



COVID-19 VCI Update and Guidance Note to Registrants

28th March 2020

Dear Registrant,

An Taoiseach Leo Varadkar T.D., announced further nationwide restrictions last night, on 27th March, stating that people should remain in their home in virtually all circumstances, save some specified exemptions. This includes the closure of all non-essential retail outlets with immediate effect with a few exceptions chief among them being *'for farming purposes, such as food production or care of animals'*.

Confine veterinary services to food production support and emergency care only

Accordingly, veterinary service providers should confine their services to those supporting food production, in addition to emergency care at this time. Veterinary Practitioners have been included in the essential personnel status as defined by the Department of Health. This is an extraordinary time and it requires extraordinary measures. Animal welfare and food production support services are areas of priority at this time, however the VCI recommend that all veterinary practices confine their services to emergency treatment and care required in the interests of animal welfare, and services required in the support of food production.

This guidance follows his earlier address of Tuesday, 24th March in which he stated that: *'retail sales of essential items for the health and welfare of animals, including animal feed and medicines, animal food, pet food and animal supplies including bedding'* provide an *'essential retail service'* during the Coronavirus pandemic.

All registrants over 70 years of age and those with underlying health conditions are requested to shield or cocoon, as per the direction of An Taoiseach last night. We ask all veterinary practices and colleagues to support one another as much as possible at this difficult time. The health and well-being of registrants is imperative, in the best interests of animal welfare and public health.

Guidance for veterinary practices in assessing emergency and urgent care during Covid19

The Veterinary Council of Ireland while acknowledging the absolute professional judgment and clinical discretion resting with registrants, offers some guidance to assist in determining what is an emergency or potentially urgent matter. An urgent or emergency matter, is one giving rise to animal welfare concerns, requiring veterinary assistance. Any urgent matter should be interpreted as presenting a significant risk to life or clear risk to welfare if not assessed. A potentially urgent matter being one which could develop significant welfare compromise or become life threatening in the current period of restriction. Emergency or urgent matters, and those potentially urgent matters should receive veterinary assistance, as

an essential service. This should be carried out at the veterinary practice or on farm, having regard to the safeguards and measures recommended by Public Health guidelines, including physical distance being strictly adhered at all times, minimising contact with animal owner, requesting assistance from practice colleague such as another vet, nurse etc, to restrain the animal and avoid contact with animal owner if required. Please find a link to the [British Small Animals Veterinary Association \(BSAVA\) Guidance Note on Triaging for cats and dogs here](#).

The Veterinary Council of Ireland encourage vets and other prescribers and retailers of veterinary medicines to continue with normal ordering patterns to maintain appropriate and proportionate stocks of veterinary medicines, in line with assurances from [Federation of Veterinarians of Europe \(FVE\)](#). If this is undertaken, there should be no need for additional stocks.

Veterinary included in essential services listing

Veterinary practices provide essential services, vital to ensure safe food production and safeguard animal welfare. The current government advice states that people need to stay at home except for very limited exceptions, relevant to veterinary registrants travelling to and from work for animal welfare and food production support services, when necessary.

During this period veterinary professionals can continue to work as essential workers; however, practices and habits must be sharply adapted to current circumstances. This includes providing treatment and emergency care where animal welfare would be compromised by delay, or in activities that are essential to maintaining the future food supply chain. All routine clinics and treatment appointments unlikely to have an impact on welfare should be deferred, including matters such as booster vaccinations, nail clipping, update on progress of existing conditions, treatment course changes, repeat prescription consultations, etc.

These food production support services and emergency care must also be provided in a manner that avoids all unnecessary contact with clients, maintains a safe physical distance, and ensures that animals are only seen face-to-face when necessary.

The Veterinary Council of Ireland is mindful of the impact the COVID-19 pandemic has had on registrants' welfare, the welfare of their families and colleagues, their businesses and current work practices. The Veterinary Council wish to acknowledge all registrants who continue to provide high levels of veterinary care while adhering to and observing HSE and government guidelines during these challenging and unprecedented circumstances.

