

ANIMAL FROM A CONFIRMED/SUSPECTED/HIGH RISK COVID-19 HOUSEHOLD NATIONAL

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1. GENERAL INFORMATION

- 1.1. Recommendations may be subject to change as new evidence about the virus and animal fomite transmission risk and decontamination become available
- 1.2. Based on the current evidence of transmission the risk is VERY minimal/not recorded from a pet from a COVID 19 household to another person
- 1.3. Reception and client care team should follow screening protocol to determine if the animal is coming from a high risk or confirmed COVID-19 positive household
- 1.4. To reduce the risk of 'fomite' transmission of COVID-19, veterinary staff should wear PPE prior to handling animals from high-risk owners
- 1.5. Appropriate PPE in this circumstance is considered:
 - 1.5.1. non-sterile gloves; and
 - 1.5.2. a disposable gown/apron
 - 1.5.3. NOTE: PPE is in short supply. The risk is minimal to low. Experts in the field of coronavirus transmission have deemed transmission from a pet coat to human is VERY low risk
- 1.6. Where possible, only two staff members should handle the animal at the time of the initial visit/triage (e. the number of staff contacting the animal should be minimised)
- 1.7. Leads, collars, harnesses, bandanas, or any other animal clothing should be left with the client
- 1.8. For obtaining a dog from the client staff member (wearing appropriate PPE) can use a slip lead (>15kg) or wrap patient in a towel and carry (if <15kg), that is later disinfected. Ensure a process is develop that minimises any risk of pets becoming unrestrained during exchange. Place towel and lead in dedicated and labelled "high risk laundry basket".
- 1.9. For obtaining a cat from the client the staff member (wearing appropriate PPE) can transfer the cat into a hospital cat carrier that is later disinfected, returning the cat carrier to the owner
- 1.10. All animals should be brought to a designated area of the hospital depending on patient status and hospital protocol, this may be a secure outside area or dedicated consult room for initial triage and assessment
- 1.11. If the patient is critical it should be stabilised immediately and staff remain wearing PPE, decontamination should only be considered once the pet is stable
- 1.12. If the animal is going to be admitted to the hospital both the AVA and AVMA advise that they pose a low risk, however decontamination should be performed where possible. Recommendations may change as new evidence and efficacy becomes available
 - 1.12.1. AVA and AVMA both recommend bathing the animal in standard shampoo and drying with a towel/bair hugger prior to placing the pet in a cage or run. Practically we have had dogs shake vigorously during bathing flicking water and soap (and very slim possibility of virus) over staff members
 - 1.12.2. Wiping the pet down with a disinfectant maybe more practical in an emergency setting. 1:100 F10 or 1:100 Virkon or 0.5% hydrogen peroxide may be adequate to minimise risk. Avoid direct contact with the animal's eyes and mouth. Contact times maybe vary, however current evidence suggest 5 minutes. Then wiping the pet over with a damp cloth to remove any excess. Note: F10 is recommended for exotics
 - 1.12.3. Note: these recommendations labels are off label. F10 shampoo (not F10SC) is registered for topical use and Virkon S is registered for topical use on horses for ringworm. All other use of topical disinfectants on pets are off label and use should be considered regarding a risk vs benefit by the treating veterinarian.

- 1.12.4. Verbal consent should be obtained regarding off label use of products for decontamination. Written consent if the patient is being admitted to hospital.
- 1.13. If the animal is going to be treated as an outpatient, decontamination is not necessary, and rather PPE for the duration of handling is all that is required. PPE can be removed once staff have finished handling the animal, after which they should wash their hands. Re usable gowns to be placed in "High Risk Laundry" tube for laundering
- 1.14. All hard surfaces that the animal itself or staff PPE had contacted prior to the animal being bathed will need to be disinfected once the animal is either put in a cage or discharged as an outpatient. Note: where possible return the cat carrier to the owner and allocate the cat a hospital or new cat carrier
- 1.15. Once the animal is decontaminated the risk is minimal. This patient should be treated the same as other patients within the hospital. Hand hygiene should be performed after any patient contact should be continued

2. DOG CONTAMINATION

- 2.1. Leave all pet collars, leads, coats with the owner
- 2.2. Initially wipe down with a chux and 1:100 virkon or 1:100 F10 or 0.5% hydrogen peroxide
- 2.3. Avoid direct contact with animals eyes or mouth
- 2.4. Contact time 5 minutes
- 2.5. Wipe off excess with a clean damp towel or chux
- 2.6. Place chux and towel in "high risk laundry tub"

3. CAT DECONTAMINATION

- 3.1. Remove cat from cat carrier
- 3.2. Leave all pet collars and cat carrier with owner
- 3.3. Initially wipe down with a chux and 1:100 virkon or 1:100 F10 or 0.5% hydrogen peroxide
- 3.4. Avoid direct contact with animals eyes or mouth
- 3.5. Contact time 5 minutes
- 3.6. Wipe off excess with a clean damp towel or chux
- 3.7. Place the cat in a cage or hospital cat carrier
- 3.8. Place chux and towel in "high risk laundry tub"

4. EXOTIC PET DECONTAMINATION

- 4.1. Assess risk of contamination/contact with contagious person
- 4.2. If decontamination required F10 has been recommended by an exotic Specialist

VSS/AES PROTOCOL FROM 06.04.20

1. Outpatients do not have to be decontaminated if not coming out the back of the hospital, strict hand hygiene before and after. If wearing gloves minimise usage of PPE by washing hands with gloves on.
2. High risk patients coming out the back to be wiped down with 1:100 virkon and wiped off with a damp cloth after 5 mins then treated as normal. Hand hygiene between patients anyway. Critical patients should be stabilised prior to decontamination.
 - i. Note: patients can still be examined and assessed with virkon on them
 - ii. In the emergency setting all patients may be classified as high risk if they are unable to adequately question owners regarding COVID 19 status, exposure and clinical signs before the pet is admitted for triage