Alberta Veterinary Medical Association
Practice Inspection and Practice Standards Bylaw

November 2014
PRACTICE INSPECTION PRACTICE STANDARDS BYLAW

This bylaw is developed to meet the requirements of the Veterinary Profession General Regulation (Part 4) and the Alberta Veterinary Medical Association Bylaws (4.7.5), and replaces all former versions of the Practice Inspection Practice Standards Bylaw.

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Definitions:

Companion Animal: an animal kept for companionship and enjoyment.

Farm Animal: includes all production animals as well as all equines, regardless of their purpose.

Minimum Practice Standards: are established by this bylaw and must be met by every approved VPE. They are the minimum acceptable elements that constitute an approved VPE independently, considering its respective practice category/activity.

Practice Inspection/Practice Standards Committee (PIPS): this is a legislated committee of the ABVMA, established under section 4.7 of the general bylaw. The committee is charged with certifying veterinary practice entities as being compliant with the minimum standards as established by the association.

Practice Name: this is the name under which the veterinary practice entity offers services. The name must be compliant with the ABVMA general bylaw on naming (4.8).

Production Animal: an animal kept for the production of food, fiber or labour, regardless of species.

Registered Veterinarian: a person entitled to engage in the practice of veterinary medicine by virtue of registration in accordance with the Veterinary Profession General Regulation.

Registered Veterinary Technologist (RVT): a person entitled to engage in a limited scope of veterinary practice by virtue of registration in accordance with the Veterinary Profession General Regulation.

Service Category: these are categories of service to which the specific minimum practice standards apply. Each veterinary practice entity may choose which service categories they engage in and which species of animal that service is delivered to. If they participate in a service, they must maintain compliance with the minimum standards for that service and species.

Universal Standards: these standards must be met and maintained by every veterinary practice entity before it can be certified.

Veterinary Health Care Worker (VHCW): any person engaged within a Veterinary Practice Entity, including owners, employees, contract workers, students and volunteers.

Veterinary Medical Professionals (VMP): individuals entitled and registered to engage in the practice of veterinary medicine under the Veterinary Profession Act, specifically veterinarians and animal health technologists.
Veterinary Practice Entity (VPE): the total of buildings, equipment and supplies, registered veterinarians, RVTs, support personnel and necessary documents that exist for the purpose of supplying veterinary services, regardless of whether or not the operation has a fixed geographic address and location to which the public attends.

WHMIS: Short form of Workplace Hazardous Materials Information System. It is a comprehensive plan for providing information on the safe use of hazardous materials used in Canadian workplaces. Information is provided by means of product labels, material safety data sheets (MSDS) and worker education programs.
Universal Standards (US)

These standards must be met and maintained by every veterinary practice entity before it can be certified and commence offering veterinary services.

US-1: Leadership

Guiding Principles:

The *Veterinary Profession Act* defines who can practice veterinary medicine and who can own a veterinary practice. It also requires the ABVMA 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 in regards to the delivery of veterinary health care procedures in the province. Provision of professional leadership and clear practice standards through these bylaws are essential in meeting this goal.

Definitions:

Certificate of Quality Assurance: this document is issued by the committee upon verification, by inspection, of compliance with the minimum standards for a veterinary practice entity.

Quality Assurance Self Verification Guide: is a check list of the required elements of the *PIPS Bylaw* that must be completed and affirmed by the Veterinary Practice Entity team on an annual basis.

Responsible Veterinarian: is an unrestricted registered veterinarian appointed by the VPE owner who has been appropriately informed and has signed the *PIPS* documentation as submitted, verifying its accuracy and who provides overall guidance to the operation of the VPE, ensuring that conditions of the *Veterinary Profession Act* and *General Regulation and ABVMA Bylaws and Guidelines* are adhered to.

Professional Responsibility:

1. Veterinary medicine must only be practiced by a registered veterinarian or appropriately delegated to a registered veterinary technologist under the supervision of a registered veterinarian.

2. A registered veterinarian must be actively engaged in practice activity every day that the practice entity operates or offers service.
3. All veterinary activity performed within a certified veterinary practice entity must be under the direction and control of a registered veterinarian whose registration does not require supervision.

4. Every veterinary practice entity must ensure continuity of care for patients and clients by provision of out-of-hours emergency services, either by a designated on-call registered veterinarian or referral to an alternate facility with which a documented agreement (verbal or written) exists.

5. The VPE must engage an unrestricted registered veterinarian to act as “Responsible Veterinarian” in regards to the operation of the VPE. This person must be familiar with the statutory requirements for operating a VPE and insure 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. This position does not absolve other veterinarians or animal health technologists of their professional responsibilities or liabilities nor does it assume responsibility for the professional conduct of other individuals working in the VPE.

**Practice Inspection Practice Standards:**

1. A veterinary practice entity must define the scope of their professional activity by service category and species of animal.

2. Veterinary medicine may only be practiced in accordance with the criteria established for the respective VPE and applicable association bylaws in an environment certified by the ABVMA under the association bylaw.

3. Every veterinary practice entity must maintain on an ongoing basis those standards designated as “Universal Standards” (US).

4. Each veterinary practice entity must maintain all the minimum practice standards included within the list of each individual “Service Categories” (SC) that the entity has elected to deliver.

5. Each veterinary practice will be inspected and recertified at a minimum of every three years (such inspection may take place without prior notice from the ABVMA).

6. Each veterinary practice entity is required to complete a Quality Assurance Self Verification Guide annually, and submit the required documentation to the ABVMA as requested.

7. Annual practice inspection program fees and other fees established by the ABVMA Financial Policy must be paid in a timely manner by all veterinary practice entities.
8. The *Certificate of Quality Assurance* shall be displayed in a location visible to the public.

**New Practices:**

1. An application for establishment of a new veterinary practice entity must be submitted and approved by the ABVMA.

2. A veterinary practice entity must demonstrate minimum standards and be inspected and certified prior to commencing operations. A follow up inspection will take place once operations are well underway.

**Ownership:**

1. A veterinary practice entity must demonstrate minimum standards defined in the bylaw before the first day of operation.

2. The owner must provide the Veterinary Practice Entity with the support and resources necessary for the VPE to comply with its obligations under these standards.

3. Ownership of the VPE shall be recorded with the ABVMA, including all corporate ownership, at all levels.

4. All Corporations having ownership in a VPE shall be registered with the ABVMA, and each shall have a Permit to Practice.

5. The owner of the Veterinary Practice Entity must monitor and enforce compliance with the systems, policies and procedures referred to in this standard.

6. A change in ownership, relocation, major renovation of a veterinary practice entity or changes in service categories offered must be reported to the ABVMA and will require an inspection to ensure ongoing approval of the VPE.
US-2: Business Standards and Work Place Safety

Guiding Principles:

All businesses have a responsibility of care for workers, customers and the general public. The VPE operates as a business within the Province of Alberta and therefore has minimum legal obligations that must be met. A number of different pieces of federal, provincial and municipal legislation apply to business operations, including veterinary businesses. This standard is a guideline to assist VPEs to meet their required legal obligations. While specific legislation is referenced and some requirements are highlighted in the bylaw, the absence of a specific reference in this document is not intended to imply that the VPE is in any way exempt from its application.

Implementation of this standard should be guided by the Safety Handbook for Alberta Veterinary Facilities.

Operational Procedures:

1. The VPEs acting as employers are obligated to be familiar with and adhere to Alberta’s Employment Standards Code.

2. The VPE must act in accordance with the Personal Information Protection Act (PIPA) of the province of Alberta:

3. The purpose of this Act is to govern the collection, use and disclosure of personal information by organizations in a manner that recognizes both the right of an individual to have his or her personal information protected and the need of organizations to collect, use or disclose personal information for purposes that are reasonable. This act applies to every organization; and in respect of all personal information, all VPEs must be in compliance with the act.

4. The VPE must act in accordance with the Canada Anti-Spam Legislation (CASL).

5. The VPE must act in accordance with the federal Workplace Hazardous Materials Information System (WHMIS).


7. Best Practices Guidelines for Occupational Health and Safety in the Healthcare Industry (Alberta Government) must be implemented, including:

   Volume 1: Overview of Best Practices in Occupational Health and Safety in the Healthcare Industry
Volume 2: Best Practices for the Assessment and Control of Biological Hazards

Volume 3: Best Practices for the Assessment and Control of Chemical Hazards

Volume 4: Best practices for the Assessment and Control of Physical Hazards

Volume 5: Best Practices for the Assessment and Control of Psychological Hazards
**US-3: Professional Image and Responsibility**

**Guiding Principles:**

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 ABVMA are also expected to treat colleagues, staff and customers with dignity and respect, and should try to promote and maintain good relations with all of 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.

**Definitions:**

**Premises Identification Number (PID):** is a unique number assigned by Alberta Agriculture and Rural Development to any location where livestock or poultry are grown, kept, assembled or disposed of. The *Animal Health Act* requires that all VPEs that engage in any of these activities must have a PID.

