RESUMING VETERINARY PRACTICE OPERATIONS DURING THE COVID-19 PANDEMIC

A comprehensive risk management guide

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As veterinary practices deal with a new normal and attempt to resume services in a pandemic environment, there are many unknowns and potential risks that a practice will inevitably face. The AVMA and the AVMA Trust have compiled this playbook to help our veterinary practices recover by addressing specific issues that relate to your team, patients and clients, property, and the practice's profitability.

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The COVID-19 pandemic has led to challenges for employers that affect all aspects of their veterinary practice. An employer's approach to assessing, implementing, and communicating new policies and procedures will have a direct impact on how quickly a practice may resume normal business operations. An employer's return-to-normal plan has a lasting impact on employee productivity, engagement, and commitment, as well as patient care and client satisfaction. The AVMA and AVMA Trust have developed this guide to provide employers with guideposts and considerations for their return-to-work plan. Additionally, the AVMA and the AVMA Trust remain available to help practices navigate this uncharted and uncertain territory.

I. Employee health, safety, and compliance

Employers are looking to safely return employees to work during the COVID-19 pandemic as state and local officials begin to lift restrictions. There are several considerations for employers as they contemplate returning employees to the veterinary practice or continue to manage employees who have remained at work. Federal and state agencies charged with the health and safety of workers have issued new guidance regarding employee relations and practice operations during the COVID-19 pandemic. Employers must develop and implement strategies to protect employee safety, reduce legal liabilities, and plan for future setbacks or changes in requirements.

It is important to reduce the anxiety of existing team members by having consistent implementation of policies and procedures. Additionally, employers should provide clear and regular communication about working conditions along with any scientific, public policy, and/or medical guidance changes.

A. Employer's obligations and liability for safety

The OSHA General Duty Clause states that each employer:

1) Shall furnish to each employee, employment and a place of employment which are free from recognized hazards that are causing or are likely to cause death or serious physical harm to his employees;
2) Shall comply with occupational safety and health standards promulgated under this Act.

Each employer must comply with occupational safety and health standards pursuant to the General Duty Clause that are applicable to the employee's own actions and conduct.

In addition to the OSHA obligations, employers may also face liability from employees seeking compensation. In most situations, employers believe an employee who experiences an injury or illness in the workplace may be covered by workers' compensation insurance. However, workers' compensation generally does not respond to a pandemic unless there is demonstrable proof that the condition was solely contracted within the course and scope of the employee's job duties.

Most workers' compensation state statutes include an "exclusive remedy" provision. The exclusive remedy provision provides that an employee's only course of action and remediation is through the workers' compensation claims process unless the employee experiences retaliation by the employer.

Because workers' compensation carriers may not cover COVID-19 cases, the exclusive remedy provision does not apply and employee-litigants (and their attorneys) are free to pursue other legal causes of action (absent any state statutes to the contrary). Consequently, one area of litigation that appears to be gaining traction is employer negligence. Recently, cases have been filed against employers arguing that the employer did not act reasonably to provide a safe working environment for their employees. Most recently, in a case filed against Wal-Mart, the plaintiff-employee's estate claimed that Wal-Mart did not provide personal protective equipment (PPE) to its employees, did not provide cleaning or disinfectant products, and did not pre-screen workers to prevent the transmission of the virus. It is likely there will be more litigation like this alleging negligence by the employer.

It's important that employers understand their obligations and their rights to mitigate and manage the risk of working in the new COVID-19 environment.

B. Employer policies

Employers should consider creating new policies and standards of conduct for employees in the veterinary practice related to COVID-19. More specifically, employers should set forth clear rules, processes, and expectations for employee behavior.

New policies may include:

- Standards of conduct including handwashing, hand sanitizing, sharing of equipment, dissemination of printed documents, donning and doffing of PPE, social distancing, and workstation cleaning and disinfecting
- Details and consequences regarding prohibited conduct and failure to comply with the standards of conduct, such as coming to work with COVID-19 symptoms, failure to socially distance in the practice, failure to wear and utilize PPE, and failure to disinfect/clean working areas and equipment
- Rules regarding entering and exiting the building to ensure social distancing – for example only two people in an elevator at one time and/or the requirement to wash one's hands before entering the practice or workspace
- New procedures and policies regarding calling in sick; incentives to remain home when sick, rather than come into the practice (even if the employee feels they can work); and what circumstances or symptoms require (or mandate) employees to remain at home

Employers should disseminate new written policies to employees and require the employees to sign an acknowledgement that includes the obligation to read and comply with the policies. In addition, employers should explain the consequences for failure to comply. Finally, the acknowledgement should remind 'at will' employees (if applicable) that they are employed "at will" and that compliance does not provide a guarantee of continued employment. To limit risk and exposure, employers should consider leveraging their technology to deliver employee communications including new policies. Most HR, payroll and/or learning management systems have functionality to enable electronic distribution and acknowledgement tracking. Consider leveraging these systems to complete this process, which in turn aligns with new safety protocols.

Employee medical questions – The general rule

The Americans with Disabilities Act (ADA) regulates the types of medical information an employer may gather from their employees. Generally, the ADA permits employers to obtain medical information solely related to the employee's ability to perform the essential functions of their job. However, since the emergence of the COVID-19 pandemic – the Equal Employment Opportunity Commission (EEOC) has issued guidance expanding the scope of medical information to which an employer may be entitled, under certain and specific circumstances.

Recruiting and hiring

Prior to the impact of COVID-19 in the United States, the primary resources candidates used to find jobs were: (1) online job boards (60%); (2) social professional networks (56%); and (3) word of mouth (50%).[1]

With the implementation of social distancing, the days of in-person applications and interviews may be over (at least for some time into the near future). This means employers who have not already implemented online recruitment and remote interviewing methods will find themselves in uncharted territory.

The good news is that technology and virtual recruiting and hiring is not new to the recruitment and hiring industry. More specifically, many employers have been relying on job-boards, virtual interviews, and online onboarding for many years. Practices insured under the PLIT program have access to technology consultants who can assist clients with selecting and implementing online recruitment and hiring technology.

In addition to online recruitment resources, state agencies may prove to be a good candidate resource. According to the Department of Labor:

> *The advance number for seasonally adjusted insured unemployment during the week ending May 30 was 20,929,000.*[2]

This means there are now hundreds of thousands of job candidates registered with each state's unemployment agency. As part of their recruitment strategy, employers may partner with their state unemployment agency to identify qualified talent. The even better news is that most unemployment agencies are set up for online sourcing, searching, and recruitment.

The AVMA's Veterinary Career Center (VCC) is also an excellent resource for identifying qualified candidates (see avma.org/VCC). Because the VCC is targeted toward veterinary positions and personnel, it may help expedite the search for qualified candidates.

