



COVID-19 Prevention in Equine Practice: Ongoing Measures

As veterinarians resume providing non-urgent/elective services, veterinary practices should continue invoking strategies that conserve PPE and support social distancing as appropriate and practical. Some measures that have been adopted, as appropriate to practice type, include:

- Triaging appointments by phone or videoconference, and handling via telemedicine as medically appropriate and as permissible under federal and state law and guidance on what is permissible during the COVID-19 disaster declaration.
- Inquiring as to whether the client or caretaker has any symptoms consistent with, or may have been exposed to, COVID-19 in the previous 14 days. If so, request someone other than the client or caretaker is available to handle the horse if a veterinary technician is not available or to bring the patient to the hospital, if in-person care is necessary. If another individual is not available, determine whether providing care via telemedicine if medically appropriate and permissible under federal and state law and guidance during the COVID-19 disaster declaration is a viable option.
- Scheduling appointments to allow for additional time. Ambulatory schedules should allow for additional time per appointment due to social distancing and additional barn mitigation protocols, while equine clinics and hospitals should manage patient flow to maintain social distancing of clients.
- Curb-side pickup of patients, keeping clients out of clinics except when required. This includes having clients remain in their vehicles in the parking lot while the patient is evaluated, with veterinarian/client communication by phone or video chat.
- Barn appointments should be done like curbside clinic appointments whenever possible to maximize social distancing until community rates allow for more contact.
- Curbside delivery of medication refills and veterinary diets
- Encouraging or requiring clients who travel to the clinic to don cloth face coverings, depending on applicable state guidelines.
- Directly admitting clients and patients to examination rooms from their cars, rather than having them wait in the lobby, when community rates and state guidance supports clients entering a facility.

- Implementing unidirectional flow in a clinic/hospital/barn to minimize congregating and passing in narrow hallways or barn aisles.
- Restricting the number of clients in the barn or waiting in the lobby for their appointments and enforcing social distancing and PPE mitigations (masks) for those clients present in the same facility.
- Having staff, rather than owners, hold animals during examinations.
- Extra attention to cleaning of often-touched surfaces, including an increase in frequency. Have a set frequency for various items, including equipment in practice vehicles.
- Adoption of PPE conservation strategies, including extended use of disposable PPE (as appropriate) and replacement of disposable PPE with reusable and appropriately maintained/sterilized cloth gowns and masks.
- Conducting daily health assessments or having employees perform self-evaluations prior to work, requiring staff to stay home if sick, and immediately sending staff home if they become ill while at work.
- Dividing clinic staff into teams, so that if a team member is known to be exposed to or becomes ill with COVID-19, it largely localizes risk to that team while allowing important veterinary services to continue to be provided.
- Assigning veterinary technicians to a single ambulatory veterinarian whenever possible to reduce risk to multiple team members should a veterinarian or veterinarian become exposed or ill.
- Diligently apply practices such as frequent handwashing and wearing gloves whenever appropriate. Ambulatory veterinarians should continue to use hand sanitizer in lieu of handwashing facilities.

Developed June 2020 by the AAEP Infectious Disease Committee.

*AVMA guidance regarding COVID-19 prevention is referenced in this document.