RRVC COVID19 HACCP Protocol

HACCP - Hazard Analysis and Critical Control Points

Applying the seven HACCP principles make up the major steps to writing a HACCP plan. They are:

- 1. Conduct a hazard analysis.
- 2. Identify critical control points.
- 3. Establish critical limits for each critical control point.
- 4. Establish monitoring procedures.
- 5 Establish corrective actions.
- 6. Establish record keeping procedures.
- 7. Establish verification procedures.

For the scope of RRVC, Steps 1., 2., and 5. are being evaluated.

Steps 4. and 6., will be modified to verbal communication and verification ("Hey Karen, DID YOU DISINFECT THE AT RISK AREAS?" "YES SUSAN, HOW WAS YOUR LUNCH BREAK."). However, a signed and timed check list may be considered, especially in larger high volume clinics or if you are able to split clinic staff into rotating shifts.

Steps 3. And 7. are not practical in our situation unless you count refilling the disinfectant supplies as they run out because we are using them.

Employees Within Clinic

- Be responsible and practice social distancing protocols in your personal lives.
- If you or family members have any cold like symptoms call into work prior to your shift to discuss next steps
 - Reported illnesses have ranged from mild symptoms to severe illness and death for confirmed coronavirus disease 2019 (COVID-19) cases.
 - These symptoms may appear 2-14 days after exposure (based on the incubation period of MERS-CoV viruses).
 - Fever
 - Cough
 - Shortness of breath
- Your family health and care are essential. Please discuss any concerns with management. We will do everything we can to make things work.

Within the Clinic Family

Critical Control Point	Corrective Action
Employee parking	 Ensure you pick up and dispose of any cigarette waste in designated areas. Wash your hands after touching mouth/face
Employee building entrance	- Clean with appropriate disinfectant, allow appropriate contact time on door handles and security key pad
Employee break area	 Clean common areas with appropriate disinfectant, allow appropriate contact time. Avoid utensil contact with common surfaces. Disinfect the microwaves/sinks, especially water tap handles Wash your hands after touching face/mouth
Eating and Drinking	 Avoid utensil contact with common surfaces. Wash your hands after touching face/mouth Drinks and food should only be in the break areas or personal desks. No not bring food/drinks into treatment or lab areas Be aware of drips from sink water to paper towel holders. Do not place items between sink and paper towels
Phones, Computers and Keyboards	 Wipe phones and keyboards and desk surfaces at the start and end of your shift Try to only have one individual utilize a work space throughout the shift, avoid sharing phones/computers For communal computers/phones, wash your hands before/after use, disinfect regularly Avoid touching your face/mouth. Wash hands if you do.
Clothing contamination	 Employees handling patients should wear protective outer layer clothing Clothing should be washed in clinic at the end of every shift daily Wash hands after every patient interaction

For All Incoming Client Communications:

- For all calls, utilize AVMA Assessment Flow Sheet. We MUST MINIMIZE ALL animal traffic in the clinic, and ALL client interaction.
- Prior to coming to a DVM, get all patient and client information and patient history.
- As a small clinic, we have a closer relationship with our clients at RRVC, but to keep the DVMs from being overwhelmed onshift, triage and a good history is essential to obtain.
- If there are other medical records, utilize email as much as possible. Fax is ok. If the owner has the physical record, they need to take photographs and email them to us prior to appointment.
- It is the shared responsibility of the Front Desk and Technicians to print out blood work results and to call back normal results while documenting in the patient medical record.
- All client calls and conversations need to be documented in the patient medical record.
- As of 3/24/2020 in response to the COVID19 Pandemic, the VVMA has waived on site physical exams for establishment of a valid VCPR. A telemedicine consult is an appropriate substitute at this time.
- Calls that would normally require an in clinic physical exam will be charged a teleconsult fee
- Rabies vaccines and puppy/kitten series are considered essential services at this time. Other vaccines may be performed if grouped with a Rabies vaccine, otherwise they are considered non essential.

LA Clients/Patients - GET CELL NUMBER THEY ARE ON, IT MAY NOT BE IN THE COMPUTER RECORDS

Critical Control Point	Corrective Action
Limit time on farm	 Get complete Hx over the phone prior to DVM arrival DVM will ALSO talk to client again
PPE	 Gloves (if you aren't already) +/- External Layer over coveralls Mask on premise
Client	 ONE healthy person on site interacting w/ DVM/Staff Screen clients re symptoms prior to making an appointment and again at appt. confirmation If a non owner is at appointment, get owner consent and have them be available on the phone at appointment If you have a tech available to handle animal, have handler/owner stand at 6+ foot distance from you and patient
Animals	 Remember all animals are potential fomites Limit proximity and physical contact with specific animals needing care
After call	 Dispose of all contaminated equipment in designated areas: ex used needles in sharps container prior to removing PPE Remove outer layer and place in designated laundry bag or disposal bag Dispose of gloves in biohazard bag, close/seal after visit Wash hands, disinfect boots, equipment, etc, wash hands again prior to touching cab handles or getting into vehicle Disinfect box and cab handles, before and after calls
Eating on the road	 Wash or disinfect hands before and after eating Keep all food waste (potential saliva contamination) in designated closed/sealed bag Disinfect gas pump prior to use, disinfect vehicle gas cap, door handles, etc, wash hands after fueling Plan your route, try to utilize bathroom stops that are not as busy Pack your own lunch and snacks, do NOT stop at little store
Truck/Vehicle maintenance	 Disinfect keys, steering wheel and column, +/- transmission shift in standard vehicles Dispose of trash and wash laundry daily Disinfect box plug in cord before and after calls

If you ever did porcine or avian production calls on farm services, USE THOSE PROTOCOLS FOR EVERY FARM VISIT

SA Clients/Patients or LA seen in clinic - GET CELL NUMBER THEY ARE ON, IT MAY NOT BE IN THE COMPUTER RECORDS

GOAL - Staff members ONLY in/out of building 2x per animal CURBSIDE DROP OFFS ONLY (see exceptions)

NOTE: Some clinics may be able to set up a fenced kennel/drop box outside so that people are able to maintain 6+ foot distance. Clients will ask about doing things outside. The goal is to limit interpersonal interaction. This defeats that purpose.

