VMTH COVID-19 Questions and Concerns								
Is large animal going to move to emergency only, or are we going to continue to do elective cases?								
Can we screen employees? It's nonsensical to not screen employees when we're all gathering so closely in large animal.								
Is the SA still open 24 hr, and if we have an after hour case are we still following the same day procedure?								
If we come into contact with a staff member who is THEN out for having or being suspect to having COVID19, do we all still follow self quarantine practices that the CDC recommends?								
The President of the USA recommended no more than 10 people in an area at the same time. Is the hospital planning on implimenting that, and if so, how will large animal work?								
Can we get a clear answer about what emergency only means? The staff is very frustrated and confused.								
If staff is missing work for an extended period of time because of lack of childcare is there a payment system or paid emergency leave time available? Some services are not being allowed to work from home								
To limit large congregations of people, will staff be reduced to bare minimum needed and have others available as needed/on call?								
If an owner wants to visit a critical pet that will be in the hospital for extended time, how will visits work? Will owners be denied seeing their pet, especially if they are declining rapidly in hospital?								
For Student workers, since we do not get Health Care from the hospital. If one of us gets sick from COVID19 from contact at the Hospital will the hospital be covering any medical expenses/worker's compensation or are we on our own for medical expenses?								
41022								
What is the AVMA stance on completion of 4VM core rotations? With multiple schools closing, was there a decision made?								
Now that a case has been diagnosed in the Brazos county, what other changes will be implemented to keep staff and students safe?								
May I suggest a town hall for technicians. Many techs do not have time to stop and read through the large volume of emails we are getting due to patient care. This is so important because the techs are the ones coming face to face with clients and are at the greatest risk of contracting COVID19.								
Will UPD make their presence known during the night shifts in the parking lot?								
Who needs to be contacted to add the Blinn Veterinary Technology Program to the list of emails? We are located on campus, but are unable to receive any updates/policy changes.								
What is the purpose of dividing SA techs into "teams?" We have yet to be told what the teams would be doing and where help would be needed. It seems like jumping the gun without having knowledge of where are staffing needs really lie.								
While the VMTH has taken great strides to increase social distancing and taken measures to protect employees physical health, has admin thought about how to protect the mental health of those on the frontline who are physically on the clinic floor keeping the hospital afloat? Has the increased stress placed on these individuals and how it can affect their mental status been addressed?	Agree with op		??					
Please make sure the town hall Zoom rooms have enough space in them for everyone. Many of us couldn't log into the last one because of limited space. Using the host TAMU ID and logging in through TAMU zoom will help.								
Can we have more info regarding the recent COVID-19 cases in the vet school?								
The hospital has gathered PPE from many sources across the college and have begun distributing PPE to TAMU entities. Given the limited supply of PPE, what form of protection will be distributed (if any) and to whom specifically (what qualifies)?	The hospital has gathered PPE from many sources across the college and have begun distributing PPE to TAMU entities. Given the limited supply of PPE, what form of protection will be distributed (if any) and to whom specifically (what qualifies)?							
What precautionary measures will be made to clinicians, technicians, and student workers to ensure their safety when coming into contact (e.g. diagnostic procedures that require close proximity) with patients with suspected or confirmed zoonotic disease? What will happen if a member of the veterinary workforce contracts a zoonotic disease because they are not granted a source of protection?	What precautionary measures will be made to clinicians, technicians, and student workers to ensure their safety when coming into contact (e.g. diagnostic procedures that require close proximity) with patients with suspected or confirmed zoonotic disease? What will happen if a member of the veterinary workforce contracts a zoonotic disease because they are not granted a source of protection?							
In some Depts, there are still almost full staff. Unless we have requested to do AWL, the others are in the office either due to they aren't high risk or are feeling well. why aren't we rotating shifts or days? we are not 6ft from our co-worker								
As this pandemic goes on with no end in sight currently, how are we going to move foward? There has been news where cases could continue until july and august. Are we going to be under this system for that long? Do we have a long term plan?								
