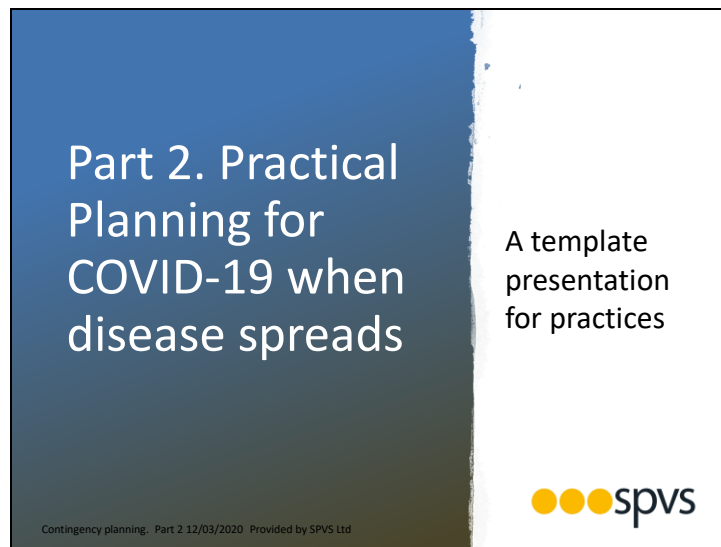


Slide 1




If you are plan to use this presentation please make sure you have covered the ground in Part 1. “What we can do to help control COVID-19 Spread”
This presentation re- enforces key messages from Part 1 and is longer. You can edit and amend and use this as a template to help you and your staff.

Where to get information?

- [Government advice to Employers](#)
- [Government General Advice COVID-19](#)
- [ACAS](#)
- [WHO- Frequently Asked Questions](#)
- [WHO-Situation Reports](#)
- [WHO- Guidance Office cleaning](#)
- [NHS](#)

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These are just some of the sites relating to COVID-19

Stick to the official sites

These are updated frequently

The policies for COVID-19 will change as the disease progresses and the country moves from Containment to Delay and possibly Mitigation. The decisions will be based on the most up to date science (which is changing all the time) as we learn more and also the level of infection in the herd. A balance has to be struck between minimising economic damage, personal hardship and control



**PRACTICAL STEPS
AND ADVICE
FROM SPVS**

"We can only do what we can do"

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Taking a proactive approach to COVID-19 will be beneficial.

Experiences in our veterinary lives with infectious disease show that simply sitting back and watching parvovirus go through a kennels or serious diseases spreading on farm is not a good plan!

To make this work we need to demonstrate strong leadership- empower and engage people within your business to help reduce risks of spread and be proud of their own plans.


How can we create more time to deal with COVID-19

Delay non-essential work or projects	Postpone meetings	Focused group meetings rather than protracted individual discussions
Use WhatsApp and other remote methods of communication for simple messaging only	Delegate COVID-19 to one/two people to keep up to speed	Create a "Cobra" Group with the practice

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Use of technology can help. Set up whatsapp groups or similar for communicating any changes or absences.


Set up a group of people responsible for dealing with the practice and don't just rely on one person to do it as they may become ill!



**INFECTIOUS
DISEASE
PRINCIPLES**


Where we are with the disease?
How diseases spread?

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Where
are we
now with
COVID-
19?

- Risk category has increased from Low to Moderate (March 11th)
- Evidence of spread between people that have not travelled (community spread)
- Higher levels of spread in other countries
- Advice will change as disease progresses

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Risk levels has increased. The level of disease is expected to double every 4 days. The aim is to use hygiene measures to Delay the epidemic as long as we can and flatten the curve Various countries will take different steps depending on where they are with the infection. Is it spreading within the community? Can they stop from coming in? So little point discussing why don't we do x or y. Everyone will do different things depending on their circumstances



Flattening the curve is important. Not only for NHS but also for your own business. If you have poor hygiene measures and high levels of contacts then you may end up with a synchronous outbreak across your business. Also the measures you take will help as vet practices may have relatively large number of people entering the buildings every day. Some of which may be vulnerable.

We are not alone- Now declared a Pandemic

March 11th Follow this link to update the graphic Source WHO [Situation Reports](#)

Figure 1. Countries, territories or areas with reported confirmed cases of COVID-19, 11 March 2020

Distribution of COVID-19 cases as of 11 March 2020

World Health Organization

Number of Confirmed cases*

- 1 - 2
- 3 - 10
- 11 - 100
- 101 - 1000
- 1001 - 10000
- 10001 - 11000

*Confirmed cases reported between 13 and 19 February 2020 include both laboratory-confirmed and clinically diagnosed only, applicable to 76 (see provinces), for all other states, only laboratory-confirmed cases are shown.

†85 cases were identified on a cruise ship currently in Japanese territorial waters.