**Facility and Equipment:**

1. The VPE must have an approved operating name, and must not use any name that has not been approved.
2. The VPE must have a fixed mailing address.
3. The VPE must have a listed telephone number.
4. If the VPE has a fax number, e-mail address, website or other form of communication directed to the public, this information must be recorded with the ABVMA.
5. A Premises Identification Number must be issued by the Government of Alberta if food producing animals are presented to the location.
6. The VPE must have the following insurances in place:
   a. Business Liability
   b. Professional Liability and Malpractice
Operational Procedures:

1. All veterinarians and animal health technologists must be registered with the ABVMA.

2. The VPE must operate under the guidance of a registered, unrestricted veterinarian, designated as the Responsible Veterinarian.

3. A registered 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 registered veterinarian, with the informed consent of the owner or responsible party.

5. Unregistered individuals are not permitted to perform any procedure that is considered the practice of veterinary medicine.

6. Veterinary medical professionals shall respond to and act upon animal welfare cases that they become aware of, and are ethically expected to report all cases of willful animal abuse to the appropriate authority.

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 Council Guideline Marketing Activity and all phone listings, websites, social media pages and other forms of advertising must comply with this Guideline as well as the Veterinary Profession General Regulation.

Guiding Principles:
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. The purpose of an emergency plan is to control and respond to accidents or disasters when they occur. Planning for short term and long term interruptions within the VPE is recommended for the safety of workers, patients and the public, as well as ensuring ongoing patient care. Each VPE must meet their own regional requirements in addition to following these guidelines.

Facility and Equipment:
1. The VPE has a written:
   b. Hazardous Chemical Spills Protocol.
   d. Contingency Plan in the event of a disaster or emergency that may close the VPE temporarily for business.
   e. Emergency Action Plan to maintain business in an alternate location.
2. Instructions for building evacuation and animal handling, in case of fire or other emergencies, are posted and familiar to staff.
3. Emergency phone numbers including fire, hospital, police and poison control centre are posted in a readily accessible location and familiar to staff.
4. Plans are in place for temporary holding locations for animals.
5. The VPE has a posted floor plan showing:
   a. Fire extinguishers.
   b. Control valves (Oxygen, gas, water).
   c. Dangerous areas (chemical storage, Oxygen storage).
   d. Escape routes which are accessible and uncluttered at all times.

Recommendations:
A functional emergency electrical generator is in place capable of providing backup power resources when the regular system fails.
US-5: Biosecurity & Biomedical Waste Management Standard

Guiding Principles:

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. The ABVMA Biosecurity in Practice manual should guide and inform the implementation of this standard for each VPE. Other relevant legislation and references are listed in the appendix at the end of this section.

Definitions:

Sharps: any material that can puncture, penetrate, tear or cut the skin or mucous membranes, including needles, lancets, glass slides, scalpels, broken glass etc… (contaminated or not)

Facility and Equipment:

1. Appropriate commercial disinfectant with bactericidal, fungicidal and virucidal 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.

Operational Procedures:

1. There is adequate means to dispose of or remove all wastes.

2. Additional biosecurity measures (including but not limited to: footbaths, protective clothing, boots, etc…) 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. All such measures are defined as Standard Operating Procedures. Note: The ABVMA Biosecurity in Practice manual is a useful reference for these procedures.

3. Waste disposal is conducted according to all applicable municipal, provincial and federal legislation; see Appendix.
4. Biomedical waste shall be safely stored in one of the following:
   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.

5. In the absence of biomedical waste disposal services, sharps and other solid biomedical waste directed for landfill disposal must be rendered nonpathogenic 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.

6. 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.

7. Sharps are handled in compliance with the Alberta Occupational Health and Safety Act and Regulations and the Occupational Health and Safety Code (2009), which requires that:
   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.
   d. Sharps container must not be reopened or material removed once it is placed inside.
   e. Used needles must not be re-capped.
   f. Medically engineered sharps are in use where available, unless it is not clinically appropriate in a given circumstance.

Appendix:

Relevant regulations for disposal of carcasses and bodies include the following:

1. The Destruction and Disposal of Dead Animals Regulation of the Animal Health Act

2. Accepted Industry Standard for the Disposal of Biomedical Waste

3. Canadian Council of Minister for the Environment Guidelines for the Management of Biomedical Wastes in Canada
4. *Alberta Occupational Health and Safety Code Part 4 – Chemical Hazards, Biological Hazards and Harmful Substances*

5. The off-site transportation of biomedical waste for treatment or disposal must be in compliance with the *Transportation of Dangerous Goods Regulation*
US-6: Facility Standard

Guiding Principles:

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.

Facility and Equipment:

1. The exterior and interior of the building is of good construction and permanent in nature with:
   a. Adequate heating, humidity and temperature control.
   b. Adequate lighting.
   c. Adequate ventilation and screening.
   d. 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 facility is adequately identified:
   a. The facility has, and appears to have, the practice of veterinary medicine as its primary purpose.
   b. 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 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:
   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:
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. Examination, diagnostic, laboratory, post-mortem, treatment and/or surgical areas are clean and orderly with:

   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.

11. Adequate fire extinguisher(s), smoke detector(s), and/or sprinklers are present and in working order, and conform to municipal 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:

   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.
Operational Procedures:

1. Facility cleaning and equipment maintenance is in place and utilized.

2. Refuse is disposed of safely and often enough so that it does not accumulate.

3. Facility and Equipment Standards do not prohibit the provision of ancillary services in the facility, such as boarding or grooming, which are incidental and subordinate to the professional services provided in the facility. These services must meet all the standards required for a VPE.

4. Pest (e.g. fly and rodent) control is adequate.
US-7: Medical Records

**Guiding Principles:**

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 ABVMA Medical Records Handbook* should guide implementation of this standard.

**Definitions:**

**Medical Record Entry:** is any notation regarding client or patient information, client consultation or communication, assessment, observation, progress note, procedure and dispensing products or pharmaceuticals.

**Production Records:** these are details of production activities or individual animal medical details that are maintained by the animal production unit owner/manager. They may be accessed by the veterinarian and support the medical decisions of the veterinarian but do not constitute a medical record or absolve the responsibility of the veterinarian to maintain an appropriate record.

**Protocols or Livestock Standard Operating Procedures:** directions by a registered veterinarian for managing and treating animal health situations by a predetermined set of procedures and triggered by a specific indication.

**Facilities and Equipment (Medical Record Content):**

1. The medical record shall contain client identification:
   a. Name and address.
   b. Contact telephone number(s).
   c. Alternate person(s) authorized to make medical decisions for the animal(s). Examples of alternate person(s) include: spouse, co-owner, alternate caregiver, emergency contact or livestock manager.

2. The medical record must contain identification information in sufficient detail
to appropriately identify the patient, whether individual or herd. This information may include:

- Name
- Identification number
- Age or date of birth
- Sex/Altered
- Species
- Breed
- Colour/markings
- Weight
- Microchip number/tattoo
- Canadian Cattle Identification Agency number and or visual identification tag number
- Lot number or pen number
- Other tag number (e.g. Rabies for companion animals)
- Brand(s)

3. Medical records shall contain sufficient 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. Farm animal medical records may be maintained on either a herd (flock), or individual animal basis as appropriate.

5. For farm animals, herd records shall be maintained by the VPE and document:
   a. Annual documentation of preventative treatment strategies (e.g. vaccine, metaphylaxis etc…) referencing protocols as Standard Operating Procedures (SOPs).
   b. Annual documentation of production enhancement strategies (e.g. implants, ionophores, beta-agonists etc…) referencing protocols as SOPs.
   c. Annual 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 as defined by Council Guideline on prescribing and dispensing.

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.

6. 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).

7. Medical records shall document any formal cost estimates given, including but not limited to: costs associated with diagnostic testing, medical treatment and surgical treatment.

8. 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.

9. 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. The record shall include the required elements of a prescription, as per the ABVMA Council Guidelines Regarding Prescribing, Dispensing, Compounding and Selling Pharmaceuticals.

10. Medical records shall include a record of anesthesia and analgesia, including a record of monitoring. See SC-4 for details.

11. 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).

   a. The SOP provides a complete description of the procedure for each veterinarian on a given species.

   b. The SOP is on file & available for reference in the VPE.

12. Medical records shall document the results and interpretation of all diagnostic tests used, and laboratory reports. Examples of diagnostic tests include:
• Clinical pathology
• Diagnostic imaging (such as radiography, ultrasonography, fluoroscopy, nuclear medicine diagnostic services, computed tomography and magnetic resonance imaging)
• Histopathology
• Electrocardiogram
• Fertility evaluation
• Post-mortem evaluation

13. Medical records shall include documentation of all consultation reports, both non-verbal and verbal, (by a veterinary specialist or other colleagues), and laboratory interpretations.

14. 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:
   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)

15. 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.

**Operational Procedures (Medical Record Management):**

1. Medical records shall be:
   • clear
   • legible
   • systematic
   • retrievable
accurate
complete
current and up to date
contemporaneous
clinically oriented
available for prompt retrieval

2. Each entry to the medical record shall include the date and identification of the author of the entry (via signature, initials or computer identification).

