



Covid-19 Update

12th April 2020

Daniella Dos Santos BVA President

Please note that the speaking notes have not been checked against the recording of the webinar but are very close to what was delivered

A strong voice for vets

Welcome to our 4th webinar, and thank you for joining.

We are expecting a lot of people to join today, and I am aware that there will be a lot of questions. Just a reminder – if you want to ask a question please put it in the Q&A section, not the chat. That makes it easier for James, Sally and Simon to monitor the questions that are coming through so we can answer as many as possible in the Q&A section at the end.



Covid-19 UK Situation

As of April 11th 2020

78,991 positive cases, 9875 deaths

A strong voice for vets

An update of the current situation in the UK

Today's Webinar

General updates
Guidance updates
Questions

Today's webinar will start with some updates, including a call to students and an update from the Links Group, and then will focus on the updated guidance, and RCVS President Niall Connell has joined me too.

But I want to say before we start: I understand these are frightening, stressful and uncertain times for us all. The reality is that we are in unprecedented times, and I cannot tell you what the future will hold. There are no easy paths through, and I would love nothing more than to be able to offer you all certainty and reassurance today. I know nothing I say is going to please everyone, but I hope that by the end of today's webinar I will help you understand why we at BVA have taken the decisions we have, and that we will continue to support you through the difficult times ahead.

Call to Final Year Students

- Have you finished your course and are wondering how you can use your veterinary training to help with the Covid-19 response?
- Maybe you have still got your Veterinary Public Health EMS to complete?
- Government are working hard to keep the livestock food chain moving to ensure our safe food supply and to protect animal health and welfare
- Did you know that your veterinary degree course means that you have also already completed most of the Official Auxiliary (Meat Hygiene Inspector) theory training right now?
- Did you know that many vets start their careers in Veterinary Public Health as Official Auxiliaries (Meat Hygiene Inspectors) and move on to complete the OV training while in that role?

I am aware that many final year students are concerned about finding a job in the current climate.

And the governments in Great Britain have put out a call to final year students.

READ POINTS

Call to Final Year Students

- Various opportunities available in England, Scotland and Wales in this important area of work to suit your particular circumstances.
- Includes a training, mentoring and further development programme which may allow migration into a full Official Veterinarian role post-graduation.
- recruitment@eandj.co.uk in England/Wales
- operations@fss.scot in Scotland

If you are interested in finding out more about how your degree can support our whole community during the Covid-19 response

READ POINTS

If you think you can help contact these 2 email addresses for more information

It is important that we try work together to keep abattoirs open and the food chain moving at this critical time, and could be the beginning of a successful career in public help or within the civil service

Links Group Update

- Reports of domestic violence are up by 25-30%. Domestic homicides across England and Wales have doubled from 2 to 4 a week
- We know animal abuse is linked to domestic violence and therefore it will have gone up as well
- **The hardest step in diagnosing animal abuse is allowing yourself to consider it as a possibility in the first place**

A strong voice for vets

You will have heard in the news that social distancing and isolation has lead to increased reports of domestic violence, and as a result the Links Group have asked vets to remember that this may also translate to what is seen in practice during the restriction period

READ POINTS

Links Group Update

Potential Warning Signs

- History that is inconsistent with the injuries presented (injury generally greater than history given)
- Repetitive injuries often these include fractures or head injuries
- Accounts that change over time or between different people

A strong voice for vets

There are specific warning signs you should look for

READ POINTS

What to do?

- Admit the animal if possible to buy yourself thinking time
- Discuss the case with colleagues
- Review the guidance from the Links Group: <https://thelinksgroup.org.uk/>
- Ask for assistance from RSPCA (England & Wales) / SSPCA (Scotland) / Animal Welfare Officer (Northern Ireland) (they can also put you in touch with vets with experience in this area)
- Report your suspicions – through SPCA or can be done anonymously to Crimestoppers
- If human or animal welfare is at **immediate** threat call 999.

So what do you do if you are presented with a case you are concerned about?

READ POINTS

Now I am going to hand over to Niall for him to talk to you about the RCVS guidance, then I will continue and talk about the BVA guidance

Coronavirus

RCVS updated guidance

Dr Niall Connell MRCVS
President

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Thank you Daniella, and thank you to the BVA for offering me the opportunity to outline our updated RCVS Covid-19 guidance to you all this afternoon.

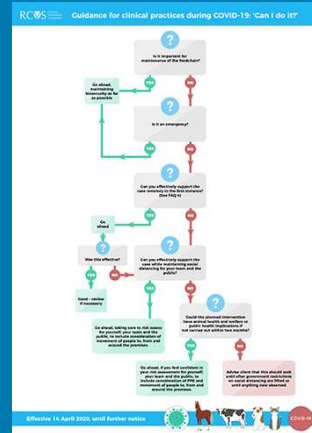
So, hello, my name is Niall Connell and I usually introduce myself by saying it's my honour and pleasure to be your RCVS President this year... Right now, there's some pain mixed in with the pleasure, but it remains an honour and it's been an interesting year, that's for sure!

[NEXT SLIDE]

Flowchart

Updated guidance aims to:

- Prioritise health of team, clients and public
- Adhere to government guidance
- Maintain animal health and welfare



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To the matter in hand. The purpose of the new RCVS guidance, which takes the form of a simple flowchart, is to help you to prioritise the health of your teams, clients and the wider public; adhere to the latest government guidance; and maintain animal health and welfare as far as possible.

