

Veterinary home visits during COVID-19

Please note that the COVID-19 pandemic is an evolving situation. The following is general advice only, reflective of the evidence at hand, and is intended as a guide only to assist the practitioner in decision-making. Individual circumstances vary and veterinarians should exercise their professional judgement on a case-by-case basis. It is recommended that practitioners seek further guidance if unsure.

This document will be updated as required. For the most up-to-date advice on the COVID-19 situation in Australia, visit www.health.gov.au

Key messages:

- **Assess risk in accordance with Australian Government Department of Health COVID-19 advice (located [here](#))**
- **Assess whether a home visit is necessary and whether the household includes a confirmed case or someone likely to have been exposed**
- **Wear appropriate PPE and decontaminate yourself and equipment on arrival and leaving the property.**
- **Pre-complete consent forms**
- **Consider the benefits of an annual seasonal influenza vaccination.**

Contents:

1. Questions to ask clients
2. Management of pets from COVID-19 positive households
3. Home visit checklist
4. Consent forms and payment
5. Personal Protection PE
6. Consultation arrival and departing procedures
7. Cleaning of equipment – clinic, vehicle and home
8. The benefits of a seasonal influenza vaccination
9. Bleach dilution recipes

1. Questions to ask clients

If a home visit has been requested, we recommend asking the client the following questions and recording answers in the client's patient record:

- *Why is the visit necessary?*
- *Would a telehealth consultation be appropriate?*
- *Should the patient should be seen for a face-to-face consultation at the clinic?*
- *Is a colleague required to attend the home visit?*

The decision as to whether a home visit is deemed appropriate is yours, even if the client requests it.

If deemed appropriate, the following questions can help you to assess the level of risk to yourself and your team:

1. Has the client travelled overseas or been in contact with somebody who has travelled overseas in the past 14 days?
 Yes No
2. Has the client travelled interstate in the past 14 days?
 Yes No
3. Has the client (or anyone else at the residence) been in contact with a confirmed COVID-19 positive case in the past 14 days?
 Yes No
4. Is the client currently in self-isolation?
 Yes No
5. Does the client (or anyone else at the residence), have a fever greater than 38.0 ° Celsius OR new symptoms such as cough, shortness of breath, difficulty breathing or a sore throat?
 Yes No
6. Does the client (or anyone else at the residence) work in emergency services, as a healthcare worker or in a care facility?
 Yes No

If the answer is “Yes” to any of these questions, they should be deemed “high risk”.

2. Management of pets from COVID-19 positive households – recommendations.

If the patient belongs to a client that is in a high-risk situation and the animal requires veterinary attention, there are various options available to you and your veterinary team. Individual practitioners may not wish to attend high risk households due to family, health or personal reasons. However, veterinary practitioners should also be mindful of obligations to provide veterinary treatment for reasons of animal welfare, under state legislation. If a practitioner opts to decline veterinary care for legitimate reasons, then alternative arrangements should be discussed with the client to ensure the patient is attended to by another consenting veterinary practitioner. We recommend all decision-making discussions are recorded in the client’s patient history.

If the client or anyone else at the residence is in a high-risk situation, there are three options for patient’s requiring veterinary care:

1. If appropriate, the appointment should be rescheduled until the period of self-isolation has lapsed or the client has recovered.
2. The patient could be referred to another veterinary clinic or Emergency Centre. If possible, advise that the patient be bathed with pet shampoo or soap, before transfer. Ensure all relevant patient notes are transferred to the referral clinic upon confirming the appointment with your client.
3. For urgent veterinary attention or where immediate euthanasia is required, a home visit could be scheduled at a mutually agreeable time.

Contact with the infected /potentially infected individual **SHOULD BE AVOIDED**.

You should only attend the home visit if all attending staff (veterinarian +/- veterinary nurse) wear the appropriate personal protective equipment PPE (as below).

Ideally, the home-visit consultation will occur outside to help minimise contact with any potentially infected surfaces. If possible, request that the animal be bathed with animal shampoo prior to your arrival.