3. Medical record entries shall not be altered. When a correction is necessary original detail must be retained and the correction noted as such.

4. Medical records are maintained for a minimum of five years after the most recent patient visit. This includes dead animal files, euthanasia consent forms and original prescription forms. Original records must be maintained unless they are transferred to another format for storage. In such situations, documentation must be in place indicating when and by whom the information was transferred. Appropriate back up must be in place for digital files.

5. Records exceeding five 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.

6. VPEs providing referral services or emergency treatment must at the time of discharge provide discharge instructions in triplicate. Copies for:
- VPE medical record
- Client
- Primary care registered veterinarian (delivered by electronic mail, facsimile, mail, courier or other appropriate means)

7. VPEs providing referral services or emergency treatment must provide a written report to the primary care veterinarian in a timely fashion.

8. The following log books shall be maintained:
   a. Narcotic, Controlled and Targeted Drug Log
   b. Acquisition Log -See US-9 for details
   c. Use Log
   d. Radiology Log

9. Radiology and narcotic logs may be kept in hard copy or on computer. In
either circumstance, they must be easily retrievable and appropriately backed up to ensure against information loss.

10. Log books must be maintained in a form and manner that will permit an inspector to readily examine and obtain information from it.

11. Computerized medical records must meet the same criteria as non-computerized records. The system must:
   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.

12. Any VPE which ceases to operate for any reason shall immediately inform the ABVMA as to how the medical records will be managed and publish a formal
notice to the public by electronic or print media indicating where the medical records can be accessed. The VPE shall:

a. Retain all medical records for the required period of time (five years after the last patient visit, including deceased animals), and allow the clients reasonable and timely access to the records, or

b. Transfer all medical records to:
   - A VPE which assumes responsibility for the practice, including the medical records; or
   - Another VPE practicing in that locality that agrees to manage the records and provide access to the clients / owners; or
   - A secure storage area with a person designated to manage the records and to provide the clients reasonable access to the records.

**Recommendations:**

1. With client permission other identification and contact information may be maintained in the medical record (e.g. electronic or e-mail address).

2. Any documentation in the medical record indicates the time as well as the date the entry is completed.
US-8: Library

Guiding Principles:

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.

Facility and Equipment:

The Reference Library Must Include:

1. A current drug formulary relevant to the species cared for at the VPE.
2. One current (within the last 1 - 2 editions) veterinary reference text book on the major subject areas practiced at the VPE (e.g. internal medicine, surgery, radiology, emergency medicine, dentistry, anesthesia).
3. Access via the ABVMA website to:
   b. *ABVMA Biosecurity in Practice Manual*.
   c. *ABVMA 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*.
   d. *Alberta Animal Protection Act and Regulations*.
   e. *Compendium of Pharmaceuticals and Specialties*.
   h. *Occupational Health and Safety Act and Regulations*.
   i. *Personal Information Protection Act*. 
5. For VPEs practicing with food animals, access to the following (as appropriate for the species):

   a. *Alberta Animal Health Act.*
   b. *Production Animal Medicine Regulation.*
   c. *Destruction and Disposal of Dead Animals Regulation.*
   d. *Livestock Disease Control Regulation.*
   e. *Reportable and Notifiable Diseases Regulation.*
   f. *Traceability Premises Identification Regulation.*
   g. *Compendium of Medicating Ingredient brochures.*
   h. *Swine Traceability Regulation (Swine VPEs).*
   i. *Traceability Cattle Identification Regulation (Cattle VPEs).*
   j. *Livestock Market and Livestock Assembling Station Regulation.*
US-9: Pharmaceutical Management

Guiding Principles:

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 ABVMA Council Guidelines for Prescribing, Dispensing, Compounding and Selling Pharmaceuticals, 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, as well as the Triplicate Prescription Program.

Facility/Equipment and Operating Procedures:

1. All pharmacy activities and facilities are compliant with relevant federal and provincial legislation.

2. All prescription medications are administered or dispensed by a registered veterinarian or registered veterinary technologist under order of a registered veterinarian:
   a. Prescriptions prepared and dispensed by a registered veterinary technologist, in the absence of a registered veterinarian, are communicated to the supervising veterinarian within the next business day and are acknowledged in the medical record.
   b. Unregistered 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 registered veterinarian or registered veterinary technologist who is responsible for the final verification of the activity and all client communication.

3. Storage:
   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:
   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 drug acquisition log is maintained, which includes:
      i. Date and quantity of drugs received
      ii. Lot number or invoice number containing lot number
      iii. Name and signature of responsible veterinarian or RVT receiving the product and entering it into inventory
      iv. A unique number assigned to each bottle within the shipment
      v. Name and signature or password protected computer ID of responsible veterinarian or RVT removing product from inventory
   d. A drug use log must be maintained, which includes:
      • Identification of patient
      • Dosage/volume of drug used
      • Remaining balance in container
      • Identification of case veterinarian
      • Signature of registered veterinarian or RVT administering or dispensing the product or password protected computer ID
   d. Logs are stored in a location separate from the drugs.
   e. *Triplicate Prescription Program* pads (TPP) are used in accordance with *Council Guidelines*.
   f. TPP pads are available for each individual prescribing veterinarian and these pads are kept in a secure, locked environment (need not be separate from inventory).
   g. 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 one of the following means:

i. They are returned to the manufacturer after an Authorization to Return form is obtained for these products.

ii. Local destruction after permission is obtained from Compliance, Monitoring and Liaison Division of the Office of Controlled Substances for destruction:

- They must be destroyed by altering or denaturing the substance to such an extent that its consumption is rendered impossible or improbable. (This may include denaturing with disinfectants or absorption into kitty litter with the resulting product disposed of in secure biomedical waste container.)

- Destruction must be by two registered veterinary medical professionals, one of which must be a registered veterinarian.

- Records of such return or destruction are kept for five years in the appropriate narcotic log and signed by both parties taking part in the destruction or return.

h. Any suspected theft or unexplained losses are reported to Health Canada within 10 days.

i. Medical records are maintained regarding all drugs used or dispensed by the VPE, and specifically:

   i. 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.

   ii. Indicate the dosage and volume of product prescribed.

   iii. Indicate when refills are dispensed and a descending balance of refills still available.

   iv. Contain a copy of written prescriptions filled for clients that were generated by a registered veterinarian other than in the VPE.

5. Dispensing:

   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:

- Name of client
- Name of drug
- Date dispensed
- Quantity dispensed
- Name of prescribing registered veterinarian
- Name, address and phone number of dispensing VPE
- Identification of animal patient or production unit the drug is intended for
- Directions for use
- The statement “Veterinary Use Only”
- 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 individual unit of product is appropriately identified.

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 registered 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.

f. When dispensed by the case, the dispensing label can be affixed to the exterior of the case.
Service Category Standards (SC)

Each Veterinary Practice Entity must select the service categories that are appropriate for the veterinary services they offer. They must then comply with all the standards required for each category they participate in.

SC-1: Primary Care

Guiding Principles:

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.

Primary care, for example, may include any or all of the following, but is not limited to:

1. Companion Animals:
   - Physical exam and recheck
   - Vaccination/parasite control
   - Laceration treatment
   - Euthanasia
   - Nail trimming
   - Behavioral consultation
   - Ambulatory/house-call or simple facility
   - Lab sample collection for diagnostics
   - Injections
   - Short term hospitalization – not overnight (unless conditions of SC-3A: Animal Housing are also met)
   - Minor procedures not requiring general anesthesia or sedation (as defined in SC-4: General anesthesia)
2. Equine:

- Physical exam and recheck
- Vaccination/parasite control
- Laceration treatment
- Euthanasia
- Insurance examination
- Lameness examination
- Pre-purchase examination
- Dentistry – routine dental care
- Castration
- Dystocia/embryotomy
- Federal and provincial regulatory procedures, including export and import
- Radiology
- Lab sample collection for diagnostics
- Injections
- Insurance claim report
- Pregnancy testing
- Semen collection/evaluation
- Artificial insemination
- Ultrasonography
- Passport completion

3. Food Animal:

- Physical exam and recheck
- Vaccination/parasite control
- Lameness examination
- Federal and provincial regulatory procedures, including export and import
• TB and Brucellosis testing
• Wound, laceration and abscess treatment
• Euthanasia
• Pregnancy testing
• Dystocia/embryotomy
• Caesarean section
• Dehorning
• Castration
• Treatment, including parenteral, oral or other routes of administration
• Necropsies
• Lab sample collection for diagnostics
• Insurance Claim Examination and Report
• Semen Evaluation/ Breeding Soundness Exam
• Radiology
• Rectal, vaginal and uterine prolapse
• Consultation for herd health management

**Facility and Equipment:**

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
   • Clean overalls or 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

**Operating procedures:**

1. A registered veterinarian performing any physical exam, determining a course of treatment or prescribing is obligated to meet this Primary Care Standard.

2. 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-2: Ambulatory Care

Guiding Principles:

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-15.) 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.

