



Following input and feedback from clinic and hospital teams, Vets Now have developed two flowcharts to assist their clinic and hospital teams in the practical aspects of seeing cases whilst maintain social distancing.

One flowchart is designed to aid in seeing cases when they are arriving at a steady rate and can be examined by the duty vet soon after arrival at the clinic or hospital. The other flowchart is for use during busier periods when there is a build-up of cases waiting to see the duty vet following nurse triage.

The flowcharts aid the Vets Now Contact Centre teams in communicating with clients as to what they can expect when they arrive at the clinic or hospital.

Vets Now ask their teams to think about how cases are best managed within their individual buildings e.g. how dogs will be handed over to their teams practically at the front door and where will nurse triage take place.

Vets Now have a list at the Contact Centre which details which clinics and hospitals will be asking owners to ring the doorbell and which will be asking them to phone on arrival.

Vets Now ask that these flow charts are printed out, laminated, and pinned up in each of their clinics or hospitals, where everyone has access to them.

How are we screening calls to ensure we protect our teams? (23/03/20)

- Every member of our team who answers a client call, whether that is in the contact centre or a clinic/hospital, must screen all clients by phone prior to arrival at the surgery, asking the following questions:
 - Do they have symptoms? (fever or new, persistent cough)
 - Is their household in self-isolation?
 - Are they in an “at-risk” or “shielding” category?
- If yes to any of the above, they **should not visit the practice themselves** but ask that the patient is brought to the clinic by someone other than the self-isolated individual or anyone from their household

Which cases should we be seeing? (17/04/2020)

- The RCVS have issued guidance on how we can continue to undertake veterinary work. We can do this in a variety of ways to ensure we safeguard the health and wellbeing of our staff, pet owners and the general public whilst also maintaining animal welfare and providing peace of mind for anxious pet owners.

One of the first processes we put in place was to develop guidance for contact centre teams including a list of non-essential cases which call handlers can direct to online advice or offer online vet triage. These cases need to be easily defined and recognisable for non-clinicians (call handler and pet owner). This list has reduced cases by around 10%. We are keen to receive feedback on adding to this list from our frontline teams.

A further 70% of cases are easily identified as emergencies, leaving a remaining 20% as urgent care cases which are defined as anything which cannot wait until their daytime practice opens because the pet is in discomfort, distressed or likely to deteriorate further. When auditing the cases which have been sent into clinics and hospitals we have found that, almost without exception, the patients needed a clinical examination and assessment in order to ensure their welfare needs were met. There are substantial risks involved in triaging away these cases and unfortunately this has occurred on a number of occasions with a detrimental impact on the welfare of the patients. Given the processes in place we do not anticipate this being necessary. Our strong preference is that these cases are seen because the evidence indicates that they need to be. If you have feedback about specific cases you are seeing, please speak to your clinical line manager.

We have spent much time reviewing and discussing our social distancing, hygiene and PPE processes to ensure staff risk is minimised as far as possible whilst we are providing care.

What should I do if a pet is ill or injured within a household which is self-isolating? (23/03/20)

- The veterinary surgeon should triage the patient to assess clinical need and urgency over the phone.
- It may be that the patient is able to be treated or monitored at home safely without compromising the patient’s welfare. If your recommendation is that the patient does not need to attend the clinic please follow our usual process of advising the pet owners to call back if there are any changes to the patient’s condition.
- If the patient requires veterinary attention request that the patient is brought to the clinic by someone other than the self-isolated individual, or the individual hands over the patient without entering the premises - use telephone contact for history, consent and payments.