[NEXT SLIDE]

Covid-19 Taskforce

- **Dr Niall Connell MRCVS** - RCVS President (Chair)
- **Prof David Argyle FRCVS** - Chair, Advancement of the Professions Committee
- **Linda Belton MRCVS** - Council Member
- **Amanda Boag MRCVS** - Senior Vice-President
- **Prof Derek Bray**, Council Member
- **Dr Melissa Donald MRCVS** - Chair, Standards Committee
- **Dr Mandisa Green MRCVS** - Junior Vice-President
- **Racheal Marshall RVN** - Chair, Veterinary Nurses Council
- **Dr Sue Paterson FRCVS** - Chair, Education Committee
- **Dr Kit Sturgess MRCVS** – Treasurer
- **Lizzie Lockett** - Chief Executive (non-voting)
- **Eleanor Ferguson** - Registrar (non-voting)
- **Corrie McCann** - Director of Operations (non-voting)

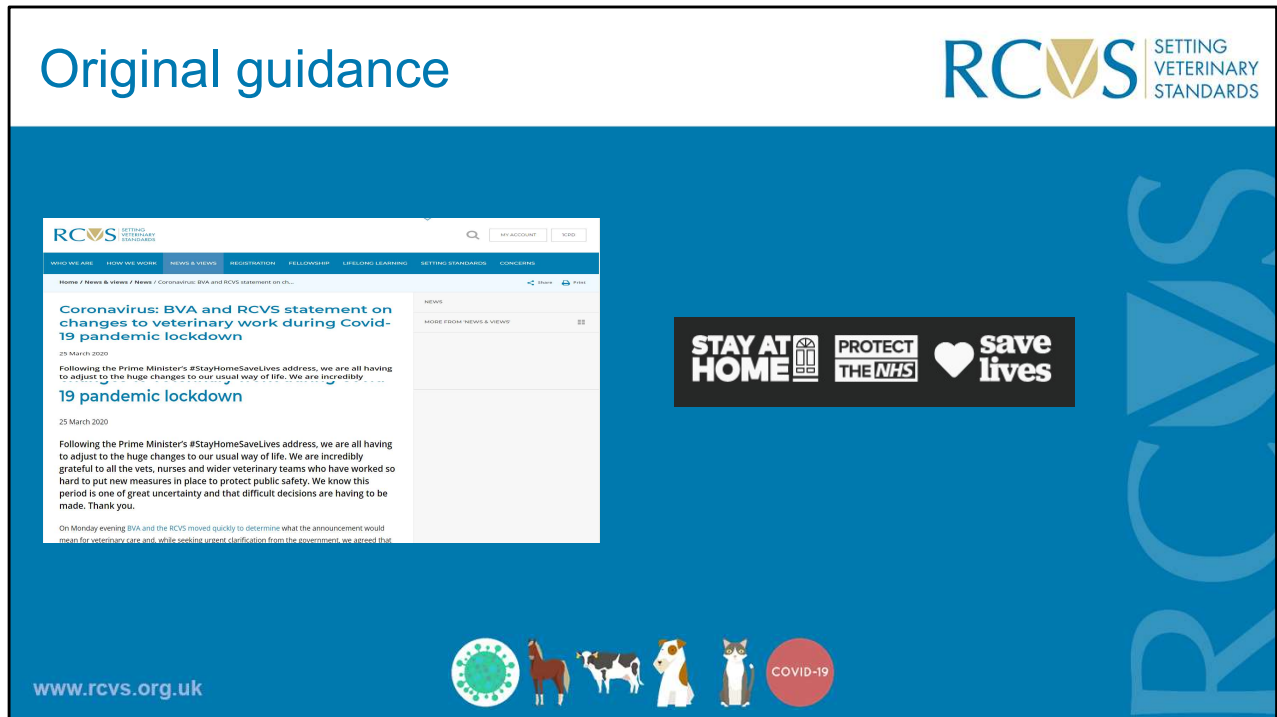
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This new guidance was produced by our Covid-19 Taskforce, which comprises a mix of practitioners and lay people from different clinical and wider veterinary backgrounds – you can see who they are here.

[NEXT SLIDE]

Original guidance



Our initial standpoint, as of 25 March, after the three-week lockdown was announced, was that only emergency or urgent veterinary work should take place.

When we put out that original statement, government had not yet given specific guidance regarding business, so we were working on the basis of the guidance to the public – stay home, save lives.

That public guidance is still in place, but since then government has put out guidance for businesses that are able to stay open, which includes, and I quote: 'It is important for business to carry on'.

The more general message is to work at home, but if you can't, continue with your work but do it safely.

[NEXT SLIDE]

Updated guidance: balance

- Balancing government's advice to public and to business
- Public health must come first
- Public health = clients *and* teams
- New guidance retains this priority

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So, the challenge for the RCVS, as a regulator that needs to follow government guidance, is to develop a position which abides by both the government's guidance to the public and its guidance to businesses.

Fortunately, one thing both sets of government advice agree on is that public health must come first. So that is the absolute priority of our initial guidance, and remains the absolute priority of new guidance, too.

Let me be completely clear: public health includes both your clients AND your teams.

This priority may seem strange from the organisation to which you declare that *'ABOVE ALL, my constant endeavour will be to ensure the health and welfare of animals committed to my care'* but these are unique times and we must all play our part in helping reduce risk and flatten the curve.

Our new flowchart should therefore be seen as a development of our initial guidance, rather than a major change.

[NEXT SLIDE]

Updated guidance: priorities

- Lockdown looks set to continue, possibly for some time
- Recognise priorities need to adapt over time
- Lots of concerns from profession and public
- Need to address these in line with government advice
- Future proofing

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We recognise that the initial lockdown period seems very likely to continue for longer than the three weeks originally announced and, based on the experience of other countries, may last in some form for several more weeks or even months.

This means that animal health and welfare issues that are not a priority today, could become so over the coming weeks and months without veterinary intervention. Many members of the profession and public have been voicing concerns to us about this very prospect.

It's important to support veterinary practices that need to start addressing these issues – which may well be local to their area – providing they also continue to abide by the government's guidance to the public.

