

**FACILITY INSPECTION CHECKLIST
FOR VETERINARY PRACTICE ENTITIES (VPE's)**



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**FACILITY INSPECTION CHECKLIST
FOR VETERINARY PRACTICE ENTITIES (VPE's)**

Facility Name:

Facility Number:

Facility Expiry Date:

Responsible Veterinarian:

Facility Inspector:

Facility Inspection Date:

FACILITY TYPES AND APPLICABLE STANDARDS

Each Veterinary Practice Entity must select one or more of the Facility Types listed below and must comply with the Universal Standards and the Service Category Standards associated with each Facility Type. If the VPE has selected to offer Optional Service Categories, these standards must also be compliant.

1. Small Animal Hospital

- a. Universal Standards: 1-8
- b. Required Service Categories: 1, 3,3A,3B,4,4A,5,5A,6,6A,7,8,12
- c. Optional Service Categories; but if offered, must meet Standards: 9,10

2. Small Animal Clinic

Must be affiliated with a Small Animal Hospital, with a written agreement [Veterinary Medical Regulations - Section 72]

- a. Universal Standards: 1-8
- b. Required Service Categories: 1,8,12
- c. Optional Service Categories; but if offered, must meet Standards: 3,3A,3B, 4, 4A, 5, 5A, 6, and 6A, 7, 9,10
- d. Small Animal Clinic with surgery – if SC 4, 5, or 6 are offered then the following SC must also be met: 3, 3A, 4, 4A, 5, 5A, 6, and 6A

3. Small Animal Mobile Clinic

Must be affiliated with a Small Animal Hospital, with a written agreement [Veterinary Medical Regulations - Section 72a]

- a. Universal Standards 1-8
- b. Required Service Categories: 1,3,3A,4,4A,5,5A,6,6A,8,12
- c. Optional Service Categories; but if offered, must meet Standards: 7,9,10
- d. Requirements; Appendix A

4. Small Animal Remote Service

Must be affiliated with a Small Animal Hospital, with a written agreement [Veterinary Medical Regulations - Section 73]

- a. Universal Standards 1-8
- b. Required Service Categories: 1,12
- c. Optional Service Categories; but if offered, must meet Standards: 4, and 4B
- d. Requirements; Appendix B

5. Small Animal House Call Service

Must be affiliated with a Small Animal Hospital, with a written agreement [Veterinary Medical Regulations - Section 74]

- a. Universal Standards 1-8
- b. Required Service Categories: 1,2,4,4B,12
- c. Optional Service Categories; but if offered, must meet Standards: 9
- d. A means for safe transport must be available for transport of the animal if needed

6. Large Animal Hospital

- a. Universal Standards 1-8
- b. Required Service Categories: 1,3,3A,3B,4,4A,5,5A,7,8,12
- c. Optional Service Categories; but if offered, must meet Standards: 6,6B, 9, 10, 11

7. Large Animal Clinic

- a. Universal Standards 1-8

- b. Required Service Categories: 1,8,12
- c. Optional Service Categories; but if offered, must meet Standards: 3,3A, 3B, 4,4A 5,5A, 6, 6B, 7, 9, 10, 11

8. Aquatic Animal Facility

- a. Universal Standards 1-8
- b. Required Service Categories: 1,3,3A,4,4A, 8,12
- c. Optional Service Categories; but if offered, must meet Standards: 5, 5A,

9. Large Animal Mobile Service

- a. Universal Standards 1-8
- b. Required Service Categories: 1,2,4,4C,5,5B,8,12
- c. Optional Service Categories; but if offered, must meet Standards: 6,6B, 7, 9, 10, 11

10. Aquatic Animal Ambulatory Service

- a. Universal Standards 1-8
- b. Required Service Categories: 1,2,4,4C,8,12
- c. Optional Service Categories; but if offered, must meet Standards: 5, 5B

11. Emergency Clinic

- a. Universal Standards 1-8
- b. Required Service Categories: 1,3,3A,3B,4,4A,5,5A,6,6A,7,8,12
- c. Optional Service Categories; but if offered, must meet Standards: 9,10
- d. Requirements; Appendix C

Facility Type(s) Requested for Inspection:

Small Animal hospital	Large Animal Clinic
Small Animal Clinic	Large Animal Mobile Service
Small Animal Mobile Clinic	Number of large Animal Mobiles being inspected:
Small Animal remote Service	Aquatic Animal Facility
Small Animal House Call Service	Aquatic Animal Ambulatory Service
Emergency Clinic	Number of Aquatic Animal Mobiles being inspected:
Large Animal Hospital	

US-1 Leadership

The Veterinary Medical Act defines who can practice veterinary medicine and who can own a veterinary practice. It also requires the NSVMA to set standards of practice and to certify those operations that meet these standards. The goal is to provide the public with the assurance they wish and the protection they need regarding the delivery of veterinary health care procedures in the province. Provision of professional leadership and clear practice standards through the Annex to the Bylaws (Facility Standards) are essential in meeting this goal.

		YES	NO	N/A
1.	In this practice, veterinary medicine is only practiced by a licensed veterinarian or appropriately delegated to a licensed veterinary technologist under the supervision of a licensed veterinarian.			
2.	A licensed veterinarian is actively engaged in practice activity every day that the practice entity operates or offers service.			
3.	All veterinary activity is performed under the direction and control of a licensed veterinarian whose registration does not require supervision.			
4.	The practice ensures continuity of care for patients and clients by provision of out-of- hours emergency services, either by a designated on-call licensed veterinarian or referral to an alternate facility with which a documented agreement (verbal or written) exists.			
5.	An unrestricted licensed veterinarian acts as "Responsible Veterinarian" in regard to the operation of the VPE. This person is familiar with the statutory requirements for operating a VPE and insures the implementation of all necessary standards of practice. This role may be filled by an owner veterinarian or an appropriately appointed delegate if the owner cannot fill the position.			
6.	The NSVMA Facility Accreditation Certificate is displayed in a location visible to the public.			

US-1 Comments:

US-2 Business Standards, Workplace Safety and Emergency Preparedness

All businesses have a responsibility of care for workers, customers and the general public. The VPE operates as a business within the Province of Nova Scotia and therefore has minimum legal obligations that must be met. Several different pieces of federal, provincial and municipal legislation apply to business operations, including veterinary businesses. It is the onus of the VPE to ensure all federal, provincial and municipal regulations, laws, and bylaws are met.

Each VPE should identify the hazards that have happened or could happen in their area and plan specific responses for each scenario. The plan will be different for each VPE. A resource that is available to help identify and develop controls for health and safety hazards is: <https://www.wcb.ns.ca/toolkit/Identify-Control-Hazards.aspx>

		YES	NO	N/A
1.	The VPE has a written Fire Prevention Plan.			
2.	The VPE has a written Hazardous Chemical Spills Protocol			
3.	The VPE has a written Crime Prevention/Personnel Security Plan.			
4.	The VPE has a written Contingency Plan in the event of a disaster or emergency that may close the VPE temporarily for business.			
5.	The VPE has a written Emergency Action Plan to maintain business in an alternate location.			
6.	Instructions for building evacuation and animal handling, in case of fire or other emergencies, are posted and familiar to staff.			
7.	Emergency phone numbers including fire, hospital, police and poison control centre are posted in a readily accessible location and familiar to staff.			
8.	The VPE has a posted floor plan showing: <ul style="list-style-type: none"> a. Fire extinguishers. b. Control valves (Oxygen, gas, water). c. Dangerous areas (chemical storage, Oxygen storage). d. Escape routes are always accessible and uncluttered 			

US-2 Comments:

US-3 Professional Image & Responsibility

Veterinary medicine is a provincially regulated, self-governing profession. This privilege comes with significant commitment to protecting the public interest. Public expectation demands that we maintain a professional image and deliver our responsibilities at an acceptable level. Our first professional responsibility is to ensure the health and welfare of the animals under our control.

Members of the NSVMA are also expected to treat colleagues, staff and customers with dignity and respect, and should try to promote and maintain good relations with all their colleagues. Members must endeavour to continue enhancement of their skills, and professional and personal knowledge in the practice of veterinary medicine. All veterinary medical professionals and support staff must act in a manner that reflects favourably on the profession.

		YES	NO	N/A
1.	The following insurances are in place: a. Business Liability b. Professional Liability and Malpractice			
2.	All veterinarians and veterinary technologists are licensed with the NSVMA.			
3.	A licensed veterinarian responsible for the delivery of veterinary medical services must be present and on duty during hours of operation when the practice of veterinary medicine is occurring. Notwithstanding, it may be necessary for the veterinarian to be absent from the facility for periods of time within the day for ambulatory services, lunch breaks or other reasons; however, they remain responsible for veterinary activity during this time.			
4.	The course of treatment and case management of all patients must be determined by a licensed veterinarian, with the informed consent of the owner or responsible party.			
5.	Unlicensed individuals are not permitted to perform any procedure that is considered the practice of veterinary medicine.			
6.	The Animal Protection Act mandates that Veterinarians report cases of abuse to the SPCA for investigation of small animal abuse, or to the Nova Scotia Department of Environment for large animal investigations, as appropriate.			
7.	All personnel working for the VPE must present a neat and clean appearance.			
8.	All employees of the VPE must be aware of and follow the NSVMA Marketing Activity Guidelines and all phone listings, websites, social media pages and other forms of advertising must comply with Section 36 of the NSVMA Code of Ethics concerning Marketing Activity.			

US-3 Comments:

US-4 Biosecurity & Biomedical Waste Management Standard

The reduction of risk, prevention, or control of infections or potentially infectious agents within each VPE is important in the delivery of good veterinary care and for the protection of staff, animals in the facility and the public. Thought must be given to how this will be achieved in each VPE, and what level of biosecurity is appropriate for each VPE. Refer to Health Canada Canadian Biosafety Guidelines: Veterinary Clinics, Physical Design and operational practices for Diagnostic Activities.

