



Veterinary Surgeons' Board

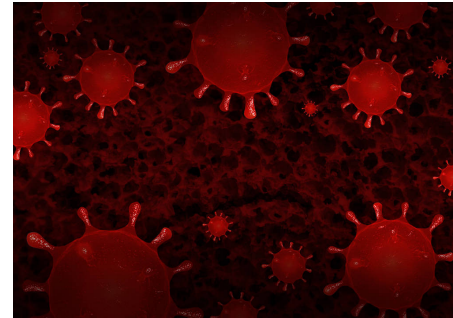


FROM THE REGISTRAR

In response to the evolving situation with COVID-19 the Board is providing the following guidance and resources for veterinary surgeons.

For those needing support during this difficult period the Board offers to fund two counselling sessions (see below for more information).

On a lighter but still serious vein, have a look at "Cattening the Curve" which explains in a way that should appeal to veterinary surgeons and nurses why protective measures for COVID -19 are so important.



The situation is rapidly changing and updates will be posted on the Board [website](#) under the News section.

Dr Sue Godkin
Registrar

COVID-19 GUIDANCE AND RESOURCES FOR VETERINARY SURGEONS

According to the Australian Government Department of Health, the COVID-19 outbreak represents a significant risk to Australia. It has the potential to cause high levels of morbidity and mortality and to disrupt our community socially and economically. The following resources are provided to help veterinary surgeons plan for, prevent and minimise the spread of COVID-19 in Western Australia.

General information

- For current information on COVID-19 in Australia, veterinary surgeons should refer to the [Australian Government Department of Health website](#).
- International information can be found from the [World Health Organisation](#).

Veterinary information and resources

- The [World Organisation for Animal Health \(OIE\) website](#) has information on COVID-19 and its potential impacts on animal health.
- The World Small Animal Veterinary Association [has issued advice](#) on COVID-19, managing the risk in a clinical setting and the potential impact on companion animals.
- The WHO has prepared [an infographic](#) that veterinary surgeons and practices may wish to use on their websites and social media to deal with fears about the virus and their pets.
- The US CDC has provided [useful FAQ guidance](#) regarding contact with pets and other animals.
- The [Australian Veterinary Association](#) has updates and information.

Workplace information

- Employers and businesses have a duty to keep staff safe at work. The [WA Worksafe website](#) has information on workplace preparedness for COVID-19 and some general workplace guidance on managing employment issues related to COVID-19.

It doesn't hurt to be prepared:

- We recommend that veterinary surgeons and clinics start planning now, if you haven't already. Do a risk assessment and think about how you can protect staff who are at particularly high risk (such as those with comorbidities).
- Prepare a contingency plan.
- Think about ways to ask clients about whether they, or those they are in close contact with, are self-isolating or infected, before they attend the clinic. It would also be prudent to check whether they themselves are at higher risk from infection.
- Veterinary surgeons and clinics should consider ways to minimise exposure of staff to the virus. Some practical examples are:
 - Careful case selection following in-person and teletriage processes to assess patient condition and exposure risk to staff.
 - Deferral of non-urgent patient care. For example, six-monthly and annual health checks and vaccination visits could be postponed following risk assessment.
 - Offering alternatives to in-person consultation, where appropriate, to reduce direct client contact. For example, admitting patients for assessment and care could reduce prolonged client contact.
 - Considering the use of veterinary telemedicine (VTM) in appropriate cases. Cases that may suit VTM could include:
 - Post-op assessment
 - Medical progress exams and revisits
 - Repeat authorisation/prescription requests
 - Lower risk cases like non-urgent skin diseases and mild gastrointestinal conditions in adult pets, etc.
- It is also a good idea to consider how to safely provide products (medicines and other products) to clients while minimising exposure risk.
- Consider increasing staff safety measures to prevent workplace injury. This is to minimise the need for staff to seek medical care and therefore reduce the demands on our healthcare system as well as the risk of exposure while receiving the medical care.

In some cases, if the COVID-19 infection becomes more widespread in Western Australia, looking after yourself and your staff will probably mean departing from best practice. We recognise this and will take the broader situation into account if any concerns are raised with the Board.

Using veterinary telemedicine

Veterinary telemedicine (VTM) can be used by veterinary surgeons in Western Australia and may be a helpful tool to minimise the risk of exposure to COVID-19.

The Board expects veterinary surgeons to use their professional judgment to decide whether using VTM is appropriate in particular circumstances.

The [Guidelines on Veterinary Telemedicine](#) require that veterinary surgeons who diagnose and treat patients using remote technology:

- Ensure that a bona fide veterinary surgeon/client/patient relationship has been established;
- Make a judgement about the appropriateness of a telemedicine based consultation and in particular whether a direct physical examination is necessary;
- Assess the animal's condition based on history, clinical signs and appropriate examination;
- Accept the ultimate responsibility for evaluating information used in assessment and treatment, irrespective of its source. This applies to information gathered by a third party who may have taken a history for the animal or examined the animal; and
- Make a compliant clinical record for the examination and treatment of the animal.

In light of the risk COVID-19 poses, the Board is of the view that, if it becomes widespread in Western Australia, it would be appropriate for veterinary surgeons to also use VTM to authorise

scheduled medicines where they can reasonably judge it safe to do so using patient histories and/or recent visits to the premises even without having seen the animal recently. Risk assessment and professional judgment by the veterinary surgeon in each case is still vital.

What if our practice has to close or reduce services?

If COVID-19 becomes widespread in Western Australia, it is possible that some practices may need to close or reduce services because staff members test positive for the virus and need to self-isolate.