1 https://business.linkedin.com/content/dam/business/talent-solutions/global/en_us/c/pdfs/Ultimate-List-of-Hiring-Stats-v02.04.pdf
2 https://www.dol.gov/ui/data.pdf

Applicants and new hires

Employers that are hiring and filling open positions may screen applicants for symptoms of COVID-19. More specifically, an employer may screen job applicants for symptoms of COVID-19 after making a conditional job offer, if it does so for all entering employees in the same type of job. Such screening may include requiring the applicant to successfully complete a COVID-19 pre-employment diagnostic test. Likewise, a hiring employer may take an applicant's temperature as part of the post-offer/pre-employment medical exam. However, employers should be aware that some individuals with COVID-19 do not have a fever or show any signs of symptoms from infection with the virus.

Employers who are concerned about starting an applicant who has symptoms may delay the applicant's start date. In fact, the CDC is clear that an individual who has COVID-19 or associated symptoms should not be in the workplace. Likewise, an employer may withdraw a job offer when it needs the applicant to start immediately but the individual has COVID-19 symptoms. However, the employer may not postpone the start date or withdraw a job offer because the individual is 65 years old or pregnant, both of which may place them at higher risk from COVID-19. The fact that the CDC has identified those who are 65 or older, or pregnant women, as being at greater risk does not justify unilaterally postponing the start date or withdrawing a job offer to a candidate. However, an employer may choose to allow telework if the position allows for it or discuss with these individuals whether they would like to postpone the start date.

Current employees' own condition

In addition to pre-screening applicants, employers may conduct daily pre-screening of employees who will be entering the veterinary practice (see employee screening template under Practice Aids in this document). To help limit and control exposure to COVID-19, employers may take an employee's temperature and/or ask the following questions of current employees coming into work:

Are you experiencing either of the following COVID-19 symptoms or a combination of these symptoms?

- Cough
- Shortness of breath or difficulty breathing

Or at least two of these symptoms?

- Fever - (100.4 degrees) – the employer may take the employee's temperature.

  Note: The person conducting the daily pre-screening should be provided PPE, including an appropriate mask.

- Chills
- Muscle pain
- Headache
- Sore throat
- New loss of taste or smell

Employers may also ask employees:

- Are you currently waiting for COVID-19 test results?
- Have you tested positive for COVID-19?

Current employees' exposure to others

Likewise, employers should ask the following questions of current employees coming into the veterinary practice regarding their exposure to others who may have COVID-19:

- Have you self-quarantined (i.e., remaining in your home and participating in outdoor activities without coming closer than 6 feet from others)? If so, how many days and why?
- Have you been exposed to anyone currently waiting for COVID-19 test results?
- Have you been exposed to anyone who has tested positive for COVID-19?
- Have you been exposed to anyone with any of the CDC-specified symptoms (see above)?
- Have you traveled outside your state or regional area?

Employers may only ask these questions of employees who are coming into the veterinary practice. Employers may not ask COVID-19-related medical questions of employees working remotely and telecommuting. Likewise, employers are not free to ask other medical questions unrelated to COVID-19, unless those questions are consistent with the employee's ability to perform the essential functions of the job.

Employers should ensure that the person conducting the screening follows and complies with PPE guidelines such as wearing a mask, gloves, protective eyewear and other devices to support their safety. The employer and the person handling the temperature checking and any other screening measures must ensure they follow and enforce safety measures such as social distancing. For example, the screener must ensure that employees who are waiting to be screened remain at least 6 feet apart before entering the practice. There should also be considerations made for proper documenting and handling of the medical results of employees to ensure the information is kept private and confidential.

> *Note: Non-exempt employees who are waiting to be screened at the beginning of each workday may need to be paid for that waiting time. Therefore, employers should check with local employment law counsel regarding wage and hour (FLSA) requirements.*

Employee COVID-19 diagnostic testing

On April 23, 2020, the EEOC provided updated guidance paving the way for employers to conduct COVID-19 diagnostic testing.[3] More specifically, the EEOC sternly reminded employers that any mandatory medical test of employees must be "job related and consistent with business necessity." An antibody test is different from a test to determine if someone has an active case of COVID-19 (i.e., a viral test). On June 17, EEOC indicated that while viral testing was possible, employers could not make COVID-19 antibody or serology tests mandatory.[3] It is within this framework that the EEOC has stated that employers may take steps to determine if employees entering the workplace have COVID-19 because an individual with the virus will pose a direct threat[4] to the health of others.

3 https://www.eeoc.gov/wysk/what-you-should-know-about-covid-19-and-ada-rehabilitation-act-and-other-eeo-laws

4 "Direct threat" means a significant risk of substantial harm that cannot be eliminated or reduced by reasonable accommodation. 29 C.F.R. §1630.2(r)(1998). Direct threat determinations must be based on an individualized assessment of the individual's present ability to safely perform the essential functions of the job, considering a reasonable medical judgment relying on the most current medical knowledge and/or best available objective evidence. Id. To determine whether an employee poses a direct threat, the following factors should be considered: (1) the duration of the risk; (2) the nature and severity of the potential harm; (3) the likelihood that potential harm will occur; and, (4) the imminence of the potential harm. 42 U.S.C. §12112(d)(3)(1994); 29 C.F.R. §1630.14(b)(1998).

Consistent with the ADA standard, employers should ensure that the tests are accurate and reliable. The EEOC suggests that employers review guidance from the U.S. Food and Drug Administration about what may or may not be considered safe and accurate testing, as well as guidance from the CDC or other public health authorities and check for updates. It is also important for employers to consider the accuracy of the testing and the incidence of false-positives or false-negatives associated with a particular test. The EEOC cautions that accurate testing only reveals if the virus is currently present; a negative test does not mean the employee will not acquire the virus later.

Vendor/outsourced testing

Employers may outsource their testing program. In this case, employee testing would resemble other similar employment physical and screening programs. Employers should be sure that they thoroughly evaluate testing vendors including the testing methods and accuracy and efficiency of the equipment/test-kits. They likewise should have their attorney review the program, process, and service agreement (if any). In fact, the EEOC contemplates that employers may outsource these services advising that "[a]n employer also may be given reliable information by a credible third party that an employee has a medical condition, or the employer may observe symptoms indicating that an employee may have a medical condition that . . . will pose a direct threat." Outsourcing the testing program may shift some of the compliance obligations directly to the vendor, which may provide some relief to the employer.

When to test

Employers may adopt a regularly-scheduled approach to medical testing or test on a case-by-case basis depending on the manifestation of symptoms or exposure. For example, if an employee presents with symptoms during a daily-screening (see above) the employer may require the employee to receive a test provided by a third-party vendor (similar to reasonable suspicion testing). Likewise, employers may require an employee to submit to a COVID-19 test if they learn of an employee's symptoms through a co-worker. The following is a relevant example:

Example: Bob and Joe are close friends who work as veterinary technicians for a small animal practice. Bob tells Joe that he is worried because he has just learned that he had a positive reaction to a tuberculin skin test and believes that he has tuberculosis. Joe encourages Bob to tell their supervisor, but Bob refuses. Joe is reluctant to breach Bob's trust but is concerned that he and the other employees may be at risk since they all work closely together in the same exam rooms. After a couple of sleepless nights, Joe tells his supervisor about Bob. The supervisor questions Joe about how he learned of Bob's alleged condition and finds Joe's explanation credible.