3. Home visit checklist

We recommend the following may assist management of the home visit:

- Print the CDC Sequence for putting on and removing PPE. Laminate and keep close by when required. <https://www.cdc.gov/hai/pdfs/ppe/ppe-sequence.pdf>
- Contact the owner the morning of the appointment to ensure that the health status of everyone in attendance remains unchanged.
- Ensure the minimum number of people as possible are present at the consultation.
- Cover any wounds or abrasions with waterproof dressings.
- Perform hand hygiene BEFORE donning gloves and after removing gloves.
- Wear disposable gloves from when you get out of your vehicle until you complete the job.
- Complete as much of the patient history as possible via the phone to minimise time spent at the job.
- Reinforce the need to maintain social distancing practices of at least 1.5 metres.
- Confirm the best entrance to an outside area where the consultation can take place.
- Become familiar with Standard Precautions – this includes hand hygiene, the use of appropriate PPE, sneeze/cough etiquette, and cleaning the environment and your equipment.
- Remove your wristwatch and any rings/bracelets. Place your wristwatch in a zip lock bag if required.
- Do not use your phone unless necessary. Place it into a plastic zip lock bag so that it can be disinfected or the bag discarded before you leave the premises.
- Gain entry to the premises through a side gate, if able. Do not enter the house.
- Cats may need to be seen in garages/out-buildings where they can be confined more easily.

Check that the client has:

- Alcohol-based hand rub (ABHR, hand sanitiser)
- Outside water tap (if needed for hand hygiene)
- Tissues (if performing home euthanasia)
- A towel to place the animal on
- A mask for their own personal use
- A pen

4. Consent forms and payment

- It is advised to check the consent form requirements with your relevant State or Territory Veterinary Board, to ensure you have met the requirements for obtaining informed consent. Obtain a client signature witnessed by the attending vet. To help prevent unnecessary contact, a photo could be taken of the signature and uploaded to the client's patient file on your practice management software for future reference.
- Payment for the visit should be facilitated without the need for contact (e.g. clients can pay the clinic over the telephone). If use of a physical credit/debit card cannot be avoided, either:
 - place your EFTPOS terminal inside a sealed zip lock bag, which can be disinfected or discarded after use, or
 - use a “card-not-present” method to process the payment, whereby the card number and expiry is manually keyed into the terminal by the vet.

5. Personal Protection

Recommendations for clients

- Not more than one person in the room with you, this includes when euthanasing a patient.
- Clients **must** remain at least 1.5 metres away from you, consistent with government requirements.
- If the client has masks available, you can request they wear it during your consultation.
- Provide access to an outside bin for you to dispose of your rubbish.

Recommended PPE for vets/nurses attending home visit for a COVID-19 positive or “high risk” household.

- Face shield and/or eye goggles.
- Surgical mask (P2/N95 masks can be worn if you have these available and have fit tested them).
- Gloves – disposable, can be surgical or nitrile if requiring a closer fit.
- Impervious gown /overalls.
- Shoe covers or shoes that can be washed and disinfected after use.
- Alcohol-based hand rub (ABHR, hand sanitiser).

Recommended minimum PPE for vets/nurses attending any home visits during COVID-19 period.

- Disposable gloves
- Clean, washable overalls
- Shoes that can be easily disinfected.
- Alcohol-based hand sanitiser
- Surgical mask (optional)

Other recommended equipment:

- Large garbage bags
- Veterinary or human health care standard detergent (soap) and disinfectant.
- Place your phone into a snap seal bag – most can still be used through the plastic.
- A clean paper bag to store your mask if reusing.
- 2 x buckets (one for washing up if needed; one for storing dirty equipment).
- 1 x brush for shoes
- Emergency 4L water (in the event of no outside tap)

6. Consultation arrival and departing procedures – recommendations.

On arrival, it is recommended that you:

- Only take what you need into the consult.
- Put on disposable gloves before getting out of your vehicle and wear for the entire period.
- Place car keys into a zip lock bag.
- Place watch in zip lock bag; leave rings/bracelets etc in a safe place in the car (if not left at the practice)
- Hard to clean items, such as muzzles – place in zip lock bags in the event they are taken on site but not used.
- Tie long hair back to reduce the need to touch your face.
- Don PPE outside the home (refer to laminated CDC Donning PPE).

