

## Guidance for veterinary practices in providing essential veterinary care during the Covid-19 pandemic

Veterinary practices provide essential services, vital to ensure safe food production and safeguard animal welfare. [Government advice](#) states that people need to stay at home except for very limited purposes, including travelling to and from work, but only where absolutely necessary. BVA's initial guidance on emergency and urgent care was provided for the three weeks of the government restrictions from 23 March to 13 April. Extending the restrictions means that this initial guidance needed to be reviewed. It is appropriate that some essential work, beyond urgent and emergency care, is now considered in order to prevent animal welfare harms occurring in the extended time period. **Therefore, this advice is effective from 14 April for the duration of the lockdown period and until further notice.** But it will be **kept under review** and in line with government announcements.

During this period veterinary professionals can continue to work, in line with the UK government's advice to business, but must only provide in-person services that are **needed to maintain the food supply chain, or which are essential for animal health and welfare or public health, including to relieve pain and suffering.**

These services must also be provided in a manner that supports social distancing, including avoiding all unnecessary in-person contact with clients, maintaining a safe physical distance, and ensuring that animals are only seen face-to-face where absolutely necessary.

**Please note:** this advice is intended as **guidance only and decisions should be made on a case by case basis on a rolling two-month timeframe** to allow for cases to be continually assessed as time progresses. It is not an exhaustive list and veterinary practices may vary in their approach due to individual circumstances. Individual veterinary surgeons must also exercise their own clinical judgement in assessing cases and with regard to the veterinary declaration.

This guidance is supplementary to the RCVS guidance and flowchart "Can I do it?" available via [www.rcvs.org.uk/coronavirus](http://www.rcvs.org.uk/coronavirus)

Due to differences in rules or approach between the four nations of the UK, vets should be mindful of their own local situation and refer to the relevant government website for more information: [GOV.UK](http://GOV.UK); [Scottish Government](#); [Welsh Government](#); [Northern Ireland Executive](#).

### Principles

The principles on which the guidance has been updated are:

1. Slowing the spread of Covid-19 remains the top priority for everyone. Public health, including the safety of veterinary team members and clients, remains paramount.
2. There is a reputational risk for the profession if it is not seen to be doing everything it can to play its part in the control of Covid-19.
3. If work can be done remotely, it should be.
4. In-person work should only go ahead if there is a real, and not nominal, animal welfare justification within a two-month timeframe.

5. If in-person work does go ahead, it should be done practising social distancing and good biosecurity.
6. All work carried out should be done mindful of prudent use of resources such as PPE and oxygen.

## General guidance on social distancing

There are some general principles that should be adopted across the veterinary sector:

- There should be no unnecessary client contact. You should:
  - Clarify client's medical status with regard to Covid-19
  - Obtain histories over the phone
  - Use technology to triage and consult wherever possible
  - Consider remote prescribing in line with [RCVS guidance](#)
  - Obtain payment over the phone
  - Ensure contact-free collection of medication is in place, with a specific, secure collection time and place organised in advance
  - Post medication if appropriate following [Post Office guidance](#) and, where applicable, following [RCVS controlled drugs guidance](#)
- All staff that can work from home should work from home. This could include:
  - Administrative staff
  - Vets and nurses carrying out triage and remote consultations from home, if appropriate, referring to skeleton staff at a physical premises only if absolutely necessary
- Follow [all hand hygiene and biosecurity measures](#) and thoroughly clean all equipment after each use
- Follow [RCVS Knowledge PPE advice](#) – view and download all their resources [here](#)
- Follow [strict social distancing measures](#) between veterinary team members and only work outside them if there is a real, and not nominal, animal health and welfare justification. Risks should be mitigated as much as possible.
- Follow strict social distancing measures with clients at all times and be prepared to refuse to continue if animal owners do not follow the official advice
- Where social distancing from clients could result in a risk to health and safety in handling large or dangerous animals, veterinary team members should work together to mitigate the risks (in order to minimise your contact with a number of different people)
- Continue to deliver emergency treatment, including euthanasia, of wildlife in accordance with your normal practice, as long as it can be done safely under social distancing rules

In the event of a practice closing completely due to Covid-19, we urge practices to redistribute their PPE and consider controlled drugs security. In addition, we urge neighbouring practices to work together to ensure full geographical cover for emergency veterinary services. We are asking practices, at these difficult times, to put aside commercial interests to support one another, and ensure that on returning to normal provision clients are retained by their original practices.

## Sector-specific advice

**Please note:** this advice is intended as **guidance only and decisions should be made on a case by case basis on a rolling two-month timeframe** to allow for cases to be continually assessed as time progresses. It is not an exhaustive list and veterinary practices may vary in their approach due to individual circumstances. This advice will be reviewed in light of any further government instructions or relevant information.

### Small animal

#### What's changed since the initial 3-week period guidance?

**Please note:** These changes do not mean that all of these activities/procedures now have to be, or should be, carried out. Vets must continue to risk assess each case and exercise their clinical and professional judgement.