Because tuberculosis is a potentially life-threatening medical condition and can be passed from person to person by coughing or sneezing, the supervisor has a reasonable belief, based on objective evidence, that Bob will pose a direct threat if he in fact has active tuberculosis. Under these circumstances, the employer may make disability-related inquiries or require a medical examination to the extent necessary to determine whether Bob has tuberculosis and is contagious.

The employers' approach to mitigating risk through employee screening should be part of a larger and more holistic risk management program that also includes other infection control practices (e.g., regular cleaning, disinfecting, social distancing, regular handwashing, appropriate use of PPE) in the workplace to prevent transmission of COVID-19.

Confidentiality of medical information

As employers begin to learn about employee's individual medical concerns and conditions, it is important to remember that several laws have very specific confidentiality requirements. Family and Medical Leave Act (FMLA), Americans With Disabilities Act (ADA), and Workers' Compensation laws all contain provisions that protect the confidentiality of an employee's medical information. Employers have the obligation to ensure that all medical information obtained about an employee is private and confidential. Medical information gathered through the FMLA, ADA, disability insurance, workers' compensation, or other sick-leave documentation is generally not protected under the Health Insurance Portability and Accountability Act (HIPAA), but is confidential.

Health Insurance Portability and Accountability Act (HIPAA) requirements

Depending on the source of the medical information, employers may also face HIPAA privacy obligations. While HIPAA can be a complex law, in a nutshell, if the employer learns of the employee's medical information, condition, diagnosis, etc. through the health plan, then that information is likely protected under HIPAA.

Generally, HIPAA obligations manifest themselves most frequently in employers with a self-funded health program that have access to claims information. Self-funded programs include health flexible spending arrangements and health reimbursement arrangements. However, employers that receive employees' Explanation of Benefits (even if fully insured) may unintentionally subject themselves to HIPAA. HIPAA also generally prohibits an employer from discriminating against an employee who has a medical condition.

These measures are a good first step for employers to put in place. These are proactive and preventive measures to control exposure to and transmission of COVID-19 in the veterinary practice. Additionally, employers should provide employees with the proper and appropriate PPE (including instructions for donning and doffing) and workplace rules. In particular, the CDC recommends that employers pre-screen employees entering the workplace each day, issue masks to employees, permit employee's self-provided cloth masks where necessary, ensure that workers remain 6 feet apart, and routinely clean and disinfect the workplace and all common areas.

C. Reducing exposure – Practical workplace examples

Guidance for employers by exposure risk classification

Worker risk of occupational exposure to COVID-19 during an outbreak may depend in part on the industry type and whether the worker's role means they might be within 6 feet of people known to have, or suspected of having, COVID-19. OSHA has provided the following guidance and has divided job tasks into four risk exposure levels. **Veterinary practices will typically fall within the medium exposure group.**

The CDC has provided additional guidance for veterinarians specific to companion animal practice at the following link: https://www.cdc.gov/coronavirus/2019-ncov/community/veterinarians.html

The AVMA also provides guidance that assists in assessing exposure risks for employees and the practice at the following link: https://www.avma.org/resources-tools/animal-health-and-welfare/covid-19/protecting-your-veterinary-team-during-pandemic

Lower exposure risk (Caution) Lower exposure risk (caution) jobs are those that do not require contact with people known to be, or suspected of being, infected with COVID-19, nor frequent close contact with (i.e., within 6 feet of) the general public. Workers in this category have minimal occupational contact with the public and other coworkers.		
Engineering controls	**Administrative controls**	**Personal protective equipment**
Additional engineering controls are not recommended for workers in the lower exposure risk group. Employers should ensure that engineering controls, if any, used to protect workers from other job hazards continue to function as intended.	Monitor public health communications about COVID-19 recommendations and ensure that workers have access to that information. Frequently check the CDC COVID-19 website: https://www.cdc.gov/coronavirus/2019-ncov/ Collaborate with workers to designate effective means of communicating important COVID-19 information.	Additional PPE is not recommended for workers in the lower exposure risk group. Some States may require that all employees wear some form of face covering. Workers should continue to use the PPE, if any, that they would ordinarily use for other job tasks.
Medium exposure Jobs that require frequent/close contact with people who may be infected, but who are not known or suspected patients. Workers in this category include: Those who may have contact with the general public (e.g., schools, high-population-density work environments, some high-volume retail settings), including individuals returning from locations with widespread COVID-19 transmission.		
Engineering controls	**Administrative controls**	**Personal protective equipment**
Install physical barriers, such as clear plastic sneeze guards, where feasible.	Consider offering face masks to ill employees and clients to contain respiratory secretions until they are able leave the workplace (i.e., for medical evaluation/care or to return home). In the event of a shortage of masks, a reusable face shield that can be decontaminated may be an acceptable method of protecting against droplet transmission. See CDC/ NIOSH guidance for optimizing respirator supplies, which discusses the use of surgical masks, at: http://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html Keep clients informed about symptoms of COVID-19 and ask sick clients to minimize contact with employees until healthy again, such as by posting signs about COVID-19 at the business. Where appropriate, limit clients and the public's access to the practice, or restrict access to only certain areas. Consider strategies to minimize face-to-face contact (e.g., curbside services, phone-based communication, and telework). Communicate the availability of medical screening or other worker health resources (e.g., telemedicine services).	When selecting PPE, consider factors such as function, fit, decontamination ability, disposal, and cost. Sometimes, when PPE will have to be used repeatedly for a long period of time, a more expensive and durable type of PPE may be less expensive overall than disposable PPE. Each employer should select the combination of PPE that protects employees specific to their function within the practice. Employees with medium exposure risk may need to wear some combination of gloves, a gown, a face mask, and/or a face shield or goggles. PPE ensembles for employees in the medium exposure risk category will vary by work task, the results of the employer's hazard assessment, and the types of exposures employees have on the job. In rare situations that would require employees in this risk category to use respirators, see the PPE section beginning on page 14 of OSHA's booklet – Guidance on Preparing Workplaces for COVID-19, which provides more details about respirators. For the most up-to-date information, visit OSHA's COVID-19 webpage: http://www.osha.gov/covid-19. The CDC has provided additional guidance for veterinary practices at https://www.cdc.gov/coronavirus/2019-ncov/community/veterinarians.html

