COVID-19 Hospital Protocol – Effective 3/18/2020, ed.4.6.2020

Because COVID-19 is generally believed to be spread between people who are in close contact and through respiratory droplets from coughing or sneezing, we are limiting exposure to people who have contracted the virus or who have knowingly been exposed. At this time, we do not have evidence that naturally infected companion animals, including pets, can spread COVID-19 to humans or other animals. Please understand that this is not a quarantine protocol of infected animals. There is, however, some belief that the virus can be obtained from contaminated objects for a brief period of time so we are also taking precautionary steps to minimize the chance that it could be spread on the surface of an animal. Due to the rapidly changing nature of this situation, this protocol will be changing accordingly. PPE availability will also likely be changing rapidly due to supply chain constraints and the needs of human healthcare facilities. Changes will be communicated to the BVMTH team via email.

General
Please practice good hygiene at all times. Stop handshaking. Clean hands at the door, between patients and at regular intervals. Avoid touching your face and cover coughs and sneezes (preferably with a tissue or into your elbow) if not wearing a mask. Disinfect surfaces like doorknobs, tables, desks, and handrails regularly. Practice social distancing as much as feasible. Close contact should be avoided when possible. According to the CDC, close contact is defined as: a) being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period of time; close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case, and/or b) having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on). Lastly, if you are running a fever or feel sick, please stay home. In accordance with new CDC recommendations, cover your mouth and nose with a cloth face cover when around others (including while at work). The cloth face cover is meant to protect other people in case you are infected. The cloth face cover is not a substitute for social distancing. Please regularly launder your cloth face cover.

Hospital Access
Effective at 8am on March 18th, 2020 access into the BVMTH will be limited to hospital staff, faculty, house officers, Antech laboratory personnel, ABM janitorial staff and essential facility and equipment maintenance and repair personnel. The Hospital Director or Hospital Administrator must approve exceptions to this. If you see anyone other than these people, please professionally question their presence as we strive to keep each other safe and healthy. Additionally, if unauthorized visitors are noted, immediately report their presence to the shift lead or hospital administration.

Appointments
Until further notice, appointments will not be made for new cases (not previously seen at the BVMTH). Any life-threatening emergencies will be seen on an emergency basis. With clinician approval, minimal rechecks for urgent and critical cases may be made. Patients in a time-sensitive protocol (such as chemo therapy and juvenile vaccine protocols) may also be scheduled if the clinician wishes.

Admission
Admission and discharge of all patients will occur outside of the building ("curbside"). Through messaging via phone call or email (for scheduled necessary appointments), our social media platforms and signage, all clients will be informed to contact the hospital via phone prior to arrival. During this phone call, the following questions will be asked of the client prior to EACH curbside interaction:
1. Have you been in close contact with a person who is awaiting COVID-19 test results or confirmed to have the Coronavirus?
2. Do you currently have fever and/or symptoms of lower respiratory illness (such as cough or difficulty breathing), or nausea, vomiting, diarrhea, or abdominal pain?

The BVMTH personnel who receives this information should document the answers to these questions on the “Coronavirus Client Questionnaire”. A copy of this form should be kept in the patient file and the original should be placed in the money safe for centralized recordkeeping.

IN ALL CASES, EFFECTIVE 4/6/2020, ADHERE TO THE FOLLOWING PROTOCOL:

1. Don personal protective equipment (mask (N95, if available or surgery mask), gloves, reusable gown, reusable eye protection (or faceshield ). Obtain disposable leash (for dogs), hospital carrier (for cats or other small animals) or designated halter and lead (for large animals). Unless all intake information was obtained via phone, obtain intake packet (available at front desk).
2. Meet client outside of the building (but preferably not in/directly at their vehicle) with as little contact with the client as possible (maintain at least a 6 foot distance when possible). For small animals, this should occur at the temporary kennel near the main entrance of the hospital.
   a. Unless all intake information was obtained via phone, give Intake Packet to client and ask them to fill this out in its entirety. If they are able, please ask them to email it to vetmedreferrals@okstate.edu. This email address is also listed on the COVID-19 Client Handout included in the intake packet. You are welcome to also have them email it to your OSU-provided email address. If they state that they are unable to email the information to us, please ask them to stay and call us when finished with the paperwork. At that time, a team member should don a mask (N95, if available or surgery mask), gloves and a reusable gown and meet the client outside to take photos of the paperwork with a BVMTH-provided iPad. This should be done without physically contacting the paperwork.
   b. Obtain patient. If the patient has personal items on, please ask the client to remove them after placing the disposable leash, designated halter or placing in hospital carrier.
3. After evaluation, call client to discuss findings and recommendations. Have a teammate witness authorization to treat. Payment of deposit via credit card over the phone is preferred. If this is not possible, we will accept cash, check or care credit (see below).

IF THE ANSWER TO ANY OF THE TWO QUESTIONS ABOVE IS “YES”, OR IF THE PATIENT IS A CAT OR FERRET WITH ACUTE RESPIRATORY SYMPTOMS, IMPLEMENT THE FOLLOWING “COVID-19 AFFECTED CLIENT PROTOCOL” UPON ACQUISITION OF THE ANIMAL.

1. If medically possible, bathe the patient immediately with soap/shampoo and water, providing a minimum shampoo contact time of 20 seconds (preferably longer).
   a. If bathed, examine and treat patient per normal protocol. No additional steps needed, but primary clinician may institute additional measures if they deem appropriate. Routine cleaning of surfaces and equipment is acceptable in this instance.
   b. If not bathed, all personnel should wear gloves, mask (n95, if available or surgery mask) and reusable eye protection when contacting patient at all times for the first 72 hours of hospitalization. Wash hands thoroughly and disinfect any equipment used after every interaction with patient.
i. If presented with a cat or ferret with acute respiratory symptoms, please take to the “Quiet Room” of SA ICU for evaluation and care. In this case, this room will become a temporary isolation area for COVID-19 suspects and typical isolation protocols should be followed. An oxygen cage can be moved into this room, if needed.

ii. All surfaces contacted by unbathed patient should be cleaned with HDQ® (BVMTH standard cleaner) with a 10-minute contact time. This virucidal product is labeled for numerous viruses including human coronavirus, SARS associated coronavirus, H1N1, RSV, Hep B&C and numerous others. Alternatively, Rescue® can be used in a similar manner.

2. If this protocol is activated, immediately notify Hospital Director (or Hospital Administrator in Director’s absence) of the situation via text, phone call or email.

Communication and Visitation
All communications with client should occur via phone or videoconferencing. All communications should be logged in UVIS. Clients will not be allowed to visit the patient while hospitalized.

Discharge
Until further notice, only curbside discharges will occur with the same protocol as admissions (see above).

Deposit and Payment Information
The current financial policy remains in place. Appropriate charges should be entered in all situations. After-hours emergency fees will apply to all new cases during this time. For patients being hospitalized overnight or receiving estimates with a high-end greater than $500, clients are required to pay an initial deposit equal to 80% of the high end of the estimated charges. Because of the logistics of the current situation, the treatment plan and estimate will need to be presented over the phone and the owner may have left the premises prior to formation of the estimate. Therefore, the preferred method of payment is via phone with credit card or CareCredit. If these are not an option for the client, cash and check will be accepted, but must be delivered in a timely manner to the BVMTH (prior to non-life-saving treatment). When accepting cash or check, please wear gloves and have the client place the appropriate amount of cash or check in a ziplock bag (available at the front desks) and close the bag. This will then be handled with precaution by the business office. After-hours emergency fees will apply to all emergencies seen during this time.