

Personal Protective Equipment (PPE) in veterinary practice during the COVID-19 pandemic

FAQs (last updated: 10/12/2020)

This information is intended to be used by veterinary professionals in line with professional judgement and current government guidelines in order to develop their own PPE guidelines for use by their practice team.

What are the key measures I can take to reduce the risk of COVID-19 transmission?

1. The RCVS has produced guidance on how veterinary professionals should be working, including whether physical examinations should be carried out¹. Practices should familiarise themselves with guidance and regulations pertaining to their type of work and region, bearing in mind that this will change with adjustments to regional and national COVID-19 regulations.
2. Reducing the number of clients that enter the practice to those that are essential only.
3. Where possible, planning procedures so that practice staff can work in self-contained teams.
4. Maintaining social distancing.
5. Hand washing (with hot water and soap for at least 20 seconds), hand disinfection and avoiding touching your face.
6. Cleaning and disinfection, especially of hand touch sites.

You should wash and disinfect your hands and surfaces as though someone's life depends on it – which it does.

Practices with increased PPE use may want to check their supply and waste disposal arrangements. However, veterinary staff should use PPE responsibly as it may still become prioritised for medical use. This could save lives.

Should I wear a uniform?

If you are in the practice or on site, uniforms (or clothes which are worn only at work) are highly recommended for all the practice team. These should only be worn on site and not when travelling to and from home.

Wherever possible these should be laundered at work. If it is necessary to launder uniforms at home, they should be transported in a sealed bag and immediately laundered (see below).

When treating a patient from a known or suspected COVID-19 positive household, these clothes should be laundered immediately after treating the patient. Ideally, wear a disposable outer garment such as an apron (APHA, 2020).

¹ <https://www.rcvs.org.uk/faqs/what-if-we-are-short-staffed-and-cannot-provide-our-normal/>

When should I wear gloves?

Good hand hygiene should be the default for all. Wash your hands more often than usual, for 20 seconds using soap and hot water, particularly after coughing, sneezing and blowing your nose, or after being in public areas where other people are doing so. Use hand sanitiser if that's all you have access to (but remember that this is less effective if your hands are visibly soiled).

Gloves should be considered wherever there is an increased risk of infectious agents being acquired from an infected animal or transmitted to an animal at greater risk of infection. This may also include situations where there is a direct or fomite² risk for transmission of COVID-19; for example, when you are meeting members of the public, making home, farm or stable visits, and/or handling patients.

Gloves should be worn when handling animals from known or suspected COVID-19 households (APHA, 2020).

Remember, gloves are not a substitute for hand washing; they are an additional protection to this and must be changed between clients/patients. Wearing the same gloves continuously will increase the risk of transmitting infectious agents around premises and equipment. Care must be taken not to touch the face, mouth or eyes when wearing gloves.

For known or suspected COVID-19 positive households:

Once you have handled an animal, the gloves (and disposable outer layer if this has been used) must be disposed of appropriately as hazardous waste (known as special waste in Scotland) in yellow/orange bags (EWC code number 180202) into a foot-operated bin.

For non-COVID-19 households:

Once you have handled an animal, the gloves can be disposed of appropriately as offensive waste in yellow/black striped bags (EWC code number 180203) into a bin.

All staff should be trained in the proper use of all PPE that they may be required to wear.

Disinfect or wash your hands before and after using gloves or any other PPE.

What if the supply of gloves to veterinary practice becomes limited?

If the supply of gloves becomes limited (if, for example, they are prioritised for medical use), some degree of rationing may become necessary. This could include:

- using sterile surgical gloves for higher-risk surgery only
- using good hand hygiene, sterile preparation, and/or non-sterile gloves for low-risk procedures
- using good hand hygiene and cleanliness for low-risk animals
- reserving gloves for animals from known/suspected COVID-19 positive households
- reserving gloves for animals at high risk of contagion (e.g. those carrying contagious conditions, or those that are immunosuppressed).

Disinfecting gloves for reuse is not recommended. However, if faced with a shortage, gloves can be disinfected with an ethanol-based hand disinfectant (e.g. Sterilium[®], which works against enveloped viruses). Alternatives to Sterilium[®] and similar products include diluted bleach (0.5% for surfaces and 0.05% for skin; domestic thick bleach is approximately 4-5%) or hypochlorous acid (e.g. Renasan[®]).

² Fomites are objects or materials which are likely to carry infection, such as skin, hair, clothes, utensils, and furniture

Nitrile gloves are better than latex for this purpose. Gloves should be replaced after 10 cycles of cleaning, or before then if they are torn, showing signs of wear or grossly contaminated with body fluid. Please note that wearing gloves for long periods of time can cause skin irritation, so breaks are recommended.