High exposure risk Jobs with a high potential for exposure to known or suspected sources of COVID-19. Workers in this category include: Healthcare delivery, healthcare support (hospital staff who must enter patients' rooms), medical transport, and mortuary workers exposed to known or suspected COVID-19 patients or bodies of people known to have, or suspected of having, COVID-19 at the time of death. **AND/OR** **Very high exposure risk** Jobs with a high potential for exposure to known or suspected sources of COVID-19 during specific medical, postmortem, or laboratory procedures. Workers include: healthcare and morgue workers performing aerosol-generating procedures on or collecting/handling specimens from potentially infectious patients or bodies of people known to have, or suspected of having, COVID-19 at the time of death.		
Engineering controls	**Administrative controls**	**Personal protective equipment**
Ensure appropriate air-handling systems are installed and maintained in healthcare facilities. See "Guidelines for Environmental Infection Control in Healthcare Facilities" for more recommendations on air handling systems at: www.cdc.gov/mmwr/preview/mmwrhtml/rr5210a1.htm CDC recommends that patients with known or suspected COVID-19 (i.e., person under investigation) should be placed in an airborne infection isolation room (AIIR), if available. Use isolation rooms when available for performing aerosol-generating procedures on patients with known or suspected COVID-19. For postmortem activities, use autopsy suites or other similar isolation facilities when performing aerosol-generating procedures on the bodies of people who are known to have, or suspected of having, COVID-19 at the time of their death. See the CDC postmortem guidance at: http://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-postmortem-specimens.html. OSHA also provides guidance for postmortem activities on its COVID-19 webpage: http://www.osha.gov/covid-19. Use special precautions associated with Biosafety Level 3 when handling specimens from known or suspected COVID-19 patients. For more information about biosafety levels, consult the U.S. Department of Health and Human Services (HHS) "Biosafety in Microbiological and Biomedical Laboratories" at http://www.cdc.gov/biosafety/publications/bmbl5.	If working in a healthcare facility, follow existing guidelines and facility standards of practice for identifying and isolating infected individuals and for protecting workers. Develop and implement policies that reduce exposure, such as cohorting (i.e., grouping) COVID-19 patients when single rooms are not available. Post signs requesting patients and family members to immediately report symptoms of respiratory illness on arrival at the healthcare facility and use disposable face masks Consider offering enhanced medical monitoring of workers during COVID-19 outbreaks. Provide all workers with job-specific education and training on preventing transmission of COVID-19, including initial and routine/refresher training. Ensure that psychological and behavioral support is available to address employee stress.	Most workers at high or very high exposure risk likely need to wear gloves, a gown, a face shield or goggles, and either a face mask or a respirator, depending on their job tasks and exposure risks. Those who work closely with (either in contact with or within 6 feet of) patients known to be, or suspected of being infected with COVID-19, should wear respirators. In these instances, see the PPE section beginning on page 14 of OSHA's booklet – Guidance on Preparing Workplaces for COVID-19, which provides more details about respirators. For the most up-to-date information, also visit OSHA's COVID-19 webpage: http://www.osha.gov/covid-19. PPE ensembles may vary, especially for workers in laboratories or morgue/mortuary facilities who may need additional protection against blood, body fluids, chemicals, and other materials to which they may be exposed. Additional PPE may include medical/surgical gowns, fluid-resistant coveralls, aprons, or other disposable or reusable protective clothing. Gowns should be large enough to cover the areas requiring protection. OSHA may also provide updated guidance for PPE use on its website: http://www.osha.gov/covid-19. NOTE: Workers who dispose of PPE and other infectious waste must also be trained and provided with appropriate PPE. The CDC webpage "Healthcare-associated Infections" https://www.cdc.gov/hai/ provides additional information on infection control in healthcare facilities.

D. Adaptive staffing models to maintain social distance within the veterinary team

Applying social distancing principles in veterinary practices is challenging and requires thoughtful planning and coordination. Managers now have first-hand experience with work that may be successfully performed virtually (e.g., clerical, billing, payroll) and work that needs to be performed on-premises. With this new insight, leadership can take what they learned and go a step further in testing new approaches to procedures and staffing models that better manage workplace density and promote employee engagement. Strategies include:

- Reviewing clinic layout to increase separation as possible. Increase space between staff members in reception and office areas. Repurpose less frequently used examination rooms or conference rooms to create additional work space. If finding additional space is not possible, consider whether it's possible to place protective barriers between staff members who must sit in close contact (e.g., sneeze guards, plexiglass or plastic shields).
- Supporting work-at-home arrangements for staff members performing administrative functions for which an ongoing presence in the clinic is not required.

- Evaluating whether lounges/breakrooms, conference rooms, and other group spaces in the clinic should be temporarily closed (or repurposed) to help discourage accidental gatherings of staff in confined spaces.
- Planning in advance for procedures that potentially require staff members to be within six feet of each other (e.g., patient restraint, drawing blood, catheter placement, anesthetic induction, certain radiographic and surgical procedures). Consider if there are alternate ways to perform the procedure that do not require multiple people, gather necessary equipment in advance so as to minimize the time required, and consider whether it is possible to perform the task in steps that support social distancing between staff members.
- Using cloth face coverings routinely in the clinic, in situations other than where PPE would normally be worn for medical or surgical procedures (appropriate PPE must be used in those cases). Doing so can help reduce risk of transmission of COVID-19 by asymptomatic carriers.
- Replacing longer in-person staff meetings with video- or teleconferences whenever possible.
- Splitting practice employees into smaller teams, as possible, that remain together and that refrain from or limit contact with other teams (e.g., separate shifts with consistent personnel, paired teams of veterinarians and technicians). If the number of employees in a clinic permits the creation of distinct teams, stagger their shifts allow time for disinfection of premises and equipment and in case members of a particular team need to isolate. This reduces the potential for exposure of all personnel in a veterinary clinic should a staff member become infected with SARS-CoV-2.
- If employees have been furloughed or their hours reduced, consider having them return in small groups. The practice benefits from a phased approach, including that:
    - New screening, cleaning, and social distancing protocols can be effectively tested, updated, and re-deployed with less confusion.
    - There is more time to build an adequate PPE inventory and re-configure veterinary office spaces if needed.

    Employers may consider several criteria to identify the teams/segments of employees that may return in each phase including:

    - The criticality of a role;
    - The level of personal risk individual employees may have
    - Employees that volunteer to return

Human resources, legal counsel, and leadership should collaborate to develop a practical and legally defensible staffing approach and plans. Employers should be sure to develop clear, transparent, and consistent communication regarding the practice's criteria for the return-to-work process.

E. Adaptive practices to maintain social distance between staff and clients

Maintaining social distancing with clients is important as these interactions arguably present the greatest risk of SARS-CoV-2 exposure for veterinary staff. In some jurisdictions, executive orders/direction have been issued that limit customer access to businesses. For example, restrictions on gathering size (e.g., 10 people) may apply to activity in clinics. In most cases, established limits will not apply to employees working in the clinic, but may apply to clients in waiting rooms. As communities seek to re-establish normal business operations, executive orders/direction may change depending on the "phase" of COVID-19 in that area (e.g., rapid spread, flattening curve, recovery, revitalization, restoration). Local requirements should be regularly consulted regarding what extent of interaction with clients is appropriate. In all cases, animals that are sick or injured should receive veterinary attention. Strategies that support social distancing with clients include:

