

## **COVID-19 advice for shelters and vets**

As a group of charity chief vets, we recognise that there are differences between providing veterinary care in a shelter environment compared to primary care veterinary practice. We have drafted this document to highlight those differences and the impact / challenges they may present, and to offer some guidance as to how veterinary care may be provided during the coronavirus pandemic whilst ensuring optimal safety for animals, staff and attending veterinary surgeons. This document is focused on the UK, and therefore mentions organisations relevant to that setting.

The challenges that shelters face:

### High risk environment:

From a disease perspective shelters are a high-risk environment with multiple animals kept in a relatively small area. Resistant viruses such as canine parvovirus and feline panleucopaenia are a constant and particular worry. An outbreak of disease at this time would put vets and VNs at greater risk due to the intensive treatment required to deal with such diseases, or may require decisions regarding euthanasia. Hence our approach to vaccination (see below).

### Mental health / wellbeing of staff

Staff working in shelters are often under a lot of strain, caring for as many animals as possible. The loss of animals from (vaccine) preventable diseases will add to that strain. An inability to rehome, with the possibility of increased intake may further add to this (see below).

### Herd Health

We need to consider the health of the animals on site as a whole (herd health) in addition to individual animals

### Rehoming

Our aim is to restart rehoming as soon as possible:

- We anticipate an increase in relinquishment / abandonment from people not able to afford to care for their pets / owners have passed away due to COVID-19.
- We need to rehome for the benefit of animals in our care. Irrespective of the high level of care that shelters provide, it can be a stressful environment for some animals and will negatively affect their wellbeing and behaviour. This is therefore a priority, either temporary fostering or rehoming. It will also allow more animals in need to be admitted.
- A vet check to establish the health status of an animal is an important element of the process. Some shelter may also undertake a further vet check prior to rehoming (which helps to validate the free initial insurance many shelters provide). The necessity for this, and the timing should be reviewed on a case by case basis in consultation with the shelter team and the vet. Shelters may also need to explore with their insurance company what is required in order to validate any insurance.

## **Vet Cover at Shelters**

### **What is considered essential treatment?**

#### Dogs

- Intake checks - to facilitate early vaccination and establish any disease risks
- Primary vaccination (DHP: Distemper, Hepatitis, Parvovirus) +/- leptospirosis or Bordetella. Generally leptospirosis is considered a core vaccine and requires two initial doses to provide

adequate immunity. As a single dose of DHP is sufficient to confer immunity in an adult dog, it is important to undertake a risk assessment regarding those involved in administering a second dose against adopter advice about avoiding potential exposure for their pet until a second dose can be administered.

- Puppies will require a primary course of 2 doses of DHP to confer immunity. As 2 doses will be required, makes sense to administer 2 doses against leptospirosis. If a second dose is not possible, need adopter advice about avoiding potential exposure balanced against the importance of socialisation / habituation
- Veterinary health and welfare checks as appropriate (physical and mental health). Consider how these are to be managed across the shelter team and the vet. Do remotely where possible as per RCVS guidance

#### Cats:

- Intake checks - to facilitate early vaccination and establish any disease risks
- Primary vaccination (Panleucopaenia, Feline calicivirus, Feline herpes virus). Course of 2 doses
- Neutering pre kitten season. As social distancing cannot be achieved between staff involved in neutering, this elective procedure is not currently carried out. However surgical cases such as pyometras or caesarean procedures will continue to be done if the prognosis is poor without surgical intervention. Prioritise neutering ASAP when sanctions permit to avoid population surge and issues such as males spraying. When it is possible, organise for those involved to work in teams, keeping team members the same. There is need to overcome 'essential travel' when appropriate.

#### **When does there need to be a physical site visit?**

This will require a conversation with the registered vet for the site. Many vets will not undertake site visits in the current climate, in which case it may be necessary to take a cat / dog to the practice and do a contactless exchange at the practice door. The vet will provide guidance regarding which cases need to be seen at the practice. The shelter environment differs to that of a homecare setting so the decision taken for case management by the practice may differ from a home environment.

Whilst telemedicine and remote prescribing works in many cases, there may be situations where it does not:

- If in your country, telemedicine is not a legal option for the care of animals from the veterinary profession.
- When telemedicine cannot manage the consultation and treatment elements. This depends on the shelter's size and approach to vaccination and welfare assessments.

