Coronavirus Disease 2019 (COVID-19)

Healthcare Associated Guidance for Animal Healthcare Providers

May 21, 2020
6–7 p.m.
Participants

Virginia Department of Health
Julia Murphy, State Public Health Veterinarian
Brandy Darby, Veterinary Epidemiologist

Virginia-Maryland College of Veterinary Medicine
Laura Hungerford, Cassidy Rist, Jenni Zambriski, Population Health Sciences
Tanya LeRoith, Biomedical Sciences & Pathobiology
Trish Haak, Veterinary Social Work

Virginia Department of Agriculture and Consumer Services
Carolynn Bissett, Program Manager, Office of Veterinary Services

Virginia Veterinary Medical Association
Jay Margolis, VVMA President
Participants

Maryland Department of Agriculture
Michael Odian, Chief State Veterinarian

Maryland Department of Natural Resources
Cindy Driscoll, State Fish and Wildlife Veterinarian

Maryland Veterinary Medical Association
Elizabeth Cottrell, MDVMA President

D.C. Health
Nivedita Ravi-Caldwell, Zoonotic Disease Epidemiologist
Vito R. DelVento, Executive Director and State Veterinarian
Thanks for your questions in response to the survey!

Please enter additional questions this evening by logging into YouTube and entering them in the webinar chat.
Welcome

Dr. Gregory Daniel
Interim Dean
Your Questions

Major themes:

• Veterinary Practice
  • Liability, CE, Telemedicine, Support/Resources

• Practice Protocols
  • Euthanasia, curbside service, ambulatory-specific

• Animal-specific
  • Testing, zoonotic transmission, fomites

• Employee health and safety
  • PPE for staff, workplace/employee guidance for exposure and testing

• PPE shortages
# Survey Results

**N = 271**

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<tr>
<th>States</th>
<th>Practice Type</th>
<th>Percentage</th>
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<tr>
<td>VA</td>
<td>Small animal</td>
<td>72%</td>
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<tr>
<td>MD</td>
<td>SA, mobile</td>
<td>4%</td>
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<td>DC</td>
<td>Large animal</td>
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<tr>
<td></td>
<td>Mixed animal</td>
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<td>Shelter Medicine</td>
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<tr>
<td></td>
<td>Other</td>
<td>12%</td>
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<td>Other staff</td>
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**Position**

- Veterinarian: 82%
- Vet tech/nurse: 8%
- Other staff: 10%
Survey Results - Current services

- Closed, not immediate plans to re-open: 2%
- Closed, plans to re-open 1-2 weeks: 3%
- Open, plan to resume non-ES in 1-2 weeks: 20%
- Open, have resumed non-ES: 43%
- Open, did not stop non-ES: 32%
Survey Results - Concerns with state re-opening

Major Themes:

• How to move from curbside service to in-clinic service safely

• Staff and clients assuming re-opening = back to normal
  • More walk-in clients
  • Assuming/demanding to come in building
  • Staff not wearing PPE

• Stress/fatigue

• Extra time/challenges faced with continuing curb-side service
Survey Results - PPE shortages

Is your practice experiencing any issues with obtaining the following PPE?

- Gloves, non sterile: 15%
- Gloves, sterile: 14%
- Surgical masks: 27%
- Disposable gowns: 12%
- Face shields: 12%
- No issues experienced: 20%
Survey Results - PPE shortages

Impact ability to work to provide non-essential services?

- **YES**: 44%
- **NO**: 29%
- Did not stop non-ES: 26%

Impact ability to work safely?

- **YES**: 57%
- **NO**: 43%
In your practice, have you experienced any challenges with employees returning to work after illness related to COVID-19?

- **YES**: 12%
- **NO**: 73%
- **Don’t Know**: 15%
Survey Results - Animal Testing

Have you had any requests from clients about testing for SARS-CoV-2 in their animals?

- Yes, rarely: 25%
- Yes, 1-2 times a week: 5%
- Yes, > 2 times a week: 5%
- No: 65%
- Don’t know: 5%
Can you imagine, or have you experienced a situation in which you would like to be able to offer testing for SARS-CoV-2 in a client-owned or shelter animal?

