

Guidance for veterinary practices in assessing emergency and urgent 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. **The current restrictions are in place for 3 weeks from 23 March and this document relates to this time period. This document will be reviewed, and guidelines may be changed at this point.**

During this period veterinary professionals can continue to work but must only provide urgent treatment and emergency care where animal welfare would be compromised by delaying for this period of time, or activities that are essential to maintaining the future food supply chain.

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

Definitions

The following definitions may help veterinary surgeons in their decision-making process:

Emergency: Immediate threat to life; significant impact on health/welfare and likely to deteriorate if left unmanaged. In normal circumstances these are cases that would be seen out of hours or fitted in on the same day.

Urgent: Significant impact on health/welfare but currently stable, or moderate impact but significant risk of deterioration.

Non-urgent/routine: Minor impact on health/welfare and unlikely to deteriorate, or non-disease associated.

General principles

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

- All unnecessary client contact must be stopped. 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 includes:
 - Administrative staff
 - Vets and nurses carrying out triage and remote consultations from home, 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 [strict social distancing measures](#) between clients at all times and be prepared to refuse to continue if animal owners do not follow the official advice
- 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 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**. It is not an exhaustive list and veterinary practices may vary in their approach due to individual circumstances. This advice is for restrictions remaining in place **for 3 weeks from 23 March** and will be reviewed in light of any further government instructions or relevant information.

Small animal

- 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
- 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 small teams (eg 1 vet/1 nurse) 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](#). 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.

Examples to help assess whether a case is urgent or an emergency:

Suspend/Delay
<ul style="list-style-type: none"> • Vaccinations (unless in a shelter situation, or in case of disease outbreak) • Non-essential consults, such as routine nail clips, weight clinics, puppy parties, mid-year health checks • Neutering • Routine reproductive work
Remotely assess in the first instance
<ul style="list-style-type: none"> • Mild trauma, eg nail pulls • Skin issues, including flea allergic dermatitis • Anal glands/scotching

- Post-op checks
- Repeat medication checks, if stable
- Vomiting/diarrhoea in a well animal
- Jaundice
- Pallor
- Dental complaints
- Lumps
- Wounds
- Non-acute lameness
- Eye complaints
- Anorexia
- Vaginal discharge
- Non-specific lethargy

Warrants physical examination

- Any of the above deemed necessary following remote triage or consultation
- Severe trauma, eg RTA
- Seizures
- 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

- Maintain a physical distance of 2m at all times
- 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, but a horse needs urgent or emergency care, a second member of practice staff should attend for safety. Contact with the client should be by telephone only
- Cleanse all surfaces in your car on leaving the yard

Examples to help assess whether a case is urgent or an emergency:

Suspend/Delay
<ul style="list-style-type: none"> • Pre-purchase examinations • Routine dental work • 6-monthly vaccinations • Stallion licensing • Routine health checks • Riding school inspections • Radiography for sales or survey studies • Routine reproductive work • Poor performance investigations • Joint medication • Vaccinations (unless due second vaccine of primary course in next 3 weeks)
Remotely assess in the first instance
<ul style="list-style-type: none"> • Repeat medication checks, if stable • Mild trauma • Skin issues • Lumps • Wounds • Sarcoids or other skin tumours • Nasal discharge/cough • Inappetence
Warrants physical examination
<ul style="list-style-type: none"> • Any of the above deemed necessary following remote triage or consultation • 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

- Maintain a physical distance of 2m at all times
- In cases where clients are self-isolating or confirmed to have Covid-19 a second member of practice staff should attend to ensure your health and safety. Contact with the client should be by telephone only
- Cleanse all surfaces in your car on leaving the farm

- Do not enter the farmhouse for any reason
- Follow the most up to date government advice re statutory surveillance and bovine TB testing from APHA covering Great Britain and DAERA in Northern Ireland

Examples to help assess whether a case is urgent or an emergency:

Suspend/Delay
<ul style="list-style-type: none"> • Any routine work which does not directly impact on maintaining the food chain or that is required in accordance with latest government advice on statutory surveillance and TB testing
Remotely assess in the first instance
<ul style="list-style-type: none"> • Mild trauma • Animal down peri-partum • 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
Warrants physical examination
<ul style="list-style-type: none"> • Surgical cases, such as LDA • Fertility work, where it may be carried out safely, to maintain the food supply 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 cows • Suspected hypomagnesemia • Dystocia

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For the latest updates please visit: www.bva.co.uk/coronavirus