Use of remote access technology

The Council's position on [Animals under Veterinary Care](#), and the use of remote access technology only for triage remain the normal standard to which registrants are held accountable. Council will continue to develop its guidance in line with technological advances and best clinical practice in this area.

The current unprecedented situation demands a unique relaxation of the current time limit between direct clinical contact and diagnosis and prescribing by attending veterinary practitioners. This relaxation remains in force only for the duration of this crisis, which will not provide a precedent for any other argument for deviation from what the Council deems acceptable.

Attending veterinary practitioners may use standard IT methods to assess animals owned by bona fide clients to aid in their diagnosis and treatment of patients (including the prescribing of medicines). This will apply to all patient types. As always, Council reserves the right to judge whether it is used appropriately or not, allowing for the exigencies of COVID-19 and physical distancing.

At its most recent meeting of Thursday, 26th March, the Veterinary Council considered concerns raised for registrants in general practice in recent days who are striving to maintain the provision of services, while complying with the [HSE](#) guidelines on social distancing while conforming to the Council's position on [Animals under Veterinary Care](#) and the use of Telemedicine for triage only. The Council acknowledges the challenges facing all registrants during the current health crisis and seeks to support and offer direction and leadership at this unprecedented time.

In addition to the **Guidance for veterinary practices in assessing emergency and urgent care during Covid-19 pandemic**, **Guidance on Healthcare protocols** and **the Use of Personal Protective Equipment (PPE) in veterinary practices** contained in this notice, the following points and definitions set out below may be of help to registrants trying to implement protocols that will protect the health of practice members while practicing to a professional standard. Registrants are invited to share additional measures that they found beneficial in their own practice.

There is no specific advice for veterinary practitioners and veterinary nurses on the potential for animals to be involved in viral transfer even if only as passive carriers of the virus.

While COVID-19 is the most acute global health challenge in recent history, it has also brought out the best elements of human endeavour, resilience and community spirit in people from all walks of life. I am immensely proud of all colleagues in facing this crisis with determination and collegiality, and community spirit uniquely enjoyed amongst the Veterinary Professions.

Yours sincerely,

Joe Moffitt

VCI President

Please note: Readers should not rely solely on the information contained within these guidelines. Guideline information is not intended to be a substitute for advice from other relevant sources including, but not limited to, the advice from a health professional. Clinical judgement and discretion will be required in the interpretation and application of these guidelines.

In addition to the links provided here namely the ([HSE](#), [HPSC](#), [Veterinary Ireland](#), [Veterinary Officers Association](#)), the following points are based primarily on advice from the [Department of Agriculture, Food and the Marine](#) including the [Protocol for Bovine TB Testing during the Coronavirus outbreak](#) and from the [Health Protection Surveillance Centre to Pharmacists and Healthcare workers](#).

<https://www.hpsc.ie/az/respiratory/coronavirus/novelcoronavirus/guidance/pharmacyguidance/>

<https://www.hpsc.ie/az/respiratory/coronavirus/novelcoronavirus/guidance/occupationalhealthguidance/>

Definitions of contact types

HPSC Close contact definition

Anyone who has had greater than 15 minutes of face-to-face (less than 2 meters distance) contact with a confirmed case in any setting.

- Household contacts - defined as living or sleeping in the same home, individuals in shared accommodation sharing kitchen or bathroom facilities and sexual partners
- Closed space contact. For those contacts who have shared a closed space with a confirmed case for longer than two hours, a risk assessment should be undertaken taking into consideration the size of the room, ventilation and the distance from the case
- Healthcare workers who have not worn appropriate personal protective equipment (PPE) or who have had a breach of PPE
- Passengers on an aircraft sitting within two seats (in any direction) of the COVID-19 case, travel companions or persons providing care, and crew members serving in the section of the aircraft where the case was seated

Casual contact definition

Healthcare workers, not including laboratory workers, who have taken recommended infection control precautions, including the use of appropriate PPE, during the following exposures to the confirmed case:

- Direct contact with the case (as defined above) or their body fluids.
- Present in the same room when an aerosol generating procedure is undertaken on the case.