- **Vaccinations** – our guidance now says that following a risk assessment both for animal health and welfare and with regard to Covid-19, primary vaccinations and year 1 boosters in dogs and cats could go ahead due to the increased risk of disease outbreak over a longer period of time. Annual leptospirosis vaccination could potentially go ahead due to the zoonotic risk and following local risk assessment. If additional components of the core vaccine are due at the same time, they could also be administered. In addition, our guidance now says that rabbit vaccinations could go ahead due to the seasonal disease risks. Rabies vaccinations could be carried out if required for certification reasons (for example, repatriation of a family overseas)
  - **Neutering** – our guidance now says that vets should assess the domestic situation in each case. Where neutering is considered essential in the next two months, chemical options should first be considered, if appropriate. Surgical neutering, ideally using low oxygen use anaesthetic protocols, should be carried out only in situations where essential for animal health and welfare or population control during the time period. For example, neutering in cats should be considered if they cannot be kept indoors or if they are in mixed sex pairings/groupings, for population control. Our guidance now says that rabbit neutering could be carried out for population control and preventing aggression, as they should be kept in social groups.
  - **Microchipping** – our guidance now says that microchipping could be undertaken if the animal is already in the practice for an essential service.
  - **Flea and worm treatments** – our guidance now says that treatments could be dispensed in accordance with local disease risks and public health concerns.
  - **Prudent use of oxygen** – we are asking that procedures that require sedation or anaesthesia are only be carried out where there is a real, and not nominal, welfare justification in the next two months.
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- All doors should remain closed at all times. This means:
    - Clients should wait in the car/outside and telephone on arrival
    - Animals should be collected from outside the practice by a member of staff
    - Clients should remain outside whilst the patient is examined away from the owner
    - After examination, treatment plans should be discussed and agreed over the phone or video link

- Advise owners coming into the practice (eg for a euthanasia) on what to expect, including that it may look and feel very different to normal due to social distancing and the use of PPE
- There should be as few people working in the practice as possible, maintaining appropriate physical distances as much as possible. This means:
  - Splitting workforce into smaller teams when possible to minimise overall contacts
  - Staggering breaks between teams in case one team needs to isolate
- If you are requested to assist with an animal from an infected household, follow [RCVS advice](#) and [APHA advice](#). There is no expectation on vets and nurses to undertake home visits to an infected household unless: it is essential for animal welfare; the risk can be adequately controlled (for example the animal placed outside the home upon the veterinary surgeon's arrival); appropriate PPE is worn; and there is no other way the animal can be brought to the practice.

**Small animal examples – please read in the context of this document as a whole**

**Please note:** the list below is not exhaustive but is intended as guidance only. All vets should continue to use their professional judgement and risk assess individual cases, keeping clear clinical notes.

**Suspend/Delay**

- Adult cat vaccinations (unless >15 months since last vaccine)
- Kennel Cough vaccinations
- Non-essential consults, such as routine nail clips, weight clinics, puppy parties, mid-year health checks
- Routine reproductive work eg artificial insemination

**Remotely assess in the first instance**

- Neutering – assess domestic situation relating to population control/socialisation need and consider chemical options if appropriate
- Mild trauma, eg nail pulls
- Skin issues, including flea allergic dermatitis
- Anal glands/scooting
- Post-op checks
- Repeat medication checks, if stable
- Vomiting/diarrhoea in a well animal
- Dental complaints
- Lumps
- Wounds
- Non-acute lameness
- Eye complaints
- Anorexia
- Vaginal discharge
- Non-specific lethargy

**Go ahead, but only if the vet is satisfied there is a real animal health/welfare need during the rolling two-month timeframe and risks to your team and the public can be mitigated**

- Any of the above deemed necessary following remote triage or consultation
- Primary vaccination courses (including 1<sup>st</sup> year booster)
- Leptospirosis vaccination (following risk assessment; administer additional core components if due at the same time)
- Rabbit vaccinations
- Rabies vaccinations (if required for certification reasons)
- Rabbit neutering
- Dispensing flea and worming treatments (in line with RCVS and [VMD guidance](#))
- Microchipping (if animal is already in the practice for an essential service)
- Severe trauma, eg RTA
- Seizures
- Jaundice
- Pallor
- Significant weakness or collapse
- Cough >one-week duration
- Difficulty breathing
- Dystocia
- Acute severe lameness
- Abdominal swelling
- Significant bleeding
- Retching
- Toxin ingestion (if phone/video triaged as significant)
- Struggling to urinate or defecate
- Excessive urination or thirst
- GI signs (vomiting and/or diarrhoea) with significant mental depression
- Ongoing treatment and monitoring of Addison's patients
- Monitoring of unstable diabetics
- Flystrike
- Ileus (small mammals)
- Euthanasia

## Equine

### What's changed since the initial 3-week period guidance?

**Please note: These changes do not mean that all of these activities/procedures now have to be, or should be, carried out. Vets must continue to risk assess each case and exercise their clinical and professional judgement.**

- **Vaccinations** – our guidance now says that equine vaccinations could go ahead in accordance with governing body rules and following a risk assessment of the individual animal
- **Mares in foal** – our guidance now says that reproductive work involving mares in foal could be carried out in order to safeguard animal welfare
- **Castration** – our guidance now says that castration could be carried out due to the longer-term benefits and following a risk assessment of the individual animal