- Yes: 49%
- No: 51%
May 21, 2020:
Case count: 1,551,095
Deaths: 93,061
COVID-19 in the Region

https://www.vdh.virginia.gov/coronavirus/
https://coronavirus.maryland.gov/
https://coronavirus.dc.gov/
COVID-19 Response: Situational Updates

- Veterinarians have been involved with several aspects of the COVID-19 response:
  - Meat and poultry processing plant outbreaks and associated food security issues
  - COVID-19 and Animals
  - Reopening plans for states and businesses, including best practices for veterinary facilities
COVID-19 Response: Veterinary Facilities

- Increased curbside services and other social distancing strategies
- Cohorting of staff to reduce the number of people one interacts with on any given day
- Prioritized provision of veterinary services for ill animals
- Encouraged sick workers and sick clients to remain home
- Increased cleaning and disinfection of high-touch surfaces

Updated Prevention Strategies and Guidance

- CDC Guidance for Veterinarians:

- Regional Guidance for Veterinarians:
  - http://coronavirus.dc.gov/

- CDC Recommendation: Cloth Face Coverings

- CDC Critical Infrastructure Workforce Guidance

- Discontinuation of Home Isolation
Managing Ill Employees

• **Quarantine**: the separation of people who were exposed to COVID-19.
  • Exposure: having close contact (within 6 feet for at least 10 minutes) with a confirmed or suspected case of COVID-19, or being a household contact.
  • The timeframe for having contact with an individual includes the period of time of 48 hours before the individual became symptomatic.

• **Isolation**: the separation of people sick with COVID-19 from others.

Return to Work Criteria

- Employees who were quarantined due to exposure and never became ill can return to work once the quarantine period is over
  - 14 days from last exposure
  - For persons assessed as household contacts, 14 days from when the sick person is released from home isolation

- Employees who were ill with COVID-19:
  - Symptom-based strategy vs. test-based strategy
  - At least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath); and,
  - At least 10 days have passed since symptoms first appeared.
Reopening Strategies

• Forward Virginia: Phase I, “Safer at Home”

• Timeline for reopening is based on health data, including: number of cases, percent of positive tests, percent of hospitalized cases, hospital bed and ICU capacity, PPE availability

• Language in Executive Order 61 speaks most specifically to certain retail businesses:
  • Directives on limiting occupancy
  • Employees in customer areas must wear face coverings
  • Cleaning and disinfection requirements
Executive Orders-Virginia

• Relevant excerpts from recent executive orders include:
  “Any businesses, not listed in this section, should adhere to the Guidelines for All Business Sectors expressly incorporated by reference herein as best practices.” (EO 61)
  “All businesses are encouraged to follow the Guidelines for All Business Sectors as best practices...” (EO 62)
  “Although business operations offering professional rather than retail services may remain open, they should utilize teleworking as much as possible. Where telework is not feasible, such businesses must adhere to physical distancing recommendations, enhanced sanitizing practices on common surfaces, and apply the relevant workplace guidance from state and federal authorities.”
Best Practices for Veterinary Facilities

• Whenever faced with a health hazard in the workplace, the best solution is to eliminate that hazard.

• When that is not possible, we look to engineering and administrative controls to protect people from the hazard.

Source: NIOSH
Best Practices Considerations-Clients

• Encourage ill owners to stay home
  • Reschedule or ask someone who is healthy who lives outside the house could bring the pet to the hospital
  • If an ill owner enters the hospital, ask the client to wear a face covering, direct the client to an exam room, limit the number of veterinary staff that enter the room, clean and disinfect the room after the visit
• Phone communication and drop off service
• Limiting number of clients or visitors in the hospital to maintain distancing
• Direct to exam room admission
• Ask clients to wear face coverings if entering the hospital

Best Practice Considerations-Staff

• Social distancing as work allows among staff and between staff and clients
• Mask use as since social distancing cannot always be maintained
• Encourage ill employees to stay home/send ill employees home  
  • Implement flexible sick leave policies/practices
• Vulnerable worker considerations
• Employee self monitoring for illness  
  • Guidance for critical infrastructure and allowance for work during a quarantine period if necessary  
  • Balance critical workforce needs and staff/worker impact
• Environmental cleaning and hand hygiene

https://www.vdh.virginia.gov/local-health-districts/
Updated Guidance Documents

- Interim Infection Prevention and Control Guidance for Veterinary Clinics Treating Companion Animals During the COVID-19 Response