		YES	NO	N/A
1.	Appropriate commercial disinfectant with bactericidal, fungicidal and viricidal characteristics is used according to manufacturer's directions to clean surfaces.			
2.	Facilities and equipment exist so that biomedical waste can be safely handled and stored.			
3.	Refrigerated and/or freezer storage for carcasses and body tissues is provided and readily available for disposal services for prompt and immediate removal.			
4.	A record of disposal service is maintained.			
5.	The method and date of disposal of an animal is recorded in the medical record.			
6.	Additional biosecurity measures are in place where applicable for: isolation, reverse isolation (isolation procedures for protection of the animals in isolation against introduction of organisms from outside) and quarantine as needed.			
7.	Waste disposal is conducted according to all applicable municipal, provincial and federal legislation.			
8.	Biomedical waste shall be safely stored in one of the following: <ul style="list-style-type: none"> a. In a designated location with access limited to authorized personnel. b. At a waste transfer station used solely for the storage of biomedical waste. c. In adherence to the Public Health Act which states that it shall not create a public nuisance. 			
9.	In the absence of biomedical waste disposal services, sharps and other solid biomedical waste directed for landfill disposal must be rendered non-pathogenic by chemical or thermal on-site sterilization processes. Acceptance of biomedical waste at the local municipal Class II landfill requires prior permission by the landfill owner.			
10.	Large solid biomedical waste such as body parts removed at surgery and feti that are too large to be treated chemically or with heat must be handled according to the Destruction and Disposal of Dead Animals Regulation of the Animal Health Act.			
11.	The handling of Sharps must be done such that injury to persons or animals is minimized. <ul style="list-style-type: none"> a. Sharps containers are located as close as practical to where sharps are used. b. Sharps containers have a clearly marked fill line that is not exceeded (usually at the ¾ mark). c. Sharps containers are sturdy enough to resist puncture under normal conditions of use and handling, are closable so material cannot fall out, and are leak proof on the bottom and sides. 			

US-4 Comments:

<p>US-4 Comments:</p>

US-5 Facility Standard

All VPEs must meet the Facility Standard regardless of whether the public attends or does not attend the VPE. Every VPE, including ambulatory and mobile practices, will have a physical location accessible for inspection under this bylaw, where staff are employed and engaged in VPE activity (as required), correspondence is sent, medical records are stored, pharmaceuticals are shipped to and inventoried, and equipment cleaned and maintained.

		YES	NO	N/A
1.	The exterior and interior of the building is of good construction and permanent in nature with adequate heating, humidity and temperature control; adequate lighting; adequate ventilation and screening; adequate security for public, staff and patients.			
2.	Parking is adequate for the volume of traffic that meets the needs of the VPE activity undertaken at that location and its ancillary services.			
3.	The signage of the facility does not present to the public that it is operated in connection with another enterprise.			
4.	The facility is self-contained under one roof and has a solid permanent wall between it and adjacent businesses.			
5.	The facility has a separate and distinct entrance directly from the street or, if the facility is in a building containing more than one business, directly from a common lobby, hallway or mall.			
6.	The facility has no direct public access to a commercial establishment: <ul style="list-style-type: none"> a. Where animals are bought or sold. b. Where animal feed or other goods and services used principally by, with or for animals, are bought or sold. 			
7.	All areas inside and outside appear clean, orderly and free of hazards to staff, clientele and patients. <ul style="list-style-type: none"> a. Snow and ice (in winter), rubbish and feces are removed as efficiently and quickly as possible. b. There is adequate exterior lighting at entrances, walkways and parking lots. c. The facility is free of all hazards and obstructions to traffic flow. d. The facility is free of persistent offensive odours. 			

8.	The escape or theft of animals is prevented in that doors and windows are secured and/or self-closing.			
9.	Reception area and restroom facilities are presentable, clean and orderly, with furnishings in good repair.			
10.	When provided, examination, diagnostic, laboratory, post-mortem, treatment and/or surgical areas are clean and orderly with: <ul style="list-style-type: none"> a. Running water available. b. Adequate drainage (where applicable) c. Appropriate cleaning equipment and supplies. d. Impervious or easily cleaned surfaces. e. Tables constructed of readily sanitized material. f. Meets standards set out in Health Canada Canadian Biosafety Guidelines: Veterinary Clinics, Physical Design and operational practices for Diagnostic 			
11.	Adequate fire extinguisher(s), smoke detector(s), and/or sprinklers are present and in working order and conform to municipal/Provincial regulations and inspections.			
12.	Adequate restraining equipment is available (where applicable and appropriate for species and service category).			
13.	If cattle or other large animals are treated at the facility: <ul style="list-style-type: none"> a. There is an adequate system to unload/load an animal. b. A head gate is available for restraint and is in good working order and repair. 			
14.	There is adequate space for storage of drugs, equipment, cleaning materials, food supplies, medical records, etc. appropriate for the service categories of the VPE.			
15.	Adequate refrigeration capacity is available for the storage of pharmaceuticals, lab samples, food supplies, cadavers etc. in a manner that prevents cross contamination.			
16.	All electrical equipment is certified by an organization that is accredited by the Standards Council of Canada.			
17.	Facility cleaning and equipment maintenance is in place and utilized.			
18.	Ancillary services such as boarding, or grooming meet all standards required for a VPE.			
19.	Pest control is adequate.			
US-5 Comments:				

US-6 Medical Records

Medical records are the backbone of any medical practice, and having proper records is essential to a VPE. It is widely accepted that good records are crucial to providing optimum care of our patients, and for ensuring continuity of health management. Medical records allow sound communication between veterinarians, veterinary technologists, the animal health care team and other colleagues. They are also important in the day to day management of a successful veterinary practice. If there is something that goes wrong with a case, or if there is a complaint, meticulous records are essential in verifying the appropriateness of the care or actions taken. Medical records must be kept in a clear, concise, logical and easy-to-read format, and in a manner that facilitates sharing, ease of use and timely retrieval of patient information by authorized individuals. The NSVMA Medical Records Handbook should guide implementation of this standard.

		YES	NO	N/A
1.	The medical record shall contain client identification including name and address, contact telephone number(s), alternate person(s) authorized to make medical decisions for the animal(s).			
2.	The medical record must contain identification information in enough detail to appropriately identify the patient, whether individual or herd.			
3.	Medical records shall contain enough information entered into the history and physical examination findings to justify differential or tentative diagnoses, prognosis, diagnostic plan, treatment plan, current or final assessment and discharge instructions.			
4.	<p>OK Large Animal medical records shall be clear, legible, systematic, retrievable, accurate, complete, current and up to date, contemporaneous, clinically oriented and available for prompt retrieval and may be maintained on either a herd/flock, population, or individual animal basis as appropriate.</p> <ul style="list-style-type: none"> a. All prescriptions generated for a population must be supported with specific evidence of establishment of medical need. b. Details of specific farm visits, examinations, consultations, laboratory results or other interactions must be recorded in the medical record. Individual animal records may be kept at the production unit and under the management of the owner/operator, but these are not part of the official medical record. 			
5.	<p>Large animal medical Records shall be maintained by the VPE and document the following:</p> <ul style="list-style-type: none"> a. Timely and appropriate documentation of preventative treatment strategies (e.g. vaccine, metaphylaxis etc.) referencing protocols as Standard Operating Procedures (SOPs). b. Timely and appropriate documentation of production enhancement strategies (e.g. implants, ionophores, beta-agonists etc.) referencing protocols as SOPs. c. Timely and appropriate documentation of primary and relapse treatment strategies referencing protocols as SOPs. d. Deviations from a. and c. e. Records must include all prescription drugs used or dispensed by the VPE, and specifically: <ul style="list-style-type: none"> i. All prescription medication dispensed or sold must have the prescription on file. 			

	<ul style="list-style-type: none"> ii. Are sufficient to identify the reason the medication was used or dispensed. This reason must be a prescription in the client file based on medical need as determined by the VPE or a prescription from another VPE that established such medical need. iii. Indicate the dosage and volume of product prescribed. iv. Indicate when refills are dispensed and a descending balance of refills still available, or expiry date of refills. v. Contain a copy of written prescriptions filled for clients that were generated by a licensed veterinarian other than in the VPE. 			
6.	Each entry to the medical record shall include the date and identification of the author of the entry (via signature, initials or computer identification).			
7.	Medical record entries shall not be altered. When a correction is necessary original detail must be retained and the correction noted as such.			
8.	Medical records are maintained for a minimum of seven years after the most recent patient visit. This includes dead animal files, euthanasia consent forms and original prescription forms. For digital files, appropriate backup must be in place.			
9.	Records exceeding seven years after the last patient visit or those changed to a different format for storage may be destroyed. Such destruction must respect the confidential nature of the record.			
10.	Medical records shall document that informed consent has been obtained (written or verbal) for a specific treatment, procedure, diagnostic test or treatment plan. As part of informed consent, the potential benefits, risks and recommendations are communicated. Informed consent may be provided by the owner or responsible party for a patient that is an individual or consists of a population of animals (herd or flock).			
11.	Medical records shall document any formal cost estimates given, including but not limited to: costs associated with diagnostic testing, medical treatment and surgical treatment.			
12.	Euthanasia consent must be documented (verbally or in writing). For dogs, cats and ferrets, this must include a declaration by the owner or agent that the animal has not bitten anyone in the past 10 days. For food animal production units, the responsible owner/caregiver may provide informed consent for multiple specified individuals within the population.			
13.	Medical records shall document progress of care and patient response to treatment. Where medication is prescribed, used or dispensed, the medical record shall document an established medical need for the treatment.			
14.	Medical records shall include a record of anesthesia and analgesia, including a record of monitoring. See SC-4 for details.			
15.	<p>Medical records shall include documentation of all surgical procedures. Any procedure described in a medical record as being "routine" shall have a corresponding Standard Operating Procedure (SOP).</p> <ul style="list-style-type: none"> a. The SOP provides a complete description of the procedures for each veterinarian on a given species. b. The SOP is on file and available for reference in the VPE. 			
16.	Medical records shall document the results and interpretation of all diagnostic tests used, and laboratory reports.			