Some departments are having people work from home doing CE due to overstaffing for the case load they have. Instead of having them doing CE at home, why not use these people to try and fill spots where there are a shortage of people, such as screening clients in the parking lot or being an ER runner.	Agree with op							
The technicians that are still working their normal amount of hours, and in most cases, more, are beginning to suffer a loss of morale. It is disheartening to see other equally competent technical staff receive 2 weeks per month paid work time from home. There is nothing being done to even the playing field or incentivise the amount of work being put forth by the individuals still working in the hospital. I understand that not everything in life is "fair" but it seems like a real disservice to not compensate them for their efforts in one way or another.	agree with original post, have same question.			I agree - if we are all essential employees, why aren't we all being held to the same standard? Why are some employees' health more expendible than others?	agree with original post, have same question.	Agree with op. Those of us working our full shifts are getting very worn down as most of us have also covered other shifts. For example, weekend technician working shifts for weekday or weekday technician covering a		
Since the AWL staff is not being compensated on an hour per hour basis (i.e 1 hour of CE counting for more than one hour of paid time) this creates a large disparity not only between the amount of time being required by them but also is essentially increasing their hourly pay as compared to those who are still working 8-13 hours per day at their "normal" pay rate.	agree with original post, have same question.			agree with original post, have same question.	Agree with op.			
Being that the Emergency service technicians have had to completely switch and adopt different work schedules to accomodate the ever-changing needs of the hospital, it seems like the next logical steps to have other services with tighter work loads and extra technical staff adapt to fill the daily gaps that are still occuring in runner and screening positions.	agree with original post, have same question.			agree with original post, have same question.	Agree with op	Agree with OP	AGREE WITH OP!	
Why is it that some services are offering student workers AWL capabilities while it has not been offered across the board to all student workers?	agree with original post. same question							
It is understandable that certain staff members are unable to work during the day due to a lack of child care but if they have another adult there at alternate times such as in the evenings and overnight, would it be feasible for them to cover needed shifts during night hours? It is unequal to have those members of staff that do not have children (for whatever reason that may be) carry the burden of supporting the hospital workload while others are permitted to work from home on CE etc.	agree with original post, have same question.			agree with original post, have same question.				
Why were the questions asked in this google doc not addressed in the town hall as promised? Why are these concerns being overlooked?	Agree with op!							
In regards to the case sitting in the parking lot for 20 min... It sounds like IM recieved the initial call about the case - If there was any question about stability of the patient, why wasn't a runner sent to evaluate the situation immediately, regardless of what service was going to take the case? If there were multiple calls to IM as well as CC wouldn't that patient's welfare lie with both services equally?	Agree with op.							
Referring back to the two unresponsive patients presenting at the same time - I have no doubt that ER did play a big role in that process of trying to triage and stabilize the patients. But I think ER wasn't "the only reason it worked". During this time ICU and Onco both willing stepped up and ran over to the emergency department and offered support to the ER staff. These 3 services working together as one team is what made that situation successful.	Agree with op. This situation would not have gone as smoothly had those patients come in an hour earlier when it was still only overnight staff. Having the extra sets of hands available for assistance was extremely beneficial to the patients.							
I believe we have come to a point of peak frustration from all parties within the hospital and it is certainly understandable. However, I would like to make some points in response to a few things said in the Town Hall meeting. The ER service on a normal workday, sepcifically weekends, can see anywhere upwards of 25 cases with minimal, if any, help from other services. I would even go so far as to say that the average number of cases seen on a weekday is around 11, with a majority coming in to "back-door" to other services, anyway. This is still true during our new protocol of "only seeing emergent and urgent cases," and in my opinion, that caseload is highly managable. That said, I find it hard to understand why this is suddenly an issue and being considered non-sustainable, especially when some services have staff working from home. If such a caseload is a burden, I would suggest having those staff come in to help manage the work.								
With all due respect, I am not understanding why 10 cases through IM is being call unsustainable. This exact caseload (and mixture of very critical to stable patients) is routinely expected to be managed by a single rotating intern on any given emergency shift. Yes they have some support via senior clinicians/residents - but this caseload is not uncommon for one of them to see on an overnight or weekend shift. At these hours there is also minimal technical support with 2 scheduled veterinary technicians - but often there is only 1.	AGREE WITH OP. Espically since ER can get 10 cases in an hour!				IM was offered help twice that day and was declined both times.			
With COVID-19 antibody testing now available in BCS, will the aggregate data collected be considered in the hospital's move toward more normal function/maintenance of social distancing?								