- Pre-visit triage and case management to prioritize and determine which patients need to be seen at the clinic, to assist with scheduling (appointment with curbside waiting or drop-off and pickup), and to clarify client's medical status with regard to COVID-19.
- Not admitting clients with respiratory disease and/or confirmed or pending results for COVID-19 into veterinary clinics. Have another individual bring the patient to the clinic or utilize telemedicine, if medically appropriate.
- Encouraging clients to don cloth face coverings when visiting your clinic.
- Curbside service (transfer of pets with little to no contact with owners, sometimes referred to as "concierge service"), to include staff use of PPE (e.g., cloth face coverings, masks, gloves, gowns) as appropriate. Use clinic leashes to transfer patients and instruct clients that pets being presented for care should not wear "outfits" (e.g., t-shirts, bandanas).
- Call-ahead, no-human-contact patient drop-off and return through a designated clinic entrance having restricted access to other clinic space. Consider animal containment when doing so, including designated carriers that can be readily cleaned and disinfected between uses and secure hooks for leashes.
- Using telephone or videoconference to gather information on history and clinical signs and to conduct follow-up consultations.
- Documenting verbal consent, rather than requiring signatures.
- Using contactless electronic payment as much as possible.
- Actively integrating the use of telemedicine, as medically appropriate and consistent with state and federal requirements for a veterinarian-client-patient relationship (VCPR).
- Remote prescribing, when medically appropriate and in line with state and federal requirements.
- Contact-limited (deposit into client's car) or contact-free (designated no-contact distribution location at clinic or direct-to-home shipping) distribution of medication and/or prescription foods, including contactless payment. The latter are particularly important for clients at increased risk of spreading COVID-19 or with increased risk of complications or severe disease should they be exposed. This is a good opportunity to develop and/or increase use of online prescription and pet food portals that are connected to your clinic's website.

- When patients and clients are seen together inside the veterinary clinic, giving consideration to:
  - Ensuring clients don cloth face coverings
  - Traffic flow, including what areas clients will or will not be permitted to access and minimizing staff contact with those clients
  - Admitting clients and patients directly from their cars into an examination room
  - Allowing only one client at a time into waiting rooms or, if space permits, enforcing social distancing in waiting rooms. Adjust seating areas/arrangements to accommodate social distancing requirements as needed and ensure appropriate social distancing also is maintained between clients and reception staff.
  - Appropriate signage to ensure client awareness of social distancing need and approach.
  - Having staff members, rather than clients, hold/restrain animals.
- Those that address temperature concerns, especially during the summer months when clients may be waiting in vehicles where temperatures can climb rapidly (and endanger both clients and patients). Consider:
  - Scheduling appointments sufficiently far apart, and not scheduling appointments for a half-hour or so mid-morning and mid-afternoon to accommodate any unanticipated delays or emergencies.
  - Admitting animal owners directly into examination rooms, rather than having them wait in their vehicles. Depending on what COVID-19 phase an individual community is in, consider a limited in-lobby-into-exam room approach. Place tape on the floor to direct animal owners as to where they can sit and wait. Wipe surfaces (chairs, armrests) between clients.
  - Having owners drop off their animals, rather than wait in their vehicles. Portable crates or temporary enclosures can help hold additional animals if an insufficient number of kennels or permanent enclosures are available.
  - Using telemedicine when medically appropriate and in accord with state and federal requirements for a VCPR.
  - Ensuring that veterinary technicians are fully utilized to support seeing patients and providing care
  - Increasing attention to managing scheduled appointments, to include:
    - Pre-review of records for routine appointments so that necessary equipment and products (e.g., vaccines, parasiticides) are readily available and do not need to be gathered
    - Scheduling animals known to be ill as drop-offs, so that time to work them up is readily available without causing extended waiting times for clients
    - Temporarily admitting animals discovered to need additional diagnostic work during a routine examination and having the owner return to pick up the animal later, with consultation provided via telephone or videoconference. This will avoid a prolonged waiting time in the vehicle for that client and will also prevent delaying subsequent appointments.

- Cooling support in parking/waiting areas:
  - Adding tenting to the parking lot to create shaded waiting areas (if clients are to wait in such areas outside of their cars, appropriate distancing should be encouraged and monitored)
  - Providing access to coolers of bottled water for clients who are waiting for their animals (consider providing sanitizing wipes for disinfection of equipment and product)

AVMA has produced a case management decision tree that may assist in managing cases.

II. Premises liability and client safety

Veterinary practices should consider premises liability exposures as they resume normal delivery of services. Owners and managers should be sure they take steps to reduce the risks associated with client and employee re-engagement. Below are the steps an employer may follow to develop their own premises liability risk mitigation plan:

Assessment – Veterinary practice managers and owners, along with employees, should participate in evaluating operations to identify risk mitigation opportunities. Practice owners and managers should look for conditions on the premises that may contribute to potential exposures that could present adverse risk and result in claims.

Planning – Practice owners and office managers should create guidelines to standardize the practical considerations that arise from the assessment. Managers should specifically identify the measures and steps it must take to remedy the conditions identified in the Assessment phase.

Implementation – Practice owners and office managers execute the plan and risk mitigation steps and strategies. Execution includes training for the new policies / procedures and related documentation.

Evaluation – Once the practice has implemented the premises liability risk mitigation program, it's important to establish an ongoing evaluation and review of the program. The practice should engage in a continual review of its processes, policies, procedures, and outcomes.

A. Phase 1 – Assessment

1) Create a working group that consists of team members having various roles in the practice to perform an assesment to determine feasibility, timing and process for resuming normal delivery of services. The working group should also assist in developing and enforcing policies, procedures, and guidelines.

2) Identify physical items that could expose clients, vendors, delivery personnel, or employees to COVID-19.

3) Identify areas where frequent employee/client/third-party interactions occur and where clients, visitors, and/or employees may gather; establish a game-plan to ensure social distancing and limit exposure risks in these areas (e.g., points of sale [PoS], elevators, public restrooms, vending machine areas, breakrooms, smoking areas, conference rooms, reception areas).

4) Practice owners may want to consider varying and/or limiting hours of operation to reduce risk to employees and clients/visitors.

5) In practice reception and waiting areas consider how to establish and communicate safe social distancing. Additionally, consider closing or limiting access to break rooms and conference rooms.

6) Review, evaluate, and determine which vendors are essential to immediate operations and what contractual obligations and duties may require continued services.

7) In addition to developing policies, veterinary practices should also consider signage putting people on notice of specific rules and expectations. For example, practices may identify areas where signage regarding hand sanitizer/wipes, social distancing, and prohibited entry for individuals with CDC-identified symptoms should be posted. Be sure to inform clients and visitors of the practice's expectations and encourage proper sanitary practices, respiratory etiquette, and social distancing measures. There are a variety of signs available on the CDC website.

B. Phase 2 – Planning

The planning stage should incorporate all the items that were evaluated in the assessment phase and support the development of standardized processes for staff, vendors, and clients to follow.

1) Create a checklist of high-traffic areas that need to be sanitized. This may include shared electronic equipment, or shared items such as displays with merchandise, doors, handles, etc.

2) Consider limiting occupancy of a building or space as part of a phased strategy to resuming normal services, keeping the following considerations in mind:

    i. Limit occupancy in elevators, stairwells, etc., depending on the layout and location of the practice

    ii. Continually monitor the effectiveness of limiting maximum occupancy. This will largely depend on the size and layout of the building or space

    iii. Defer to local regulations and officials to assess the current phase of the pandemic in your area

3) Consider identifying and allocating staff to monitor clients/visitors entering and exiting the location during peak hours. Some veterinary practices may need to institute a "one-in/one-out" policy during peak hours. Curbside service and/or direct-to-exam room admissions may assist in this process.