Country, state or territory with cases

Data Source: World Health Organization
Map Produced: WHO's Health Emergency Programme

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Click on the linke to see the reports. These change daily. This report covers the risk for old people as well.

The problem with a pandemic is even if we closed down the UK for a month today there is still a risk of infection coming in at a later stage if we are left with a susceptible population. Vaccines wont be with us for 18 months.

What will be the impact of COVID-19 when it spreads more widely?

- Greater risk of infection
- More absences due to illness and self isolation
- Increased Movement controls
- Increased fear and panic
- Less clients attending the practice due to illness or fear of contracting infection in public places
- Every practice needs a plan!

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The higher the level of infected people the greater the challenge.
Government policy will change re Self Isolation and this will have to managed.
It is better to put in place measures now that allow you to think though how you not only have enhanced measures practiced but also ready to go if you end up with a COVID-19 outbreak within your own practice.

Disease Principles


To control a disease you need to have good:

- **Biosecurity**
(Methods of controlling spread between “herds” / groups)
- **Biocontainment** (Methods of controlling spread within the “herd” / group)
- **Resilience/ Immunity**
(vaccination or natural immunity)
- **Surveillance and Testing**
(to track disease, check for presence)

Disease Status is only as good as the 4 pillars!

The diagram consists of a blue horizontal bar at the top labeled "Disease status of the herd". Below this bar are four vertical white pillars with black outlines, each containing text. From left to right, the pillars are labeled: "Biosecurity", "Surveillance", "Resistance / Immunity", and "Control in the herd". The pillars are positioned such that they appear to support the bar above them. Below the pillars, there is a small "© Dick Sibley" copyright notice and a logo for "SPVS Ltd." which includes three colored dots (red, yellow, green) and the text "SPVS Ltd."

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Dick Sibley, a vet from Devon, developed the 4 pillars principle for controlling infectious disease. This was required for developing a web based veterinary tool for disease control. This graphic has been really helpful for explaining how diseases spread and also how you can demonstrate a reliable disease status. Ideally you need 3-4 of those pillars to be working for a good result.

Where are we with COVID-19

- We have no vaccination and no immunity. The “herd” or population is totally susceptible
- We are testing suspect cases
- **“All we can do is what we can do”- focus on biosecurity and bio-containment and do it well**

Where are we with COVID-19

COVID-19

Disease status of the herd

Biosecurity Surveillance Resistance/immunity Control in the field

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The problem with COVID-19 is we don't have immunity within the herd! The population is totally susceptible and hence why there is a much greater emphasis on this disease. This combined with COVID-19 being a new virus with potential to mutate with no vaccine in place has triggered the response from global health organisations.

The tools we have to control COVID-19

Biosecurity	Biocontainment
<ul style="list-style-type: none">• Difficult• Expensive• Alters peoples lives• Works if done well• Need to balance risk with benefit• "Timing is everything"	<ul style="list-style-type: none">• Slows spread of disease• Makes disease transmission less likely• Not a perfect science as often many routes of infection• Focus on major routes for best gain

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Biosecurity only really works well to keep infection out. Trying to keep out infection when disease is already within the herd is less effective. The focus at that stage is to minimize spread and impact to others within the herd.

We are doing both now and we should really think of our vet practices and groups as herds. Try and close down spread between clinics and have plans ALREADY IN OPERATION when infection strikes. If you have to massively change your hygiene protocols once you get COVID-19 then your plan is too late!

Which group is highest risk of transmitting COVID-19?

The diagram consists of six blue rectangular boxes arranged in two columns. The left column contains three boxes, and the right column contains two boxes. Each box contains text describing a different group or setting.

- Working Family with school age kids
- Older people Co-Morbidities living alone
- Vet Practice with good COVID-19 protocols
- Another Workplace with lots of people contacts (Doctors/ Dentists/ Hairdressers etc)
- Any public place with many close and prolonged contacts with many people with low levels of hygiene

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The point of this exercise is to illustrate that vet practices are a very small but important cog in the wheel of COVID-19 control. There is little point us totally closing down our businesses/ spraying every client with disinfectant and going to extreme measures when outside of the practice the disease is merrily spreading around.

OUR AIM IS TO MAKE OUR PRACTICES AS LOW RISK AS WE CAN AND STILL KEEP BEING ABLE TO PROVIDE THE MUCH NEEDED SERVICES TO OUR CLIENTS/ ANIMALS UNDER OUR CARE.

Which group is highest risk of transmitting COVID-19?