17.	Medical records shall include documentation of all consultation reports, both non-verbal and verbal, (by a veterinary specialist or other colleagues), and laboratory interpretations.			
18.	Medical records shall include daily records for hospitalized animals or patients maintained on the VPE premises for more than one day. This hospitalized patient record will document: <ul style="list-style-type: none"> a. Name(s) and dosage of all medication(s) administered b. Time(s) of all medication(s) administered c. Date(s) and frequency of medication(s) administered d. Dosage(s) and rate of fluid(s) administered e. Total volume of fluid(s) administered f. Duration of all treatment(s) g. Identification of those who administer treatment(s) 			
19.	Medical records shall document the details of all medically relevant communication (attempted or achieved via in-person, telephone, voice mail, text, electronic, written or other means) with the client or alternate animal caregiver.			
20.	VPEs providing referral services or emergency treatment must at the time of discharge provide discharge instructions in triplicate. Copies for VPE medical record, client and Primary care licensed veterinarian (delivered by electronic mail, facsimile, mail, courier or other appropriate means).			
21.	VPEs providing referral services or emergency treatment must provide a written report to the primary care veterinarian in a timely fashion.			
22.	The following logbooks shall be maintained: <ul style="list-style-type: none"> a. Narcotic and Controlled Drug Log b. Mortality Log c. Radiology Log 			
23.	Farm animal medical records may be maintained on either a herd (flock), or individual animal basis as appropriate.			
24.	For farm animals, herd records shall be maintained by the VPE and document: <ul style="list-style-type: none"> a. Timely and appropriate documentation of preventative treatment strategies (e.g. vaccine, metaphylaxis etc.) referencing protocols as Standard Operating Procedures (SOPs). b. Timely and appropriate documentation of production enhancement strategies (e.g. implants, ionophores, beta-agonists etc.) referencing protocols as SOPs. c. Timely and appropriate documentation of primary and relapse treatment strategies referencing protocols as SOPs. d. Deviations from a. and c. e. All prescriptions generated for the herd, supported with specific evidence of establishment of medical need. f. All prescriptions must be specific to product, quantity, indication and number of refills available. g. All medication dispensed or sold for the herd and evidence that a prescription is on file for all prescription products dispensed. 			

	<p>h. Details of specific farm visits, examinations, consultations, laboratory results or other interactions. Individual animal records may be kept at the production unit and under the management of the owner/operator, but these are not part of the official medical record.</p>			
25.	<p>Computerized medical records must meet the same criteria as non-computerized records. The system must:</p> <ul style="list-style-type: none"> a. Be capable for the input, storage, use, display and retrieval of patient records. b. Provide access to the patient record via the owner or patient information. c. Be capable of printing the information. d. Include a password or otherwise provides reasonable protection against unauthorized access. Continuity of access to files must be ensured by making access codes available to a responsible party. e. Back up files which allow recovery of backed up files, or otherwise protects against loss of, damages to and accessibility of information of all data required. f. Be capable of displaying the medical record in chronological order by recording the date and time for each entry of information for each patient. g. Indicate any changes in the medical record information as changed and preserve the original content of the recorded information when changed or updated. h. Store and report the information required in the dispensing of a drug. i. Have the ability to uniquely identify each staff member who is granted access to the system. j. Have the ability to control which functions may be accessed by each staff member. k. Be capable of creating an accurate audit trail of persons using the electronic prescription system. l. Be capable of collating and generating reports of prescription information chronologically and drug name/strength, client identification, patient or herd/farm name, and prescriber name. m. Be capable of a deliberate and auditable procedure to be carried out before any information can be purged from the system. 			
<p>US-6 Comments:</p>				

US-7 Library

The reference library available at the VPE must be relevant to both the type of veterinary medicine being conducted at that VPE and the species of animals that are cared for by the VPE. It is important for patient care that the veterinarians and veterinary technologists at the VPE have prompt access to current, relevant and peer reviewed medical information. This information can be in the form of printed material, electronic storage format or via the internet. At the time of inspection, members should be able to demonstrate the ability to access this information.

		YES	NO	N/A
1.	Should include a current, within the last 1-2 editions, veterinary reference textbook on the major subject areas practiced at the VPE			
2.	A current edition, not more than three years old, of a Veterinary Drug Handbook (Plumb) or a current computer-based or on-line subscription to a veterinary information network (VIN) providing a pharmaceutical reference database			
3.	Access via the NSVMA website www.nsvma.ca to: a. The Nova Scotia Veterinary Association Act, Regulations, Bylaws, Annex to the By Laws, Code of Ethics and Standards of Practice. b. NSVMA Medical Records Handbook			
4.	Access to copies of the following: a. Controlled Drugs and Substances Act b. Narcotic Control Regulations c. Schedule F of the Food and Drugs Act (now Prescription Drug List) d. Nova Scotia Animal Protection Act and Regulations e. Canada Labour Code and Nova Scotia Labour Standards Code and Regulations f. Workplace Hazardous Materials Information System (WHMIS) g. Occupational Health and Safety Act and Regulations h. Personal Information Protection and Electronics Document Act			

US-7 Comments:

US-8 Pharmaceutical Management

The regular scope of veterinary activity involves prescribing, administering, handling, use, sale, compounding and dispensing of medications, pharmaceuticals, chemicals, disinfectants, parasiticides, biologicals or drugs and products. These items must be handled responsibly, whether used in house, dispensed pursuant to prescriptions generated within the facility or dispensed pursuant to prescriptions which were generated elsewhere.

Implementation of this standard is guided by and compliant with Canadian Standards Association (Handling of Waste Materials in Health Care Facilities and Veterinary Health Care Facilities), Canadian Veterinary Medical Association-Prudent Use Guidelines, CVMA Therapeutic Decision Cascade for Animal and Public Safety.

		YES	NO	N/A
1.	All pharmacy activities and facilities are compliant with relevant federal and provincial legislation.			
2.	All prescription medications are administered or dispensed by a licensed veterinarian or licensed veterinary technologist under order of a licensed veterinarian: <ol style="list-style-type: none"> a. Prescriptions prepared and dispensed by a licensed veterinary technologist, in the absence of a licensed veterinarian, are communicated to the supervising veterinarian within the next business day and area acknowledged in the medical record. b. Unlicensed personnel may perform logistical services (such as: picking inventory—including counting tablets—invoicing, producing labels and preparing for delivery, receiving inventory etc...) if they are properly trained and under the appropriate direction of a licensed veterinarian or licensed veterinary technologist who is responsible for the final verification of the activity and all client communication. 			
3.	Storage: <ol style="list-style-type: none"> a. Must be clean, orderly and adequate to ensure secure safekeeping and preparation of drugs. b. All medications are easily located and properly identified. c. Special consideration is given to storage of hazardous products such as parasiticides, volatile products, etc. d. All drugs must be stored according to manufacturer’s directions. e. Refrigeration facilities are available where required. f. Is designed in a manner intended to prevent theft or misuse. g. Prescription drugs must be kept in an area that is accessible only to personnel authorized by the responsible veterinarian and public access must be prevented. h. Outdated, damaged or contaminated drugs are identified and kept separate from regular inventory until safely disposed of. 			
4.	Narcotic and controlled substances: <ol style="list-style-type: none"> a. Are stored in a limited access, securely locked, substantially constructed cabinet or safe. b. A current, verifiable inventory of all products is maintained. c. A narcotic and controlled substances log is maintained, which includes: <ol style="list-style-type: none"> i. Date ii. Identification of the patient 			

	<ul style="list-style-type: none"> iii. Dosage/volume of drug used iv. Quantity on Hand Remaining v. Signature/initials of licensed veterinarian administering or dispensing the drug vi. Logs are stored in a location separate from the drugs. <p>d. A drug use log must be maintained, which includes:</p> <ul style="list-style-type: none"> i. Identification of patient ii. Dosage/volume of drug used iii. Remaining balance in container iv. Identification of case veterinarian v. Signature of licensed veterinarian or RVT administering or dispensing the product or password protected computer ID vi. Logs are stored in a location separate from the drugs. <p>e. Outdated, damaged or contaminated drugs (narcotics, controlled substances, benzodiazepines and targeted substances) of any volume beyond a broken ampoule, unused portion of an ampoule or single or partial dose not administered to the patient, are kept separate from regular inventory until safely disposed of by returning the drug to an approved drug return location.</p> <p>f. Any suspected theft or unexplained losses are reported to Health Canada within 10 days.</p>			
5.	<p>Dispensing:</p> <ul style="list-style-type: none"> a. Dispensed drugs are properly packaged considering the nature of the drug and its sensitivity to light, heat or freezing. b. Child-resistant containers are used, unless: the client directs otherwise, the veterinary medical professional determines that a child-resistant container is inappropriate, or this type of container is not suitable for the drug. c. All drugs identified as prescription in Council Guidelines are clearly and legibly labeled on the individual container or using unit (see definition) with: <ul style="list-style-type: none"> i. Name of client ii. Name of drug and strength iii. Date dispensed iv. Quantity dispensed v. Name of prescribing licensed veterinarian vi. Name address and phone number of dispensing VPE vii. Identification of animal patient or production unit the drug is intended for viii. DIN ix. Expiry Date x. Directions for use xi. The statement "Veterinary Use Only" xii. Necessary warnings about product safety, handling and withdrawal times (where appropriate). d. The label is attached directly to the individual container. Where this is not possible, the label is affixed to the outer container, provided the 			

	<p>individual unit of product is appropriately identified.</p> <p>e. When pharmaceutical products are dispensed in the original manufacturer's packaging all the information referred to in the foregoing is still required; however, any information contained on the manufacturer's label does not need to be replicated on the dispensing label generated by the prescribing licensed veterinarian (e.g. name of the drug, directions for use, expiry date, withdrawal time, other warnings, product storage). The dispensing label must not obstruct required information on the manufacturer's label.</p>			
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US-8 Comments:

SERVICE CATEGORY STANDARDS

Each Veterinary Practice Entity must comply with all the standards of each of the service categories that are appropriate for its Facility Type.