4) Once all high-traffic areas are accounted for, consider creating a checklist of the areas that require frequent sanitizing and develop a corresponding schedule.

    i. Document cleaning activities

    ii. Determine areas that need sanitizing on an ongoing basis (e.g., PoS system that is frequently touched) as compared with those to be placed on a schedule.

5) Consider creating partitions between employees and clients in areas where there is significant employee-client interaction.

6) Create signage to alert clients if employees are being tested and monitored for COVID-19.

7) Defer non-essential vendor use. Prior to giving access to vendors, consider sending a document to them electronically, requiring their agreement, that they or their employees (such as cleaning services) will not be allowed to continue services if they have had any COVID-19 symptoms including fever, dry cough or difficulty breathing (CDC-specified COVID-19 symptoms) or have been exposed to anyone who has tested positive for COVID-19 or who is currently waiting for test results.

8) Follow public health guidelines regarding the use of face coverings for employees, clients, vendors, and any other visitors. Current CDC guidance is to wear cloth face coverings in public settings where social distancing measures are difficult to maintain, especially in areas of significant community-based transmission.

9) Planning should include various communications designed to provide information on what the veterinary practice is doing, why it is being done, and how guidelines are being applied in a consistent manner.

C. Phase 3 – Implementation

As veterinary practices resume providing normal services during COVID-19, they should focus on the following aspects of their operation including: access, disinfection, communication, and evaluation.

Access

1) Have controls in place to maintain social distancing for high-traffic areas
    i. Areas of concern may include: exam rooms, reception areas, entrances/exits, elevators, stairwells, and points of sale.
    ii. Consider marking the floor with spaces that are at least 6 feet apart and placing signage alerting customers of the system in place.
    iii. In addition, provide hand sanitizer/wipes and have staff on standby to sanitize these areas frequently throughout operating hours.

2) Limited operating hours: Consider implementing a policy by which only a limited number of clients are permitted in a location during certain hours. Curbside service and telemedicine are also appropriate alternatives.

3) Confirm all lighting (exterior and interior) is in good working condition.

4) Verify that all security cameras are in good working condition, being monitored, and continuing to save footage.

5) Keep doors to all non-essential rooms or areas closed.

6) Continue to require 6ft / 2m social distancing in all areas.

7) Elevator use should be restricted to 1-2 employees at one time, dependent upon elevator size (with signage posted).

8) Consider closing practice break areas/kitchens and shared coffee machines, water machines or other kitchen appliances. Consider supplying bottled water. If a refrigerator is shared, provide wipes and require that the refrigerator be wiped down before and after each individual use.

9) Limit, when possible, the locations where vendors and deliveries are permitted to go in the facility.

10) Stagger the vendor on-site dates and times so that vendors are provided access during times that have the least client or employee presence.

11) Provide a separate and specific intake area solely for vendors (separate from areas that would be used by clients or employees) and ensure that this area is disinfected regularly.

12) Limit or deny vendor access to common areas such as bathrooms and breakrooms.

13) Limit vendors from entering facilities if they can provide the service outside (e.g., packages, food delivery)

14) If possible, require a contactless temperature check prior to vendors having access to facilities.

15) Please see the property section for more information on engineering and building equipment maintenance.

Disinfecting

1) High traffic areas will need to be cleaned and sanitized with increased frequency.

2) Depending on the nature of operations, high traffic areas will differ, some may include the following:
   i. Entrances and exits (including door handles)
   ii. Stairwells
   iii. Elevators
   iv. Exam rooms
   v. Reception desk, lobby seating areas, displays
   vi. Public restrooms
   vii. Vending machines, food or beverage dispensers

3) Stock all standard cleaning supplies for janitorial staff on site, regardless of whether there is a contract with a third-party cleaning company for COVID-19 cleaning.

4) If contracts, invoices, or other documents need to be signed, offer electronic signatures first. If that is not available, either use a disposable pen or clean and disinfect after each use including clipboards, PoS systems, or other similar items.

5) Provide disinfecting wipes and hand sanitizer in the main entrances, conference rooms, and kitchen/break area for employee use on freqeuently touched surfaces, such as door handles, light switches, etc.

6) All disinfectants should be approved by the EPA for COVID-19 use.

7) Provide notice / signage of chemicals used during cleaning process.

8) Clean and disinfect all shared areas such as offices, bathrooms, break rooms, shared electronic equipment (tablets, touch screens, keyboards, remote controls)

9) Close off and deep clean any areas where a probable or confirmed case of COVID-19 was identified, which may include a deep cleaning of the facility.

10) Increase frequency of cleaning (at a minimum of daily) for washrooms and common areas.

Communication

1) Create signage alerting clients and employees of:
   i. Occupancy limitations and procedures that are in place
   ii. Social distancing expectations and requirements
   iii. Employee health testing and monitoring procedures
   iv. Cleaning efforts in high traffic areas
   v. Facemasks, social distancing, and respiratory etiquette
   vi. Changes to foot traffic to reduce overcrowding
   vii. Prohibition of anyone entering who has experienced any of the CDC-specified symptoms of COVID-19

2) If an employee tests positive for COVID-19, a generic notice should be posted in a conspicuous space notifying staff, vendors, clients, and others (ensuring that no personal identifying information is included) of a positive test at the facility.

3) Allow employees an opportunity to opt-out of returning to the workplace if they are not comfortable or not able to do so. Encourage any employees in this situation to talk with their practice manager.

4) Request all employees to sign an acknowledgement of employer workplace rules and policies established to mitigate and manage the COVID-19 risk.

5) Consider including signage at all sinks, including in restrooms, reminding staff of proper handwashing protocols.

6) Assess local situations regarding virus activity, local governmental restrictions, and consider these as the practice is returned to full activity.

7) Request the use of PPE by clients and others while they are in the practice. That use may be limited to cloth mask face coverings, so it is recommended to have a dedicated hand-sanitizing station along with disinfectant wipes for disinfecting shared equipment that they may bring in, such as animal carriers or kennels. Do not allow clients or vendors to use gloves, rather, have them use hand sanitizing soap prior to having access to the premises.

D. Phase 4 – Evaluation

1) As public health officials permit, consider increasing the allowed occupancy so long as it allows for proper social distancing protocols. Depending on the size and layout of the premises, the allowed occupancy may need to be limited.

2) Evaluate the effectiveness of measures provided above.

3) Re-evaluate vendor lists to determine if there iscapacity to safely include more.

4) Continue all social distancing practices as outlined above.

5) Assess local situations regarding virus activity, local governmental restrictions, and consider opening to full capacity.

6) Re-evaluate deferred service.

III. Property loss prevention

Ramping up or restarting a practice during a pandemic requires continuous adjustment. Because the COVID-19 pandemic continues to have an unprecedented impact on daily life, practice owners looking forward to ramping up operations face significant challenges. Veterinary practices should consider reorganizing and refreshing their property and operational policies and procedures.