The diagram features a central black question mark. Surrounding it are five colored boxes, each containing a text description of a risk scenario:

- Blue box (top left):** Working Family with school age kids
- Blue box (middle left):** Older people Co-Morbidities living alone
- Green box (bottom left):** Vet Practice with good COVID-19 protocols
- Yellow box (top right):** Any public place with social distancing and people following the COVID-19 rules
- Red box (bottom right):** Any public place with many close and prolonged contacts with many people with low levels of hygiene

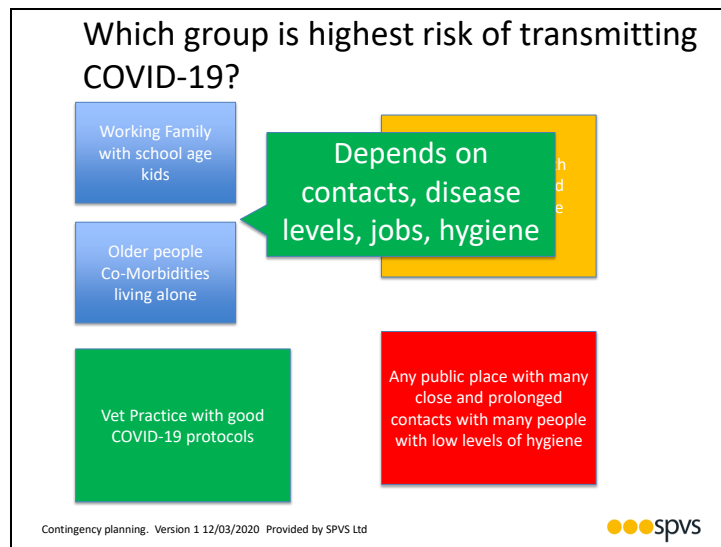
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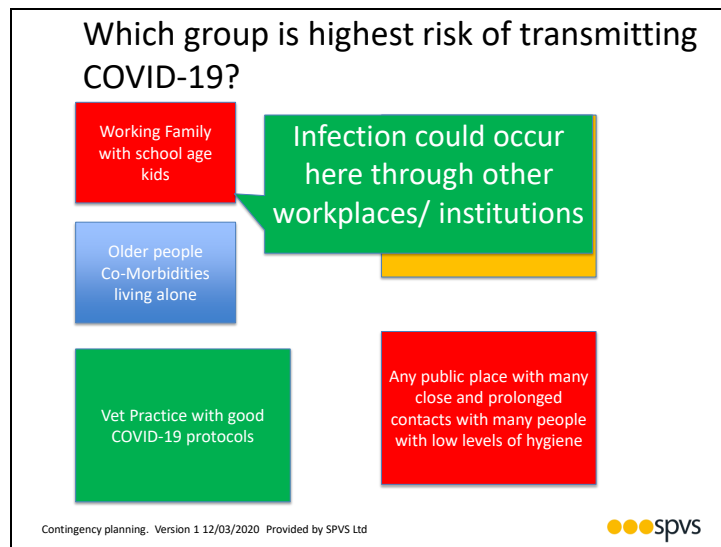
This slide flags up the risk of the poorly managed public place. Very close contacts, undisinfected hard surfaces, poor cleaning, limited access to hand washing or sanitising. This is likely where the disease spreads.

We have good disinfection protocols in place. We strengthen those and then seek to protect those on the front line from infection.

People within your business may well contract the disease but they may not necessarily contract from your business as you do not control peoples personal lives. Family and older people risks will depend on their circumstances and protocols in place.



The purpose is use this to put the vet practice into perspective as a potential source of infection.



Any family can contract the disease not only through work but also through personal contacts.

What are we aiming to do?

- Make the vet practice "green" and lower the risk of transfer of infection within the workplace
- COVID-19 will spread outside the practice and any measures we take have to be measured and practical
- Accept that infection will occur within our client base and possibly our staff and make plans

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The most important aspect is to put in place as strong a plan as we can within the constraints of the clinic.

The ownership of any disease has to be transferred through to every individual in the business. Don't rely on emails and messages to change hearts and minds. Educate a group of people that can talk to their teams and reassure and deliver practical "can do" advice which is then agreed and implemented. Each team has to own their COVID control plan.

Which group do we protect?

Working Family

Another Workplace with lots of people contacts (Doctors/ Dentists/ Hairdressers etc)

Older people Co-Morbidities living alone

Vet Practice with good COVID-19 protocols

Any public place with many close and prolonged contacts with many people with low levels of hygiene


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Older people and those with co-morbidities need special attention.












Making sure that staff know how to protect their own vulnerable people is an excellent way of encouraging thinking and ownership. The motivation should be strongest in protecting loved ones.

WHO - Advice for at risk groups



Key advice for older adults and people with pre-existing conditions:

-  When you have visitors to your home, exchange “1 metre greetings”, like a wave, nod, or bow.
-  Ask visitors and those you live with to wash their hands.
-  Regularly clean and disinfect surfaces in your home, especially areas that people touch a lot.
-  If someone you live with isn't feeling well (especially with possible COVID-19 symptoms), limit your shared spaces.
-  If you become ill with symptoms of COVID-19, contact your healthcare provider by telephone before visiting your healthcare facility.
-  Make a plan in preparation for an outbreak of COVID-19 in your community.
-  When you go out in public, follow the same preventative guidelines as you would at home.
-  Stay up to date using information from reliable sources.