Definitions:

Ambulatory VPE: for the purposes of this bylaw an ambulatory VPE is one that offers primary care veterinary services at the residence of the owner or the location where the animal is regularly housed or assembled for reasons other than veterinary care. This includes descriptors such as: house call, farm call and other like terms, but does not include Mobile VPE.

Facility and Equipment:

1. The vehicle is 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 adequate 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 to prevent theft or abuse.

Operational Procedures:

1. 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.

2. Conditions of all other service categories that are offered by the ambulatory service are met.

3. No procedures requiring inhalation anesthetic are performed.

4. Where sedation is undertaken as defined in SC-4: General Anesthesia, the requirements of that section must be met.

5. Medical records are provided consistent with US-7 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).

6. Services may be provided to animals belonging to one or more owners if the animals are congregated in a location other than the residence of the animals for an official reason other than veterinary care.
SC-3: Animal Housing

Guiding Principles:

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

Facility and Equipment:

1. Floors, walls, furniture and fixtures are constructed of materials that are easily cleaned and disinfected.
2. Adequate lighting is provided, including emergency lighting.
3. Adequate ventilation is provided and the facility is free of persistent offensive odours.
4. Refrigeration for perishable foods is provided.
5. Cat litter trays must be either disposable or readily sanitized.
6. Animal care wards are kept clean and orderly.
7. Appropriate bedding for the specific species being housed is in use.
8. Housing units have a place to attach patient identification.
9. Kennels, cages, runs, stalls and pens can be securely fastened to prevent escape.

Kennels and Cages:

1. Must be sturdy enough to prevent cage movement while occupied
2. Five of the six sides of all cages must be made of solid and water impervious material that is easily cleaned, disinfected and maintained.
3. Cages with barred doors must have bars that are spaced an appropriate distance for the species and can be easily cleaned, disinfected and maintained.
4. Must be large enough for the occupant to stand up and turn around freely
**Runs:**

1. Walls and floors must be of water-impervious material that is easily cleaned.
2. Each run should drain properly.
3. Partitions must be solid and a minimum of 4 feet high in-between runs.
4. Outdoor runs must be covered appropriately to keep animals contained as well as protected from the weather.

**Stalls:**

1. Stalls must have solid partitions or walls that ensure separation between animals from different owners or different sources.
2. Floors must be made of an impervious, non-slip material that is easily cleaned and well drained.

**Operational Procedures:**

1. Hospitalized animals must be given water and food at appropriate time intervals.
2. Appropriate and adequate variety and quantity of foods (including prescription diets) must be available to feed hospitalized patients.
3. Food must be stored in clean, dry areas.
4. Dishes and utensils must be easily cleaned and sanitized or disposable.
5. Patients belonging to different owners must have a separate compartment of an appropriate size and designation to ensure comfort of the animal(s).
6. Occupied housing units must be cleaned at least once daily or more frequently if required.
7. Housing units must be thoroughly cleaned and disinfected between animals where possible.
8. Cat litter trays must not be shared between cats from different households.
9. Adequate exercise must be provided for hospitalized patients, unless it is contraindicated for condition or species.
10. Adequate personnel must be on hand to assist in the treatment of outpatients and hospitalized patients.
11. Hospitalized animals must be examined by a registered veterinarian at least once daily.
12. Hospitalized patients must be given in-person care until stabilization of postsurgical or critically ill patients has occurred.
13. 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.

14. Pets and mascots residing in the VPE are not allowed to place persons, patients or facilities at risk of disease or injury.

15. Animals are not housed or permitted in staff lunchroom.

16. Animals are not transferred to another facility without the documented consent of the owner (given verbally or in writing).

**SC-3B: Isolation**

**Guiding Principles:**

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. In the absence of such a facility the VPE must have alternate plans in place for managing potentially contagious patients to avoid risk to others.

**Facility and Equipment:**

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. Isolation areas are regularly and thoroughly disinfected when in use.

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

**Operational Procedures:**

1. Potentially contaminated material is disposed of in a safe manner.
2. All patients with a potentially contagious disease are properly identified so that their status is obvious to all members of the practice team.
3. Animal husbandry procedures are performed by individuals properly trained in biosecurity and under the supervision of a registered veterinarian or registered veterinary technologist.
4. 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.
5. 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.

**Recommendations:**

1. A single purpose room for isolation is highly recommended in which activities are restricted to providing care for contagious or potentially contagious patients.
2. Negative pressure ventilation is available in the isolation room and exhaust air is vented to the outside of the building.
3. When a single purpose isolation room is not available, arrangements are made to transfer the patient to a facility which has a single purpose isolation room if long term care is required and the risk of spread of the disease through the facility is high.
SC-4: Anesthesia

Guiding Principles:

Registered veterinarians and registered veterinary technologists, under the supervision of a registered 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.

Definitions:

Analgesia: freedom from or absence of pain.

General Anesthesia: a drug-induced unconsciousness that is characterized by controlled but reversible depression of the central nervous system (CNS) and analgesia. The patient cannot be aroused by noxious stimulation. Sensory, motor and autonomic reflex responses are attenuated. While under general anesthesia, the patient cannot be aroused, even with painful stimulation. Surgical anesthesia is a specific plane of general anesthesia in which there is a sufficient degree of analgesia and muscle relaxation to allow surgery to be performed without patient pain or movement.

Sedation: central depression accompanied by drowsiness. The patient is generally unaware of its surroundings but is responsive to painful manipulations. This refers to drug-induced central nervous system (CNS) depression and drowsiness that vary in intensity from light to deep. A sedated patient generally is minimally aware of its surroundings and can be aroused by noxious stimulation. Sedation is often used for diagnostic imaging, grooming, wound treatment and other minor procedures.

Tranquilization: a behavior change wherein anxiety is relieved and the patient becomes relaxed but remains aware of its surroundings. A drug-induced state of calm in which the patient is reluctant to move and is aware but unconcerned about its surroundings.
**Facility and Equipment:**

Documentation shall be provided that indicates that the gas anesthetic equipment utilized at the VPE is inspected and verified a minimum of every 24 months by an independent third party acceptable to the Practice Inspection and Practice Standards Committee.

1. Stand-Alone Facility:
   
   a. Appropriately delegated personnel (registered veterinarian or registered veterinary technologist) and equipment must be available to assess ventilation, circulation, perfusion, oxygenation and temperature (see operating procedures below).
   
   b. Anesthetic monitoring equipment must include a stethoscope and pulse oximeter or other suitable monitoring devices if a pulse oximeter is not appropriate for the species (e.g. reptiles). Pulse oximetry is not required for farm animals except when inhalation anesthesia is employed.
   
   c. When in use, gas anesthetic machines must be safety checked daily (for example checking for leaks, checking valves are working properly).
   
   d. Anesthetic equipment having direct contact with patients must be cleaned and disinfected in between patients (e.g. laryngoscopes, endotracheal tubes, masks).
   
   e. 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.
   
   f. A scavenging system 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).
   
   g. A means of assisting ventilation (manual or mechanical) must be available and utilized when needed.
   
   h. A range of endotracheal tubes appropriate for the sizes of patients treated at the VPE must be available.
   
   i. A range of anesthetic masks appropriate for the sizes of the patients treated at the VPE must be available.
   
   j. Intravenous catheters and intravenous fluids must be available for patient use.
   
   k. Sterile needles and syringes must be available and used for the administration of injectable anesthetic agents.
   
   l. Oxygen must be available and utilized as necessary.
m. 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.

2. Small Animal Ambulatory Care (House Call) Practices:

   a. Ambulatory Care (house-call) practices may sedate animals to perform minor procedures such as blood collection, removal of porcupine quills or repairing small wounds. These practices must be equipped to monitor these patients and handle adverse events associated with the sedation.

   b. Equipment must include intravenous catheters, pulse oximeter, emergency drugs (including reversal agents and agents used in cardiopulmonary resuscitation), oxygen tank, masks, endotracheal tubes, ambu-bag and means to deliver oxygen through the tube (e.g. flow-by through tubing from a flow meter on the oxygen tank). This requirement does not apply for home euthanasia.

   c. Sedation to perform small animal dentistry is prohibited in small animal house-call practices.

   d. Procedures requiring general anesthesia must not be performed.

**Operational Procedures:**

Note: certain exemptions to monitoring anesthesia apply to equine castration, standing bovine procedures and other farm animal species as defined in SC-5B. Visual monitoring and the use of a stethoscope alone may be adequate for procedures using local injectable anesthesia or short-term intravenous anesthesia.

   1. Monitoring of Anesthetized and Sedated Patients:

      a. Ventilation

         i. 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. Circulation

         i. Measures must be in place to ensure adequate circulation of the anesthetized or sedated patient.

         ii. For anesthetized animals, this must include monitoring heart rate (by hands-on techniques such as palpation of a peripheral pulse or an electronic monitor).
c. Temperature
   i. 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).
   ii. Measures must be in place to guard against hypothermia.
   iii. Measures must be in place to prevent thermal injury of patients from warming devices.

d. Perfusion
   i. Measures must be in place to ensure adequate perfusion of the anesthetized or sedated patient.
   ii. For anesthetized animals, this must include monitoring capillary refill time.

e. Oxygenation
   i. Measures must be in place to ensure adequate oxygenation of the anesthetized or sedated patient.
   ii. For heavily sedated animals and anesthetized animals this must include pulse oximetry or technique appropriate to the species.

f. Anesthetic depth (Anesthetized patients only)
   i. Measures must be in place to assess anesthetic depth (examples include assessing jaw tone, response to stimuli, and eye position).

