, based on your professional judgement, and will also allow slow and careful return to performing elective surgeries and dental and diagnostic procedures in clinical practice:

1. Social and physical distancing/staying home to reduce social contact.
2. Zero tolerance for sick staff members coming in to work and provisions to support ill staff members to stay at home when they are.
3. Enhanced hygiene for people and premises.
4. Careful and conservative use of personal protective equipment (PPE).

Following the guidance outline in this document will better prepare you to cautiously return to levels of physical contact recommended for all BC businesses. For further information see: [https://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/covid-19/bc\\_covid-19\\_go-forward\\_management\\_strategy\\_web.pdf](https://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/covid-19/bc_covid-19_go-forward_management_strategy_web.pdf)

This recommended level represents an increase from the current targeted lockdown restrictions that resulted in approximately 30% of normal social interaction, toward a sustainable 60% of social interaction, with restated levels of targeted restrictions. Modelling suggests that going above this level will result in a significant and unsustainable growth in transmission of the virus. Information indicates the 60% refers to the level of social/physical interaction and not the volume of business.

WorkSafeBC sets out its guidance on a safe return to business here:

<https://www.worksafebc.com/en/about-us/covid-19-updates/covid-19-returning-safe-operation>

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Each Veterinary Practice must have a detailed, **written plan for the suite of measures you will implement and maintain over the upcoming 12-18 months at your workplace(s)**. All staff must be trained and educated on this plan and it must remain readily available to them. It must also be available to WorkSafeBC at any time if required.

### **Here is the Generic Guidance for the CVBC Registrants:**

There are **three areas** that your plan needs to address. They are focused on preventing transmission of COVID-19.

#### **1. Support and Enforce Employee Precautionary Measures**

- a. If any Veterinarian or Veterinary staff have cold, flu, or COVID-19-like symptoms including a cough, sneezing, runny nose, sore throat, diarrhea, vomiting or fatigue, that Veterinarian or staff member must stay at home.
- b. No hand shaking, hugging or other personal contact between staff and clients.
- c. Frequent hand washing with soap and water and use of hand sanitizers. Avoid touching your face. Cough and sneeze into a tissue or your elbow.
- d. Disinfect commonly touched surfaces and shared areas frequently.
- e. Maintain physical distancing as much as operationally possible. Install engineered or physical barriers such as plexiglass shields where possible and use a non-medical or surgical mask or face covering in situations where reasonable physical distancing cannot be consistently maintained.
- f. Use of medical (N95) masks and disposable PPE are to be limited to medical situations in which this level of personal protection is warranted
- g. Post signage informing clients or visitors who have cold, flu, or COVID-19-like symptoms including a cough, sneezing, runny nose, sore throat, diarrhea, vomiting or fatigue that they should not come into your practice. Verbal prompts should be used if required.
- h. Any animal that comes from a household with known, active COVID-19 infection must be handled appropriately (considering the additional risk for staff) even if that owner does not enter your practice. This higher level of risk must be addressed in your plan.

#### **2. Manage Physical Interactions Within the Workplace**

- a. Reduce staffing density by applying policies such as:
  - i. Smaller teams or cohorts
  - ii. Staggered work hours
  - iii. Work from home when possible
  - iv. Avoid in person meetings, use telemedicine  
<https://files.constantcontact.com/03b45b1b501/fe4a7e85-d116-4722-b14a-01634f12967f.pdf>
  - v. Restrict access to the facility to as few clients as possible

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- vi. Work by appointments only for all non-emergency work
- b. Ensure areas where staff congregates (kitchens, staff rooms, front desk, treatment areas) are actively managed to maintain physical distancing. Consider reconfiguring these spaces and/or limiting the numbers of people at any given time.
- c. Ensure increased cleaning throughout the day.

### 3. Implement Safe Organizational Practices and Core-Workplace Measures

- a. Veterinary practices must have clear written policies to enable and ensure that individuals who have the symptoms of a cold, flu or COVID-19, including any coughing or sneezing do not come into the practice building or immediately leave the practice building and go home if onset of these signs occurs at work. Staff members with COVID-19 like symptoms must self-isolate at home for a minimum of 10 days from onset of symptoms, until their symptoms are completely resolved. Implement sick day policies for the coming 12 months that actively support individual staff being off sick or working safely at home during these illnesses. As an employer you must take leadership in this regard.
- b. Staff members that travel internationally must remain away from the workplace for at least 14 days upon following their return.
- c. Staff members should not come to work if they reside in the same household as a confirmed or clinical COVID-19 case who is self-isolating.
- d. Continue to consider alterations in practice to reduce contact and improve safety, such as curbside transfer of pets, food, supplies, alternate service delivery (use of telemedicine where appropriate), minimize paper/signatures or contact where possible (verbal or electronic if possible), limited client entry and other strategies.
- e. Continue screening clients to mitigate risks and determine appropriate use of enhanced PPE.
- f.

