Washington State Veterinary Medical Association

Gov. Inslee announces restart of non-urgent medical services in Washington

On May 18, Gov. Inslee announced plans to resume non-urgent elective procedures, effective immediately, provided practitioners follow a specific set of criteria to protect workers and clients. The plan requires that hospitals and clinics assess their own readiness as well as their communities' COVID-19 activity to determine to what degree non-essential services should be provided. Proclamation 20-24.1 also requires hospitals and clinics to have enough personal protective equipment to keep workers safe, employ social-distancing policies, and check visitors and patients for symptoms of COVID-19.

Criteria for Resuming Non-Urgent Procedures – *Some of the criteria are geared towards human healthcare, but veterinary hospitals should extrapolate and adapt the information as necessary.*

Until there is an effective vaccine, effective treatment, or herd immunity and until supply chains for PPE return to a more normal status, hospitals and Local Health Jurisdictions will work together to maintain some level of surge capacity in our health care system and prudently use PPE so that we can keep health care workers safe and provide the needed health care to our communities. To this end, the following must be met by health care, dental and dental specialty facilities, practices, and practitioners:

- **Exercise clinical judgment to determine the need to deliver a health care service**, in the context of the broader health care and dental needs of patients and communities and in the context of the pandemic, and within the parameters of operation provided by the health care, dental or facility, practice or practitioner setting in which they are providing services.
- **Continuously monitor capacity in the system** to ensure there are resources, including ventilators, beds, PPE, blood and blood products, pharmaceuticals, and trained staff available to combat any potential surges of COVID-19, participation, as required by Department of Health guidelines, with the WA HEALTH data reporting system to allow for a state-wide common operating perspective on resource availability.
- **Follow Department of Health's current PPE conservation guidance**, which will be regularly reviewed and updated by the Department of Health, as published on the Department of Health website at https://www.doh.wa.gov/Emergencies/Coronavirus. If the health care facility, practice or practitioner's PPE status deteriorates, adjustments to expansion of care will be required.
- **Review infection prevention policies and procedures** and update, as necessary, to reflect current best practice guidelines for universal precautions.
- **Develop a formal employee feedback process** to obtain direct input regarding care delivery processes, PPE, and technology availability related to expansion of care.
- **Appropriately use telemedicine**. Appropriate use of telemedicine will facilitate access to care while helping minimize the spread of the virus to other patients and/or health care workers.
- **Use on-site fever screening and self-reporting of COVID-19 symptom screening** for all patients, visitors and staff prior to (the preferred approach), or immediately upon, entering a facility or practice.

- For clinical procedures and surgeries, develop and implement setting-appropriate, pre-procedure COVID-19 testing protocols that are based on availability, Department of Health guidance, if any, and/or relevant and reputable professional clinical sources and research.
- **Implement policies for non-punitive sick leave** that adhere to U.S. Centers for Disease Control and Prevention (CDC) return-to-work guidance.
- **Post signage that strongly encourages staff, visitors** and patients to practice frequent hand hygiene with soap and water or hand sanitizer, avoid touching their face, and practice cough etiquette.
- **Maintain strict social distancing in patient scheduling, check-in processes, positioning and movement within a facility**. Set up waiting rooms and patient care areas to facilitate patients, visitors and staff to maintain ≥6 feet of distance between them whenever possible, consider rooming patients directly from cars or parking lots, space out appointments, and consider scheduling or spatially separating well visits from sick visits.
- **Limit visitors to those essential for the patient's well-being and care**. Visitors should be screened for symptoms prior to entering a health care facility and ideally telephonically prior to arriving. Visitors who are able should wear a mask or other appropriate face covering at all times while in the health care facility as part of universal source control.
- Ambulatory patients, who are able and when consistent with the care being received, should wear a mask or other appropriate face covering at all times while in the health care facility as part of universal source control.
- **Frequently clean and disinfect high-touch surface**s regularly using an EPA-registered disinfectant.
- **Identify and implement strategies for addressing employees** who have had unprotected exposures to COVID-19 positive patients, are symptomatic, or ill, which should include requiring COVID-19 positive employees to stay at home while infectious, and potentially restricting employees who were directly exposed to the COVID-19 positive employee. Timely notification of employees with potential COVID-19 exposure and appropriate testing of employees who are symptomatic should be a component of these strategies. Follow CDC cleaning guidelines to deep clean after reports of an employee with suspected or confirmed COVID-19 illness. This may involve the closure of the business until the location can be properly disinfected.
- Educate patients about COVID-19 in a language they best understand. The education should include the signs, symptoms, and risk factors associated with COVID-19 and how to prevent its spread.
- **Follow requirements for workers in** Governor Inslee's Proclamation 20-46 - High-Risk Employees –Workers' Rights.