2. Record Keeping:
   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.
   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. General:

   a. Patients must be observed frequently, by a registered veterinarian or registered 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 registered veterinarian or an appropriately supervised registered 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 registered veterinarian or an appropriately supervised registered 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 registered veterinarian or a registered 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.

**Recommendations (for small animals):**

1. Blood pressure monitoring is highly recommended and is one of the only ways to monitor and assess circulation. Serious complications (e.g. renal failure or death) can arise from hypotension during anesthesia.

2. Capnography is used for the assessment of ventilation.

3. Measurements of ventilation, circulation, temperature and oxygenation are recorded every five minutes in the medical record.

4. Intravenous catheters are placed in all sedated and anesthetized patients where possible or practical. (Intravenous access is not possible in all species.)
5. Body temperature is monitored in the postoperative period and animals are normo-thermic at the time of discharge.

6. Pain is assessed using a published pain management score (where available for the species) and this is recorded in the medical record.

7. Discharge instructions are provided both verbally and in writing.
**SC-5: Sterile Surgery**

**Guiding Principles:**

Surgery is a veterinary medical procedure whose performance is limited to registered 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: major surgical procedures may not be performed on companion animals, except in a stand-alone VPE or a Mobile VPE operating in accordance with SC-16: Mobile Facility. VPEs offering surgical service must meet all the requirements of SC-5, Sterile Surgery SC-5A and/or 5B based on the services they provide, as well as all other relevant Service Categories. Except as permitted in SC-5B: Farm Animal Surgery, all major surgery must take place in an approved surgical suite, and both major and minor surgical procedures must be performed using aseptic technique.

**Farm Animal Surgery:**

Access to surgical services for animals difficult to transport (equine and food producing animals) presents a unique problem. This service category accepts some limitation in the principles of sterile technique and allows for the provision of these services by VPEs complying with SC-5 (general requirements and 5B), SC-2. This includes any procedure performed with sedation, an epidural, local anesthesia or under injectable anesthesia but does not include inhalant anesthesia. *This relaxation of standards does not extend to the provision of surgical or dental procedures in companion animals.*

This standard is designed to help registered veterinarians carry out aseptic surgical procedures appropriate and practical for farm animals and may be applied in a free standing VPE, (outside of the surgical suite) or in the field. Necessary steps must be taken to reduce the risk of infections and to achieve the best surgical outcomes.

*NOTE:* *For clarification, all surgeries must meet the general requirements for sterile surgeries and then either 5A (In-facility surgical suite) or 5B (Farm animal) requirements.*

**Definitions:**

**Farm Animal Surgery:** a surgical procedure performed on an equine, production animal or wildlife species outside of a facility surgical suite, typically on a farm or in the field but may be in a stand-alone VPE.

**In-Facility Surgery Suite:** a single purpose room within a permanent building or mobile unit where sterile, major surgeries are performed.
Major Surgery: a procedure in which extensive resection is performed, a body cavity is entered, organs are removed or normal anatomy is altered. In general and based on the species, if a mesenchymal barrier is opened the surgery is considered major. Non-contaminated procedures of greater than fifteen minutes are considered major surgery.

Minor Surgery (non-contaminated): a procedure in which only skin or mucous membranes and connective tissue are resected or any non-contaminated minor surgery of less than fifteen minutes duration.

Minor Surgery/Procedure (contaminated): a procedure performed where there is contamination of the tissues with living bacteria or other organisms.

For the purpose of this bylaw:

Canine castration is considered a major surgery and must be performed within a single purpose surgical suite.

Feline castration is considered a minor surgical procedure and may be performed outside of a surgical suite in a standalone VPE but may not be performed by an ambulatory care VPE.

Facility/Equipment (for both 5A: In-Facility Surgical Suite and 5B: Farm Animal Surgery):

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. Sterilization:
   a. An autoclave and/or gas sterilization is in use to prepare sterile packs.
   b. Sterility indicators are present within each surgical pack.
   c. Sterility of surgical instruments is verified by a registered veterinarian or registered veterinary technologist upon opening of the surgery pack.
   d. Outer pack wrap material must provide a minimum microbial barrier equivalent to dry 270 – thread count pima cotton.
   e. 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).
f. Gowns, instruments, towels and drapes are disposable or able to be autoclaved.

**Operational Procedures (for both In-Facility Surgical Suite and Farm Animal Surgery):**

1. A properly performed hand and arm scrub with an appropriate surgical scrub agent is required prior to performing surgical procedures.
2. Skin at all surgical sites should be prepared in such a manner as to preserve its integrity.
   a. Hair or feather removal should be adequate to prevent inadvertent contamination of the sterile surgical field.
   b. The prepared area should be large enough to accommodate extension of the incision if necessary.
   c. The entire surgical area should be cleaned and disinfected with an appropriate surgical scrub agent.
3. 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.
4. If lasers are used within the VPE, they must conform to SC-9: Laser Service category.
5. Autoclaves and gas sterilization are maintained and serviced in accordance with a documented schedule.
6. 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-5A: In-Facility Surgical Suite - Specific Requirements:**

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. No open front shelving 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:
   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

9. Aseptic technique is followed for major surgical procedures:
   a. Sterile 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 by excluding unprepared area of skin, where practical, and covering the table top side-to-side.
   g. All equipment not related to surgery must be permanently removed from the surgical suite. 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 theatre.

10. Preliminary patient preparation is done outside the surgery suite to the level of “final skin prep”.

11. All major surgery is performed within the single purpose surgical suite (except as permitted in SC-5B: Farm Animal Surgery).

12. Minor non-contaminated surgery is performed within or outside a surgical suite but using aseptic technique.

13. 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.

14. Equipment available outside the surgical suite includes, but is not limited to:
   - Sink and running water
   - Clippers
   - Vacuum cleaner
   - Surgical scrub material
   - Extra equipment (sterile and non-sterile)
   - Sterile IV catheters
   - Sterile urinary catheters for companion animals

**SC-5B Farm Animal Surgery, Specific Requirements:**

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:
   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.
   f. The following equipment is available:
      - Clippers
      - Surgical scrub material
      - Equipment in cold sterilization solution for non-sterile procedures
      - Sterile I.V. catheters
      - Necessary restraint equipment

3. Consideration must be given to post-operative care of patients on farm and necessary arrangements for after care must be arranged and documented.
SC-6: Companion Animal Dentistry

Guiding Principles:

Companion 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.

Facility and Equipment:

Equipment available shall be appropriate to the species and typically include but not be limited to:

- Selection of dental scaling tools appropriate for supra-gingival and sub-gingival use
- Tools for sectioning and extracting teeth
- Periosteal elevators
- Dental extraction forceps
- Dental elevators/luxators of appropriate size for species
- Dental explorers
- Dental probes
- Sharpening equipment or sharpening service
- Masks, eye protection and gloves are available and are in use for protection of registered veterinarians and RVTs performing procedures
- Oral antiseptic rinse

Operating Procedures:

1. While most non-surgical dental procedures may be delegated to an appropriately trained, registered 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 registered veterinarians only.

2. Registered 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.
3. Animals undergoing dental procedures shall be appropriately anesthetized.

4. Dental procedures are accompanied by pain assessment and appropriate multimodal analgesia is undertaken (i.e. local blocks in combination with systemic analgesia).

5. 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.

6. Instruments and dental equipment require routine and frequent maintenance. Instruments must be sharp and properly cleaned, disinfected and stored between dental procedures.

7. 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 registered 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.

8. A registered veterinarian may delegate specific tasks to a registered veterinary technologist following the Council Guidelines for the Roles of Registered Veterinary (Animal Health) Technologists, Unregistered Auxiliaries, and Students.

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.

**Recommendations:**

1. Dental procedures result in aerosolized bacteria and debris. A dedicated dental space is recommended for dental procedures. This dedicated space should be in a low-traffic area away from the sterile surgical suite.

2. It is recommended to provide client education regarding preventative dental home care and its importance.

3. It is recommended that oral radiographs be routinely used in all dental procedures to direct and document decisions made in the course of dental treatment. Intraoral radiographs should be done in all cases where teeth are extracted, in cases of advanced periodontal disease and where teeth are missing or broken.

4. Teeth should be polished after scaling supra and subgingivally.
SC-7: Equine Dentistry

Guiding Principles:

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.