SC-1 Primary Care				
<p>Provision of basic (primary) veterinary medical care focuses on the point at which a patient first accesses and receives service from a VPE. This may be provided in a fixed VPE location or at the residence of the owner or location where the animals are normally housed or assembled for reasons other than veterinary care (provided the conditions of SC-2: Ambulatory Care, are also met). Primary care includes: examination of animals, diagnosis of medical conditions, prescription of therapy, dispensing for determined medical need, consultation, preventative medical procedures and surgical services for animals not requiring a sterile surgery suite, hospitalization or inhalation anesthesia. These services are provided on a routine basis. A Primary Care provider has the ability and responsibility to triage and refer medical cases that require more extensive care to a facility that is fully equipped to provide care beyond primary care.</p>				
		YES	NO	N/A
1.	Equipment for all species may include, but is not limited to access to: thermometer, stethoscope, sterile needles, syringes and I.V. catheters, examination gloves, examination light, proper equipment for the collection of blood, urine samples, bacterial cultures and other clinical pathology specimens, appropriate and clean outer garments are available for each call or appointment, footwear is available, that can be cleaned and disinfected after each professional call if required, access to water, restraint devices appropriate for species treated, all other equipment relevant to the species treated and services offered by the VPE.			
2.	Primary care beyond consultation services will have minimal pharmaceuticals available that may include: disinfectants, sedatives/tranquillizers, antimicrobials, local anesthetics and analgesics, ophthalmic preparations, epinephrine, euthanasia solution (if other approved methods of euthanasia are not provided, e.g. captive bolt, gunshot), parenteral fluids, emergency drugs, anti-inflammatory drugs.			
3.	A licensed veterinarian performing any physical exam, determining a course of treatment or prescribing is obligated to meet this Primary Care Standard.			
4.	The physical exam must be conducted in a manner that ensures the safety of the owner, veterinarian, animal health care workers, the public and the animal.			
SC-1 Comments:				

SC-2 Ambulatory Care (Large Animal Mobile Service, Small Animal House Call Service and Aquatic Animal Ambulatory Service)

Service Category Not Applicable:

Primary Care Veterinary services are commonly provided at the residence of the owner or at the location where the animal normally is housed or assembled for reasons other than veterinary care. This activity is referred to by different names, depending on the species under consideration. These include: ambulatory, house call, farm call, field service and so on but not mobile. (The term Mobile VPE is restricted to operations that meet SC-14.) The standards required for the vehicle used in the delivery of these services are common to every VPE that delivers services outside a fixed facility location. VPEs offering this service must also comply with SC-1: Primary Care.

		YES	NO	N/A
1.	The vehicle and equipment are clean, orderly and in good repair.			
2.	The vehicle is owned and operated in accordance with all provincial legislation and registration requirements.			
3.	Equipment is available consistent with the Service Categories provided and species treated.			
4.	All equipment is clean, neat and in good repair.			
5.	Refrigeration of biologics and drugs is available where required.			
6.	Communication with ambulatory vehicle is available via cell phone or other appropriate means.			
7.	Refuse is stored in closed containers.			
8.	Controlled drugs must be stored in a secure manner (locked) to prevent theft or abuse.			
9.	The VPE has an agreement with one or more other VPEs for the provision of hospitalization, surgery and other services if they are required and are not provided by the ambulatory VPE. This applies to both large and small animal ambulatory VPEs.			
10.	The Large Animal Mobile Service VPE must be conducted from a vehicle and must be operated from, and under the same ownership as, a large animal hospital or large animal clinic.			
11.	No procedures requiring inhalation anesthetic are performed.			
12.	Small Animal House Call Service must be associated with a currently accredited small animal hospital for purposes of providing hospitalization, surgery, emergency and other services not provided by the SAHCS and the terms of the association must be set out in writing and agreed between the two parties.			
13.	Medical records are provided consistent with US-6 and these records are stored in a manner that allows access to information by authorized persons on a timely basis (normally within the next working day).			

SC-2 Comments:

SC-3 Animal Housing

When animals are left under the care of a VPE there is an obligation to ensure they are housed in a manner that is: comfortable, humane and safe for the animal as well as safe for veterinary health care workers, the public and other animals they may come into contact with. These principles apply whether the animal is kept for a short period during the day or for extended periods, including overnight. When a patient is presented that has a potentially contagious disease, special considerations need to be applied to prevent the spread of this disease to other animals or people.

SC-3A: General Housing

		YES	NO	N/A
1.	Food must be appropriately stored in clean, dry areas and refrigeration provided for perishable foods.			
2.	Adequate lighting is provided, including emergency lighting.			
3.	Adequate ventilation is provided, and the facility is free of persistent offensive odours.			
4.	Floors must be made of an impervious, non-slip material that is easily cleaned, disinfected and well drained.			
5.	Adequate facilities for bathing, grooming and drying patients shall be available.			
6.	Animal care wards are kept clean and orderly.			
7.	Appropriate clean bedding for the specific species being housed is in use.			
8.	Housing units have a place to attach clear patient identification			
9.	Animal housing compartments can be securely fastened to prevent escape.			
10.	<p>Kennels and Cages:</p> <ul style="list-style-type: none"> a. Must be of sturdy design and have solid partitions or walls that ensure separation between animals from different owners or different sources. b. Five of the six sides of all cages must be made of solid and water impervious material that is easily cleaned, disinfected and maintained. c. Cages with barred doors must have bars that are spaced an appropriate distance for the species and can be easily cleaned, disinfected and maintained. d. Must be large enough for the occupant to stand up, turn around freely and must conform to the Canadian Council on Animal Care Standards. 			
11.	<p>Runs:</p> <ul style="list-style-type: none"> a. Walls and floors must be of water-impervious material that is easily cleaned. b. Runs must be larger than fifteen (15) square feet (1.4 square meters) and shall be a minimum of two and one-half (2½) feet wide (.75 m). c. Partitions must be solid and a minimum of 4 feet high in-between runs. d. Outdoor runs must be covered appropriately to keep animals contained as well as protected from the weather. e. At least one Run must be provided unless the facility is providing exclusive feline or small exotic pet services. 			
12.	<p>Tanks:</p> <ul style="list-style-type: none"> a. Tanks to house fish must provide the appropriate environment for the type and stage of the fish (i.e. salinity, temperature, etc.) b. Fish must not be housed in conditions where biomass densities are detrimental to the fish's well-being. 			

	c. Tanks must be leak proof, clean, and water quality must be monitored to limit the negative effects of toxic compounds such as ammonia and nitrites			
13.	Hospitalized animals must be given water and food at appropriate time intervals.			
14.	Appropriate and adequate variety and quantity of foods (including prescription diets) must be available to feed hospitalized patients.			
15.	Food must be stored in clean, dry areas.			
16.	Dishes and utensils must be cleaned after each use or be disposable.			
17.	Patients belonging to different owners must have a separate compartment of an appropriate size and designation to ensure comfort of the animal(s).			
18.	Occupied housing units must be cleaned at least once daily or more frequently if required.			
19.	Housing units must be thoroughly cleaned and disinfected between animals where possible.			
20.	Cat litter trays must be either disposable or readily sanitized and must not be shared between cats from different households.			
21.	Adequate exercise must be provided for hospitalized patients, unless it is contraindicated for condition or species.			
22.	Adequate personnel must be on hand to assist in the treatment of outpatients and hospitalized patients.			
23.	Hospitalized animals must be examined by a licensed veterinarian at least once daily.			
24.	Hospitalized patients must be monitored until stabilization of post-surgical or critically ill patients has occurred.			
25.	Provision is made for monitoring of hospitalized patients, including intermittent care throughout the night if required. This does not require the continuous presence of a staff person overnight if the veterinarian deems this unnecessary and the owner is informed.			
26.	Pets and mascots residing in the VPE are not allowed to place persons, patients or facilities at risk of disease or injury.			
27.	Animals are not transferred to another facility without the documented consent of the owner (given verbally or in writing).			

SC-3A Comments:

It is anticipated that any VPE that has animals attending to the premises will be faced with receiving patients that have a potentially contagious disease. In these situations, attention needs to not only be given to the wellbeing of the patient but also to protection other animals and possibly people that may be exposed to this patient or to contaminants spread by it.

Every VPE must have a plan to prevent the potential spread of the disease. Ideally, this will be by provision of a single purpose isolation room that meets appropriate standards of biosecurity. An Isolation Room must be provided for in a Small Animal Hospital. All other Small Animal VPE's must either have their own Isolation Room or have an arrangement made with a Small Animal Hospital to refer patients requiring Isolation.

SC-3B: Isolation

		YES	NO	N/A
1.	A written protocol is in place that addresses potentially contagious patients and the effective containment of contagious diseases throughout the facility.			
2.	Disposable or easily disinfected clothing, including gowns, coveralls, foot coverings, caps, masks and gloves is available and in use when handling patients with a potentially contagious disease.			
3.	In-patients with potentially contagious diseases are housed in a manner that effectively isolates them from other patients.			
4.	The isolation room shall contain an exhaust system with negative pressure ventilation that vents directly to the exterior of the building without communicating in any way with the heating or ventilation system in the rest of the facility. The isolation room shall allow for the setup of a footbath.			
5.	Equipment is properly decontaminated before removal from isolation area.			
6.	The isolation area is of adequate size to hospitalize patients with contagious diseases.			
7.	Isolation areas provide adequate space for examination and treatment of patients outside of cages and runs.			
8.	Isolation areas have adequate lighting for proper patient examination and treatment.			
9.	Hand washing facilities are available in isolation area and are used: before and after handling each patient, after coming into contact with animal saliva, ocular or nasal discharge, urine, feces or blood, after cleaning cages, before and after taking breaks.			
10.	Potentially contaminated material is disposed of in a safe manner.			
11.	All patients with a potentially contagious disease are properly identified so that their status is obvious to all members of the practice team.			
12.	Animal husbandry procedures are performed by individuals properly trained in biosecurity and under the supervision of a licensed veterinarian or licensed veterinary technologist.			
13.	Animal owners, at risk clients and in-contact veterinary health care workers are informed when a zoonotic disease is considered in the differential diagnosis or rule out list.			
14.	Clients and practice team members that are exposed to a potentially zoonotic disease are informed of this fact, verbally or in writing, and a notation is made in the patient record of this communication.			

SC-3B Comments:

<p>SC-3B Comments:</p>

SC-4 Anesthesia

Service Category Not Applicable:

Licensed veterinarians and licensed veterinary technologists, under the supervision of a licensed veterinarian, are given the authority to perform anesthesia and sedation on animal patients. It is their professional responsibility to ensure that these tasks are performed in a manner that is safe, humane and effective for these patients. Veterinary medical professionals must also take measures to ensure the safety of the work environment. Meeting these goals requires adequate and properly maintained equipment, effective biosecurity measures, diligent patient monitoring, safe and humane anesthetic protocols, pain management, preparation for emergencies and good record keeping.