We have tried to future-proof our guidance by aligning to government's social distancing rules – that means that when those relax – or, indeed, if they become stricter – your practice will still be able to take account of these when making your decisions.

[NEXT SLIDE]

Updated guidance: services

- NHS services – different priorities
- Government: where possible, with social distancing, work should go on
- Provide services you feel are appropriate
- Flexibility to suit individual circumstances
- Plan according to your available resources
- Advice for animal owners reviewed in line

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We have been asked why we are encouraging practices to do more than emergency work when NHS hospitals are continuing to focus only on emergencies. This is because human medical resources are being diverted to the Covid-19 fight, whereas, on the whole, veterinary staff are not.

Human medical care also inevitably involves close person-to-person contact (and therefore much higher risk) than veterinary care, where a large amount can be done with minimal human contact.

So, again, we look to the government advice, which is, where possible and following social distancing, work should go on.

In no way are we expecting you to provide services that you don't feel are appropriate. Our new flowchart is designed explicitly to allow you the flexibility to decide what is best in your own individual circumstances.

We also know that some of you are worried about a tsunami of cases heading your way and not having the resources to cope, especially when you have furloughed

team members.

I think here we need to remember that, if you are anxious about social contact, so is the vast majority of the public. And secondly, as ever, you can only make appointments in line with the resources you have available, and with any additional time needed to ensure social distancing.

It's good to see fantastic cooperation between practices so far, all working together, and we hope this will continue.

We will also be updating our advice to animal owners, and our accompanying digital resources for practices, to help you reinforce these messages to your clients

[NEXT SLIDE]

Can I do it?

- ‘Can I do it?’ – **not** – ‘Should I do it?’
- Trust you to make decisions – specific situation
- Guidance has to accommodate differences in facilities, staffing, species, local conditions etc
- RCVS guidance is for the ‘how’, not the ‘what’
- Professional judgement is key
- Clinical decisions will always be different

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And it's key to note that our chart is called ‘Can I do it?’ not ‘Should I do it?’

As ever, with RCVS guidance, we trust veterinary professionals to make decisions based on the specific situation with which they are faced, and their local knowledge.

All practices are different, with different facilities, staffing levels, species and local disease threats – so it's important that our guidance, which all vets and nurses need to abide by, allows everyone to operate to the best of their abilities.

Our guidance very much focuses on how you work, rather than what you are doing.

The what can be considered by those who are closer to the detail: associations, employers and, of course, practice teams on the ground. This is entirely consistent with our general approach as your regulator – where possible we avoid being very prescriptive and granular, and rely instead on your professional veterinary judgement.

Will there be some who make different clinical decisions to others? No doubt – it was ever thus.

And it's on that basis that I would like to reassure you of two things:

[NEXT SLIDE]

Reassurance

- Understand extreme challenges and difficult decisions
- No interest in taking anyone to task for considered professional judgement
- Act reasonably / Justify actions / Take reasonable notes

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First, and I have said before, we at the RCVS understand the extreme challenges and difficult decisions you are facing, and have no interest in taking anyone to task for considered professional judgment, providing you act reasonably in the circumstances, can justify your actions and take reasonable notes.

[NEXT SLIDE]

Reassurance

- This is **NOT** business as usual
- Social distancing is vital
- If social distancing not possible, don't proceed unless real, not nominal, animal health risk
- Still need risk assessment and PPE
- In every practice, senior named vet takes responsibility for clinical policy

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Second, this flowchart does not in any way represent 'business as usual'. Decisions need to be taken in the light of the current very stringent government advice for social distancing – and that applies to clients and staff.

If you and your practice are unable to meet the social distancing guidelines, which include giving thought to limiting unnecessary travel, then the procedure should not go ahead unless there is a real, not nominal, animal health risk, and only then when care has been given to additional risk assessment and PPE.

I know that some of you are concerned that your clinical judgement in these matters may be over-ridden by senior colleagues, but please rest assured that although the College does not regulate businesses, we do require that every practice has a senior named veterinary surgeon who takes responsibility for clinical policy and it would be to that person that we would look if we hear that business as usual is being pursued in a reckless fashion.

[NEXT SLIDE]

Summary of guidance aims

- Prioritise public health: clients and teams
- Follow government guidance on social distancing
- Not business as usual: prioritise services and manage risk
- Maintain viability of practice for future care of animals
- Communicate with clients on what's appropriate now

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So, just to sum up, the fundamental aims of this new guidance are to help you to:

continue to prioritise public health – for you, your colleagues, and the public

follow government guidance, especially around social distancing (for teams and clients, including unnecessary movement)

decide what veterinary services you *can* provide, how to prioritise these, and how to manage risk - but it's not business as usual

maintain the viability of veterinary practice to continue to provide care for animals into the future

communicate with clients about what it is appropriate to do for their animals right now and support you in making those decisions, which we accept are not always easy

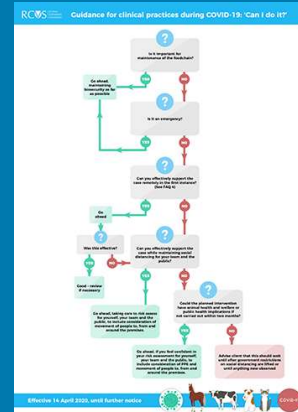
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Thank you for your time...

...and for all that you are doing

www.rcvs.org.uk/coronavirus

View online / Download poster



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As I said, it is an honour being RCVS president for our amazing professions. It is really wonderful to see everyone pulling together in these unprecedented and scary times.

Thank you so much, everyone.

And now back to you Daniella, thank you

Updated BVA Guidance

- Effective from 14th April
- For the duration of the lockdown or until further notice
- Will be kept under review in line with government announcements
- Guidance only and decisions should be based on a two-month rolling period
- **Clinical judgement vital in assessing each case**

Thank you Niall.