Consideration for areas requiring site visit:

- Initial assessment and vaccination. Ideally a veterinary surgeon would administer the first vaccine dose as it requires a clinical examination beforehand. If this is not possible, the vaccine will need to be prescribed by a vet. Consider resources available on site, access to site, who will administer the vaccine, competency of that person, and confidence of vet as it is under their instruction. Also need to consider the issue of 'record of healthcare' versus 'certification' when the animal is rehomed.
- Welfare assessments e.g. monitoring for overcrowding / hoarding re capacity to care?
- Euthanasia, if it is not possible to transport the animal off site
- If it is not possible to transport an animal in need of attention from the shelter to the vet

### What is the frequency of a site visit?

Discuss with the attending vet. Take into account:

- size of shelter
- Is the shelter actively rehoming?
- Is the shelter accepting admissions?
- How well telemedicine is working
- Ability to practice social distancing.
- Risk of vet going to one site to see multiple animals versus multiple animals being taken to surgery.

NOTE: In normal circumstances a shelter has a dynamic population of animals normal with adoptions freeing up space for more animals to enter. The dynamic nature of the shelter may reduce greatly if all rehoming is stopped. This does not mean that the source of animals reduces and may increase pressure on the capacity to care within the shelter, which in turn creates greater challenges (overpopulation, disease and welfare challenges, moral stress for shelter staff).

### What are the considerations for a physical site visit?

For the on-site staff:

- Adequate preparation to limit the time needed by the vet on site.
- Write appropriate SOP for infection control / use of PPE, include making the vet visit as efficient as possible, handling of animals from COVID-19 infected households, practice social distancing and minimise travel. Limit animals that really need to be seen.
- Use of telephone or video to 'triage' the cases that need to be seen on site with the vet who will attend in advance of the visit.
- Provide a dedicated team within the vet room / ideally single member of staff and create an 'airlock' type system where animals are handed through a closed door.
- Identify animals which may be handled solo by the vet; assess behaviour carefully
- Ensure that the number of staff in contact with the vet is minimised for both sides

For the visiting vet:

- Prepare in advance for visit to limit the potential exposure on site
- Batch animals together eg 2<sup>nd</sup> vaccinations could be pulled together if being administered by a vet between 4-6 weeks after the first vaccine (<https://wsava.org/wp-content/uploads/2020/01/WSAVA-Vaccination-Guidelines-2015.pdf> - last paragraph on page E59 provides an extension to the data sheet 2-4 week interval)
- Basic triage can be done off-site in remote contact with a member of the shelter team so that the visits should focus on essential treatment only.
- Carry letter from shelter or employer to clarify essential travel

### Remote Prescribing / Treatment:

This is available across the UK for the period designated by the RCVS based on Government advice.

Local considerations need to be accounted for with regards the legal framework around medications being stored and managed (VMD/RCVS guidance and inspection). Medications dispensed by the practice may reside on site but medications yet to be dispensed must be stored within an RCVS registered veterinary premises / site accredited by the Veterinary Medicines Directorate.

The confidence and ability to provide remote prescribing and treatment will be affected by the competency of the shelter team to manage treatments and administer medication (e.g. vaccines) and the confidence of the attending vet in this, as it will be under their instruction. If a Registered Veterinary Nurse is employed by the shelter, they should be deployed to assist with this.

If the shelter vet is not able to provide support due to lack of capacity, consider if the practice would allow a level of remote support to be provided by charity vets. This would need to be agreed in writing.

### **Recently adopted animals and vet care:**

For some shelters, recently adopted pets may be seen on site during normal circumstances to check surgical wounds, recovery from treatment such as a cough or for the second vaccination. It is noted that post-op checks will diminish the longer the COVID-19 situation persists. Considerations:

- Can checks be done via a telephone call or telemedicine?
- Is there an RVN on site who could undertake checks / second vaccinations?

NOTE: If recently adopted animal are visiting site for checks etc, an SOP will be required on how to manage this to protect both adopters and staff and ensure social distancing.

NOTE: Adopters should be encouraged to register with a vet; even if routine practice is not taking place, adopters need to know who to contact in an emergency.

### **Foster Care Animals and veterinary care provision:**

Where an animal is in a foster home then the environmental risks are lower, explore if support can be given remotely. Judgements made as above principles on case by case basis.

NOTE: If animals do need to be seen, discuss if they are seen on site or at the practice. If seen on site, an SOP will be required on how to manage this to protect both adopters, staff and the vet, and ensure social distancing.