What should I do if a pet within a household which is self-isolating requires a house visit? (26/03/20)

- Follow the usual house visit process using the guide available on Helix.
- **We would not expect staff to perform a house visit which was not clinically necessary.**
- Follow our normal process of supporting the client through overcoming barriers to transporting the animal to the clinic setting.
- In the exceptionally unlikely scenario (evidence shows < 0.25% of Vets Now ECC cases) that you judge a patient's clinical situation justifies a home visit, and it is unable to be moved to the clinic, then you should **make your decision whether to attend based on all known risk factors, including the risks associated with Covid-19**. Please document these clearly in the clinical notes; remember human medical information should not be recorded due to GDPR but stating that "In this case, my clinical judgment was applied in the context of guidance in place relating to the Covid-19 pandemic" is sufficient
- If the case is outside of the home (e.g. impaled on railings) you should request that any people present who are concerned they may be infected, or self-isolating remove themselves from the scene. If this is not possible you should maintain a distance of at least 2m from anyone who is infected or self-isolating
- It is likely that taxi services may become harder to access, or staff may consider the risk of using taxis to be unacceptable. However, where possible:
 - Use Hackney Carriage type cabs as they have a screen barrier in place between the driver and passengers, follow hand hygiene guidelines.
 - Use of personal vehicles - only if the driver has adequate Class 1, or higher, business insurance covering (confirm with your individual insurer):
 - Transit between multiple places of work
 - Transport of medication
 - Transport of live and deceased pets.
- If you are collecting a pet from the home as the owner has no options to arrange transport safely themselves whilst adhering to Government guidance relating to human movement, then ideally the pet should be collected from outside the house:
 - A small/medium pet should be placed in a suitably sized and secure pet carrier
 - The owner should leave the pet carrier outside the house in a secure location and inform you this is about to occur by telephone
 - Staff collecting the pet should bring a clean large towel or blanket and use this to cover and lift the carrier into the building
 - If a dog is too large to fit into a carrier, leave a crate outside the house for the owner to place the dog into, OR if this is not possible, advise the owner to securely attach a lead/well-fitted collar
 - Staff should wear appropriate PPE, so they do not touch the lead directly
 - Pass the lead through a crack in the door, ensure the receiving person has a secure grip on the lead
 - Place 2 clean slip leads onto the dog, before removing the existing collar and lead and placing in a sealed plastic bag
 - Place pet carriers of admitted patients into a plastic bag, reverse the process on discharge of the patient
 - Clean and disinfect crates as normal
 - Observe strict hand hygiene for anyone who may have come into contact with potentially contaminated leads or carriers

- If the patient is at the home of an infected or self-isolating owner, cannot be moved to the clinic and cannot be collected by a member of veterinary staff following the guidance above due to the animal's clinical condition then you may decide to enter the house. If so you should take the following precautions:
 - use appropriate PPE
 - follow usual hygiene processes associated when barrier nursing any patient as far as practicable
 - ensure all occupants of the house are in another room at all times
 - ensure minimal contact with any persons present at the scene – use telephone/video contact for history, consent, and payments
 - remove the patient from the house as soon as practicable and treat them as potentially contaminated
 - treat the lead/collar/basket as contaminated, place in a sealed plastic bag or disinfect
 - Transfer the patient to the clinic/hospital. Continue to barrier nurse the patient and follow practice hygiene guidelines

Following input and feedback from clinic and hospital teams Vets Now developed two flowcharts to assist clinic and hospital teams in the practical aspects of seeing cases whilst maintain social distancing.

1. If cases are building up and vet is not immediately free to see pet
2. If cases are coming in at a steady rate and vet free to see immediately

One flowchart is designed to aid in seeing cases when they are arriving at a steady rate and can be examined by the duty vet soon after arrival at the clinic or hospital. The other flowchart is for use during busier periods when there is a build-up of cases waiting to see the duty vet following nurse triage. The flowcharts will aid in client communication by explaining what they can expect when they arrive at the clinic or hospital.

Teams are encouraged to think about cases are best managed within their individual buildings e.g. how dogs will be handed over to our teams practically at the front door and where nurse triage will take place. Owners may be required to ring the doorbell, or phone on arrival.

Please print out, laminate and pin up the flow chart for your own clinic or hospital where everyone has access to it.

This guidance aims to balance multiple influencing factors whilst prioritising animal welfare and the safety of our teams, pet owners and the general public. All guidance is subject to feedback and ongoing review of its effectiveness and in light of changing clinical evidence and government and professional body advice.