So as per the RCVS guidance, the BVA guidance also comes into force on the 14th April. It is for the duration of the lockdown or until further notice, as the restrictions are likely to continue in some shape or form for a prolonged period. This allows vets and nurses some certainty about what to expect in the times ahead, and to modify ways of working and plan accordingly.

It will be kept under review in line with evolving government advice.

Intended as always, as guidance only to be considered alongside the RCVS guidance.

It is not a return to business as usual, clinical judgement will be vital for assessing each individual case.

Updated BVA Guidance: Why now?

- Initial guidance only for 3 weeks until the 13th April
- Original guidelines reflected the guidance from government at the time
- Government guidance has evolved over the last 3 weeks

Many have been asking why now saying government rules haven't changed...

We have been very clear from the outset that the guidelines were only for 3 weeks

The original guidelines reflected the governments initial advice, which was not even clear at the time whether veterinary practices could stay open. It was right and appropriate at that stage to move to urgent and emergency only, and it also allowed the profession to adjust to new ways of working to ensure social distancing was in place. These ways of working will be vital in the months ahead

The reality is the government advice HAS evolved

Government guidance: Social Distancing

- Requiring people to stay at home, except for very limited purposes.
- Closing certain businesses and venues.
- Stopping all gatherings of more than two people in public.

You should only leave the house for the following purposes:

- shopping for basic necessities
- one form of exercise a day
- any medical need or to provide care or to help a vulnerable person
- travelling for work purposes, but only where you cannot work from home

Government advice of social distancing has 3 main principles:

Staying at home except for very limited purposes

Closing certain businesses. Veterinary practices were not asked to close

Stopping all gatherings of more than 2 people in public

The governments stay at home advice grants the following exceptions:

Shopping for necessities like food

Exercise

Medical needs and helping the vulnerable

Travelling to work where you cannot work from home

Our original and updated guidance continues to say that you should work from home if at all possible, recognising that for most of the work we do this is not possible.

Government guidance: Employers and Businesses

- “During this time of unprecedented disruption, the UK Government is not asking all businesses to shut – indeed it is important for business to carry on.”
- “...Where the social distancing guidelines cannot be followed in full in relation to a particular activity, businesses should consider whether that activity needs to continue for the business to operate, and, if so, take all the mitigating actions possible to reduce the risk of transmission between their staff...”
- “...Staff may be feeling anxious about coming to work and also about impacts on livelihood. Workplaces should ensure staff are fully briefed and appropriately supported at this time...”

When it comes to government advice about businesses, it has developed over the last 3 weeks, and it is important to recognise this.

In government advice to employers and businesses it states:

We’ve remained in close contact with government over the last month and they have repeatedly stressed these points to us.

UK CVO: Christine Middlemiss

“Defra recognises that animal health and welfare is an important issue. Veterinary surgeries and pet shops are exempt from closure.

“The Government social distancing guidance advises every effort should be made to work from home. In certain jobs where this is not possible providing you have no Coronavirus symptoms and no one is in your households self-isolating you can still travel for work purposes.

“Employers should ensure that employees are able to follow PHE guidelines including, where possible, maintaining a 2m distance from others, and washing their hands with soap and water often, and for at least 20 secs.”

This is a statement from the UK CVO, Christine Middlemiss

READ QUOTE

And so, in line with government advice with regards to social distancing and business guidance, it is right and proper that our guidelines are updated.

Just because we can, doesn't necessarily mean we should

However, following on from the RCVS guidance, BVA feels the decision making process should be more than just “Can I do it” but also “Should I do it?”.

This is a phrase we are all familiar with as technology has opened up a world of possibilities in veterinary practice and it's appropriate here: Just because we can, doesn't necessarily mean we should.

And BVA feels that unless there is a welfare benefit or a need for maintaining the food chain, there is no justification for carrying out work during the period of government restrictions

Updated BVA Guidance: Timing

- Government advice has evolved
- Restrictions in some form are going to be in place for a prolonged period of time
- Giving practices a time to process and prepare
- So the whole profession could use it

Marathon not a Sprint

We have been challenged on timing, including by some of those that we consulted with.

One thing that has come up is why *before* government advice has changed?

As I have just explained, government advice has evolved and developed over the last few weeks

Another question was why before government have announced whether restrictions were going to be extended

The reality is that we are in this for the long haul. Restrictions in some form are going to be in place for a prolonged period of time, and unless the government suddenly decided to close all businesses, we must adjust to this new normal. We have to figure out a way to maintain the food chain, maintain animal health and welfare, and prevent harms. This is not about the next 3 weeks. It is about months in some shape or another. This is why the guidance advises clinical decisions are based on a 2 month time frame: something may not be needed to be addressed for animal welfare reasons in the next 2 months may need to be addressed in the 3rd.

Another question is why just before a weekend?

We discussed this at length, and on balance felt it would be better to provide the information earlier, with a start date of the 14th to allow practices the time to process the

changes, rather than issuing it the night before or the date they became valid – we were trying to avoid the scrambling around and worry that was caused last time.

Another question: why is it publicly available on our website?

Because I have said all along that during this pandemic, everything done towards the covid response was for the whole profession, not just BVA members. If we were to put it behind the members area, it would not be accessible to the whole profession and or nurses. Throughout this my aim has been to ensure the whole the profession is singing from the same hymn sheet.

However, we did not put the guidance into the public domain over the weekend. We took the decision to keep it out of the news pages of the website and not on our social media so that we weren't drawing the public's attention to it.

This is going to be a marathon, not a sprint, and the guidance is to help you navigate this

Updated Guidance: How was it developed?