- Call ahead to make sure your client understands the social distancing measures you will be putting in place and knows what to expect
- Maintain a physical distance of 2m at all times from other people
- Wear clean, disinfected protective clothing and wear gloves at all times, change these regularly and do not touch your face
- Consider sedating animals needing treatment or investigation where appropriate, especially if this helps maintain the 2m physical distance from the handler
- In cases where clients are self-isolating or confirmed to have Covid-19 they should not be involved in the visit at all. Consider taking a second member of practice staff to assist for safety. If two members of staff must travel to a site, consider travelling in separate vehicles.
- Where possible, contact with the client should be by telephone only. Where face to face interaction is required then this should only be with one person per visit
- Cleanse all door handles and other surfaces in your car on leaving the yard

**Equine examples – please read in the context of this document as a whole**

**Please note:** the list below is not exhaustive but is intended as guidance only. All vets should continue to use their professional judgement and risk assess individual cases, keeping clear clinical notes.

**Suspend/Delay**

- Pre-purchase examinations
- Routine dental work
- Stallion licensing
- Routine health checks
- Riding school inspections
- Radiography for sales or survey studies
- Routine fertility work
- Poor performance investigations
- Joint medication

**Remotely assess in the first instance**

- Castration (following a risk assessment of the individual animal)
- Repeat medication checks, if stable
- Mild trauma
- Skin issues
- Lumps
- Wounds
- Sarcoids or other skin tumours
- Nasal discharge/cough
- Inappetence

**Go ahead, but only if the vet is satisfied there is a real animal health/welfare need during the rolling two-month period and risks to your team and the public can be mitigated**

- Any of the above deemed necessary following remote triage or consultation
- Vaccinations (in accordance with governing body rules and following a risk assessment of the individual animal)
- Reproduction work where mare is already in foal (following a risk assessment of the individual animal)

- Quidding
- Painful facial, jaw or limb swelling
- Eye complaints
- Severe trauma/haemorrhage
- Difficulty breathing
- Severe acute lameness/laminitis
- Colic
- Acute diarrhoea
- Acute ataxia/neurological conditions
- Dystocia and post-partum problems (including retained foetal membranes)
- Sickness/lameness in foal
- Euthanasia

## Farm animal

### What's changed since the initial 3-week period guidance?

**Please note: These changes do not mean that all of these activities/procedures now have to be, or should be, carried out. Vets must continue to risk assess each case and exercise their clinical and professional judgement.**

- **Animal welfare** – we have clarified that work that has a real animal welfare justification can go ahead, in addition to continuing to undertake work to maintain the food supply chain.
- Call ahead to make sure your client understands the social distancing measures you will be putting in place and knows what to expect
- Maintain a physical distance of 2m at all times from other people
- In cases where clients are self-isolating or confirmed to have Covid-19 they should not be involved in the visit at all. If there are no other farm staff available, consider taking a second member of practice staff to assist. We would discourage lone working in any farm environment. If two members of staff must travel to a site, consider travelling in separate vehicles
- Wear clean, disinfected protective clothing
- Wear gloves at all times, change these regularly and do not touch your face
- Where possible, contact with the client should be by telephone only. Where face to face interaction is required then this should only be with one person per visit
- Do not enter the farmhouse or any other residential area for any reason and do not accept any drinks or food
- Cleanse all door handles and relevant surfaces in your car regularly and on leaving the farm
- Follow the most up to date government advice re statutory surveillance and bovine TB testing from [APHA Gateway](#) covering Great Britain and [DAERA](#) in Northern Ireland (inc the [TB testing Q&A](#))

**Farm animal examples** – please read in the context of this document as a whole

**Please note:** the list below is not exhaustive but is intended as guidance only. All vets should continue to use their professional judgement and risk assess individual cases, keeping clear clinical notes.

### Suspend/Delay

- Any work which does not: directly impact on maintaining the food chain; have a real animal welfare justification; or is required in accordance with latest government advice on statutory surveillance and TB testing

### Remotely assess in the first instance

- Mild trauma
- Down animal
- Pneumonia outbreaks
- Increased cell counts or mastitis issues – this could be covered by data analysis, remote video viewings and utilising the ongoing lab services
- Post-op checks
- Scouring youngstock – sample collection may be appropriate

### Go ahead, but only if the vet is satisfied there is a real animal health/welfare need during the rolling two-month timeframe and risks to your team and the public can be mitigated

- Surgical cases, such as LDA
- Fertility work, where it may be carried out safely, to maintain the food chain
- Statutory disease surveillance and TB testing where it can be carried out safely (check latest government advice)
- Emergency slaughter
- Severe trauma
- Difficulty breathing
- Prolapse
- Sick or anorexic animals
- Suspected hypomagnesaemia
- Dystocia

**For the latest updates please visit: [www.bva.co.uk/coronavirus](http://www.bva.co.uk/coronavirus)**

**And for additional species-specific advice please visit relevant veterinary associations' websites**