Facility and Equipment:

- Mouth speculum
- Light source
- Floats, including; power floating equipment and/or selection of hand floats
- Elevators for incisors and wolf teeth
- Dental picks or probes
- Antiseptic for dental equipment
- Stiff brush for cleaning float heads
- Large dose syringe for cleaning out mouth
- Ground Fault Breaker system if using power floating equipment
- Forceps for removal of Caps
- Dental Mirror
- Protective eye and ear wear for those utilizing a power float
- Biosecurity measures are in place for disinfecting equipment between patients
- Records of dental procedures, including anatomic dental documentation or charts, are part of the medical record
Operating Procedures:

1. Horses shall have appropriate anesthesia, sedation, analgesia and restraint during dental procedures to provide maximum safety for the horse, owner, registered veterinarian and other assisting veterinary health care workers or participants.

2. Dental procedures are performed by a registered veterinarian unless delegated to a registered veterinary technologist, in accordance with Council Guidelines for the Roles of Registered Veterinary (Animal Health) Technologists, Unregistered Auxiliaries, and Students.
SC-8: Diagnostic Imaging

Guiding Principles:

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. Implementation of this standard is guided by: the Province of Alberta Radiation Protection Act and Regulation, Health Canada Safety Code 28 and the ABVMA Radiology Quality Assurance Program.

Facilities/Equipment:

1. Radiation emitting imaging equipment is inspected and certified by an Authorized Radiation Protection Agency (ARPA).

2. Radiation emitting imaging equipment is registered with the ABVMA Radiation Protection Program. Annual Confirmation of Registration is in place.

3. The shielding of the designated radiation area is appropriate for the size and use of the room. 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 available and in use, including:
   - Collimator
   - Protective apron x 2
   - Protective gloves with cuff x 2
   - Thyroid Protector x 2
   - Personal dosimeters specific to the VPE, for each team member working with or near radiation equipment:
     - Dosimeters are worn at a body location recommended by the dosimeter provider
     - 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:
a. Owner/patient identification.
b. Exposure technique information (kVp, mAs, MA).
c. Body part thickness (where applicable).
d. Number of exposures.

8. A means to view diagnostic images (film illuminator and/or high-resolution digital image viewer) is easily accessible.


10. Registration of equipment is required when:
   a. Installation of equipment (new or used) in a new or existing VPE
   b. Relocation of equipment within the VPE facility, or to another location
   c. Modification of the characteristics of the radiation emitted from the equipment, or the protective properties of the equipment
   d. CR and DR image receptors must be installed on X-ray systems which have an automatic means of controlling exposures, such as an automatic exposure control.

11. For digital systems, specific quality control testing must be performed on the image acquisition, storage, communication, and display systems.

12. All equipment-specific, manufacturer specified tests must be performed.

13. An individual in the practice (registered veterinarian or registered veterinary technologist) is identified as the Quality Control Officer.

**Operating Procedures:**

1. Diagnostic imaging is provided on premises at a VPE Facility or as part of an ambulatory practice.

2. All diagnostic images are permanently labeled with the date as well as either the patient file number or patient identification.

3. Diagnostic imaging equipment consistently produces images that are of diagnostic quality.

4. 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.

5. As an extension of the medical record, all diagnostic images are stored and maintained for the same length of time as the medical record.
6. 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.

7. Attention must be given to ensure that the quality of diagnostic images are maintained and that patient information is not lost or un-intentionally altered.

8. Specific attention is paid to safety of clients and the public when providing radiation services through SC-2: Ambulatory Care.

**Recommendations:**

**Facilities/equipment:**

1. The x-ray machine(s) and/or diagnostic imaging equipment are maintained and serviced as per the manufacturer’s recommendations.

2. Radiation protective equipment includes the routine use of protective (leaded) eyewear.

**Operational Procedures:**

1. 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.
**SC-9: Lasers**

**Guiding Principles:**

Proper use of lasers is very important for the safety of the staff, patients and public. The laser beam can result in retinal or corneal damage as well as skin burns. *Damage to the retina is permanent.* Non laser beam hazards are equally important and are associated with either the laser equipment (e.g. electrical, fire hazards) or fumes emitted from the materials exposed called Laser Generated Airborne Contaminants (LGAC) or laser plumes. Laser plumes may contain carcinogens, irritants, viruses, cancer cells, bacterial spores, toxic gases or chemicals. Implementation of this standard is guided by Government of Alberta Radiation Protection Act and Regulation, CAN/CSA-Z386-08 “Safe Use of Lasers in Health Care Facilities”, published by the Canadian Standards Association and ABVMA: *Radiation Protection Manual*, pages 47-52 “Compliance Verification Checklist for Class 3B and 4 Lasers”. This standard applies to the use of all Class 3B and 4 lasers whether used for surgical or therapeutic purposes.

**Definitions:**

**Laser Generated Airborne Contaminants (LGAC):** this is a term used to refer to the “cloud” of contaminants created when there is an interaction between the beam and the target matter. These air contaminants are mostly associated with Class 3B and 4 lasers, and range from metallic fumes and dust, chemical fumes and aerosols containing biological contaminants.

**Laser Safety Officer (LSO):** person in charge of the Laser Safety Program.

**Laser Treatment Controlled Area (LTCA):** the room within which the laser system is used, and the occupancy and activity of those within this area are subject to supervision for the purpose of protection against all hazards associated with the use of the laser system.

**Maximum Permissible Exposure (MPE):** maximum irradiance or radiant exposure that may be incident upon the eye (or the skin) without causing biological damage.

**Nominal Hazard Zone (NHZ):** the space within which the level of the direct, reflected or scattered radiation during normal operation exceed the applicable Maximum Permissible Exposure (MPE).

**Registration and Annual Calibration:**

1. Lasers used within the VPE must be registered with and certified by the ABVMA.
2. Lasers must be inspected by an Authorized Radiation Protection Agency (ARPA) prior to certification and use.
3. Laser equipment requires documented calibration by a qualified person at a frequency established by the manufacturer.
**Equipment and Facilities:**

1. **Engineering Controls:**
   a. Guarded activation switch (foot pedal or finger trigger).
   b. Accessory attachments (e.g. hand pieces, scopes and filters, fibers, remote controls, scanners, etc…) are compatible and safe.
   c. Equipment warning labels are visible during laser operation, not covered or removed.

2. **Administrative & Procedural Controls:**
   b. Manufacturers’ Procedures - approved, available and current.
   c. List of authorized laser users within the VPE.
   d. Key control is disabled (removal of key during prolonged periods of non-use).
   e. Use of diffuse or low reflective instruments and materials in or near the beam path.
   f. Laser safety audit completed and documented.

3. **Protective Equipment:**
   a. Used by all personnel within the Nominal Hazard Zone (NHZ).
   b. Protective eyewear in use as specified by the manufacturer or the Laser Safety Officer (LSO) and is accompanied by the following information:
      i. Optical density and wavelength specified on the eyewear.
      ii. Manufacturer’s recommendations on shelf life, storage conditions and appropriate cleaning methods.
   c. Protective eyewear shall have periodic cleaning and inspection for:
      i. Pitting, crazing, cracking, discoloration, etc. of attenuation material.
      ii. Mechanical integrity of the frame.
      iii. Worn or damaged straps or other retaining devices.
      iv. Light leaks and coating damage.
   (Standard prescription glasses do not replace specific protective laser eyewear.)
   d. Patient eye protection – suitable protective eye pads or corneal shields.
e. Appropriate skin protection -surgical gowns and gloves.

**Operational Procedures:**

1. A Laser Safety Officer (LSO) is appointed who will:
   a. Assure that all lasers and laser systems have been properly classified and labeled to indicate the appropriate hazard classification.
   b. Ensure that a hazard evaluation of the laser treatment controlled area has been performed prior to laser operation.
   c. Immediately inform the user of imminent danger from a laser hazard.
   d. Ensure that control measures are in effect: and periodically evaluate the effectiveness of the selected controls.
   e. Establish and enforce standard operating procedures (SOPs).
   f. Ensure that protective equipment is available, in good working order and is used correctly.
   g. Ensure that the wording on area signs and equipment labels are accurate and appropriate.
   h. Conduct hazard evaluation of modifications to existing facilities or laser equipment.
   i. Ensure that maintenance and service is carried out by qualified personnel and such service is documented.
   j. Ensure that appropriate safety education and training is provided to all personnel associated with lasers.
   k. Provided safety instructions, which shall be incorporated into the standard operating procedure (SOP) for the laser.

l. In a non-hospital environment, the LSO shall:
   i. Assume all administrative responsibilities for the laser use.
   ii. Be trained in laser safety and have plainly written procedures for safe use.
   iii. Be responsible for:

   - The physical facility and its signs
   - Proper use of protective eyewear and other safety measures
   - Overseeing maintenance
2. Nominal Hazard Zone (NHZ):
   a. NHZ determined by the LSO following information provided by the manufacturer.
   b. Extent of the NHZ is indicated if the entire Laser Treatment Control Area (LTCA) is not declared as the NHZ.