- 27 March: BVA Policy Committee began reviewing guidance
 - 1 April: Divisions webinar meeting
 - 6 April: Extraordinary Policy Committee meeting
 - 6 April: Final draft sent to those that endorsed the initial guidance
 - 8 April: Divisions webinar meeting
 - 8/9 April: Tweaks made in light of feedback
 - 9 April: Guidance issued
 - 10 April: Blog post responding to questions and concerns
- 5 April:
Sunday
webinar

It is fair to say that most policies we develop will usually take months to develop and extensive sign off processes. The reality is that we are in extraordinary times, working in challenging, unpredictable and rapidly changing times and so it is worth highlighting the timeline and involvement of others in this process

We have been holding weekly zoom meetings with our specialist divisions, branches and affiliates. The list of these organisations is on our website, but includes our Scottish, Welsh and Northern Ireland Branches and specialist divisions and affiliates such as BSAVA, BEVA, BCVA, SPVS, BVNA, and VMG.

Fri 27 March – we asked BVA Policy Committee to start reviewing the initial guidance to see what would need to change beyond three weeks.

Wed 1 April – divisions webinar. We asked every division, branch and affiliate to feed in their views to support the review of the guidance. They were asked what they felt should be changed. Vaccinations were specifically discussed too, and there was no disagreement with them being able to be carried out.

Mon 6 April – BVA Policy Committee meeting held to discuss a draft based on feedback from the divisions webinar – this resulted in a draft of the updated guidance.

Following the policy committee meeting on Mon 6 April – the final draft was sent to those that endorsed the original guidance. Not all responded to the email

Wed 8 April – divisions webinar. In this webinar, we ran through the “what’s changed sections”. The main comment coming through was about timing, not content, which I have already addressed

We then made updates based on the feedback we’d had. Unfortunately there were very small areas, unrelated to small animal vaccinations, that we could not get agreement on so we took the decision not to include any names of organisations who endorse the document.

Thu 9 April – we issued the guidance

Fri 10 April – following a lot of questions and concerns we issued a blog post answering as many of these as possible.

And it’s also worth flagging that in my webinar last week I highlighted the fact that the guidance was under review and flagged that updated guidance was being developed to take us beyond the initial 3-week period and that it would likely increase the scope of veterinary work that we were able to do. I said I couldn’t pre-empt the changes but that I expected primary vaccinations would be looked at. So there was no leaked information (as has been suggested on some social forums) – I was trying to keep the whole profession updated on our thinking as it developed.



Joint statement from BVA and BSAVA on Covid-19 guidance

The British Veterinary Association (BVA) and British Small Animal Veterinary Association (BSAVA) are committed to supporting one another and working together to provide leadership that benefits the veterinary profession as it navigates these very difficult and uncertain times.

Our organisations both have small teams working at pace and under pressure. Over the last few days there has clearly been some misunderstanding in our communications with one another and we regret that this has caused confusion amongst our members.

Consultation on BVA's updated guidance took place with BSAVA and other key veterinary organisations. However, due to the extraordinary times we are in and the time constraints we are working under, this was not the same level of involved and comprehensive consultation that would normally take place between BVA and BSAVA and there was perhaps a resulting mismatch in expectations from both parties.

After further clarification from BVA that their updated Guidance should be read in conjunction with the RCVS Guidance, BSAVA broadly supports the document, and its objective is to provide practical help for practitioners to manage cases over the coming weeks. To this end BSAVA is urgently developing evidenced based supporting guidance and tools. This is the same approach that BSAVA took to the initial BVA guidance.

We recognise that all veterinary surgeons and nurses are working under huge pressure at the moment and, along with our colleagues in other veterinary associations, we aim to support the veterinary professions in the best ways we all can.

A strong voice for vets

I just want to address a question that's come up over the last 24 hours relating to consultation with the specialist divisions.

This morning we've agreed this joint statement with BSAVA.

We did consult with BSAVA, but we acknowledge that due to the extraordinary times we are in and the pressure we are all under, this was not the usual detailed and comprehensive consultation that we normally have with our key stakeholders.

We both regret that the communications over the last day will have added to your questions and uncertainty. But I am pleased that we're able to clear it and up grateful to BSAVA for working with us to do that.

Updated Guidance: Key points

- “...should only provide 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.”
- Restrictions will continue in some manner for months: we need to adjust to new ways of working
- Consider cases in rolling 2 month timeframes
- Clinical Judgement

Our guidance starts from the point that whatever we do during the pandemic must have an animal welfare benefit.

Vets should only be providing 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.

We have to acknowledge that restrictions are here to stay. Nothing is going to change in another 3 weeks. But as time goes on, animal welfare needs to be maintained, and we must figure out how to do this safely.

As time goes on, with social distancing in place and staffing concerns, we will not be able to continue to see the same number of cases as we would usually, nor as quickly.

Given the likely longer term restrictions that are going to be in place, we are also suggesting that when vets use their clinical judgement, they consider cases in 2 month rolling cycles. Something that would not benefit animal welfare now, may be in 4 months and so should be approached differently at that stage. A single male puppy in a household does not need to be neutered in the current climate, but a house with 2 kittens of the opposite sex, neutering would have a welfare benefit. And this all comes down to

Clinical judgement. This is what we as professionals should be doing, and what underpins

both ours and the RCVS guidance. The movement away from urgent and emergency work only being permitted is appropriate given the length of time this is pandemic and restrictions will be going on for, and we should be exercising our clinical judgement.

Updated Guidance: Principles

- 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

As a result, our whole guidance is based around 6 principles:

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. This means everything we do must take into account that nothing done, and no movements carried out during the pandemic are completely risk free. This links to the RCVS guidance about “Can I do it”, looking at risk assessment for ourselves, our teams and also our clients. Is there a good and valid reason for our clients to be making the journey? Is asking an owner to travel to the clinic for a weight clinic a justifiable reason? Obviously not!