- Any individual who has shared a closed space with a confirmed case for less than two hours.
- Passengers on an aircraft sitting beyond two seats (in any direction) of a confirmed case.
- Any individual who has shared a closed space with a confirmed case for longer than two hours, but following risk assessment, does not meet the definition of a close contact.

The HPSC guidance directs that close contacts are isolated while casual contacts may still go to work etc unless they begin to display symptoms, in which case they should seek medical advice and self-isolate.

Practices should consider the following as part of their response to COVID-19

Public messaging

- People who have fever and/or a cough, or are awaiting testing or test results, or have been advised to self-isolate should not attend the practice.
- People who are in at risk groups for severe complications of COVID-19 should not attend the practice where possible.
- People in either of these categories should phone the practice and have others collect refills of medicines if possible. (It is up to individual practices to arrange delivery if they so wish).

Signage

- Place posters on the outer door and immediately inside waiting area indicating the practice policy on clients attending either with patients or to collect medicines/supplies.
 - Have signs at the counter and place marks on the floor to indicate social distancing

Communication (Messaging)

- Have the phone recording refer clients to your web/Social media platform(s) for updates.

Healthcare protocols

Use of Personal Protective Equipment (PPE) in veterinary practices

- Community pharmacies have been advised that the use of gowns, mask, eye protection and gloves by staff should be reserved for very exceptional circumstances that may arise in which a pharmacist is required to have significant close physical contact suspect COVID-19 person. The preferred option is to advise the person to leave the pharmacy to access appropriate services and to then perform hand hygiene rather than to have the person wait in the pharmacy while the pharmacist wears unfamiliar equipment
- The same advice would seem practical for vets and veterinary nurses. It may be advisable to don a mask if there is to be continuous close contact with any client during an examination/treatment. Standard gowning, gloving and mask for procedures involving close contact involving practice staff should apply in the normal fashion.
- See animals at the clinic/hospital by prior appointment.
- Have clients remain in the car and phone to say they've arrived.
- Have practice staff collect animals from the car using practice leads for dogs. Disinfect handles of carriers thoroughly.
- Have clients remain in their car if possible. Communicate by phone or other mutually acceptable technology, e.g. WhatsApp or Zoom etc. Where this is not practicable or feasible, allow one person to enter the practice building (e.g. euthanasia).
- Where clients do enter the premises, only allow one at the time, or have the rooms marked to ensure physical distancing. Staff should remind owners (who may be otherwise concerned) of the need to adhere to the spacing requirements.
- Following consultation, dispense medication from the office to the car, and use card payment where possible.
- Medication/Food refill requests should be phoned in prior to arrival. A practice member should deliver the items to the client in the car.
- Advise clients that anyone who is sick, especially with flu-like symptoms, has been in contact with anyone who is sick, not to travel with the animal and find alternative transportation.
- The situation regarding animal infection is unclear. It is reassuring that despite the number of human cases there has been no similar pattern in animals. However, there is evidence of viral presence and antibodies in a dog, and of a cat that came from COVID-19 positive houses. Animals from high risk situations should therefore be treated as passive carriers of COVID-19. They should only be seen in emergency situations. Prior notification should ensure that a minimum of staff with sufficient PPE handle can manage under conditions of barrier nursing.
- House calls should be avoided unless they are absolutely necessary for animal welfare reasons. In high risk situations, arrange for the animal to be brought to the premises as outlined above.

- Farm visits should be carried out as required, with the assistance of a colleague or nurse for calving or sections, where the animal owner/family member is suffering from COVID19. At all times, strict 2 metre distancing should be engaged.