### **Euthanasia**

The COVID19 issue is impacting shelter operations:

- The requirement to practice social distancing
- Ensuring colleagues who are physically attending work stay safe
- Developing contingency for if shelter staff become unwell / have to self-isolate
- Limited / no volunteers on site
- Limited rehoming
- Anticipation of increased intake
- Limited veterinary input including site visits and non-emergency procedure

Ultimately this means that the level of welfare shelters are able to provide for the animals in our care is restricted compared to what we would normally anticipate and wish for.

Taking these factors into consideration, shelters may be faced with having to make decisions around euthanasia **based on the current circumstances**, rather than what they would normally, or prefer to do.

The following may be situations where consideration for euthanasia may have to be made. It is important to bear in mind that, as per WHO, health is physical, mental and social:

- An outbreak of disease which requires significant veterinary and nursing intervention.
- An animal with a physical (medical) issue that requires further work up / referral that is not deemed an emergency, but is something that cannot easily be managed e.g. unstable diabetic
- An animal with a combination of physical and behavioural issues which cannot be comfortably managed with the current restrictions
- An animal which already has limited handlers / human interaction, where the handlers are further limited for an indefinite amount of time, resulting in the situation deteriorating. E.g. a single handler or no familiar handler available
- An animal with complex issues which is making no / limited progress and is going to be difficult to rehome
- Overcrowding / insufficient resources to provide an adequate level of welfare (capacity to care)

If, on consultation with the attending vet, the decision has been made to euthanase, consideration must be given to how this is achieved:

- Is the shelter RCVS accredited with medicines, specifically pentobarbitone, available on site?
- Is there a competent person e.g. RVN on site?
- Is the veterinary surgeon comfortable with another person euthanasing under direction?
- If not, vet to shelter, or take the animal to the practice

### **Further Information: Veterinary Industry Guidance on Vaccination**

#### **British Veterinary Association (BVA)**

<https://www.bva.co.uk/news-and-blog/news-article/bva-statement-on-pet-vaccinations-during-the-covid-19-lockdown/> (accessed 8/4/20)

We're advising that all adult boosters and most primary vaccinations in puppies, kittens and other naïve animals should be postponed to protect human health and help curb the spread of Covid-19.

It's important to remember that the current lockdown period is for three weeks and for the vast majority of pet vaccinations it is not urgent for them to be carried out in that time period. Adult boosters can and must be postponed for now. The vast majority of primary vaccinations in puppies, kittens and other naïve animals should also be delayed in order to protect human health in relation to halting the spread of Covid-19.

However, we recognise there may be a small number of exceptions where vaccination may be required. For example, shelter situations, disease outbreak situations, and naïve animals in high risk geographical areas, high risk environments, or high risk breeds.

Vets will exercise their clinical judgement in the spirit of protecting human health and the government's instruction to people to stay at home and only travel if absolutely necessary. If the government extends the current restrictions beyond three weeks, we may need to revisit our advice.

Vets are working hard to balance public safety and animal welfare, and, as always, decisions will vary between practices and in different parts of the country.

It is vital that veterinary practices see as few clients as possible face to face to protect vets, nurses and other veterinary team members so that they remain healthy and can continue to look after genuine urgent and emergency cases.

**Royal College of Veterinary Surgeons**

<https://www.rcvs.org.uk/setting-standards/advice-and-guidance/coronavirus-covid-19/>

(accessed 8/4/20)

Routine vaccinations, eg annual boosters in an otherwise healthy animal, are currently not considered urgent (see BVA guidance for veterinary practices in assessing emergency and urgent care), however there may be scenarios where, in your professional judgement, vaccines are being given to reduce a real and imminent risk of disease; this includes in the face of an animal disease outbreak, or in a scenario where part of a vaccine course has been given and the animal may be exposed to the disease.

In this case, as always, veterinary judgement is paramount and the risk of leaving an incomplete course must be weighed against the ability to see the animal whilst maximising social distancing.

NB if the Government's social distancing restrictions last longer than the current review date of 13 April, this guidance may change further.

**World Small Animal Veterinary Association**

<https://wsava.org/wp-content/uploads/2020/03/Advice-for-Veterinarians-about-Routine-Prophylactic-Vaccination-during-COVID-19.pdf>

(Accessed 4/4/20)

WSAVA guidelines link included for completeness, however they do not cover the shelter situation

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