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, including carrying out work that has no welfare benefit. There is also a reputational risk if as time goes on we do not carry out certain procedures, and it results in a welfare harm. **THIS DOES NOT MEAN WE SHOULD DO EVERYTHING**, it means we should do what we can do safely to maintain animal health and welfare and prevent welfare harms.

If work can be done remotely, it should be, and as a profession. This will become the new normal for us over the coming months. It has been great to see the profession step up to this sudden and dramatic change in our ways of working, keeping people safe whilst

ensuring animal health and welfare remains. This again links to the RCVS guidance about “can you do it”? If you can do something remotely, you should, it is safer for everyone.

Updated Guidance: Principles

- 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

In person work should only go ahead if there is a real, and not nominal, animal welfare justification within a two-month timeframe. Given the nature of this virus, we cannot say that there's anything that carries zero risk. As such, if members of the profession are going to be put at risk, then there must be a real and not nominal welfare risk, within a 2 month timeframe. This means work should not be continuing as normal. A blanket statement such as "the practice is now carrying out dentals" is not in the spirit of the principles. If an animal is struggling to eat or has a tooth root abscess a dental is justified from a welfare perspective. A routine dental without those signs cannot be said to be justifiable as there is not a real welfare benefit that justifies the risk associated with breaking social distancing between team members, nor the use of oxygen and PPE

If in-person work does go ahead, it should be done practising social distancing and good biosecurity. It has to be recognised that some work cannot be carried out breaking social distancing, and I will discuss this further in the next few slides. Again, work where social distancing is broken, it should be for a real animal welfare reason.

All work carried out should be done mindful of prudent use of resources such as PPE and oxygen. When we know how desperately PPE and oxygen is needed by the NHS, not only should we have a justifiable clinical reason to use oxygen for example, we also need to use PPE prudently. There are some links at the end of the presentation to help guide you with

the prudent use of oxygen, different anaesthesia techniques and also analgesia. We must evaluate the risk of the animal we are treating and the task we are carrying out, based on the best available evidence. In listening to some of the concerns to our guidance, there seems to be some questions about what is appropriate PPE.

PPE

*Personal Protective Equipment (PPE) in veterinary practice during the COVID-19 pandemic
FAQs (last updated: 06/04/2020)
This information is intended to be used by veterinary professionals in line with professional
judgement and current government guidelines in order to develop their own PPE guidelines for use
by their practice teams.
What are the key measures I can take to reduce the risk of Covid-19 transmission?*

Gloves

- When handling an animal due to fomite risk
- When meeting members of the public
- Not a substitute for handwashing: hands should be washed before and after using PPE
- If supply becomes limited:
 - Sterile gloves for high risk surgery only
 - Good hand hygiene and cleanliness for low-risk animals
 - Reserving gloves for animals from known/suspect covid-19 households or at high risk of contagion (with infectious conditions or immunosuppressed).

RCVS Knowledge

A strong voice for vets

RCVS Knowledge has developed some brilliant evidence based guidance for the use of PPE, and it is worth going through it quickly as some of the questions that have arisen from the guidance revolves around the use of PPE, in some cases inappropriate

REFER TO BULLET POINTS

PPE

- Facemask: only needed if infected or potentially infected client
- You do not need to use full PPE as routine
- In our usual settings the most important things are:
 - Social distancing
 - Wash your hands
 - Avoid touching your face
- Animals are not a direct source of infection
 - Face and eye protection are only needed if the animal is an aerosol or splash risk

*Personal Protective Equipment (PPE) in veterinary practice during the COVID-19 pandemic
FAQs (last updated: 06/04/2020)
This information is intended to be used by veterinary professionals in line with professional judgement and current government guidelines in order to develop their own PPE guidelines for use by their practice teams.
What are the key measures I can take to reduce the risk of Covid-19 transmission?*

Facemasks are only needed if dealing with an infected or potentially infected client. Social distancing measures in practice mean this should not happen.

You do not need to use full PPE as a routine

The most important thing in a normal setting is social distancing, washing your hands, and avoiding touching your face

Remember animals are fomites, not a direct source of infection. Face and eye protection is only required if there is a splash or aerosol risk.

Social Distancing in Practice

- Avoid clients entering the building if possible
- Phone payments
- Contact free medication collection
- Phone consultations
- Minimising overall number of contacts:
 - Smaller teams in small animal practice
 - Consider working in pairs in large animal in equine practice where the animal or location means it is likely that social distancing will need to be broken and assistance is needed to stay safe

The principles of social distancing in practice remain the same, and they should be done in accordance with a risk assessment based on the practice, location and also the animal involved

The guidance has comprehensive examples, but top line examples include:

Avoid clients entering the building if possible

Taking payments over the phone. Just be aware if you have a recorded phone line

Contact free medication collection

Phone consultations, not only as triage, but also for those that you have carried out a physical examination for to relay findings and treatment plans, including in farm or equine practice

We have to acknowledge that for some of the work we do, we have to break the 2m rule. Whether it is to take blood from a cat or work with a needle shy horse. Splitting into teams will mean you minimise your overall total contact with different people, and if one team needs to isolate, you could have another to assist. When working with larger animals, the 2m rule may well be broken for your own safety. Rather than have the assistance from various different owners throughout the day in equine ambulatory practice for example, it is worth considering attending calls with another practice team member, again to reduce your overall number of contacts.

Updated Guidance: What has changed?

Equine

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

- Vaccinations – we are recommending that equine vaccinations are acceptable in accordance with governing body rules
- Mares in foal – we are recommending that reproductive work involving mares in foal is carried out in order to safeguard animal welfare
- Castration – we are recommending that castration is carried out due to the longer-term benefits

Lets start with equine practice. There have been 3 main changes to the BVA guidance

With regards to vaccination, routine reproductive work and castration.

