



The California Department of Public Health (CDPH) Veterinary Public Health Section (VPHS) offers the following guidelines and resources to enable veterinary clinics to continue to provide essential healthcare while protecting staff and clients. Note that COVID-19 is a rapidly evolving situation and veterinary professionals should check the resources below frequently for the latest evidence-based guidance.

General COVID-19 information

- Educate your clients on the differences between the enteric coronaviruses that circulate in domestic animals and the novel coronavirus that causes COVID-19.
- Official testing for SARS-CoV-2 in animals is currently performed only at the USDA National Veterinary Services Laboratory . At this time, official testing of animals is strictly controlled and may be pursued only following approval by state animal health and public health officials.
- CDPH is aware of private veterinary diagnostic laboratories that are conducting SARS-CoV-2 testing on animal samples. Testing by these laboratories does not require state approval however any animals which test positive will require confirmation testing at USDA's National Veterinary Services Laboratories.

Modification of clinic appointment protocols—all patients

- Unless your jurisdiction is at a stage which allows for more routine services, reduce or postpone appointments that are not urgent or emergencies.
- Restrict entry to clinic staff. Clients should not be in the examination room unless absolutely necessary. Dissuade sales representatives, family and friends of employees, and other non-essential visitors to the clinic. Entry should be limited to the fewest persons necessary to operate the clinic and who can maintain six-foot distancing.
- Consider telemedicine for established clients and pets whenever possible.

- Consider instituting curbside check in and parking lot "waiting room" wherein clients and patients wait in their vehicle until summoned for their appointment. Staff may retrieve the animal using the clinic's leash or carrier.
- Consider examination of pets in examination rooms without the presence of clients or guardians if six-foot social distancing is not possible. Communicate with clients via mobile telephone while the animal is in the exam room.

Modification of clinic appointment protocols—patients from households experiencing COVID-19

- Recommend to clients that if a household member has COVID-19 infection, a different member of the household should care for the animal, if possible. The ill household member should avoid contact with the pet, including petting, snuggling, being kissed or licked, and sharing food. If the ill person must care for the pet, they should wash their hands before and after interacting with the pet and wear a cloth face covering during all interactions.
- To minimize potential contact with infected persons non-urgent appointments for pets from households experiencing COVID-19 should be postponed until all household members have been released from isolation (if ill) or completed 14 days of self-monitoring from last day of exposure (if exposed).
- If a pet from a household experiencing COVID-19 must be seen more urgently or emergently, if possible, have a family member or friend pick up the pet from the patient's home in a pet carrier to be brought to the hospital. If not possible, then a household member who is not ill should bring the pet to the hospital. The person bringing the pet to the hospital should wear a cloth face covering.
- Consider having clients call you from their car upon arrival and have someone in a cloth face covering from your practice pick up the animal outside so the client does not have to enter the clinic. Discuss history, exam findings and recommendations via cell phone.
- Physical distancing of at least six feet should be followed for all interactions with clients. Clients and staff should wear cloth face coverings.

- Because clinic design and operations may restrict enforcement of social distancing, veterinary practices should adapt their range of services to align with the highest level of protection they can practically implement.
- Thoroughly clean and disinfect the exam room after use.
- Until more is known regarding susceptibility and transmissibility of SARS-CoV2 to pets, pets that need hospitalization should be kept in an isolation area with restricted access.

In-clinic infection control and personal protective measures

- Designate your practice/workplace as a temporary NO HANDSHAKE ZONE. Ask colleagues and clients to refrain from shaking hands and other unnecessary direct contact.
- Have staff and clients wear a cloth face covering while at the clinic.
- Wash hands often with soap and water for at least 20 seconds, especially after using the restroom; before eating; after blowing your nose, coughing, or sneezing; and between client/patient visits.
- Use of an alcohol-based hand sanitizer with 60%-95% alcohol may supplement but should not replace regular cleansing with soap and water.
- Place hand sanitizer, sanitizing wipes, and tissues in all exam rooms, meeting rooms, restrooms, break rooms, lobbies, and other common areas.
- Avoid touching your eyes, nose, and mouth.
- Cough or sneeze into your elbow or use a tissue to cover your nose and mouth, then throw the tissue into the trash can and wash your hands.
- Any staff who becomes ill with symptoms of respiratory disease, such as fever, cough, shortness of breath, sore throat, runny or stuffy nose, body aches, headache, chills or fatigue, should stay at home. If any staff become ill during a shift, they should go home immediately.
- The [U.S. Centers for Disease Control and Prevention \(CDC\)](#) recommends that people diagnosed with COVID-19 should isolate for at least 10 days after symptoms first appeared. After 10 days, employees can return to work if they also have had at least 24 hours

with no fever without fever-reducing medication and their symptoms have improved.

- Any outbreak among clinic staff should be reported to the local health department. An outbreak is defined as three or more laboratory-confirmed cases of COVID-19 among workers who live in different households within a two-week period. Guidance on managing a COVID-19 outbreak in the workplace can be found at [Responding to COVID-19 in the Workplace](#).
- Standard cleaning and disinfection products can be used at recommended concentrations and contact times. All surfaces in exam rooms and public areas should be wiped down following each use. Frequent cleaning of high contact surfaces is recommended.
- Take steps to prevent the spread of disease among veterinary personnel and to/from clients by following guidelines and procedures laid out in the [National Association of State Public Health Veterinarian's Compendium of Veterinary Standard Precautions for Zoonotic Disease Prevention in Veterinary Personnel](#). While the primary focus of this resource is controlling the spread of pathogens between animals and veterinary personnel, many of its principles apply to infection control in general and following it is simply good practice.
- Contact your local public health department if you are seeing a new, concerning illness in a patient that has had close contact with a person with COVID-19.
- Health crises can lead to anxiety among clinic staff that compromise professional and personal well-being. Ensure that all clinic staff are provided support during these stressful situations. Both AVMA and CVMA have guidance and resources available to help maintain wellness among veterinary staff.