3. Laser Treatment Controlled Area (LTCA):
   a. Established by the LSO for all Class 3B and 4 Lasers.
   b. All highly reflective specular surfaces should be removed or covered.
   c. Warning signs include the following information:
      i. Appropriate signal (Danger for Class 3B & 4).
      ii. “Laser Radiation – Avoid Direct Exposure to Beam” for Class 3B lasers.
      iii. “Laser Radiation – Avoid Eye or Skin Exposure to Direct or Scattered Radiation” for Class 4 lasers.
      iv. Special precautionary instructions or protective action.
      v. Type of laser or the emitted wavelength, pulse duration (if appropriate) and maximum output, and the class of the laser.
   d. Supervised by personnel trained in laser safety.
   e. Authorized persons provided with appropriate personal protective equipment for use within the NHZ.
   f. All window, doorways, open portals, etc. within the NHZ are either covered or restricted to reduce the laser radiation to levels at or below the appropriate ocular MPE for the laser radiation transmitted from the laser treatment area.
   g. Use of door, blocking barrier, screen or curtains to attenuate laser radiation in the entryway to/at or below the appropriate ocular MPE.
   h. Area entry allows for emergency access/egress.

4. Non-Beam Hazards:
   a. Electrical Controls and Power Supplies:
      i. All lasers shall be installed and operated in conformance with the Canadian Electrical Code Part I, the applicable standards of the Canadian Electrical Code Part II, Provincial Occupational Health and Safety Regulations, the Canadian Council on Health Services Accreditation, and related provincial and local laws and regulation.
b. Laser Generated Airborne Contaminants (LGAC): (generally only a concern with surgical laser where there is tissue being cut, vaporized or coagulated.)
   i. Local exhaust ventilation is used to capture airborne contaminants as near as practical to the point of production.
   ii. LGAC is completely trapped within the system or vented out of the area after being rendered harmless.
   iii. LGAC is not recirculated, but rather exhausted.

c. Fire and Explosion:
   i. Fire retardant or wet drapes, sponges, swabs, etc. are used in the operative field.
   ii. Laser-resistant endotracheal tubes are used when using laser in the mouth or anywhere near the endotracheal tube.
   iii. A fire extinguisher is readily available.

d. Inhalation Gas Hazards:
   i. Proper evacuation of nitrous oxide, oxygen and anesthetic gases to minimize the chance of combustion.

5. A Laser Safety Program is in place and includes:
   a. Delegation of authority and responsibility for the supervision of evaluation and control of laser hazards to an LSO.
   b. Criteria and authorization procedures for all VPE professionals entering and or working within the NHZ.
   c. Application of protective measures for the control of laser hazards.
   d. Management and reporting of accidents or occurrences and preparation of action plans to prevent recurrence of an accident or incident.
   e. Education and training of authorized personnel in the assessment and control of laser hazards.
   f. Safety training is documented and provided to all VPE staff involved with the use of the laser.

6. Medical surveillance of VPE personnel:
   a. All laser incidents (accidents or adverse events) shall require an incident report and an ocular evaluation shall be carried out immediately after a suspected abnormal exposure of the eye.
SC-10 Diagnostic Laboratory

Guiding Principles:

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. A Diagnostic Laboratory Service Category may be maintained either within the VPE [i.e. “In House Diagnostic Laboratory Facility”], or may be a facility that accepts samples from other VPEs [i.e. “Referral Diagnostic Laboratory”]. A VPE may use both In-House and Referral Laboratory Facilities, and is not limited to either.

Definitions:

HEPA filtration: High-efficiency particular air filtration, usually designed to remove 99.97% of airborne particles measuring 0.3 micrometers or greater in diameter passing through it.

SC-10A: In House (VPE) Diagnostic Laboratory

Facility and Equipment:

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:
   - Disposable gloves
   - Protective clothing
   - Closed-toed shoes
   - 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.
Operational Procedures:

1. A Quality Control Program is required and one or more registered veterinarians or registered animal health technologists are designated as Quality Control Officers.

2. Safety of workers is assured by having appropriate safety equipment present for the risks involved.

3. 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-10B: Referral Diagnostic Laboratory

Facility and Equipment:

1. Must meet the above physical standards for In-House Laboratories, plus the following standards:
   a. Separate areas are designated for:
      i. Receipt and accessioning of samples
      ii. Initial processing of samples (e.g. centrifugation; partitioning of samples for additional testing)
      iii. Running of tests

2. Safety equipment will include appropriate laboratory ventilation such as: exhaust air hoods, fume hoods, HEPA filtration and biological safety cabinets of the appropriate level as required by the samples being processed according to the relevant WHMIS, Alberta Health and Safety, and Health Canada Regulations.

3. Quality Control Procedures include:
   a. Laboratory manuals that contain the standard operating procedures (SOPs) for each test performed and are available and readily accessible to staff performing those procedures.
   b. A master file/manual of all facility SOPs is maintained by laboratory management.
   c. All SOPs are reviewed annually and revised as necessary.
   d. Quality assurance procedures are performed on clinical pathology machines daily.
   e. Instruments are maintained and calibrated according to manufacturer’s specification and records are kept of such.
4. Staff qualifications:
   a. Personnel are adequately trained to operate laboratory equipment and perform required tests, and training and qualification logs are maintained for each staff member.
   b. Continuing education for staff is available and recorded on the staff member’s personnel file.

5. Accurate records are maintained and stored in an orderly fashion, and are readily retrievable with cross referencing to client file numbers when available.

Records must include:
   a. Name and address of the referring clinic/veterinarian/agency.
   b. Client identification (surname).
   c. Patient identification (name or identification tag number, species, breed, gender, age).
   d. Specimen and test identification.
   e. Test results, with applicable units.
   f. Normal values established using relevant methodology.
   g. A reliable retrieval system, with back-up, if electronic.

6. Records must be maintained for no less than five years. Records may be retained for longer if required by Good Laboratory Practice (GLP), International Organization for Standardization (ISO) or other relevant standards or government regulations.

7. Glass slides for histology, cytology and hematology are maintained and stored in an orderly fashion, are readily retrievable, and are kept for five years. It is recommended that histology slides are stored for the reasonable life span of the species in question.

8. If necropsy or gross tissue service is provided, this occurs in a separate room with direct ventilation to the outside of the building.

9. An unloading dock or other means of unloading large carcasses is available if the laboratory accepts large animals.
Operating Procedures:

1. In a Referral Diagnostic Laboratory, clinical pathology or/and anatomic pathology services including necropsies are provided for outside clinics/laboratories/agencies/institutions.

2. The VPE must meet the Facility Standard in the Universal Standards of this bylaw, and the Standards of Practice for the In-House Diagnostic Laboratories.
SC-11: Rehabilitation Therapy

Guiding Principles:

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 is 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.

Facilities and Equipment:

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.
   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. Underwater Treadmill installations:
   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.

**Operating Procedures:**

1. Rehabilitation therapy is performed by a registered veterinarian with training in animal rehabilitation therapy or delegated to a registered veterinary technologist with training in animal rehabilitation therapy.

2. 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*.

3. Treatment protocols and settings documented in the medical record must include:
   a. Underwater treadmill:
      - Water Temperature
      - Water height
      - Treadmill speed
      - Jets on/off
      - Duration of session
      - Response of patient to session
   b. Laser:
      - Settings (Hertz, Joules)
      - Probe used
      - Duration of treatment (or Joules/second and number of Joules administered)
      - Anatomical location of treatment, including area and size of treatment
      - Response of patient to treatment
   c. Ultrasound:
      - Settings and head used
      - Duration of treatment
      - Area treated
      - Response of patient to treatment
d. Neuromuscular Stimulation:
   - Location of pads
   - Settings used
   - Duration of treatment
   - Response of patient to treatment

e. TENS (Transcutaneous Electrical Nerve Stimulation)
   - Settings
   - Duration of treatment
   - Frequency of use
   - Location of pads

f. Land Treadmill:
   - Incline of treadmill
   - Speed of treadmill
   - Duration of session
   - Response of patient to session

g. Class 3b and 4 laser therapy:
   - All Class 3b and 4 lasers must be registered with the ABVMA and conform to the SC-15 Laser Service Category
SC-12: Chemotherapy

Guiding Principles:

The medical treatment of patients using hazardous chemotherapeutics or antineoplastic drugs can potentially result in specific health effects in workers, such as skin rashes, cancer and reproductive effects. 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.

Implementation of this standard is guided by: Safe Handling of Hazardous Drugs for Veterinary Health Care Workers, National Institute for Occupational Safety and Health and Safety Handbook for Alberta Veterinary Facilities.

Definitions:

Closed System Drug Transfer Device (CSDT): a drug transfer device that mechanically prohibits the transfer of environmental contaminants into a system and the escape of hazardous drug or vapor concentrations outside the system.

Personal Protection Equipment (PPE): equipment to protect workers who handle hazardous drugs in the workplace.

General:

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.
Receiving and Storage:

1. Begin exposure control when hazardous drugs enter the facility.
2. Ensure that all personnel are able to identify hazardous inventory upon arrival. Handle all hazardous inventory with gloves. Label clearly with a hazardous designation.
3. Store hazardous drugs separately from other inventory and away from food/drink.
4. Keep a spill kit available in case inventory arrives damaged.