Critical Control Point	Corrective Action
Client/Patient Check in	 Get complete Hx over the phone prior to appointment If a patient is coming in a carrier, instruct the owner to disinfect at home. Recommend to carrier bedding. Or the owner may remove bedding in the car on arrival at the clinic. CONFIRM THE CELL # CLIENT IS ON. THEY MAY NOT LEAVE TO GO SOMEWHERE ELSE UNTIL DISCUSSED/CONFIRMED w/ DVM if admitting a patient to hospital. CLIENT MUST BE AVAILABLE ON PHONE If client does not have a phone, have them step behind the 6+ foot designated line and talk loudly DVM will ALSO talk to client again prior to patient check in on phone
PPE	 Gloves (if you aren't already) +/- External Layer over scrubs that can be removed and washed PRN Mask when interacting w/ clients/patients
Client	 ONE healthy person to bring patient to appointment Screen clients re symptoms prior to making appointment and again at appt. confirmation If a non owner is at appointment, get owner consent and have them be available by phone at appt. All consent forms are to be witnessed by 2 employees over the phone, and both are to sign consent/DNRvsCPR forms. Note on form COVID19 Protocols, Witnessed Consent
Leashes/Carriers	 ONLY use clinic leashes, have owner remove personal leash Disinfect all carriers If blanket or towel in carrier, avoid handling

Animals	 Remember all animals are potential fomites Limit proximity and physical contact with patient as much as possible If admitted to hospital or placed in a hospital cage temporarily, ALL PATIENTS MUST HAVE ID CAGE CARDS
During Appointment	 A staff member will hold animal while minimizing physical contact, including while DVM communicates with owner Avoid putting animals back in the carrier, use a hospital cage instead if needed. LIMIT FOMITE CONTACT. Wash/disinfect your hands after touching the animal and before touching anything else FOR HEAVEN'S SAKE DON'T PUT ANYTHING IN YOUR MOUTH. ANYTHING, NEEDLE CAPS ARE A BAD HABIT ANYWAY. DON'T TOUCH YOUR FACE EITHER. Dispose of or put in the proper designated area any materials that may have come in contact w/ the patient. This is a great time to review not leaving uncapped needles lying around. It is preferable to avoid recapping needles in your standard protocol. Keep patients in one area or exam room if possible. Plan a direct route to and from all diagnostic areas. Keep inter-patient contact (direct and indirect) at a minimum. Remember ALL ANIMALS ARE POTENTIAL FOMITES AND YOU COULD SPREAD PATHOGENS BETWEEN CLIENT HOUSEHOLDS Be efficient to minimize patient time in clinic
Concluding Appointment	 DVM may not have needed to call during appointment if things proceeded as discussed w/ client at check in Fill medications, explain medications, take payment over the phone Return patient(s) and medication(s) at the same time If owner needs to pay via cash or check, use a designated clipboard that gets disinfected after each handling
Disinfecting Premise	 Clean/disinfect all areas the patient came in contact with Clean/disinfect door handles between patients Clean/disinfect high traffic foot areas. Throw down some bleach water or something, Consider disinfectant foot baths that are changed PRN depending on volume

Owner Clinic Entrance Exceptions	 Euthanasia Restraint of fractious/fearful animal for sedation that does better with the owner Better to do these things outside if able in a designated area If you must do this in the clinic, utilize a designated exam room, preferably with an external entrance or adjacent to an external entrance The client may only go straight to and from the designated exam room. If sedating patient, send owner back outside ASAP, but have them readily available for patient recovery Interact as much as possible over the phone and at a distance
Patients exposed to suspect or confirmed COVID19 CASES	 All animals, carriers, leashes and bedding materials are potential fomites Consult w/ AVMA Guidelines. Is your clinic equipped to handle this risk? If the patient is stable and amenable, wash with cool water with a topical disinfectant in the bathing area, preferably outside if able. Be aware of aerosolization risks Using a spray bottle, spray patient with an approved disinfectant safe for the animal. Keep in mind species differences and animal safety/distress. If quickly drying, allow patient to dry, or wipe with a towel that is then placed directly in biohazard laundry. Wrap patient in a towel if able for further handling and restraint Change outer layer PPE gown/layer after handling patient Avoid all potential cross contamination between patients to avoid fomite spread
Food and Medications	 Fill medications, explain medications, take payment over the phone Give an approximate ready by time/date Have the owner call when nearing the clinic or if they don't have a cell phone, set up a specific time for pick up Place labeled meds/food with attached invoice in designated area prior to owner arrival or while they wait at a 6+ foot distance If owner needs to pay via cash or check, use a designated clipboard that gets disinfected after each handling