The Evaluation of Harm

The evaluation of "harm" is the same as described by the Governor previously: The decision to perform any surgery or procedure, including examples of those that could be delayed, should be weighed against the following criteria when considering potential harm to a patient's health and well-being:

- Expected advancement of disease process

- Possibility that delay results in more complex future surgery or treatment
- Increased loss of function
- Continuing or worsening of significant or severe pain
- Deterioration of the patient's condition or overall health
- Delay would be expected to result in a less-positive ultimate medical or surgical outcome
- Leaving a condition untreated could render the patient more vulnerable to COVID-19 contraction, or resultant disease morbidity and/or mortality
- Non-surgical alternatives are not available or appropriate per current standards of care
- Patient's co-morbidities or risk factors for morbidity or mortality, if inflicted with COVID-19 after procedure is performed

Diagnostic imaging, diagnostic procedures or testing should continue in all settings based on clinical judgement that uses the same definition of harm and criteria as listed above.

Expansion/Contraction of Care Plan

Each health care, dental or dental specialty facility, practice, or practitioner must develop an expansion/contraction of care plan that is both congruent with community COVID-19 assessment described above, consistent with the clinical and operational capabilities and capacities of the organization, and responsive to the criteria provided below.

Expansion/contraction of care plans should be operationalized based on the standards of care that are in effect in the health care facility, practice or practitioner's relevant geography as determined by that region's emergency health care coalition, as follows:

- Conventional Care Phase – All appropriate clinical care can be provided.
- Contingency Care Phase – All appropriate clinical care can be provided so long as there is sufficient access to PPE and, for hospitals, surge capacity is at least 20%.
- Crisis Care Phase – All emergent and urgent care shall be provided; elective care, that the postponement of which for more than 90 days would, in the judgement of the clinician, cause harm; the full suite of family planning services and procedures, newborn care, infant and pediatric vaccinations, and other preventive care, such as annual flu vaccinations, can continue.

Assessing Readiness

When making health system care capacity decisions, practitioners must, in addition to the above, consider

1) the level and trending of COVID-19 infections in the relevant geography,
2) the availability of appropriate PPE,
3) collaborative activities with relevant emergency preparedness organizations and/or LHJ,
4) surge capacity of the hospital/care setting, and
5) the availability of appropriate post-discharge options addressing transitions of care.

Given the geographic diversity of Washington, the variability in COVID-19 disease burden within the state, and health care system capabilities and capacity, no uniform approach to expanding access to care is possible nor would any such approach be effective or wise. It is essential that health care system participants act with good judgment within the context of their patients' needs, their environment, and their capabilities and capacity.

Source: [Proclamation 20-24.1]

PPE Usage Guidelines for Health Care Facilities

Personal Protective Equipment Usage Guideline

		N-95 Respirator	PAPR/CAPR hoods	Surgical Masks	Cloth Masks	Eye Protection	Gowns
Standard Recommended Use of PPE (Green)	**Device**	Fit-tested	Commercial made	Commercial made	N/A	Commercial made	Commercial made
	Duration	Change per encounter	Change per encounter	Change per encounter	N/A	Change per encounter	Change per encounter
PPE Conservation Strategies (Yellow)	**Device**	Fit-tested	Commercial made	Commercial made	N/A	Commercial made	Commercial made
	Duration	For HCP only, extended use or limited re-use for 8 hours or until visibly soiled or other criteria met* (Re-processing N95s may be integrated into re-use policy if needed)	For HCP only, until broken, shared between HCPs (Re-processing hoods may be integrated into re-use policy if needed)	Extended use or until visibly soiled, damaged (If universal masking, do not provide to HCP outside clinical areas or visitors)	N/A	Extended use or until visibly soiled, difficult to see through, damaged	Reuse on the same patient by the same HCP or until visibly soiled is preferred (See PPE Re-use Guidance for more information)
Extreme Strategies (Red)	**Device**	Fit-tested, non-fit tested, or industrial	Non-commercial made	Commercial made	Facility-designed or homemade (not NIOSH-approved) masks	Non-commercial made	Commercial made/ Home made
	Duration	Till seal integrity lost	Until broken	Reuse	Any	Re-use	Use for multiple patients or when visibly soiled or use of non-standard products (ponchos, patient gowns, etc.)