Drug Preparation:

May be referred to a qualified compounding pharmacy or done in house provided the following standards are met:

1. For VPEs preparing more than two preparations each week on average (high volume): use a proper containment devices for drug preparation, preferably a 100% vented biological safety cabinet or compounding aseptic containment isolator. (A horizontal laminar flow hood only protects the drug, not the worker.)
2. For VPEs preparing two or less preparations each week on average (low volume): use a proper closed system drug transfer device (CSTD) such as PhaSeal® or EquaShield® without a clean room.
3. For all VPEs preparing drugs: properly clean all equipment, containers and other surfaces. Wash hands with soap and water after drug compounding.

Drug Transportation:

1. When preparation is complete, seal products in a plastic bag or other sealable container before taking it out of the vented cabinet.
2. Wipe all containers inside the ventilated cabinet before removal from the cabinet.
3. Store and transport hazardous drugs in closed containers that minimize the risk of breakage.

Drug Administration:

1. Use dedicated cages, kennels or stalls with dedicated drains (avoid shared trench or trough type drains) for animals undergoing treatment with hazardous drugs.
2. Use proper PPE and technique during administration.
3. Attach drug administration sets to the IV bag and prime them before adding the drug to the bag.

4. Remove the IV bag and tubing intact, dispose of items directly in a chemotherapy waste container and close the lid.

5. Remove outer gloves and gowns, and bag them for disposal in the chemotherapy waste container at the location where the drug administration was performed.

6. Wash hands with soap and water after administering the drug.

**Waste Disposal:**

1. PPE must be worn during waste cleanup and disposal, and footwear should not be worn outside the facility.

2. Dispose of all hazardous waste according to federal, provincial and local regulations.

3. Double bag all chemotherapy waste, including partially filled vials, undispersed product, unused IVs, needles and syringes, gloves, mats and animal bodily fluids/waste.

4. Place materials with trace wastes—such as used needles, empty vials and syringes, gloves, gowns and tubing—in chemotherapy waste containers.

5. Assure that chemotherapy waste containers protect personnel from sharps injuries.

6. Avoid using sprayers or pressure washes to clean the cages, kennels or stalls of treated animals to minimize the aerosolization of hazardous wastes.

7. Clean the cages and kennels of treated animals with disposable towels and use disposable towels to clean bodily waste from treated animals.

8. A designated area must be available for chemotherapy patients to urinate and defecate separate from where other patients are exercised.

**Spill Control:**

1. Document and follow written policy and procedures to manage hazardous spills for each workplace.

2. 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.

3. Ensure cleanup of a large spill is handled by workers who are trained in handling hazardous materials.
4. 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.

5. Avoid any sprays to minimize aerosolization.

6. Follow a complete respiratory protection program. Use masks that are 42 CFR 84 approved. Surgical masks do not provide adequate protection. Dispose of all cleanup material in a hazardous chemical waste container, not in a chemotherapy waste or biohazard container.

**Client Safety:**

1. Owners must be informed of the risks associated with having a pet in their home following chemotherapy administration.

2. Owners must be given written instructions about where their pets should urinate and defecate once they leave the hospital.

3. Owners must be given written instructions about how to clean up bodily fluids at home, especially in the first 72 hours post chemotherapy.
SC-13: Embryo Transfer

Guiding Principles:

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. All Universal Standards must be met as well as any other required service categories that may apply, such as SC-7: Anesthesia, SC-5: Surgery, SC-1: Primary Care, SC-2: Ambulatory, etc... Implementation of this service category is guided by the manuals of the Canadian Food Inspection Agency and the International Embryo Transfer Society.

Facility and Equipment:

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)
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.

Operational Procedure:

1. 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 animals medical records including dates, drugs, lot numbers, withdrawal times and procedural timetables.
2. Verification of donor identification needs to be documented.
3. Embryo recovery and transfer is performed by a registered veterinarian in a manner that preserves the fertility of the animal using the cleanest possible technique.
4. Frozen embryos are stored in properly labelled canes and straws as per International Embryo Transfer Society (IETS) Manual, and an inventory log is maintained.
5. In addition to US-4: 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).

6. Safety protocols are in place regarding handling of dangerous products, such as liquid nitrogen.

**Recommendations:**

1. At least one veterinarian in the VPE should be a Canadian Embryo Transfer Association (CETA) Certified Practitioner.

2. The VPE should adhere to the CETA Code of Practice for embryo transfer.
SC-14: Mobile Facility

Guiding Principles:

The objective of SC-14 is to allow a VPE to operate in a vehicle properly equipped to offer veterinary services that meet the standards of care for patients, workers and the public. This category has greater capacity than an ambulatory (house call/farm call) service and consequently has a greater level of responsibility in regards to practice standards. While this service is generally an additional service category for a stand-alone VPE, it may also be operated independently and as a separate entity. As these facilities do not provide for accommodation of the public (reception areas, washrooms etc.). Limitations to public access apply.

Definitions:

Mobile VPE: for the purposes of this bylaw, a Mobile VPE is one that offers primary care at the residence of the owner or the location where the animal is regularly housed, meeting all the conditions of Ambulatory VPE. In addition, the VPE may offer one or more service categories not permitted for an Ambulatory VPE, provided these activities are undertaken when the mobile unit is situated in a permanent location that is under the direct control of the VPE by virtue of ownership or lease. It is required that the Mobile VPE meet all the conditions of a stand-alone VPE in regards to the additional service categories offered.

Facility and Equipment:

1. May provide the range of services approved for SC-1: Primary Care and SC-2: Ambulatory in a mobile capacity provided the standards are met.
2. May provide services to animals at the residence of the owner or the location where the animal is regularly housed.
3. Generally the vehicle is parked on private property owned by the animal owner but may be parked on public property immediately adjacent to the residence of the animal if permitted by local law.
4. May offer services beyond SC-1 and SC-2, provided the standards of these service categories are adhered to and the following conditions are met:
   a. The vehicle must be stationary at a predetermined and documented location that is formally under the control of the VPE by virtue of ownership or lease.
   b. Hours of operation at these locations must be consistent, predictable and recorded with the ABVMA.
   c. While operating at these locations no public access is available.
   d. Animals being treated in this capacity are picked up at and returned to their normal place of residence by the VPE staff.
Operational Procedure:

1. A documented agreement must be in place between the Mobile VPE and a stand-alone VPE that is able and willing to provide essential services not provided by the Mobile VPE, these include emergency care, advanced treatment and follow up.

2. Provisions are made for the supporting VPE to access medical records as needed.
SC-15: Temporary Facility

**Guiding Principles:**

It is recognized that certain areas of the province are underserved in regards to veterinary care. This service category, Temporary Facility, is established so that a recognized VPE can offer these services provided provision is made for the protection of animals, workers and the public. Commonly these activities occur in partnership with another organization that utilizes the capacity of the sponsoring VPE to meet these objectives. The ultimate responsibility to the ABVMA and consequently the public, lies with the sponsoring VPE. While identified as a service category, it is anticipated that these activities occur as specified events, in accordance with this standard and with each event requiring consent of the ABVMA.

Implementation of this standard is guided by *The American Association of Shelter and Rescue Veterinarian’s Guidelines for Temporary Veterinary Operations.*

**Facility and Equipment:**

1. A registered, unrestricted veterinarian is responsible and present throughout the activity and ensures appropriate supervision of professional staff requiring supervision.

2. Must function in consideration of all the requirements for the Service Categories provided and the species under consideration.

3. Exceptions to the regular standards include the ability to perform surgery on multiple animals in the same space at the same time, limited temporary animal housing, and reduced reception area capacity. These limitations must be pre-approved by the ABVMA through the application process and must still meet an adequate level of patient, worker and public safety.

4. The Surgical area must be visibly identified and separated by sufficient distance from recovery, admission, surgical and instrument preparation area so as to avoid contamination.

5. Must generate an appropriate medical record that is permanently filed and accessible at the certified VPE responsible for the activity.

**Operational Procedure:**

1. Application:
   a. Must be submitted by the responsible VPE at least 30 days prior to the proposed operation.
   b. Must identify the sponsoring VPE.
   c. Identify a registered, unrestricted veterinarian who is responsible for the event.
d. Identify group proposing/sponsoring the event.

e. Identify the date and venue for the operation.

f. Must specify the specific professional service to be provided as well as the intended targeted population.

2. Registration:

a. The identified responsible veterinarian must be an unrestricted registered member of the ABVMA.

b. All veterinarians and animal health technologists must be registered members of the ABVMA and in good standing.

c. The proposing VPE must be currently certified in a category appropriate for the service and species targeted by the operation.

d. The event must be supported, in writing, by the legitimate authority with jurisdiction over the location and/or targeted animal population.

e. Appropriate support for the temporary facility by VPEs in the proximity must be documented in writing. This need not be universal support but must be sufficient to ensure any necessary follow up care is available.

f. Documented arrangement must be in place for the provision of necessary follow up care in an appropriately timely manner.

g. Upon patient discharge, clients must be provided a point of contact where they can direct after care questions or be provided directions for follow up care if required.