A. Evaluation

At the earliest, implement change management measures to:

1) Assess the facility for property damage

2) Identify additional required controls

Understand and evaluate the new operating conditions and exposures

1) **Federal, state and local governments guidance requirement for property and facility occupation**

   Include guidance review from the Occupational Safety and Health Administration (OSHA). This includes social distancing requirements that will affect practice operations, and/or workspace layout.

2) **Employee shortage**

   In some cases, employers may be faced with an employee shortage which will invariably impact productivity. Practice owners will have to rethink and restructure employee workloads ensuring that sufficient coverage is available.

3) **Employee fatigue**

Employers should beware of employee burnout. For example, employers experiencing staffing shortages my increase the length of employees' shift and forgo breaks. Loss experience data demonstrate that fatigued team members may result in greater potential for injuries.

4) **Supplies and Inventory**

Shortages in the supply chain can compromise a practice's ability to deliver services for patients and clients.

B. Guidance

Before proceeding to resume normal services, it's critical to seek the expertise of legal, insurance and other professionals.

1) **Policies and procedures**

Prior to resuming normal services, employers should review current policies and procedures and identify changes responsive to the COVID-19 work environment. If the practice makes changes to its policies and procedures it should likewise train its employees.

2) **Emergency response plans (ERP)**

New rules and laws designed to mitigate the risk of spreading COVID-19 may impact the employer's ERP. For example, social distancing rules may impact an employers' ERP. At a minimum, employers should update the emergency procedures and contact list and train all employees. Egress plans may likewise need to be modified to include distance requirements and the updated facility layout.

3) **Housekeeping**

One of the ways to mitigate risk is to ensure that employers maintain housekeeping and waste disposal standards.

IV. Practice aids

A. Health screening questionnaire

View and download this template from the AVMA website.

Instructions: See **Employee medical questions – The general rule** (page 5) for additional details and guidelines.

Template: COVID-19 health screening
FOR VETERINARY TEAM MEMBERS

SCREENING EMPLOYEES IS AN OPTIONAL STRATEGY THAT EMPLOYERS MAY USE.

Employers who decide to screen employees for COVID-19 should screen all veterinary team members who are working in the clinic in-person on a non-discriminatory basis. COVID-19-related medical questions may not be asked of team members who are working remotely or telecommuting. Employers may also not ask other medical questions that are unrelated to COVID-19 unless those questions are consistent with the team member's ability to perform the essential functions of their job. Employers who opt to screen must ensure that screening incorporates appropriate safety measures, such as social distancing and use of PPE (e.g., mask, gloves, protective eyewear). Provisions should also be made for appropriately documenting any screening that is conducted, including managing medical information obtained from employees to ensure it remains private and confidential.

> ***Screening should be in addition to, not in place of, other measures to provide a safe work environment, such as providing PPE and disinfectant supplies, physical barriers, enforced social distancing, and frequent cleaning of common areas.***

This material is for informational purposes only and is not intended to replace competent review and advice from qualified legal counsel. Note that guidance relating to employee screening is subject to frequent updates and changes. The information in this template may be outdated and employers are strongly encouraged to ensure that any screening of employees is performed in accordance with applicable law.

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To be completed by team member and reviewed by employer-authorized individual prior to team member reporting for work each day. Not to be used for employees working remotely.

Name of employee: _____

Date: _____

Temperature *(self-taken or on-site at employer's discretion)*:_____

CDC-specified COVID-19 symptom assessment: Have you personally experienced any of the following symptoms?	Yes	No	How long have you experienced this symptom?
Cough			
Shortness of breath			
Or at least ***two*** of the following symptoms			
Fever (100.4F or higher)			
Chills			
Muscle pain			
Headache			
Sore throat			
New loss of taste/smell			

COVID-19 testing history	Yes	No	Comments
Have you tested positive for COVID-19?			
Are you currently waiting for COVID-19 test results?			

Social distancing and employee exposure	Yes	No	Comments
Have you self-quarantined (remaining in your home and outdoor activities without coming closer than 6 ft from others)? If so, how many days and why?			
Have you been exposed to ***anyone*** who has tested positive for COVID-19?			
Have you been exposed to ***anyone*** who is currently waiting for COVID-19 test results?			
Have you been exposed to ***anyone*** with any of the following symptoms or combination of symptoms?			
Cough			
Shortness of breath			
Or at least ***two*** of the following symptoms			
Fever (100.4F or higher)			
Chills			
Muscle pain			
Headache			
Sore throat			
New loss of taste/smell			
Have you traveled outside of your state/territory/district?			

Human resources use only (additional comments)

B. Resuming practice operations safety checklist

Practice:		**Assessor's name:**	
Building address:		**Date:**	
Floor / Suite #:		**Time:**	

Instructions

In safety engineering, there is what is known as a hierarchy of controls (engineering, administrative, personal protective equipment [PPE]), which are preferred in that order. When a higher-level control is not feasible, the assessor should then review alternative options at the lower levels. For example: if it is not feasible to install a barrier between desks or to move desks (engineering), attempt to modify schedules or develop other rules that minimize interactions (administrative), followed by requiring employees to use masks (PPE) as a last resort. *Note: Social distancing is considered to be 6ft or 2m.*

Category:	Elements:	Control measures:	Yes/No/NA	Comments:
Engineering controls				
Access points	Building doors (practice owner/manager)	Review plans or changes that the practice owner has implemented to address exposures for common building elements. Are risks adequately addressed through engineering design / redesign?		
	Lobby (landlord controlled)			
	Elevators (landlord controlled)			
	Public bathrooms (landlord controlled)			
	Doors (within practice's space)	Are there any economical options to provide for automatic / no touch door opening devices? Consider disposable wipes at doors or hands-free openers.		
Desk configurations	Staggered workspace locations	Is it feasible to relocate desks or take desks out of service to ensure adequate social distancing?		
Waiting room	Reception desk	Are there feasible options for physical barriers such as clear plastic / glass screens, or painted / taped spacing guidelines on floors?		
	Restrooms (within practice's space)	Evaluate size and layout of restrooms, sinks and/or stalls with limited partitions. Can we feasibly take some fixtures out of service or add barriers?		
	Seating	Is it feasible to remove chairs or mark with caution tape to maintain social distancing?		
Conference rooms	Seating	Is it feasible to remove chairs or mark with caution tape to maintain social distancing?		
Break rooms	Seating	Is it feasible to remove tables / chairs or mark with caution tape to maintain social distancing?		
Reduce occupancy	Staggered work schedules	Is it feasible to have employees arrive at and leave the practice on staggered schedules to avoid high foot traffic conditions?		
	Alternating work days or weeks	Is it feasible to have employees alternate days or weeks in / out of the practice. (MWF / TTH) or (2 weeks in and 2 weeks home)?		