Please note that 'hand sanitising' or 'hand washing' while wearing gloves is not recommended. Gloves should be changed and hands properly disinfected or washed between patients.

Do I need to wear a face mask as a routine in veterinary practice?

You must wear a face covering by law in some public places unless you are exempt from wearing a face covering due to your age, health, or other condition.

The use of face masks (for staff) or face coverings (England and Scotland) is recommended in addition to social distancing and hand hygiene for staff, patients/individuals, and visitors in both clinical and non-clinical areas to further reduce the risk of transmission. Physical distancing of 2 metres is considered standard practice in all health and care settings (PHE, 2020).

A face covering can be very simple and just needs to cover your mouth and nose. Fluid repellent surgical face masks offer more protection but are loose fitting. N95/FFP2/FFP3 masks are close fitting individually fitted items of PPE used in medical and industrial settings to manage risks from infectious agents, dust and spray.

The evidence around the use of face masks and face coverings is limited. Only fully fitted, sealed and filtered face masks to at least FFP2/N95 standards used alongside eye protection will protect the wearer against infection by COVID-19. Such PPE is not routinely used in veterinary practice and may therefore not be readily available. Other face protection (including surgical masks) offers limited to no protection to the wearer. However, they may reduce droplet spread and therefore the risk of transmission from people that have asymptomatic COVID-19 infections (Greenhalgh, 2020, and Jefferson et al, 2020).

Practices should be taking reasonable steps to avoid unnecessary client attendance at the practice (practices should consult the most recent RCVS flow charts and other guidance appropriate for the COVID-19 prevention measures in their region). This could be achieved by completing consults/consent/discharges by phone/email. Animals could be collected and delivered to the owner in their car. Drugs could be collected from a box outside the practice door; for example, clients could call and stand back, the drugs could be put in the box, and the door then closed before the client then takes the drugs from the box. A version of these arrangements could be adapted and applied for individual practices.

Staff should:

- be trained in the use of face coverings and masks, including how to apply and remove them safely. They should wash and or sanitise their hands for at least 20 seconds before putting a face covering on and after removing it
- avoid touching their face or face covering/mask
- change the face covering or mask if it becomes damp, has been touched or becomes soiled.
- change the face covering or mask, and either wash a reusable face covering daily or, if it is single use, dispose of it accordingly in the appropriate waste stream. If it is reusable, it should be washed in line with manufacturer's instructions.

Face shields are ineffective in the absence of face coverings or face masks – they're an additional protection where there is a high risk of aerosol or splash contamination (PHE, 2020).

Please note that the supply of surgical and N95/FFP2/FFP3 face masks to veterinary practice may become limited if they are prioritised for medical use. It may be possible to sterilise and re-use certain masks (CVS, 2020, and Man, Straten et al, 2020).

Remember, it is important in all settings to maintain social distancing, wash your hands and avoid touching your face.

Do I need to use full PPE as routine?

For routine cases and visits this is not necessary; social distancing, hand washing, gloves and avoiding touching your face is sufficient.

These measures in combination with gloves and an outer garment that is disposable (such as an apron, or something which can be replaced and laundered before examining other animals) should be sufficient for dealing with an animal from a known or suspected COVID-19 positive household (provided that safe measures to bring it into the practice have been arranged – see above for the use of face coverings and masks).

Eye protection is only necessary where there is a splash risk or aerosol risk from the animal (which is a fomite and not a direct source of infection). Goggles can be worn, then cleaned and disinfected afterwards. See above for the use of face masks and face coverings.

Practices should consider rationing full PPE to essential use only, as it may need to be prioritised for medical or care home use.

What should I wear for offsite visits?

When visiting offsite premises, maintaining social distancing, hand hygiene and gloves are recommended. Gloves should be changed as regularly as possible. Full PPE may be required for visiting known or suspected COVID-19 positive households or premises (see below).

Uniforms are also highly recommended, but it is imperative that these are cleaned and disinfected after use (see below).

Restrict yourself to those persons and areas that are absolutely necessary to carry out the clinical procedures you need to perform.

The practice vehicle should be disinfected before and after use.

What PPE should I use when dealing with an animal from a suspected or confirmed COVID-19 positive household?