#### **CVBC's authority for this guidance comes from CVBC Bylaws, Part 4 – Ethics and Standards, Division 4.2 – Code of Ethics:**

##### *Duty to the public*

206(1) A registrant must protect and serve the public interest in pursuit of the highest medical and ethical standards of the profession in British Columbia.

(2) A registrant should make efforts to contribute to the education of the public in matters relating to and promoting the health and safety of animals and thereby the health and safety of the public, but must do so in accordance with generally recognized standards of integrity, competency and professionalism.

We wish to commend the veterinarians and practices that have shown true professionalism in restricting their practices to essential services and in embracing telemedicine to keep people at home while stringently applying physical distancing and conservation of personal protective equipment.

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We all need to continue that effort while we ease some of the public health restrictions. How we move to the new normal may look different from one region or practice to the next. This is all new territory. We are making history with every step we take, and we will be judged on how we do.



Jane Pritchard BA, DVM, MVetSc  
Interim Registrar CVBC

### Additional Reading and Resources

#### Q & A

**1. What does this mean for the resumption of non-essential surgeries?**

You can slowly start to book non-essential surgeries, dental procedures, and appointments such that proper physical distancing and a reduction of social contact to a maximum of 60% pre-COVID-19 is maintained.

**2. What about grooming, nail trims etc. that were classed as non-essential and previously not supported without medical reasons?**

Be very cautious in extending your practice to include these elective services, as urgent and emergent care must take priority. Do not overwhelm your staff or your resources. Only resume these services slowly such that proper physical distancing and reduction of social contact to a maximum of 60% pre-COVID-19 is maintained.

**3. What about routine vaccinations?**

Be cautious and resume these slowly over the next 12 months with attention to physical distancing. Priority should be given to Rabies vaccinations. After that prioritize by risk level. (Puppy vaccinations, environmental risk exposures, vaccinations for boarding, travel or entry to a veterinary hospital or shelter, etc.) Limit the number of clients entering your building to as few people as possible, making sure those people are healthy and have not been exposed to active COVID-19 cases.

<https://www.worksafebc.com/en/about-us/covid-19-updates/health-and-safety/what-employers-should-do>

<http://www.bccdc.ca/health-info/diseases-conditions/covid-19/prevention-risks/pets>

## Guidance Document for relaxing definitions of essential veterinary services in response to easing of strict pandemic requirements in BC

[https://www.wormsandgermsblog.com/files/2020/05/Practice-Reopening-Guideline\\_FINALMAY6.pdf](https://www.wormsandgermsblog.com/files/2020/05/Practice-Reopening-Guideline_FINALMAY6.pdf)

### Principles of Coronavirus Transmission

Coronavirus is transmitted via **larger liquid droplets when a person coughs or sneezes but also potentially when they are talking in very close proximity to another person**. The virus in these droplets then can enter the body of another person when that person breathes in the droplets or when the droplets touch the **eyes, nose, or throat** of that person.

- This requires you to be in close contact – less than the so-called social distancing of 6 feet. This is referred to as ‘droplet’ transmission and is believed to be the primary way COVID-19 is transmitted.
- In addition, droplet transmission is much more likely when in close contact in an indoor setting. COVID-19 can also be transmitted through droplets in the environment if someone **touches the contaminated area then touches their face or eyes without cleaning their hands**. This speaks to the importance of regularly cleaning one’s hands and cleaning of high touch areas in the environment.
- A key issue in transmission is the median incubation period (the time from infection to appearance of symptoms) and the serial interval (the time between successive cases) for the COVID-19. The **serial interval for COVID-19 is estimated to be 5-6 days**. The serial interval is 3 days for influenza with transmission taking place in the first 1-3 days of illness, **pre-symptomatic transmission** (transmission of the virus before the appearance of symptoms) being a major driver of transmission for influenza. For COVID-19 there are some emerging indications that there are people who can shed the virus up to 48 hours prior to symptom onset, but at present, the WHO suggests that this **does not appear to be a major driver of transmission**. However, we need to acknowledge that there is debate about this and that at this time we cannot be categorical.