	Remote work	Encourage all that can work from home to continue to do so. Reserve practice capacity for critical practice functions and those employees with home limitations or technology issues. Can all employees who wish to return to the practice do so while continuously maintaining social distancing?		
Visitor and vendor management	Vendors	Can we reduce non-essential pick-ups / Deliveries? Have we provided vendors with rules on social distancing and obtained acknowledgement from vendors?		
Social distancing	Meetings	Is it feasible to limit in-person meetings to the revised and socially distanced capacity of our conference rooms?		
	Restrooms	Have employees been instructed to practice social distancing? (Do not use sinks immediately next to others, do not overcrowd, etc.)		
Signage	Practice signage posted as required	Develop and provide signs addressing social distancing and PPE requirements. Locations: main entrance(s), common alternate entrances, reception, break rooms		
Employee education	Awareness training	Practice to provide employee awareness information.		

Category:	Elements:	Control measures:	Yes/No/NA	Comments:
Personal protective equipment				
Face coverings	Cloth masks (non-medical)	Have options been provided for employees and clients to wear cloth masks or face coverings? CDC provided guidelines: Cloth Face Coverings		
Gloves	Nitrile or other non-porous, disposable gloves	Dispose gloves after single use		

Category:	Elements:	Control measures:	Yes/No/NA	Comments:
Cleaning protocols				
Products to stock	Hand sanitizer	Refer to US EPA guidelines for approved products for killing the virus EPA		
	Disinfectant sprays / wipes			
	Paper towels	NA		
	Nitrile gloves	Refer to CDC use and conservation strategies: https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/gloves.html		
Office equipment being returned	Computers, monitors, printers, etc.	Request that employee wipe down (with disinfectant wipes) all equipment that was brought home.		
Initial "deep" cleaning	Refer to CDC guidance Cleaning and Disinfecting Your Facility	**Contract** with cleaning firm to conduct "deep" cleaning and disinfection per CDC guidelines.		

Medical equipment	Stethoscopes Lab Equipment X-Ray Equipment X-Ray PPE Anesthetic Equipment Controlled Substance Containers / Safe	**Contract** with 3rd party services (if employees are expected to do it, issues with training, and lack of proper HazCom, SDS, etc.)		
High-touch areas (must be disinfected at least daily)	Door handles Elevator controls Bathroom sinks and stalls Coffee makers Water dispensers Microwaves / toasters Vending machines Refrigerator door handles Copiers / scanners Break room tables / chairs Equipment for proposal binding Reception areas surfaces Conference / board room surfaces	**Contract** with 3rd party services (if employees are expected to do it, issues with training, and lack of proper HazCom, SDS, etc.)		

C. Property checklist

Some veterinary practices may have been shut down and vacant (or minimally supervised) during the COVID-19 pandemic. As practices begin to slowly resume normal service provision, it is important to review the condition of the property to ensure damage has not occurred and the property is able to function as desired as employees return and operations begin to resume.

Any worker(s) performing the task of preparing the building for occupation after a period of inactivity should be provided with appropriate training, PPE, and sanitizing equipment to adequately protect themselves from potential exposure to COVID-19. If new chemicals or disinfectants are brought onto the premise, ensure proper safety data sheets and training are supplied. Verify that the chemicals do not pose a fire hazard that could overwhelm the property's fire suppression system(s).

Note, this document only is intended to address potential property exposures and is not intended to be a comprehensive return-to-work document.

General Overview

Client name:	Insert practice name
Address:	Insert address

Description of operations

Number of employees:	
Hours of operation:	

Property and premise inspections (exterior)

Are access gates intact and operating properly?	☐ Yes ☐ No ☐ N/A
Is perimeter fencing intact?	☐ Yes ☐ No ☐ N/A
Are there any noticeable natural hazards (e.g., downed/damaged trees, excess standing water)?	☐ Yes ☐ No ☐ N/A
Is there damage to the exterior of building (e.g., broken windows, doors, graffiti)?	☐ Yes ☐ No ☐ N/A
Are security cameras intact?	☐ Yes ☐ No ☐ N/A
Perform roof inspection (e.g., standing water, vegetation, exposed areas)	☐ Yes ☐ No ☐ N/A

Property and premise inspections (interior)

Are there any signs of intrusion?	☐ Yes ☐ No ☐ N/A
Are there noticeable roof leaks?	☐ Yes ☐ No ☐ N/A
Is adequate lighting available?	☐ Yes ☐ No ☐ N/A
Is emergency lighting operational?	☐ Yes ☐ No ☐ N/A
Is emergency egress unobstructed?	☐ Yes ☐ No ☐ N/A
Is fire safety plan posted?	☐ Yes ☐ No ☐ N/A
Are HVAC systems tested and operational? Do filters require replacement?	☐ Yes ☐ No ☐ N/A
Are any modifications required to the building prior to re-opening (e.g., shielding, barriers, signage)	☐ Yes ☐ No ☐ N/A
Are there any changes to the operations performed within the building?	☐ Yes ☐ No ☐ N/A
Has electrical equipment (e.g., breaker panels, light fixtures) been inspected?	☐ Yes ☐ No ☐ N/A
Are there any required jurisdictional inspections required on the boilers / pressure vessels?	☐ Yes ☐ No ☐ N/A

Fire protection systems

Was the fire protection system maintained / inspected while building was vacant?	☐ Yes ☐ No ☐ N/A
If No, is an inspection required?	☐ Yes ☐ No ☐ N/A
Was an automatic sprinkler system shut?	☐ Yes ☐ No ☐ N/A
If yes, was an automatic Impairment notification sent to Broker/Insurers?	☐ Yes ☐ No ☐ N/A
Was the fire protection system restored?	☐ Yes ☐ No ☐ N/A
Does fire protection equipment (e.g., fire extinguishers, hoses, risers, fire pumps) appear to be in good condition?	☐ Yes ☐ No ☐ N/A
Are fire extinguisher inspections up to date?	☐ Yes ☐ No ☐ N/A

Human element programs

Is the emergency response program up to date?	☐ Yes ☐ No ☐ N/A
Is the fire safety plan up to date?	☐ Yes ☐ No ☐ N/A
Are employees trained on smoking policy / locations?	☐ Yes ☐ No ☐ N/A
Does emergency egress plan accommodate social distancing requirements?	☐ Yes ☐ No ☐ N/A
If elevators on site, are there provisions for social distancing?	☐ Yes ☐ No ☐ N/A
Contractor management program revision (amendment) to accommodate social distancing requirement?	☐ Yes ☐ No ☐ N/A
New ways (e.g., video) to review maintenance issues?	☐ Yes ☐ No ☐ N/A
Review permissible occupancy requirements?	☐ Yes ☐ No ☐ N/A
	☐ Yes ☐ No ☐ N/A
Have all personnel been retrained on safe operation procedures including equipment operation following an extended shut down or idle period?	☐ Yes ☐ No ☐ N/A
Have newly hired employees been trained on the practice safety policy and operational procedures?	☐ Yes ☐ No ☐ N/A
Have necessary maintenance employees been retrained on automatic sprinkler impairment procedures?	☐ Yes ☐ No ☐ N/A
Have all employees been trained on the new Emergency Response Plan?	☐ Yes ☐ No ☐ N/A

D. Case management decision tree