In the rare occurrence where you need to visit a suspected or confirmed COVID-19 household, you should consider more stringent PPE – in addition to gloves, and an outer garment that is disposable such as an apron, or something which can be replaced and laundered before examining other animals - this could include a disposable protective suit, goggles and a mask. Current NHS and WHO guidance for First Responders where it is not possible to maintain a 2 metre or more distance away from an individual recommends disposable gloves and a disposable plastic apron. Ideally, N95/FFP2/FFP3 masks should be worn when handling animals from known or suspected COVID-19

positive households. The use of eye protection (such as face visor or goggles), in addition to the use of face masks, should be risk assessed when there is a risk of contamination with splashes, droplets of blood or body fluids. Shoe covers and head covers are no longer considered necessary unless there are other reasons for this (e.g. theatre use and clean rooms etc.) (WHO, 2020).

The visit should be planned carefully in advance to reduce contact as much as possible. For example, provided it is safe to do so, it may be possible to collect an animal in a basket on the doorstep, pass a dog through a doorway or collect it from a garden, or see a horse or farm animal without the owner.

If you maintain a social distance from the owner (two metres according to current government advice) and there is no splash or aerosol risk then eye protection may not be necessary. If social distancing isn't possible and/or there is a splash or aerosol risk, goggles or face shields are recommended.

You should wash your hands before and after using any PPE.

PPE should be changed immediately after each patient/client contact and/or following completion of a procedure or task; and disposed of after use into the correct waste stream.

For known COVID-19 or COVID-19 symptom households, once you have handled an animal, the gloves, and disposable outer garment if it has been used, must be disposed of appropriately as hazardous waste (known as special waste in Scotland) in yellow/orange bags (EWC code number 180202) into a foot operated bin.

PPE should be put on and removed in an order that minimises the potential for self-contamination. Public Health England have produced a guide for putting on and taking off PPE³. All PPE worn should be cleaned and disinfected (or appropriately disposed of) after use if appropriate.

If the availability of PPE becomes more limited and prioritised for NHS and care home use, the veterinary profession may wish to consider other options. Appropriately laundered cloth gowns, caps, masks, and drapes may be effective replacements for disposable items (CVS, 2020).

Should we wash or wipe down animals in the practice?

COVID-19 is an enveloped virus and therefore vulnerable to most detergents and disinfectants. In theory, it should be possible to eliminate fomite carriage on animals' skin and fur. However, there's probably little to be gained from surface treatment of haired animals. Washes and disinfectants should eliminate any COVID-19 on the surface but without thorough washing, any virus deeper in the coat, in skin folds, and associated with organic debris etc. could persist. In addition, the whole body would have to be treated.

Such washing is unlikely to do any harm provided that the animal tolerates bathing and some care is taken around the eyes and mucous membranes with potentially irritating products. However, the impact on staff should be considered. Doing this prior to a short out-patient visit will increase the duration of the visit, contact with staff and equipment, and the aerosol/splash risk. It could be considered if animals are admitted for longer periods though.

Please note that this approach cannot be relied upon and must not be used to replace social distancing, aprons, hand hygiene, gloves, face and (where appropriate) eye protection.

3

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/932687/PHE_quick_guide_to_donning_doffing_PPE_standard_health_and_social_care_settings.pdf

What should I wear to clean the practice?

Normal practice uniforms are sufficient for routine cleaning. You should remember to wear gloves, aprons and other PPE where this is necessary (check the CoSHH risk assessments⁴). However, where a person with possible or confirmed coronavirus (COVID-19) has been in the practice, disposable gloves and an apron should be worn.

In clinical areas, consideration should be given to the decontamination of common touch points including keyboards. Washable gloves or keyboard gloves should be used.

How should I wash myself and my clothes?

You should wash your hands before leaving work and when you arrive at home. It is also recommended that you shower when you get home.

Wash your clothes with plenty of detergent at the hottest temperature appropriate for the fabric in a load not more than half the machine capacity, then iron or tumble-dry the clothes. It would be best to do this while at work if that is possible. It is extremely important that there is a one-way movement of potentially contaminated clothing to prevent contamination of clean clothing. This would also be applicable for non-clinical staff.

If it is necessary to take work clothes home, they should be transported in a sealed bag and laundered immediately. The bag should be laundered with the clothes (if appropriate) or disinfected.

What should I do if there is a shortage of PPE?

CVS have produced guidance on this which may be helpful – *Guidance on preparations to support the NHS with potential PPE requirements whilst maintaining the safety of our colleagues and patients during the COVID-19 pandemic* available at <https://knowledge.rcvs.org.uk/document-library/cvs-preparing-for-a-potential-ppe-shortage-during-covid-19/>

Useful links

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