		YES	NO	N/A
1.	<p>Monitoring of Anesthetized and Sedated Patients:</p> <ul style="list-style-type: none"> a. Measures must be in place to ensure adequate ventilation of the anesthetized or sedated patient (examples include observation of the chest wall or rebreathing bag, auscultation of the thorax, an electronic respiratory monitor and capnography). b. Measures must be in place to ensure adequate circulation of the anesthetized, tranquilized, or sedated patient. c. Measures must be in place to ensure the patient does not experience serious deviations from normal body temperature (examples include intermittent or continuous rectal probe measurement). Measures must be in place to guard against hypothermia. Measures must be in place to prevent thermal injury of patients from warming devices. d. Measures must be in place to ensure adequate perfusion of the anesthetized or sedated patient. e. Measures must be in place to ensure adequate oxygenation of the anesthetized, tranquilized, or sedated patient, including pulse oximetry or techniques appropriate to the species f. Measures must be in place to assess anesthetic depth (examples include assessing jaw tone, response to stimuli, and eye position). 			
2.	<p>Recordkeeping:</p> <ul style="list-style-type: none"> a. A written anesthetic record must be kept for every patient. The record clearly identifies the patient and the date of the procedure. This is part of the medical record for the patient. 			

	<ul style="list-style-type: none"> b. The anesthetic record for anesthetized or sedated small animal patients must include regularly recorded measurements of ventilation, circulation, temperature and oxygenation. The same measurements are required for large animals on inhalation anesthetics only. c. The anesthetic record must include dosages, time and route of all drugs administered during the anesthetic period. d. If controlled drugs are utilized, these must be itemized in the controlled drug log. Controlled drugs must be stored in a manner that protects them against loss and theft. 			
3.	<p>General Requirements:</p> <ul style="list-style-type: none"> a. Patients must be observed frequently, by a licensed veterinarian or licensed veterinary technologist, during recovery from sedation or anesthesia. b. Unless it is a life-threatening emergency, documented, informed consent from the owner or authorized agent must be obtained (either verbally or in writing) prior to performing sedation or anesthesia on a patient. c. Patients must be assessed by a licensed veterinarian or an appropriately supervised licensed veterinary technologist prior to performing general anesthesia or sedation. This assessment must be documented in the medical record. d. Patients must be assessed by a licensed veterinarian or an appropriately supervised licensed veterinary technologist prior to discharge. e. A designated anesthetist (separate from the veterinarian or veterinary technologist performing the procedure) must be available for each procedure. The anesthetist must be a licensed veterinarian or a licensed veterinary technologist under the supervision of a veterinarian. In the circumstance where the veterinarian or technologist performing the procedure is also the person monitoring the anesthetic, informed consent (verbal or written) acknowledging the absence of a dedicated anesthetist must be obtained from the owner and appropriately documented. f. Appropriate protection of the corneal surface must be provided to protect against trauma or drying out. g. Analgesia must be provided to patients undergoing painful procedures. This may include local anesthesia or systemic analgesics. Ongoing pain management assessment must be employed. h. Informed (verbal or written) discharge instructions must be provided to the owner or authorized agent after anesthesia or sedation. 			
SC-4A Stand-Alone VPE				
		YES	NO	N/A
1.	When in use, gas anesthetic machines must be safety checked prior to daily use (for example checking for leaks, checking valves are working properly).			
2.	When in use, gas anesthetic machines must be safety checked prior to daily use (for example checking for leaks, checking valves are working properly).			
3.	When in use, anesthetic breathing circuits must be cleaned, disinfected and dried on a minimum of a weekly basis and immediately after use in a patient with a documented respiratory infection.			

4.	An active or passive scavenging system or a CO2 scrubber for waste anesthetic gases must be in place and utilized. Efforts must be made to minimize exposure of gas anesthetic agents to staff members (for example, avoiding the use of mask induction of anesthesia if possible).			
5.	A means of assisting ventilation (manual or mechanical) must be available and utilized when needed.			
6.	A range of endotracheal tubes appropriate for the sizes of patients treated at the VPE must be available.			
7.	A range of anesthetic masks appropriate for the sizes of the patients treated at the VPE must be available.			
8.	Intravenous catheters and intravenous fluids must be available for patient use, as appropriate.			
9.	Sterile needles or catheters and syringes must be available and used for the administration of injectable anesthetic agents.			
10.	Oxygen must be available and utilized as necessary.			
11.	Emergency drugs and equipment must be readily available, kept in a designated place, portable, appropriately stocked at all times and clearly identified. Emergency drugs and equipment would include agents used in cardiopulmonary resuscitation and anesthetic reversal agents appropriate for the species, i.e. Naloxone.			

SC-4A Comments:

SC-4B Small Animal House Call Service

		YES	NO	N/A
1.	The scope of practice for a small animal house call service is limited to examination, diagnostic, euthanasia and prophylactic services and, for purposes of restraint or euthanasia only, sedation and does not include general anaesthesia, radiology, dentistry and minor or major surgery.			
2.	Sedation must be used only for purposes of restraint and can only be administered where there is the ability to ensure a patent airway in case of emergency.			

SC-4B Comments:

SC-4C Large Animal and Aquatic Animal Ambulatory Service

Access to anesthesia and surgical services for animals difficult to transport (large animals and aquatic animals) presents a unique problem. This service category accepts some limitation in the principles of anesthetic protocol and allows for the provision of these services by VPEs complying with SC-5, SC-5B and SC-2. This includes any procedure performed with sedation, an epidural, local anesthesia or under injectable anesthesia but does not include inhalant anesthesia.

Certain exemptions to monitoring anesthesia apply to large animals, and aquatic animals. Visual monitoring and the use of a stethoscope is adequate for procedures using local injectable anesthesia or short-term intravenous anesthesia for terrestrial animals.

Aquatic animal anesthesia often involves dissolution of an anesthetic in bath water and placing the fish into the bath. Fish under anesthesia from exposure to the bath water must be observed for operculum rates and response to stimulus to determine how deep the animal is under anesthesia.

SC-4C Comments:

SC-5 Sterile Surgery

Service Category Not Applicable:

Surgery is a veterinary medical procedure whose performance is limited to licensed veterinarians. Safety of patients and workers requires that this procedure take place in a manner that is aseptic and reduces the risk of nosocomial infections in patients. Surgery performed in a stand-alone VPE must be performed in a dedicated, single purpose surgical suite. Notwithstanding, consideration is given to the provision of certain surgical procedures on farm animals in a non-surgical suite within a facility (e.g. bovine caesarian section or equine castration) by VPEs.

NOTE: For clarification, all surgeries must meet the general requirements for sterile surgeries and then either 5A or 5B requirements.

		YES	NO	N/A
1.	All surgical equipment is kept neat, orderly and in good condition.			
2.	As appropriate to the species and surgical procedure, all necessary equipment and materials are available for local anesthetics, sedations, epidurals, intravenous anesthesia, inhalation anesthesia, etc.			
3.	As appropriate to the species and surgical procedure, parenteral fluids are readily available.			
4.	Clean and sterile equipment (instruments and drapes) for at least two procedures (of the surgical types normally performed) is on hand at all times.			
5.	An autoclave and/or gas sterilization is in use to prepare sterile packs.			

6.	Sterility indicators are present within each surgical pack.			
7.	Sterility of surgical instruments is verified by a licensed veterinarian or licensed veterinary technologist upon opening of the surgery pack.			
8.	Outer pack wrap material must provide a minimum microbial barrier equivalent to dry 270 – thread count pima cotton.			
9.	Surgery packs must be dated and re-autoclaved prior to use if required (this is dependent on the type of packaging and how the surgery pack is stored and handled).			
10.	Gowns, instruments, towels and drapes are disposable or able to be autoclaved.			
11.	A properly performed hand and arm scrub with an appropriate surgical scrub agent is required prior to performing surgical procedures.			
12.	Skin at all surgical sites should be prepared in such a manner as to preserve its integrity.			
13.	Gowns, instruments, towels and drapes are either disposable or autoclaved/sterilized prior to each major surgical procedure, and not used again for surgery until re-autoclaved/re-sterilized.			
14.	Appropriate medical records, including a surgery report on the procedure(s) performed, are maintained in accordance with the Universal Standards on Medical Records US-4. Note: Any procedure marked within a medical record as being “routine” shall have a corresponding Standard Operating Procedure (SOP), specific to each practitioner, listed and available for referencing within the VPE.			

SC-5 Comments:

SC-5A In-Facility Surgical Suite – Specific Requirements

Service Category Not Applicable:

		YES	NO	N/A
1.	Major surgical procedures are performed in a separate single purpose surgical suite (confined by at least four walls, a ceiling and with closing doors).			
2.	Walls, floors, doors ceilings, window coverings, furniture and fixtures are constructed of solid impervious material that can be easily sanitized.			
3.	A surgery table or surface is provided that can be readily sanitized.			
4.	Only open front shelving essential to support surgical equipment is present within the surgical suite.			
5.	Adequate surgical lighting is provided, including emergency lighting dedicated to the surgery suite and sufficient to complete the surgical procedure undertaken.			
6.	A recovery area is provided where a patient may be frequently observed following general anesthesia (need not be separate from animal compartments).			

