

Veterinary Surgeons Board of South Australia

Using veterinary telemedicine (VTM)

VTM is not currently provided for in any code or professional standard issued by the Veterinary Surgeons Board of South Australia. However, **VTM may be a helpful tool to minimise the risk of exposure to COVID-19.**

Veterinary surgeons must use their **professional judgement** to decide whether using VTM is appropriate and necessary in particular circumstances relating to COVID-19. See FAQs 1, 2, 3 and 4 below.

The Veterinary Surgeons Board of South Australia **recommends** that use of VTM during the COVID-19 pandemic be limited to the following:

- VTM should only be conducted by a veterinary surgeon in order to diagnose a disease, injury or condition, prescribe medication or otherwise treat an animal within an **existing Veterinary Surgeon-Client-Patient Relationship (VCPR)**, with the exception of advice given in an emergency until the patient can be seen by a veterinary surgeon
- The veterinary surgeon should **assume responsibility** for making medical judgements and ensure that he or she has **sufficient knowledge of the patient** to make at least a differential or preliminary diagnosis of the disease, illness or condition
- The veterinary surgeon should be **readily available for follow-up evaluation**, or have arranged for **veterinary emergency coverage and continuing care and treatment** of the patient
- The veterinary surgeon should provide **oversight of treatment, owner compliance and outcome**
- The veterinary surgeon should **document the patient's continuing care and treatment** in the medical record
- The veterinary surgeon should obtain and document the owner's **informed consent for the use of VTM**
- **In the absence of a VCPR**, any **advice** provided by the veterinary surgeon to a client through electronic means should be **general and not specific to a patient, diagnosis or treatment**

In light of the risk COVID-19 poses, if it becomes widespread in South Australia, it may be appropriate for veterinary surgeons to use VTM to **authorise repeat medicines** where they can reasonably judge it appropriate and safe to do so using patient histories and/or recent visits to the premises even without having seen the animal recently. Whilst this departs from the clear standard set out in the Code of Professional Conduct for Veterinary Surgeons, it may be justified during the COVID-19 pandemic to protect veterinary surgeons, their staff, and the wider public. Risk assessment and professional judgement by the veterinary surgeon in each case is vital. See FAQ 4 regarding making these decisions.

FAQs

1. What if we have to completely close our premises?

This situation may arise if, for example, a staff member of your practice tests positive for the virus and the entire staff has to self-isolate.

You should **notify your clients** as soon as possible that the practice is closed and let them know how long this will be the case. Where appropriate, direct clients to other sources of assistance. Ensure that your **telephone system** is appropriately diverted or, if it cannot be diverted, that there is a recorded message which informs clients of how they can access veterinary help. Ensure that a sign is prominently displayed at or near the premises specifying the name and contact details of a referral veterinary practice/ veterinary surgeon.

If you are contacted by a client and you think their **animal requires veterinary attention**, consider whether it is possible for you to see the animal at a venue other than the practice without having to come into contact with its owner or putting the owner at risk, or whether it is appropriate for you to refer the animal to another veterinary practice.

If this is not possible, consider to what extent **services can be provided remotely**. This may include telephone calls directing clients to other sources of assistance or giving advice via remote means as to how to manage conditions at home. In exceptional circumstances, it may also include the **remote prescribing of prescription medicines**. However, as there can be no physical examination of the animal, this should only be done as a last resort where you are satisfied that the risk is outweighed by the benefit, and you can justify your action if asked to do so. The factors to be considered in this respect are set out below in FAQ 4.

If you provide an **out-of-hours emergency service**, you should take steps to find another provider to cover the period that your practice is closed for current cases requiring after-hours access/care. If your out-of-hours cover is through a separate provider, check that they are still able to cover your service. Inform your clients of the out-of-hours arrangements in place whilst the practice is closed. See also FAQ 4.

2. What if we are short-staffed and cannot provide our normal level of service?

This situation may arise if members of staff have to self-isolate or test positive for the virus, but the practice is still able to remain open.