- Interim Guidance for Businesses and Employers Responding to Coronavirus Disease 2019 (COVID-19), May 2020

- Virginia Department of Health Interim Guidance on Screening, Monitoring and Testing Employees Returning to Work: Critical Infrastructure Employees (Non-Healthcare)

- Compendium of Veterinary Standard Precautions
PPE Shortages

- Veterinary professionals experiencing supply chain issues should email the AVMA (at coronavirus@avma.org)
  - Include detailed information about the product of concern and its manufacturer/distributor, if possible.
  - For more information, visit: https://www.avma.org/resources-tools/animal-health-and-welfare/covid-19

- In Virginia:
  - COVID-19 vendor list at dgs.virginia.gov
  - https://www.projectn95.org/.
Virginia Continuing Education Requirements

• Effects of COVID-19 on obtaining CE hours is being monitored;
• No changes for licensure period of 01/1/2020 - 12/31/2020, at this time;
• Regulations do not specify a method, in-person or online, for obtaining CE;
• Recommend reviewing Guidance Document [150-11](Guidance for Continuing Education (CE) Audits and Sanctioning for Failure to Complete CE for information on CE requirements which includes applicable regulations;
• Board meeting scheduled for 07/28/2020 will include CE as an agenda item; and
• Mass email will be sent and posted on the Board’s website if any changes are made to CE requirements.
VMCVM VTH COVID Planning: Challenges

1. There are not clear directives
   • Mostly “suggestions” and “guidelines”

2. Dearth of information on best practices when guidelines can’t be observed
   • You can’t maintain 6ft of distance and put in a jugular catheter
3. Possible conflicts between employee health monitoring and HIPAA
   • We are health care providers and we are employers.
   • How do we know what is within the rules of the law?
   • If we make policy based on risk level of the individual, are we asking them to self-identify and violating civil rights?

4. Employees hyper-focused on PPE to the exclusion of other methods
   • PPE is the easiest thing to see and we use it incorrectly to assess compliance
   • How do you implement and enforce all policies?
   • Should there be punitive measures for non-observance?
VMCVM VTH COVID Planning: Tools in the Toolbox

1. Daily attestation of health

2. Hand-washing
   • Start, middle, end of shift
   • Before donning and after doffing gloves

3. PPE
   • Cloth masks for administrative positions
   • Surgical masks for clinical positions (require more close physical contact)
   • Gloves for all close contact procedures
4. Physical Distancing
   • Reduce stocking density
   • 6ft when possible
   • Ceiling markers (mistletoe & disco balls)
   • Maximum Occupancy Restrictions
   • Clients are not permitted inside the hospital
     • Working to implement attended euthanasia

5. Personal Level of Risk Tolerance
   • This is different for everyone
   • Do what makes you feel safe
   • You may not impose your beliefs on others
SARS-CoV-2 in Animals

• Cases in animals worldwide
  • As reported to the OIE

• Clinical signs in pets
  • Self-limiting respiratory signs
  • No evidence of respiratory distress

• Zoonotic transmission and pets as potential fomites
  • No evidence of animal-to-human spread
SARS-CoV-2 Testing in Animals

• Current testing recommendations
  • Follow the USDA/AVMA guidelines
  • Contact State Animal and Public Health Officials

• Considerations for testing
  • Indications for testing
  • Protecting staff

• Consequences of a positive test result
Wildlife – Monitoring

- Wildlife host range is poorly understood
- Wildlife rehabilitation allowances are decided by each state
  - NWRA: National WL Rehabilitation Association
- We maintain enhanced communications with Local, State, Regional, Federal Agencies:
  - MD Depts. of Agriculture & Health
  - AFWA: Association of Fish & Wildlife Agencies/ FWH Committee
  - SCWDS: SE Coop. WL Disease Study/ UGA
  - NWHC: National WL Health Center
  - CDC: Centers for Disease Control & Prevention
    - State Agency Weekly Updates Call
  - DHS: Guidance document