7.	Space must be adequate to accommodate the surgeon, anesthetist, and all necessary equipment, allowing free movement from a standing position, with access to patient from both sides of the surgery table.			
8.	Surgical suite: <ul style="list-style-type: none"> a. Scheduled disinfection policies and procedures are in place. b. The surgical suite is maintained in a clean and orderly fashion. c. Traffic in and out of the surgery suite is limited to essential personnel. d. Sinks are not permitted within single purpose surgical suites and if they currently exist, their use must be limited to post-surgical cleanup of the operating suite. 			
9.	Aseptic technique is followed for major surgical procedures: <ul style="list-style-type: none"> a. Caps, masks, gowns, gloves are in use for major surgical procedures by the surgical team. b. All personnel present during a surgical procedure must be equipped with caps, masks and clean outerwear. c. Single use sterile surgical gloves are to be worn. d. Sterile suture material is available and in use. e. Drapes are available in appropriate size and number. f. Drapes are used for all procedures and must be of adequate size to prevent contamination of the surgical field. g. All equipment not related to surgery must be permanently removed from the surgical suite. 			
10.	Preliminary patient preparation is done outside the surgery suite to the level of "final skin prep".			
11.	Minor non-contaminated surgery is performed within or outside a surgical suite but using aseptic technique.			
12.	Minor contaminated and other non-sterile procedures (e.g. dentistry, quill removal, abscess treatment) are not performed within the surgical suite and steps are taken to prevent further contamination by providing an area that is easily cleaned and disinfected.			
13.	Equipment available outside the surgical suite includes, but is not limited to: <ul style="list-style-type: none"> a. Sink and running water b. Clippers c. Vacuum cleaner d. Surgical scrub material e. Extra equipment (sterile and non-sterile) f. Sterile IV catheters g. Sterile urinary catheters for companion animals 			

SC-5A Comments:

SC-5B Outside Facility Large Animal Surgery				
Service Category Not Applicable:				
		YES	NO	N/A
1.	Portable emergency lighting equipment is available and in working order and is sufficient to complete the surgical procedure.			
2.	As appropriate and practical for the specific surgical procedure and conditions, the highest level of aseptic technique possible is performed for all surgical procedures: <ul style="list-style-type: none"> a. Clean, protective outerwear, which may include OB sleeves, is in use. b. Single use sterile surgical gloves are used. c. Sterile suture material is available and in use. d. Drapes are utilized and exclude unprepared area of skin where practical. e. Sterile drapes are utilized to cover the surface where surgical instruments are placed. 			
3.	The following equipment is available: <ul style="list-style-type: none"> a. Clippers b. Surgical scrub material c. Equipment in cold sterilization solution for non-sterile procedures d. Sterile I.V. catheters e. Necessary restraint equipment 			
4.	Consideration must be given to post-operative care of patients on farm and necessary arrangements for after care must be arranged and documented.			
SC-5B Comments:				

SC-6 Companion Animal Dentistry				
<p>Small Animal Dentistry is an essential component of a preventive health care program. Veterinary Dentistry is the art and science of prevention, diagnosis and treatment of conditions, diseases and disorders of the oral cavity by medical and surgical means. It is performed to treat dental disease or disorders that interfere with the health and comfort of the patient. It is not a cosmetic procedure. There have been many advances in the field of Companion Animal Dentistry and the following outlines minimum guidelines for the delivery of dental services.</p>				
SC-6A Small Animal Dentistry				
Service Category Not Applicable:				
		YES	NO	N/A
1.	Equipment available shall be appropriate to the species and typically include but not be limited to:			

	<ul style="list-style-type: none"> a. Selection of dental scaling tools appropriate for supra-gingival and sub-gingival use b. Tools for sectioning and extracting teeth c. Periosteal elevators d. Dental extraction forceps e. Dental elevators/luxators of appropriate size for species f. Dental explorers g. Dental probes h. Sharpening equipment or sharpening service i. Masks, eye protection and gloves are available and are in use for protection of licensed veterinarians and RVTs performing procedures j. Oral antiseptic rinse 			
2.	While most non-surgical dental procedures may be delegated to an appropriately trained, licensed veterinary technologist, exodontics (extractions) surgical treatment of sub- gingival pockets and attachment loss, gingivectomy surgery, restorations, oral mass removal and endodontics must be performed by licensed veterinarians only.			
3.	Licensed veterinarians must perform thorough examinations of the teeth and structures of the oral cavity in all patients presented for dental procedures and document their findings, diagnosis and treatment plan in the medical record.			
4.	Animals undergoing dental procedures shall be appropriately anesthetized. Anesthesia free dentistry is unacceptable.			
5.	Dental procedures are accompanied by pain assessment and appropriate multimodal analgesia is undertaken (i.e. local blocks in combination with systemic analgesia).			
6.	Radiographic equipment is available on the premises or through referral. This can be in the form of either a standard x-ray machine or dental x-ray machine. If only a standard X- ray machine is available, then proper dental films (ideally sizes 1, 2 and 4) should be available, and a means of developing the films.			
7.	Instruments and dental equipment require routine and frequent maintenance. Instruments must be sharp and properly cleaned, disinfected and stored between dental procedures.			
8.	Dental procedures must not be performed on an animal without first obtaining informed consent. As part of informed consent, the owner should be advised that unexpected findings often occur and that it is important that an owner provides accurate contact information to the licensed veterinarian in case consent for additional treatment is required during a procedure. This informed consent must be documented and forms part of the medical record.			
9.	Records of dental procedures, including anatomic dental documentation or charts, are part of the medical record.			
10.	Irrigating the oral cavity with an antiseptic rinse is performed before dental scaling to help decrease bacterial aerosolization and protect staff.			
SC-6A Comments:				

The practice of equine dentistry is an advanced medical and surgical procedure that involves the examination, diagnosis and treatment of diseases of the oral cavity in the horse. This may involve: sedation, anesthesia, analgesia, antibiotic therapy, radiology as well as surgical and other interventions. Oral health care is a vital component of a preventive health care program. Dental care is essential to overall health and to optimize the quality of life of horses.

SC-6B Equine Dentistry

Service Category Not Applicable:

		YES	NO	N/A
1.	Equipment: a. Mouth speculum b. Light source c. Floats, including; power floating equipment and/or selection of hand floats d. Elevators for incisors and wolf teeth e. Dental picks or probes f. Antiseptic for dental equipment g. Stiff brush for cleaning float heads h. Large dose syringe for cleaning out mouth i. Ground Fault Breaker system if using power floating equipment j. Forceps for removal of Caps k. Dental Mirror l. Protective eye and ear wear for those utilizing a power float m. Biosecurity measures are in place for disinfecting equipment between patients n. Records of dental procedures, including anatomic dental documentation or charts, are part of the medical record			
2.	Horses shall have appropriate anesthesia, sedation, analgesia and restraint during dental procedures to provide maximum safety for the horse, owner, licensed veterinarian and other assisting veterinary health care workers or participants.			
3.	Dental procedures are performed by a licensed veterinarian unless delegated to a qualified Veterinary Health Care Worker who is working under the supervision of a registered veterinarian.			

SC-6B Comments:

SC-7 Diagnostic Imaging

Service Category Not Applicable:

The performance of diagnostic imaging comes with a responsibility for patient care in the production of diagnostic quality images, as well as protection of the patient, workers and the public from potentially deleterious effects of exposure to radiation, magnetic fields, radio waves or other harmful substances, directly or indirectly.

		YES	NO	N/A
1.	A member, whether the member is an employer, must not install, use or permit to be used an x-ray source unless the radiology equipment has been satisfactorily inspected by a qualified person approved by resolution of Council. Such inspections will occur every 3 years at a time to coincide with the Facility Inspection.			
2.	Radiology Equipment inspected by: _____ Date: _____			
3.	The shielding of the designated radiation area is appropriate for the size and use of the room. If the central beam of the emitted radiation falls within 5 feet of an inside wall or door, that wall or door must be appropriately constructed to prevent scatter beyond the wall/door. The radiation area is free from related hazards to patients, clients and personnel.			
4.	Radiation warning signs are posted on all entrances to the designated radiation area.			
5.	Radiation Protective Equipment is in good condition, available and in use, including: <ul style="list-style-type: none"> a. Collimator b. Protective apron x 2 c. Protective gloves with cuff x 2 d. Thyroid Protector x 2 e. Personal dosimeters specific to the VPE, for each team member working with or near radiation equipment: <ul style="list-style-type: none"> i. Dosimeters are worn at a body location recommended by the dosimeter provider ii. Dosimeters are sent in regularly for analysis 			
6.	If applicable, radiographic screens and cassettes are free from defects.			
7.	A hard copy or computerized radiographic log for all radiographs (including dental radiographs) is maintained. The radiographic log includes the following: <ul style="list-style-type: none"> a. Owner/patient identification. b. Exposure technique information (kVp, mAs, MA). c. Body part thickness (where applicable). d. Number of exposures. e. Date of the exposure 			
8.	A means to view diagnostic images (film illuminator and/or high-resolution digital image viewer) is easily accessible.			
9.	For digital systems, specific quality control testing must be performed on the image acquisition, storage, communication, and display systems.			
10.	The x-ray machine(s) and/or diagnostic imaging equipment are maintained and serviced as per the manufacturer's recommendations.			
11.	Diagnostic imaging is provided on premises at a VPE Facility or as part of an ambulatory practice.			

12.	All diagnostic images are permanently labeled with either the clinic name, date and patient file number OR clinic name, date and patient identity			
13.	Diagnostic imaging equipment consistently produces images that are of diagnostic quality.			
14.	All diagnostic images (including but not limited to: digital and hard copy radiographs, ultrasound, fluoroscopy, endoscopy, computed tomography, magnetic resonance imaging) are securely archived or filed in a manner which preserves their quality and allows for easy retrieval.			
15.	All documents that comprise the complete medical records are required to be kept for 7 years, including diagnostic imaging documents.			
16.	If a patient is to be temporarily transferred or referred to another facility for diagnostic imaging, there must be documented, informed client consent (verbal or written) for this referral.			
17.	There must be a means of sharing digital images that will enable others (receiving or referral practices, other colleagues, owners) to view the images without proprietary software.			
18.	Specific attention is paid to safety of clients and the public when providing radiation services through SC-2: Ambulatory Care.			
SC-7 Comments:				

SC-8 Diagnostic Laboratory (In-house [VPE] Diagnostic Laboratory)				
Service Category Not Applicable:				
Diagnostic services are essential to patient care. Not only is there a need to provide accurate information, there is a need to operate in a manner that is safe for the workers, the public and that is not a hazard to the environment or other animals.				
		YES	NO	N/A
1.	All equipment necessary for testing is present at the VPE and is located in an area removed/distant from lunch/coffee and staff lounge area.			
2.	QA records are maintained either in a log or as a computer file and are readily available and reviewed by the quality assurance officer.			
3.	Safety equipment includes, but depending upon the type of specimen being handled & testing performed, is not limited to: <ul style="list-style-type: none"> a. Disposable gloves b. Protective clothing c. Closed-toed shoes d. Eye-wash station. Sink or stand-alone eye wash stations are recommended but not required. 			