You should **review the services you provide** and, in so far as possible, continue to provide those services as best you can even if it means providing them on a more limited basis than usual.

Services that have the most impact on animal health and welfare, for example emergency care, should be prioritised.

You should **inform your clients** of the strain on your practice and that they may have to wait for a longer period than usual for non-urgent appointments. You should also inform your clients when they have an appointment, that they should expect longer than usual waiting times.

Consider the extent to which **services can be provided remotely**. This may include telephone calls directing clients to other sources of assistance or giving advice via remote means as to how to manage conditions at home.

Remote prescribing of prescription medicines is less likely to be necessary in this scenario as physical examination of animals will still be possible, but the need could still arise. Again, the factors to be considered are set out below in FAQ 4.

3. What if one of our clients is self-isolating/tested positive for coronavirus and their animal is unwell?

Remind all **owners not to bring their pets to the surgery if they are self-isolating** because of suspected or confirmed COVID-19. Consider delaying routine treatments and consults for pets belonging to people who are self-isolating.

Draw up plans for dealing with emergency cases.

Plans for dealing with emergency cases should focus on **restricting any interaction with the owners and managing the risks associated with environmental contamination** (e.g. on fur of animals). Plans may include:

- o asking **owners to nominate a friend/family member** from outside their home to bring the animal to your practice (there is no expectation that you will undertake home visits when it's not safe to do so)
- o using **personal protective equipment (PPE)** when examining and treating pets from a household where COVID-19 is suspected or confirmed (similar to MRSA or Parvovirus cases)
- o **designating a specific area of the practice** for pets from a household where COVID-19 is suspected or confirmed

Consider whether the animal could be brought to you (or you go to it) without putting your own (or someone else's) health at unnecessary risk.

If you do decide to see the animal in person, **normal biosecurity measures**, as well as additional government guidance on hand washing, should be observed.

Consider the extent to which you can **assist remotely** - this may include giving advice via remote means as to how to manage the animal's condition at home or, in exceptional circumstances, it may also include the remote prescribing of prescription medicines. However, as there can be no physical examination of the animal, this should only be done as a last resort where you are satisfied the risk is outweighed by the benefit, and you can justify your action if asked to do so. The factors to be considered are set out below in FAQs 4 and the section on using veterinary telemedicine (VTM).

There may be instances where, in order to ensure your own safety, an animal needs to be taken away from its owner to undergo **euthanasia for welfare reasons**. This is likely to be particularly distressing for the owner if he or she wishes to be with their animal at the end of its life. As such, you may wish to consider whether you can direct the owner to an appropriate source of support, for example a bereavement or counselling service.

4. When making decisions that go beyond applicable legislation, codes of conduct and professional standards, what factors should I consider?

When making decisions of this kind, the **key questions to consider** are:

- Have I considered all available information and am I satisfied that the information is reliable?
- Have I received and documented sufficient information to establish identification and ownership of the animal?
- Do I have evidence to support treatment of the patient?
- Is immediate action necessary and in the interests of animal welfare?
- Can I delay treatment until a physical examination is possible?
- Can I refer the animal/owner to another veterinary practice/ veterinary surgeon?
- Has the client provided informed consent?
- What are the risks (including consideration of the nature and quantity of any drugs being prescribed)?
- What are the benefits?
- How, and how often, will I follow up with the owner to monitor the animal's progress?
- In my professional opinion, is my decision reasonable and would it be considered reasonable by a group of my peers in all the circumstances?
- Would I be able to justify my decision?

If you make decisions that deviate in any way from the *Code of Professional Conduct* for Veterinary Surgeons or a professional standard prepared or endorsed by the Veterinary Surgeons Board of South Australia, you should **make detailed notes of the decision**, together with the reasons for it (taking into account the above questions) and **ensure that any consent given by the client is fully informed**, for example, the risks associated with any medication prescribed remotely may be higher because there has been no physical examination. See also section of using veterinary telemedicine (VTM).