What more can we do to help our older clients and relatives?

-  Do what we can to protect them by limiting contacts with high risk people
-  Provide support and reassurance
-  Remind them what they need to do when they visit the practice
-  Telephone advice/ support
-  Use of relatives to bring pets in


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What more can we do to improve cleaning?

- Handwashing and sanitising before entering and leaving the practice?
- Hard surfaces?
- How to open doors?
- Cleaning products?
- Consulting room disinfecting protocols

- Handling cash and cards
- Phones (don't use alcohol sanitisers!)
- Keyboards?
- Shared spaces?

[WHO Guidance Office Cleaning](#)
[UK Government Advice](#)

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There are several sources developing cleaning protocols and more emphasis will be given to the fomite or indirect spread is available

What more
can we do
to minimize
infection
from
COVID-19
infected
clients and
staff?

- Remind clients not to come if they are ill
 - Self Isolation of sick
 - Social distancing
 - Maintain hygiene
 - Tissues
 - Single use Paper Towels
 - "Catch it bin it"
- Cancelling large group meetings
 - Think about food and drink? No sharing
 - Washing management of utensils/ cups?
 - Personal responsibility of everyone outside of work in terms of people contacts/ travel

How can we best communicate with the practice team

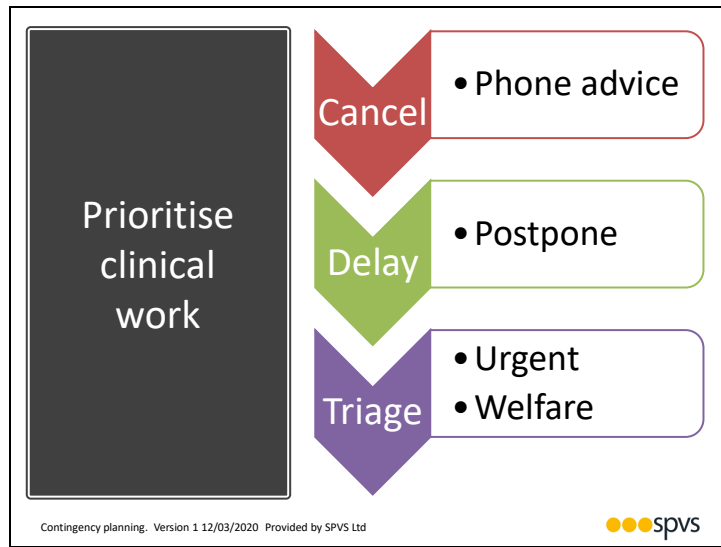
-  Cascade knowledge: Regular updates to key people and then others
-  Deal effectively with Frequently Asked Questions
-  Communicate with clients your procedures for COVID-19 management and reassure them that you are "open for business" but taking all steps to protect them and your staff

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How can we best manage risks as the disease levels increase

-  Limit the impact of transmission through established hygiene and contact procedures
-  Make your practice a hygienic and safer place to work
-  Ensure that all staff know the self isolation policies and when they should be deployed

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What is the impact of absence on the following job roles?

Role	Impact if absent	If 20% not here?	If 2 people missing
Vet			
Nurse			
Receptionist			
Practice/ Senior manager			
Pay Roll / Book keeper/ Finance			
Team Leaders/ Practice co-ordinators			
Cleaner			
TB tester			

How will we manage if 30% of the VET workforce are ill or in self isolation?

-  Prioritise appointments- Welfare/Sick animals prioritized over routine
-  Displace the non urgent till staffing allows
-  Have clearly defined policies for triaging appointments/ surgery

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You need to do the same for all other sectors

Planning

- Think about all roles and have a contingency plan to cover illness and self isolation
 - Discuss what telephone/video support can be provided when self isolated ?
 - Contact numbers, safe/ security cabinets keys and access etc
 - Minimising only one person roles and arranging contingencies
- Do we allow people movement between sites?
 - Or do we just operate as one herd and explain that is the plan at the outset?
 - Cleaning protocols?

Keep up to speed with Government and NHS Advice

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How can each group think of how best they can get the practice plan to work?

Some examples...fill in the gaps

Receptionists

- Make sure contact numbers are correct to allow for cancellations
- Ask not to come in if ill
- Options for vulnerable...

Nurses

- Contingency cleaning
- Reassurance
- Social distancing
- Disinfection regimes....

More homework for us all to do!

Summary

- "We can only do what we can do"
- Vets are well placed to adopt disinfection protocols
- We understand disease and how to deal with it in populations of animals
- Take action now!
Get a plan in place!

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