IF CASES ARE BUILDING UP AND VET IS NOT IMMEDIATELY FREE TO SEE PET

Hygiene protocols and regular cleaning of doorbells, door handles etc. to continue throughout shift.

Entire team needs to know how to transfer calls between handsets at start of shift

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Consultation agreed for case (clinic/hospital to monitor Helix list to ensure they are prepared if any emergency cases are expected).

Client rings doorbell/telephones clinic to advise has arrived (*delete as appropriate for site*).

Nominated door person answers intercom/phone then-

- checks the nature of the issue (patients with serious Major Body System (MBS) concerns must be brought in immediately so a clinical member of staff must be informed)
- checks client mobile number
- advises client that someone will be there to collect the pet shortly and that vet will speak to them on phone. Client directed to either-

- Wait in car (record description of car and number plate in Helix phone call details field)
- Wait outside building but must maintain 2m distance from other clients

-marks case as 'arrived' on Helix

Nurse collects pet (we should place our leads onto dogs and wipe down owner baskets OR transfer cats and small pets into our baskets within a secure area in the building) and performs triage in the building whilst owner waits outside or in car. Normal triage process to be carried out to determine urgency of case.

ID band must be placed on pet, patient identification form filled in and placed with triage form on patient's kennel. Pet to stay 'awaiting consultation' on Helix until VS has seen.

Vet and nurse examine pet and make plan AND Vet speaks to client to take history. Case marked as 'in consult' on Helix

Vet phones client back to inform them of findings and gain consent for treatment plan and estimate OVER THE RECORDED LINE. If patient is admitted, deposit should ideally be taken over phone (pause telephone recording whilst card details taken by pressing enter *123 - call recording is temporarily paused for a period of 30 seconds and then automatically resumes)

Treatment plan carried out and vet writes up notes. Case marked as 'journal finished' on Helix

Payment taken over the phone (pause telephone recording whilst card details are taken by pressing *123 on handset) and then put paperwork with pet (NB can take email address instead and email invoice & history to client). Also sort CTP paperwork (see updated process in FAQs) and insurance if relevant.

Advise owner to come to door to collect pet. Nurse or vet returns pet, any dispensed medication and a copy of the paperwork to owner.

IF CASES ARE COMING IN AT A STEADY RATE & VET FREE TO SEE IMMEDIATELY

Hygiene protocols and regular cleaning of doorbells, door handles etc. to continue throughout shift.

Entire team needs to know how to transfer calls between handsets at start of shift

https://vetsnowltd.sharepoint.com/:w:/r/sites/News/_layouts/15/Doc.aspx?sourcedoc=%7B5068E957-2D64-4D34-B6AD-3A1D936EDFB5%7D&file=Transferring%20calls.docx&action=default&mobileredirect=true&DefaultItemOpen=1

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Client rings doorbell/telephones clinic to advise has arrived (*delete as appropriate for site*).

Nominated door person answers intercom/phone then-

- checks the nature of the issue (patients with serious Major Body System (MBS) concerns must be brought in immediately so a clinical member of staff must be informed)
- checks client mobile number
- advises client that someone will be there to collect the pet shortly
- advises client to maintain social distancing whilst outside and that pet will be admitted into building and then vet will speak to them on phone
- marks case as 'arrived' on Helix

Nurse or vet collects pet (We should place our leads onto dogs and wipe down owner baskets OR transfer cats and small pets into our baskets within a secure area in the building)

Vet phones owner to take history (this can sometimes be done whilst vet is waiting for blood results from another case for example).

ID band must be placed on pet and pet should be put in kennel labelled with Patient Identification sheet

Vet phones client back to inform them of findings and gain consent for treatment plan and estimate **OVER THE RECORDED LINE**. If patient is admitted, deposit should ideally be taken over phone (pause telephone recording whilst card details taken by pressing *123 on handset - call recording is temporarily paused for a period of 30 seconds and then automatically resumes)

Treatment plan carried out and vet writes up notes. Case marked as 'journal finished' on Helix

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