We recognise that equine vaccinations are subject to stricter certification requirements than small animal practice, and that provided they are done safely and in accordance with government social distancing advice to businesses, are acceptable to continue. This does not mean they HAVE to. This again comes down to professional judgement. If it is felt the disease risk does not warrant the vaccination, it does not need to be carried out.

As I outlined earlier, BVA's guidance has aimed to be the "should you" to the RCVSs "can you"? BVA feels that any work carried out during the restrictions should have a real animal welfare benefit, to justify the risk and movement of our clients. We do not feel that routine reproductive work in the equine sector meets this, but do recognised that there will be mares in foal, for whom it is vital to continue to provide care to for their and the foals' welfare.

In certain situations, castration prevents welfare harms in horses longer term, and as such, in those specific cases, castration could be justified but all risks should be mitigated against

Updated Guidance: What has changed?

Farm animal

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

- 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.

It is vital that farm animal practice continues in order to ensure the continuity of the food chain. We recognise that some procedures, as time goes on, will be vital to ensure not only the continuation of the food supply chain, but also animal welfare. However, this does not mean everything should continue: it must take into account species, geography and production system, and the welfare benefit of the intervention must be real and not nominal

Updated Guidance: What has changed?

Small animal

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

- Vaccinations – we are now recommending that primary vaccinations and year 1 boosters in dogs and cats go ahead due to the increased risk of disease outbreak over a longer period of time, and annual leptospirosis vaccination due to the zoonotic risk. If additional component of the core vaccine is due at the same time, it should also be administered. In addition, we're recommending rabbit vaccinations go ahead due to the seasonal disease risks. Rabies vaccinations should be carried out if required for certification reasons
- Neutering – we are recommending that vets 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. We are recommending rabbit neutering for population control and preventing aggression, as they should be kept in social groups.
- Microchipping – we are recommending microchipping can be undertaken if the animal is already in the practice for an essential service.
- Flea and worm treatments – we are recommending treatments are 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 welfare justification in the next two months.

Now the changes to the small animal section is the one that has caused the greatest concern. As we've reflect on your comments and questions, we can see that the *language* used here is not quite right, but I would ask you to first understand the rationale behind the decisions.

When it comes vaccinations ,it is the acknowledgement that as time progresses, there will be an increased disease risk, and vaccinating the animals this applies to will prevent a welfare harm.

However, this doesn't mean vaccinations must be carried out: this means each individual animal, its temperament, the practice geography and its home environment should be taken into account when deciding whether to vaccinate or not.

The spirit of this and the RCVS guidance does not mean practices should have blanket policies that they are now carrying out vaccinations. This does not constitute a full risk assessment of every case. Practices should be able to exert their own clinical judgement as to whether vaccinating that particular animal: a kitten kept indoors will not be at the same risk as a rottie puppy living in the centre of a city in a high rise block. Some areas will have a geographical risk of lepto, in comparison to others where is it parvovirus.

The relative risk of vaccinating a dog in a socially distant manner, with no contact with the owner, is dramatically lower than dealing with a parvo outbreak, where you would have to get close to members of staff to provide appropriate care, the use of PPE associated with it,

as well at the emotional impact on an already stretched team having deal with an animal requiring intensive care.

Equally, if you have an aggressive animal that would need restraint for vaccination, the risk assessment would involve whether the disease risk for that patient was sufficient enough to warrant breaking social distancing. This comes down to clinical judgement.

We have also been questioned about rabbit vaccinations: there is a seasonal component to rabbit diseases, and we are entering the peak season and the risk of contraction cannot be fully mitigated against by keeping the rabbit indoors. Welfare is benefited by vaccinations in this case

We have been asked about rabies vaccination in a country that does not have rabies: this decision was made on the balance of relative risks. And here it was flagged that there may be people needing to travel to repatriate. Due to certification requirements, if the vaccination were to over run, it would result in the need for 2 visits, not one, and in one of those visits a blood sample would need to be carried out, which would require social distancing to be broken. We have to acknowledge this fact in our decision making process, as restrictions of some sort will be around for a long time, and on balance, a single visit practicing social distancing is safer.

We have been asked why we have been so specific about the vaccinations included, and that is because these were the sorts of “what about” questions we were being asked after releasing our first guidance, specifically leptospirosis, rabbit vaccination, kennel cough and rabies

With regards to neutering, it should be done subject to assessment of the animals domestic situation, meaning there has to be a justifiable welfare reason to carry out the procedure, especially considering the use of PPE and oxygen that comes with it. A blanket policy that the practice is carrying out neutering is not in the spirit of ours or RCVS guidance. A male and female pair of kittens in a house has good justification for neutering. A single male puppy in a household does not come with the same justification.

There have also been comments that we should just be advising people to keep their cats in and only exercise their dogs in their garden. Restrictions are going to be in place for a prolonged period, and we have to take into account how human behaviour will be affected by this. Compliance with instructions will wane as time goes on, and kittens fussing to be let out will be, and dogs will be meeting other dogs. Client compliance can be tricky, and even more so in a social environment with prolonged restrictions in place

The premise that vaccinations and neutering can be carried out is a sound one, but we acknowledge that the language used has not been clear enough, and can be interpreted a must be carried out. This was never our intention, it was to allow the veterinary surgeon to exert clinical judgement and vaccinate where they felt appropriate. We are sorry for that.

Your Concerns: We are listening

- Traffic Light System
- Language
- Members of the public
- Staffing
- Competition
 - “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”
- Engagement with Major Employers Group
- NHS

Thank you all for sharing your thoughts and concerns with us, we have been listening and reflecting on what you have told us.

