

Checklist

Community Considerations:

- New cases of COVID-19 and/or new COVID-19 related hospitalizations in our community are declining and/or holding at a low rate for the past 14 days
- Relevant surgical supplies or anesthetic agents are not in short supply for people and animals
- Elective surgeries for humans are being offered in our community
- Spay/neuter is allowed under our state or municipal guidelines at this time
- Develop system to continually check the community status and make adjustments to operations when indicated

Physical Capacity:

- Square footage of working space(s): _____
- Calculate ideal and maximum staff size for the working space(s): _____
- Mark out 6 feet distances in working spaces and outside/parking lot(s)
- Mark out one-way traffic patterns
- Adjust workspaces (if able) to accommodate greater space between employees
- Designate or/and acquire additional supplies to avoid sharing items (stethoscopes, clippers, etc.)
- Install barriers (plexiglass, shower curtains) if applicable
- Ensure sinks are easily accessible, fully stocked with soap, single use paper towels and waste bin
- Place hand sanitizer in all working spaces, especially areas without easy sink access

Staff Capacity and Training:

- Each employee and volunteer completes confidential self-assessment regarding health and personal risk level
- Identify higher risk individuals
- Develop and share protocols with staff:
 - System for staff self-reporting of illness or exposure
 - Protocol for a COVID exposed staff member(s)
 - Protocol for a COVID+ staff
 - Inform staff of availability of PTO in each situation
- Determine staff (employee +/- volunteer) roles needed
- Create split teams (if able)
- Determine schedule of individuals/teams

- Option for on-call/back-up individual or team?
- Break room:
 - Determine maximum number of people in the break room at one time
 - Post sign(s) on the break room indicating new protocol for use
 - Assign/schedule rotating staff breaks to limit number of people in the room
- Each staff member has their own personal cloth masks - minimum of 2 masks per work day
- Start of day protocol for teams (staff take their own temperature, team check-in, etc.)
- Develop remote (no contact) training process to include all staff members
 - Entire staff trained on new protocols, adjustments, flow, expectations, safety, etc.
 - Train staff to not touch their face, do not put things in mouth (syringe caps, etc.)
 - Develop regular schedule/process for staff communications, updates and additional training

- Check Point: Does the adjusted staff assignments work within the physical capacity and keeping appropriate physical distance whenever possible?**

Supplies:

- Inventory current surgical supplies
- Calculate # of patients can serve with current inventory
- Check availability of supplies that are in high demand (gloves, masks, anesthetic drugs)
- Order supplies needed if available
- +/-Open accounts with multiple suppliers
- Anesthetic protocol review, develop alternative protocol if supply limitations
- Adequate staff PPE available
- Trap Inventory

Scheduling:

- Determine patient priority
(Considerations include staff risk, need, patient factors, clinic factors and inventory)
- Determine maximum number of surgeries per day (process will take longer and be less efficient especially initially - schedule light to start)
- Develop pre-scheduled appointment-based process if possible
 - Pre-enter services at time of no-contact (phone or on-line) scheduling to reduce client time at check-in

- Develop no-contact, paperless surgical/admin/intake consent form and process for client to complete prior to appointment
- Stagger check-in times for clients

Check Point: Is the surgical capacity and scheduling appropriate for the space, staff size and supply inventory?

Intake:

- Develop intake protocol: curbside, phone check in, etc.
 - Protocol for cat carriers
 - Protocol for large dogs
- If paper/pens needed provide a bin of “clean” pens and a bin for “used” pens
- Ensure hand sanitizer available at all convenient locations
- Develop no to low (human) contact for physical examination

Discharge:

- Develop release/discharge protocol
 - Cats in carriers
 - Dogs
- Payment process: credit card over the phone, pre-pay or pay at pick-up options?
 - If accepting cash, develop process for collection

Follow Up:

- Telemedicine
 - Investigate state board and state VMA regulations regarding telemedicine
 - Decide on technology to use for telemedicine
 - Determine which situations/conditions can be addressed via telemedicine
- Set up pharmacy options for direct shipping of medications to clients

Client Communications:

- Train staff how to communicate to clients about new system/protocols

- Inform clients about wearing a mask prior to coming to the facility
- Inform clients to not come to the facility if sick or exposed to a sick individual
- Inform clients of intake, release and payment processes at time of scheduling appointment
- Post the clinic's new protocols/FAQs on the website, social media
- Create voicemail communicating clinic's adjusted protocols/FAQs
- Post signs on the facility at all entrances with the current protocols/FAQs

- Checkpoint: Is the entire staff clear on the new policies and are clients able to be well informed of the new processes and all protocols to facilitate a smooth and safe process?**

Cleaning:

- Develop daily cleaning protocol to include regular throughout-the-day cleaning of surfaces with human contact: door knobs/handles, counters, chair arms, light switches, touchscreens, etc.
- Cleaning agents/materials are appropriately labeled and easily accessible in all work spaces
- Deep cleaning schedule - especially between team transitions if applicable
- Laundry protocol

- Checkpoint: Do the processes/protocols allow for timely review, flexibility and adjustments if the community risk level changes or/and if supply or staffing availability changes?**