4.	Adequate storage is available and in use for hazardous fluids and materials (as defined by the WHMIS standards applicable to the material).			
5.	Biologic waste disposal: a. Is available and in use for disposal of animal carcasses, tissues and fluids according to all applicable civic, municipal, provincial and federal bylaws, laws and regulations. b. Is appropriately documented.			
6.	Clinical pathology equipment shall be available and must include: a. microscope, with oil emersion lens, phase contrast light microscope for aquatic animals b. centrifuge; c. micro-hematocrit centrifuge d. refractometer e. urinalysis equipment f. equipment sufficient for the collection of blood samples, urine samples, bacterial cultures, and other clinical pathology specimens			
7.	A Quality Control Program is required and one or more licensed veterinarians or qualified VHCW are designated as Quality Control Officers.			
8.	Safety of workers is assured by having appropriate safety equipment present for the risks involved.			
9.	Records of laboratory tests are either included with patient files or cross referenced in the patient file to a readily retrievable in-house laboratory results file.			
SC-8 Comments:				

SC-9 Rehabilitation Therapy				
Service Category Not Applicable:				
There have been advancements in understanding, equipment and training in this field. Like physical therapy in the human medical field, animal health care professionals engaging in this field owe a duty of care to the public and their animals when offering these services. Veterinary rehabilitation and physical medicine are defined as the treatment of physical injury or illness in an animal to decrease pain and restore function. All VPEs offering veterinary rehabilitation services must meet this standard.				
		YES	NO	N/A
1.	In addition to the Facility Standard (US-3), the rehabilitative therapy facility shall have: a. Non-slip flooring (which remains non-slip when wet) is required in examination and therapeutic exercise areas. Appropriate mats can be used for this purpose.			

	<ul style="list-style-type: none"> b. Area for examination and evaluation. c. Area for gait analysis. d. Area for therapeutic exercises. e. Methods to transfer non-ambulatory patients, including assistive devices. f. Easy access to VPE for clients with non-ambulatory patients. 			
2.	<p>Underwater Treadmill installations:</p> <ul style="list-style-type: none"> a. Plumbing is routinely inspected, including pumps and filters. b. A documented maintenance schedule is available. c. Water temperature is controlled. d. Contaminated water can be drained directly away from the treadmill to a floor drain. e. A floor drain must be present. f. Routine use of sanitizers in water is employed and all parts of the treadmill are sanitized as needed. g. All electric outlets in the room are GFI (ground fault circuit interrupter). h. Flood alarm is present. i. Water testing/monitoring in place. j. Water is changed between patients from a fresh water source or using water that has been filtered and sanitized. 			
3.	Therapeutic ultrasound equipment is calibrated annually, and documentation is available.			
4.	Rehabilitation therapy is performed by a licensed veterinarian with training in animal rehabilitation therapy or delegated to a licensed veterinary technologist with training in animal rehabilitation therapy.			
5.	When animals are referred to a Rehabilitative Therapy VPE from another VPE this activity must follow the ABVMA Council Guideline for Consultation/Referral or Owner Initiated Second Opinion.			
6.	<p>For underwater treadmill therapy, treatment protocols and settings documented in the medical record must include:</p> <ul style="list-style-type: none"> a. Water Temperature b. Water height c. Treadmill speed d. Jets on/off e. Duration of session f. Response of patient to session 			
7.	<p>For laser therapy, treatment protocols and settings documented in the medical record must include:</p> <ul style="list-style-type: none"> a. Settings (Hertz, Joules) b. Probe used c. Duration of treatment (or Joules/second and number of Joules administered) d. Anatomical location of treatment, including area and size of treatment e. Response of patient to treatment 			
8.	<p>For ultrasound therapy, treatment protocols and settings documented in the medical record must include:</p> <ul style="list-style-type: none"> a. Settings and head used 			

	<ul style="list-style-type: none"> b. Duration of treatment c. Area treated d. Response of patient to treatment 			
9.	<p>For neuromuscular stimulation therapy, treatment protocols and settings documented in the medical record must include:</p> <ul style="list-style-type: none"> a. Location of pads b. Settings used c. Duration of treatment d. Response of patient to treatment 			
10.	<p>For TENS therapy, treatment protocols and settings documented in the medical record must include:</p> <ul style="list-style-type: none"> a. Settings b. Duration of treatment c. Frequency of use d. Location of pads 			
11.	<p>For land Treadmill therapy, treatment protocols and settings documented in the medical record must include:</p> <ul style="list-style-type: none"> a. Incline of treadmill b. Speed of treadmill c. Duration of session d. Response of patient to session 			
12.	<p>For Massage therapy, treatment protocols and settings documented in the medical record must include:</p> <ul style="list-style-type: none"> a. Duration of treatment b. Frequency c. Anatomic location d. Response to patient to treatment 			
13.	<p>For Chiropractic, treatment protocols and settings documented in the medical record must include:</p> <ul style="list-style-type: none"> a. Duration of treatment b. Frequency c. Anatomic location d. Response to patient to treatment 			
14.	<p>For Acupuncture, treatment protocols and settings documented in the medical record must include:</p> <ul style="list-style-type: none"> a. Duration of treatment b. Frequency c. Anatomic location d. Response to patient to treatment 			

SC-9 Comments:

SC-10 Chemotherapy

Service Category Not Applicable:

The NSVMA recognizes that the handling and preparation of chemotherapy agents, as well as the administration and disposal of the agents poses risks to all personnel involved. The agents commonly used in Chemotherapy protocols are mutagenic, embryotoxic, teratogenic, carcinogenic and cytotoxic. They may irritate the skin and can enter the body through mucous membranes, eyes, and skin or through inhalation. Chemotherapy agents must be handled with care so that risks and complications to the patient and the administrators are kept to an absolute minimum. All VPEs engaging in these procedures must follow the standards of practice in this service category in the interest of workplace safety and protection of the public.

		YES	NO	N/A
1.	Ensure that hazardous drugs are prepared or administered only by trained personnel in designated areas that have access limited to authorized personnel.			
2.	Post signs warning employees that they are working in an environment where hazardous drugs are handled.			
3.	Warn employees who are pregnant, breastfeeding or of a reproductive age of the potential health risks.			
4.	Train workers to recognize and understand the risks of working with hazardous drugs, and the risks of working in an environment where drugs are handled.			
5.	Prohibit eating, drinking, chewing gum, applying cosmetics or storing food and drink in any area where hazardous drugs are stored, prepared, administered or disposed of.			
6.	Use proper personal protection equipment (PPE) including chemotherapy gloves, non- permeable gowns, and respiratory protection, under pads, eye and/or splash protection, shoe covers and a spill kit.			
7.	<p>Receiving and Storage:</p> <ul style="list-style-type: none"> a. Begin exposure control when hazardous drugs enter the facility. b. Ensure that all personnel are able to identify hazardous inventory upon arrival. Handle all hazardous inventory with gloves. Label clearly with a hazardous designation. c. Store hazardous drugs separately from other inventory and away from food/drink. d. Keep a spill kit available in case inventory arrives damaged. 			
8.	<p>Drug Preparation:</p> <p>If chemotherapy drugs are administered, the following standards must be met:</p> <ul style="list-style-type: none"> a. VPEs administering chemotherapy treatments must use a proper closed system drug transfer device (CSTD) such as PhaSeal® and/or a horizontal laminar flow hood. b. For all VPEs preparing drugs: properly clean all equipment, containers and other surfaces. Wash hands with soap and water after drug preparation. 			
9.	<p>Drug Administration:</p> <ul style="list-style-type: none"> a. Use proper PPE: Both the administrator, and the personnel assisting in restraint of the patient must wear proper PPE. b. Location of administration should be in a low traffic area with minimal distractions. 			

	<ul style="list-style-type: none"> c. The use of IV catheters with extension sets, Luer-Lock ports, absorptive padding under the administration site, and alcohol-soaked gauze covering the administration site should be standard protocol. d. Wash hands with soap and water after administering the drug. 			
10.	<p>Waste Disposal:</p> <ul style="list-style-type: none"> a. PPE must be worn during waste cleanup and disposal, and footwear should not be worn outside the facility. b. Dispose of all hazardous waste according to federal, provincial and local regulations. c. Double bag all chemotherapy waste, including partially filled vials, undispersed product, unused IVs, needles and syringes, gloves, mats and animal bodily fluids/waste. d. Place materials with trace wastes—such as used needles, empty vials and syringes, gloves, gowns and tubing—in chemotherapy waste containers. e. Assure that chemotherapy waste containers protect personnel from sharps injuries. f. Avoid using sprayers or pressure washes to clean the cages, kennels or stalls of treated animals to minimize the aerosolization of hazardous wastes. g. Clean the cages and kennels of treated animals with disposable towels and use disposable towels to clean bodily waste from treated animals. h. A designated area must be available for chemotherapy patients to urinate and defecate separate from where other patients are exercised. 			
11.	<p>Spill Control:</p> <ul style="list-style-type: none"> a. Follow manufacturers directions to manage hazardous spills. b. Ensure such written policies address PPE required for various spill sites, the possible spreading of material, restricted access to hazardous drug spills and the signs to be posted. c. Ensure cleanup of a large spill is handled by workers who are trained in handling hazardous materials. d. Bleach solution can be used to disinfect, and a strong detergent and water rinse may remove most drug residues. Repeating the cleaning steps should provide additional drug removal. e. Avoid any sprays to minimize aerosolization. f. Follow a complete respiratory protection program. Use masks that are 42 CFR 84 approved. Surgical masks do not provide adequate protection. g. All cleanup material is collected and disposed of in a sealed, impervious container. 			
12.	<p>Client Safety:</p> <ul style="list-style-type: none"> a. Owners must be informed of the risks associated with having a pet in their home following chemotherapy administration. b. Owners must be given written instructions about where their pets should urinate and defecate once they leave the hospital. c. Owners must be given written instructions about how to clean up bodily fluids at home, especially in the first 72 hours post chemotherapy. 			

SC-10 Comments:

<p>SC-10 Comments:</p>

SC-11 Embryo Transfer

Service Category Not Applicable:

Embryo transfer is a unique service and any VPE offering it must meet these requirements whether they do only embryo transfer or if it is part of a wider range of food animal or equine services. Implementation of this service category is guided by the manuals of the Canadian Food Inspection Agency and the International Embryo Transfer Society.