*Discard N95 respirators following use during aerosol generating procedures; Discard N95 respirators contaminated with blood, respiratory or nasal secretions, or other bodily fluids from patients; Discard N95 respirators following close contact with, or exit from, the care area of any patient co-infected with an infectious disease requiring contact precautions. Initial (baseline) fit testing to be done. Annual fit testing can be postponed during times of PPE shortage.

Definitions:

- Extended use refers to the practice of wearing the same PPE for repeated close contact encounters with several patients, without removing the PPE between patient encounters.
- Reuse refers to the practice of using the same PPE for multiple encounters with patients but removing it ("doffing") after each encounter. The respirator is stored in between encounters to be put on again ("donned") prior to the next encounter with a patient. N95 respirator reuse is often referred to as "limited reuse".

Extended and Re-use of PPE by Healthcare Personnel

Type of PPE	How long can I wear if extended use?	How do I store if re-using?	How many times can I re-use?	Can I decontaminate between uses?	Other instructions
N95 Respirator	8 hours continuously or until visibly soiled	In a clean, breathable container such as a paper bag labelled with the user's name	5 times	Decontamination can be considered, but no data exist supporting effectiveness[1]	Consider 5 respirators per HCW[2]
Facemask	Until visibly soiled/damaged up to 1 shift	In a clean, breathable container such as a paper bag labelled with the user's name [3]	Until visibly soiled/damaged up to 1 shift	Do not decontaminate as there is no data on effectiveness and damage to the facemask is likely	Facemasks with ties may tear during removal and should be considered only for extended use, rather than re-use
Eye protection	Until visibly soiled, difficult to see through or damaged	After disinfecting, in a dedicated space labelled with the user's name	Until difficult to see through or damaged	Yes, according to manufacturer's instructions[4]	
Gown	Until visibly soiled and only if caring for patients with the same infectious disease in the same location (e.g., COVID-19 patients in an isolation unit)[5]	Hang in area where it can be easily accessed and donned when entering the care area.	Until visible soiled up to 1 shift	Cloth gowns should be laundered according to routine healthcare laundry practice[6]	Disposable gown ties and fasteners typically break during doffing. Cloth isolation gowns could be considered for re-use.

COVID-19: A Guide to Reopening Veterinary Medicine in Washington – UPDATED May 19, 2020

With the Governor's announcement yesterday that practitioners can provide non-essential services, the WSVMA has released COVID-19: A Guide to Reopening Veterinary Medicine in Washington.

The Guide, written by well-known expert Scott Weese, DVM, DVSc, DACVIM in partnership with the Ontario Veterinary Medical Association, lays out a comprehensive plan to assist veterinary practices to implement appropriate measures to ensure the health and safety of both veterinary clients and practice staff, as they expand the range of services they offer.

The Guide is available on our website under COVID-19 Resources/WSVMA Alerts. It has been adapted to the needs of Washington State and will be updated as conditions change and announced by Gov. Inslee and/or the WA State Department of Health.

Additional links:

- ICYMI- VBOG Policies on Continuing Education and VCPR in Virtual Care
- The USDA case definition for SARS-CoV-2 in animals can be found at: https://www.aphis.usda.gov/animal_health/one_health/downloads/SARS-CoV-2-case-definition.pdf
- The OIE, "Considerations for sampling, testing, and reporting of SARS-CoV-2 in animals" can be found at: https://www.oie.int/fileadmin/Home/eng/Our_scientific_expertise/docs/pdf/COV-19/Sampling_Testing_and_Reporting_of_SARS-CoV-2_in_animals_final_7May_2020.pdf
- The Interim Infection Prevention and Control Guidance for Veterinary Clinics Treating Companion Animals During the COVID-19 Response has an updated section on PPE use and reuse, and can be found at: https://www.cdc.gov/coronavirus/2019-ncov/community/veterinarians.html
- Two new FAQs addressing animal daycare and groomers, as well as consumption of game meat, have been added to the COVID-19 and Animals FAQs, found here: https://www.cdc.gov/coronavirus/2019-ncov/faq.html#COVID-19-and-Animals
- The ZOHU webinar on COVID-19 and Animals for May was posted at: https://www.cdc.gov/onehealth/zohu/2020/may.html