When the initial statement was made to move to emergency and urgent work only, the profession were asking us for clarification on what constituted an emergency or urgent. We developed a traffic light system which was well received across the profession to help with the decision making process. With this review, we discussed whether to leave it in or not, and decided on balance to leave it in given how useful the profession had found it. We went through various different versions of the headings for the sections, and thought we had reached the correct ones. In hindsight we haven't, in particular the “Go Ahead” on the green sections. This is where we have got it wrong, and the language we have used means there appears to be an expectation on our part that they must be carried out. This is particularly the case should the table be seen in isolation from the rest of the document. We are sorry, and are looking to change that, making it clearer that they can go ahead only if the vets clinical judgement deems it essential for it to be done.

There are other parts of the document where language isn't quite right, meaning it appears to give the impression that it is expected that a particular task is carried out. Again – none of our examples trumps your professional and clinical judgement and we will look at this again to make that clear

There have been concerns raised that the traffic light system means that even if a practice doesn't feel it is necessary that a particular treatment, such as vaccinations is carried out, this forces them to. There is a concern that members of the public can use this document to tell practices they "must" carry out vaccinations. Once again we are sorry that the language meant this has caused practices anxiety and concern about difficult conversations with clients. We are looking into changing that to make it clear that it is subject to the clinical decision of the vet and that it must be respected.

There were also concerns raised that meant there were insufficient staffing levels to cope with the return to "routines". It is worth saying that this is not a return to business as usual as has already been said, not in terms of workload nor in terms of ways of working. The ability to carry out vaccinations does not mean they all need to be immediately, and the 2 month rolling periods allows practices to prioritise as they see fit. Working in a socially distant manner also means that it will not be possible to see a client every 10-15 minutes and maintain the required biosecurity and social distancing. These are both new ways of working the profession will have to get used to over the coming period.

To address both concerns about pressure from members of the public and workload, we will be producing some public facing material to explain to owners that they need to be patient with both the prioritisation of cases and the time it takes to get seen, as well as the fact that vaccinations are only carried out subject to the vets clinical judgement, not that vaccinations should be done

There have also been concerns that changes to both ours and RCVS guidance means due to commercial pressures of neighbouring practices doing things they do not feel it is appropriate to do. The RCVS and our guidance are both based on the premise of clinical judgement and risk assessment, and that already provides the scope for differing opinions. I would say that those putting in blanket policies such as advertising they are doing all neuterings again are going against the core principle of risk assessing everything you do. All the cases carry a risk, not all will have the concurrent welfare benefit in this particular climate over the next 2 months. In both the original guidance and the updated guidance we have the following statement

READ STATEMENT

The intention behind the guidance was to provide a framework for the whole profession to work to in terms of what procedures were being carried out.

There have been conspiracy theories flying around that the major employers group was having undue influence on BVA and that we'd been having meetings with them. It's true that BVA engages with all key stakeholders in the profession and that includes MEG.

Many of you don't know me personally but for those of you that do – you will know that my personal ethics are something I hold very dear. There is no way that I could be BVA President if I thought that BVA was in the pocket of commercial interests. I have had two meetings in my whole presidency with MEG. One just after I became president as part of biannual catch

up, and one on 23 March (the day after my first Covid-19 webinar). This meeting came about because I wrote to MEG on that Monday morning because of the concerns I'd heard on the webinar the day before that many practices were continuing business as usual and many staff were worried about being called in to the practice to do non-essential work, including those in vulnerable categories, or to do work that didn't allow for social distancing. I was invited at short notice to their meeting later that day to discuss the contents of my letter. Any further engagement after then was via email to encourage them to sign up to the original guidance. They then received a copy of the draft updated guidance as one of the original endorsers.

I want to stress again that there was no leaking of information. I said on the webinar last week that it was likely that we'd be expanding the guidance to cover vaccines. I really hope this clears up those conspiracy theories.

There have also been comments that the NHS are not carrying out routines, why are we? Firstly, this is not a return to "routine" for the profession. It is carrying out assessments of what needs to be done for animal welfare and how it can be done safely. We should not be carrying out every vaccination and neutering every dog. We must also recognise that the changes in routine work in the NHS have different drivers, and that actually it is not true to say all routines have stopped. They have been paused in some areas in response to the need to reduce the contact between NHS staff and patients (minimizing the throughput of people through particular hospitals or GPs at times) and to redeploy staff to tackle covid-19. The stopping of routines in the NHS is primarily down to redeployment of staff.

Questions?

So I hope that this webinar has provided some more rationale behind the guidance, as well as addressed some of the concerns you have. We at BVA have acknowledged that we haven't got our language right, and will make changes, so if you have any specific suggestions around how we could improve the language, please to write it down as we do see all the questions. As usual I will keep the useful links slide up whilst myself and Niall answer your questions.

Useful Links

- Social Distancing: <https://www.gov.uk/government/publications/full-guidance-on-staying-at-home-and-away-from-others/full-guidance-on-staying-at-home-and-away-from-others>
- Employers and businesses: <https://www.gov.uk/government/publications/guidance-to-employers-and-businesses-about-covid-19/guidance-for-employers-and-businesses-on-coronavirus-covid-19>
- Sector Guidance: <https://www.gov.uk/guidance/social-distancing-in-the-workplace-during-coronavirus-covid-19-sector-guidance>
- BVA blog post: <https://www.bva.co.uk/news-and-blog/blog-article/responding-to-your-questions-on-our-updated-covid-19-guidance/>
- BVA Guidance: <https://www.bva.co.uk/coronavirus/>
- RCVS Knowledge: <https://knowledge.rcvs.org.uk/covid-19/>
- Links Group: <https://www.bva.co.uk/resources-support/ethical-guidance/recognising-abuse-in-animals-and-humans-guide/>.
- Analgesia information: <https://www.zeropainphilosophy.com/copy-of-home>
- Anaesthesia information: <https://www.bsavalibrary.com/content/update?originator=JRAHY1VAN9&identity=i9301×tamp=20200630235900&signature=59ef7235bffa74f60a1033007169e1ba>