If this happens, the practice should:

- Notify their clients as soon as possible. Give them as much information as possible about how long this will be in effect for and, if possible, direct them to other places they can find help. That could be a neighbouring practice (ideally talk to them first) or our online [register of practices](#)
- Make sure the phones are diverted and the answerphone is updated.
- Consider putting a notice on the practice's website.
- If the practice operates its own emergency afterhours service, try to find alternative cover for this. If an afterhours centre is used, double-check that this is still able to operate.

If a veterinary surgeon in this situation is contacted by a client about an animal that the veterinary surgeon decides needs urgent veterinary attention, they should consider whether they can safely examine and treat the animal (for example having the animal dropped at the practice and admitting it for inpatient care). If that isn't possible, consider using VTM or referring to another veterinary surgeon.

Where services have to be reduced, the focus should be on triage and prioritising urgent cases. VTM may be particularly helpful.

What if a client is self-isolating or has COVID-19?

Consider ways the animal could be examined while minimising risk. This could be someone other than the owner bringing it or admitting the animal as an inpatient with minimal direct contact with the client.

There is no current evidence that animals can spread COVID-19. A person with COVID-19 may sneeze or shed the virus onto the fur of animals which could spread the virus to other people and good hygiene practices should be used.

In appropriate cases, VTM can be used, particularly for initial triage. If absolutely necessary, medicines could be authorised using VTM where it isn't safe to see the animal in person.

General guidance on acting in situations where you may need to act outside the Guidelines on Telemedicine or other standards

Think about:

1. Is this an emergency (is there a need for immediate or early veterinary treatment to save life or relieve unreasonable or unnecessary pain or distress)?
2. Can the animal be referred to someone better able to deal with the situation?
3. Discussing the situation with the client and getting their views and informed consent.
4. What are the risks and are there ways to reduce them (e.g. regular and frequent follow up)?
5. Could your actions be justified to your peers?

The Board strongly recommends making a detailed record of your decision making in these circumstances.

CONFIDENTIAL COUNSELLING FOR VETERINARY SURGEONS AND PRACTICE STAFF

Did you know that the Board will pay for up to two confidential counselling sessions for veterinary surgeons and other veterinary practice staff?

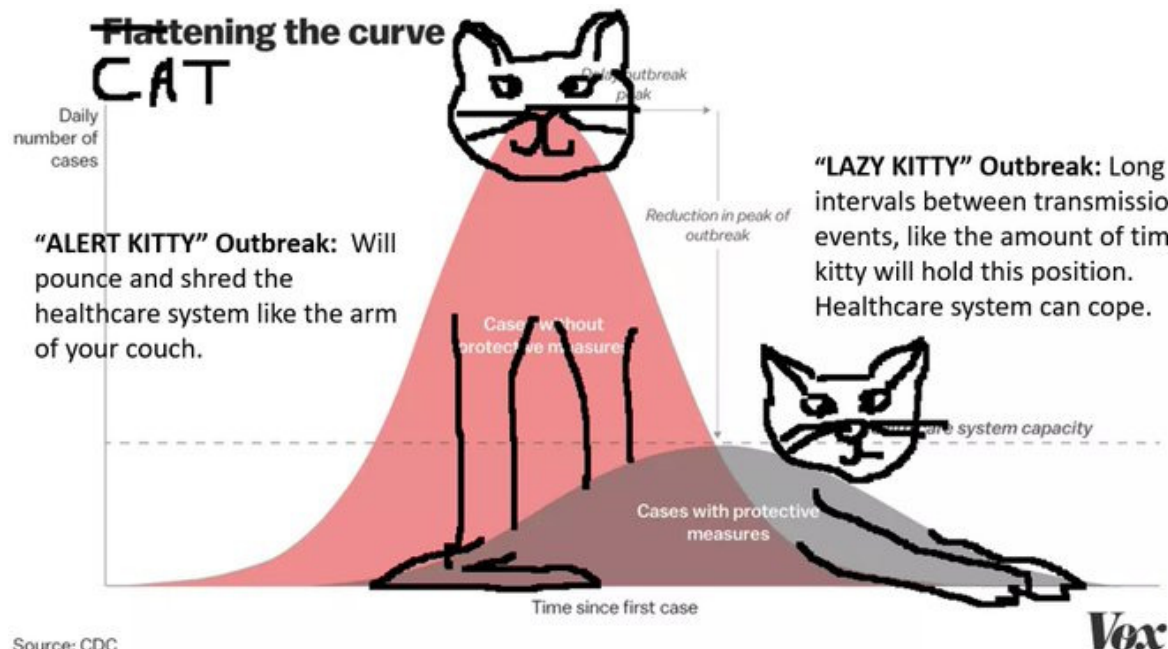
The Board can suggest a suitably qualified counsellor with experience in counselling people working in the veterinary profession or you can nominate a counsellor of your choice. If you or your staff wish to take up this offer then you need to contact the Board by phone 9317 2353 or by email admin@vsbwa.org.au. All requests are treated with the strictest confidence and no information about the counselling sessions is sought or given to the Board.

CATTENING THE CURVE

You may have seen a graphic showing how we should "flatten" the curve of transmission risk to prevent the health system from being overloaded by people with COVID-19 or who want to be tested for the presence of the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), which causes it.

It involves common sense precautions like washing hands. Don't panic and subsidise toilet paper companies and retreat to a bunker but don't pretend it can't spread. As the first person-to-person analysis showed, it may not spread to your broad circle, but people with respiratory issues are at risk.

Epidemiologist Dr. Anne Marie Darling knows graphs and charts make some people drift off so she created a reference we know the Internet loves: cats. She calls it #catteningthecurve, and it deserves to be everywhere.



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