When departing, it is recommended that you:

- See payment at (4) above.
- Request client is at least 1.5m away at all times.
- Remove PPE at vehicle door as per CDC PPE removal sequence. Keep gloves on.
- Place used PPE in garbage bag.
- Place all used equipment and reusable PPE into one bucket.
- Use water, detergent and disinfectant to wash shoes (if no shoe covers).
- Remove gloves and perform hand hygiene immediately prior to entering vehicle

7. Cleaning of equipment – clinic, vehicle and home – recommendations.

Cleaning of equipment

- Try to prevent multiple people handling tools and equipment during tasks. If required, disinfect with an appropriate sanitising agent at each changeover if handling by separate people cannot be avoided.
- Have a ‘cleaning station’ at home – place all items such as gloves, disinfectants, disinfectant wipes, in one area away from the main living areas, such as the garage.
- Any equipment that has been used during your consult needs to be cleaned and/or disinfected. Check manufacturers recommendations first.
- Eye goggles / face shield can be washed with soap and water then cleaned with disinfectant and allowed to dry.
- If you wore shoe covers, treat your shoes as infected and remove them before you enter the house. Try to limit the number of shoes that you wear to work and leave them outside.
- If you do not have disinfectant, you can use household bleach. Make sure that you wear gloves when handling and preparing bleach solutions. Check the strength of bleach you have available and use Table 1 to help you make the recommended concentration. Please note that bleach may cause damage / discolouration to some items – please check manufacturer’s recommendations for cleaning and test first.

If you are returning to a clinic

- Clean equipment in isolated, low clinic traffic areas if possible. Use side or back entrance to clinic if available.
- If shower facilities are available at the clinic, it is recommended that you use the shower facilities as soon as possible after arrival to minimise further potential contact. If shower facilities are not available, wash hands, forearms and face with soapy water before commencing clinic work.

Cleaning of vehicle

- Clean all common areas in the vehicle after use, including steering wheel, hand brake, door handle/s, seat buckles, indicator arm. Clean the areas with detergent/disinfectant cleaning wipe checking that it does not cause any damage to the vehicle. Please note that bleach and hydrogen peroxide may cause damage to the interior of the vehicle while ammonia-based products can break down the vinyl on the dashboard. Please check the material data safety sheet for the correct preparation and application of these products. You could place a towel to cover your seat cover which would need to be carefully removed and washed.

If you are returning to your home

- Even if you wore shoe covers, treat your shoes as infected and remove them before you enter the house. Try to limit the number of shoes that you wear to work and leave them outside.
- Shower on arrival and wash your clothes immediately, separately from other items. Use hot water at least 71° Celsius for a minimum of 25 minutes to help reduce pathogens. Dry clothing in a tumble dryer.

8. Seasonal influenza vaccination – Government recommendations.

- The Australian Department of Health recommends that everyone over the age of six months (unless contraindicated) receives the 2020 influenza vaccination as soon as it is available. <https://www.health.gov.au/news/clinical-update-2020-seasonal-influenza-vaccines-early-advice-for-vaccination-providers>.
- Further, the Australian Immunization Handbook particularly recommends influenza vaccination for “People working in the veterinary industry...veterinarians, veterinary nurses and veterinary students”.

9. Bleach dilution recipes

Table 1. Recipes to achieve a 1,000ppm bleach solution

Original strength of bleach (available chlorine)	Disinfectant recipe to make up 1 litre of bleach solution. In a bucket, place the volume of water required and gently add the measured volume of bleach.	
%	Volume of bleach	Volume of water
1	100ml	900ml
2	50ml	950ml
3	33ml	967ml
4	25ml	975ml
5	20ml	980ml

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