Resources:
- NWHC:
  - https://www.usgs.gov/centers/nwhc
- AVMA:
- CDC:
  - https://www.cdc.gov/onehealth/zohu/index.html
- DHS:
- NWRA:
  - https://www.nwrawildlife.org/page/COVID-19
Bats & SARS-CoV2

- Bats - important part of the ecosystem
- No SARS-CoV2 evidence in bats in U.S.
- Currently unknown if bat morbidity/mortality is possible
  - Infection study underway at USGS/NWHC
  - Risk assessment study underway at USGS/PWRC
- Contact state wildlife agency for bat/rehab information:
  - MD: https://dnr.maryland.gov/wildlife/Pages/plants_wildlife/bats/index.aspx
  - VA: https://www.dgif.virginia.gov/wildlife/
  - DC: https://doee.dc.gov/service/fisheries-and-wildlife
Coping and Wellness

<table>
<thead>
<tr>
<th>Psychological First Aid’s Evidence-Informed Principles (See PFA Mobile App)</th>
<th>Individual Level Commonly Helpful Coping Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safety</td>
<td>What is stabilizing for you? Engage in at least one thing every day.</td>
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<tr>
<td>Calming</td>
<td>Ask yourself, “What do I need right now?” Name your experience. Limit media exposure in frequency and duration. Be even more intentional with breaks and self-care.</td>
</tr>
<tr>
<td>Self &amp; Community Efficacy</td>
<td>Focus on what is in your control and your strengths. Consider extent anxieties compare to actual threat. Notice your self-talk without judgment in order to understand and respond vs react. Be a multiplier - as emotions are contagious, share caring and kindness.</td>
</tr>
<tr>
<td>Connectedness</td>
<td>Reach out!! Talk with friends, family, colleagues regularly – and check on others. Maintain connection with familiar aspects of life.</td>
</tr>
<tr>
<td>Hope</td>
<td>Talk with health and mental health providers. Consider what brings you a meaningful life. Connect with this value in your life.</td>
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5/14/2020 Wellness Webinar - The Breakroom: A Space for Connection for Veterinarians and Allied Animal Care Providers
Pfefferbaum and colleagues (2015) write that community resilience is “grounded in the ability of community members to take meaningful, deliberative action...to remedy the effect of a problem.”

It’s the interaction, not just resilient individuals, that create a resilient community....

“Resilience is intimately associated with good communication.” (Nicholls, 2012)
## Coping and Wellness

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<thead>
<tr>
<th>Healthcare professional requests</th>
<th>Key components of response to the extent one is able</th>
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<tbody>
<tr>
<td>Hear me</td>
<td>Create an array of input and feedback channels.</td>
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<tr>
<td>Protect me</td>
<td>Provide resources, information, and accommodations.</td>
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<tr>
<td>Prepare me</td>
<td>Provide rapid training. Decisions made together, not alone.</td>
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<tr>
<td>Support me</td>
<td>Provide support for physical and emotional needs.</td>
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<tr>
<td>Care for me</td>
<td>Tangible support, check-in’s, PTO if quarantine is necessary.</td>
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To Engage in Veterinary Public Health Group, American Public Health Association:
- Contact Section Councilor:
  - Nivedita Ravi-Caldwell, DVM, MPH
  - Zoonotic Disease Epidemiologist, DC Health

For more resources:
- [VM-CVM Veterinary Social Work web site](#)
Questions?


http://www.vetmed.vt.edu/

(877) ASK-VDH3

Please enter your questions by logging into YouTube and entering them in the webinar chat
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<tr>
<td>Dr. Julia Murphy</td>
<td>Dr. David Crum</td>
<td>Dr. Nivedita Ravi-Caldwell</td>
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<tr>
<td>804-864-8113</td>
<td>410-767-5649</td>
<td>202-442-9143</td>
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<td>804-786-2483</td>
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<tr>
<td>Leslie L. Knachel</td>
<td>Vanessa Orlando</td>
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<td><a href="mailto:vetbd@dhp.virginia.gov">vetbd@dhp.virginia.gov</a></td>
<td>410-841-5804</td>
<td>mda.maryland.gov/Vetboard</td>
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