		YES	NO	N/A
1.	Surgical embryo transfer must comply with standards of Sterile Surgery SC-5: Sterile Surgery.			
2.	Appropriate uterine flush fluids, holding media and freezing media are in use (as applicable).			
3.	Means of vitrification or electronically controlled embryo freezer (if embryos are to be frozen).			
4.	Liquid nitrogen tanks (if embryos are to be stored) are on site.			
5.	Embryo recovery, transfer, freezing and micromanipulations are performed in a clean and suitable environment.			
6.	Sterile, disposable equipment should be in use where possible.			
7.	If equipment is to be reused safe, non-embryotoxic sterilization techniques must be used.			
8.	ET protocols for donors and recipient(s) must be in writing and provided to the owner; the administrator of the medication and written within each of the animal's medical records including dates, drugs, lot numbers, withdrawal times and procedural timetables.			
9.	Verification of donor identification needs to be documented.			
10.	Embryo recovery and transfer is performed by a licensed veterinarian in a manner that preserves the fertility of the animal using the cleanest possible technique.			
11.	Frozen embryos are stored in properly labelled canes and straws as per International Embryo Transfer Society (IETS) Manual, and an inventory log is maintained.			
12.	In addition to US-6: Medical Records, there is also a record of donor identification, sire identification, recovery date, embryo quantity, embryo grade, embryo stage, recipient identification and transfer date(s).			

13.	Safety protocols are in place regarding handling of dangerous products, such as liquid nitrogen.			
SC-11 Comments:				

SC-12 Emergency Care	Service Category Not Applicable:
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While a VPE is not required to be open to the public at all times, it nonetheless is required to ensure that professional services for emergency situations are available at all times to their Active Clients. At such times when the VPE is not open to the Public, it can provide Emergency Care in several ways, including referral to an Emergency Clinic.

Such services must be provided within the emergency services required distance of the VPE (the "required distance" - means the lesser of an 80 kilometer or one hour drive radius [this does not pertain to VPEs providing veterinary services to large animals and aquatic animals].), and may be provided by one of the following ways:

		YES	NO	N/A
1.	Assignment of staff which could include co-operative efforts between facilities;			
2.	Twenty-four (24) hour telephone answering services which can direct the caller to a duty veterinarian within the emergency services required distance; or			
3.	Any method which assures professional assistance is available within the emergency services required distance (e.g. emergency clinic).			
4.	Verification of the provision of outsourced emergency services must be available in writing and updated with each hospital inspection.			

SC-12 Comments:				
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Appendix A: Small Animal Mobile Clinic

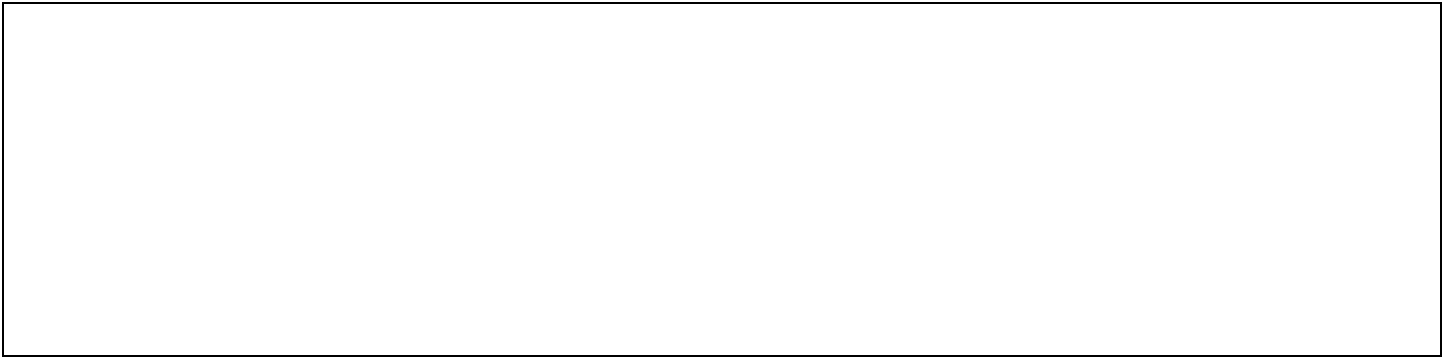
Not Applicable:

The objective of this VPE designation is to allow a VPE to operate in a vehicle properly equipped to offer small animal veterinary services that meet the standards of care for patients, workers and the public. This category has greater capacity than a Small Animal House Call Service and consequently has a greater level of responsibility regarding practice standards.

For the purposes of this bylaw, a Small Animal Mobile Clinic is one that offers primary care at predetermined locations and must be approved by the Accreditation Committee and must not be within a 20-kilometre radius of any other currently accredited facility or future accredited small animal facilities. The Small Animal Mobile Clinic must be operated from a vehicle and under the same ownership as a Small Animal Hospital that has agreed to provide hospitalization, surgery, emergency and other services not provided by the small animal mobile clinic.

		YES	NO	N/A
1.	Hours of operation at these locations must be consistent, predictable and recorded with the NSVMA Hospital Accreditation Committee.			
2.	The vehicle from which the small animal mobile clinic is operated must: <ul style="list-style-type: none"> a. be currently registered, licensed, inspected and insured as required by the Department of Motor Vehicles; b. be commercially manufactured, distributed and sold specifically for the practice of veterinary medicine; c. satisfy the Accreditation Committee that it is appropriate, professional, clean, and used only for the purposes of veterinary medicine; d. post its Accreditation Certificate in a prominent place in the vehicle; e. post the hours of operation of the small animal mobile clinic; f. post the civic address of each location where the small animal mobile clinic is authorized to operate by the Accreditation Committee; g. Small animal mobile clinic operators are required to identify and comply with any and all government regulations. 			
3.	The scope of practice for a small animal mobile clinic is limited to examination, diagnostic and prophylactic services and medical and surgical treatment for small animals and does not include major surgery.			
4.	Despite the above, ovariohysterectomies may be performed in a small animal mobile clinic if anaesthetic services and an area for major surgical procedures, as required by the standards for a small animal hospital set out in the by-laws, are provided within the small animal mobile clinic.			
5.	The provision of emergency services required are described in the "Operational Procedure" Section of SC12. Please Note: Where the provisions of the "Operational Procedure" Section of SC12 do not apply, the small animal mobile clinic operator must obtain written acknowledgement from each client that the client is aware no emergency services are available within the emergency services required distance.			

Appendix A Comments:



Appendix B: Small Animal Remote Service

Not Applicable:

For the purposes of this bylaw, a Small Animal Remote Service VPE is one that offers primary care at predetermined locations, meeting all the conditions of Mobile Services. Such predetermined locations must be approved by the Accreditation Committee and must not be within a 20-kilometre radius of any other currently accredited facility or future accredited small animal hospital.

		YES	NO	N/A
1.	The remote location must be equipped to offer small animal veterinary services that meet the standards of care for patients, workers and the public.			
2.	If a small animal remote service is not owned by the small animal hospital with which it is associated, there must be a written agreement between the small animal remote service and the small animal hospital that sets out the terms of their association.			
3.	A small animal remote service must receive approval from the Accreditation Committee for each location the small animal remote service intends to operate.			
4.	The scope of practice for a small animal remote service is limited to examination, diagnostic, euthanasia and prophylactic services and sedation only for purposes of restraint or euthanasia, and does not include general anaesthesia, radiology, and minor or major surgery.			
5.	The Universal Standards 1-8 apply to a Small Animal Remote Service with the following additions: a. The exam room must have enough room to adequately accommodate the patient, client and veterinarian. The facility must also have an examination table with a readily disinfected impervious surface; b. A record of history, examination and treatments administered is required to be maintained at the small animal hospital that owns the small animal remote service or at the associated hospital; c. Equipment sufficient for the collection of blood samples, urine samples, bacterial cultures and other clinical pathology specimens shall be available.			
6.	The facility where the small animal remote service is being provided shall be clean, orderly and properly maintained.			
7.	Cleanliness and orderliness of the drugs and equipment in appropriate carrying containers is mandatory.			
8.	Cleanliness, orderliness and proper maintenance of drug storage, dispensing and records areas is mandatory.			

9.	Wastes removed from premises of examination should be carried in closed containers and disposed of appropriately and not allowed to accumulate.			
10.	A disinfected, adequately ventilated, properly secured portable holding compartment made of impervious material must be made available to permit transportation of a patient to an accredited small animal hospital.			
11.	The provision of emergency services required are described in the “Operational Procedure” Section of SC12. Please Note: Where the provisions of the ‘Operational Procedure’ Section of SC12 do not apply, the small animal remote service operator must obtain written acknowledgement from each client that the client is aware no emergency services are available within the emergency services required distance.			
12.	Verification of the provision of outsourced emergency services must be available in writing and updated with each inspection.			

Appendix B Comments:

Appendix C: Emergency Clinic				
Not Applicable:				
		YES	NO	N/A
1.	The scope of practice for an emergency clinic is limited to examination, diagnostic and prophylactic services and medical and surgical treatment for small animals, including major surgery.			
2.	An emergency clinic must: <ul style="list-style-type: none"> a. be operated, equipped and staffed to provide emergency services; b. specify its hours of operation as an emergency clinic, which are intended to be the hours when most other categories of facilities are not providing client services; c. transfer patients’ records to the primary care provider of each patient on the next available business day or on discharge; d. when the clinic closes, arrange for the transfer of a patient to the patient’s primary care provider if necessary; e. Emergency clinics must have access to timely diagnostic laboratory tests and must have staff and equipment necessary to provide intensive care to critically ill patients. The foregoing must include: 			

	<ul style="list-style-type: none"> i. tracheotomy tubes; ii. AMBU resuscitation bag; iii. ECG capability for printout and monitoring; iv. stomach tubes; v. tracheal suction catheters 5-18 Fr; vi. nasogastric tubes 8-18 Fr; vii. mouth speculum; viii. red rubber urethral/feeding catheters; ix. Foley catheters 6-26 Fr; x. chest drain suction system; xi. suction unit; xii. CBC counting capability; xiii. laboratory equipment for: ACT, bleeding time, glucose, BUN, urinalysis, fecal, heartworm, FeL V and cytology; xiv. Argyle chest tubes 8-30 Fr; xv. peritoneal dialysis catheter; xvi. platelet counting capability 			
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Appendix C Comments: