Alberta Veterinary Medical Association

Practice Inspection and Practice Standards

December 2019

PRACTICE INSPECTION PRACTICE STANDARDS

These standards are 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.

Informed Consent: the veterinarian has informed the client or the client's authorized representative, in a language that is understood by a layperson, of the diagnostic and treatment options, risk assessment, and prognosis, and has provided the client with an estimate of the charges for veterinary services to be rendered and the client has consented to the recommended treatment.

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 veterinary 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, safety data sheets (SDS) 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 the unrestricted registered veterinarian appointed by the VPE owner who has the ultimate authority over the VPE including being appropriately informed with respect to all aspects of the veterinary practice. The Responsible Veterinarian provides overall guidance to the operation of the VPE ensuring compliance with the Veterinary Profession Act, General Regulation, ABVMA Bylaws and all Guidelines, is the overall decision-maker with respect to the operations of the VPE and has taken responsibility and signed the PIPS documentation, verifying its accuracy to the ABVMA. The Responsible Veterinarian is responsible for all aspects of the practice of veterinary medicine of a permit holder.

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 veterinary technologists of their professional responsibilities or liabilities nor does it assume responsibility for the professional conduct of other individuals working in the VPE.

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 Guidelines* must be paid in a timely manner by all veterinary practice entities.

8. The annual ABVMA *Certificate of Quality Assurance* shall be displayed in a location visible to the public.

9. The annual ABVMA Certificate of Compliance – Radiation Protection Program is posted in the practice.

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. Each corporation which is veterinarian owned is required to apply for and maintain registration as a permit holder demonstrating 51% ownership of the shares by a unrestricted veterinarian in Alberta. A non-veterinarian or corporation that is not a permit holder may not directly own shares of a veterinary practice entity.
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:
    a. 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.
3. The VPE must act in accordance with the *Canada Anti-Spam* Legislation (CASL).
4. The VPE must act in accordance with the federal Workplace Hazardous Materials Information System (WHMIS).
5. The VPE must act in accordance with the Government of Alberta *Occupational Health & Safety Act, Regulations and Code*.

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 Forestry 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. The VPE must have a Premises Identification (PID) issued by the Government of Alberta if livestock, poultry or equine 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 veterinary 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 *ABVMA Marketing Activity Guideline* 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*.

US-4: Safety/Emergency Preparedness

Guiding Principles:

Each VPE must 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:
    a. Fire/emergency response plan.
    b. Hazardous Chemical Spills Protocol.
    c. Crime Prevention/Personnel Security Plan.
    d. Contingency Plan in the event of a disaster or emergency that may close the VPE temporarily for business and action plan to maintain the 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: Infection Prevention & Control, 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, the Canadian Committee on Antibiotic Resistance (CCAR) Infection Prevention and Control Best Practices and the 2018 AAHA Infection Control, Prevention, and Biosecurity Guidelines 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, with particular attention paid to proper contact times.
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. Each VPE must have a written Infection Control Program accessible to all staff. A useful template for such a program is listed in the appendix at the end of this section.
2. There is adequate means to dispose of or remove all wastes.
3. 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 and the CCAR Infection Prevention and Control Best Practices are a useful reference for these procedures.

4. Waste disposal is conducted according to all applicable municipal, provincial and federal legislation; see Appendix.
5. 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.
6. 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.
7. 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.*
8. 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.

Legislation:

Relevant regulations for disposal of body tissues and carcasses include the following:

1. *The Disposal of Dead Animals Regulation* of the *Animal Health Act*
2. *Disposal of Biomedical Waste Acceptable Industry Practices*

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*

Appendix I

Template for clinic infection control program:

Appendix 1: From CCAR Infection Prevention and Control Best Practices

This document is provided for veterinary practices to use as a template to develop their own practice in-clinic protocol for infection prevention and control. The statements are examples of best practices in infection prevention and control. Practices are encouraged to adapt the statements to be effective and attainable for their situation.

Below is a detailed summary of the contents and key messages of the CCAR Infection Prevention and Control Best Practices document. This summary can be adapted as a VPE specific infectious disease control program protocol.

1. *Infection prevention and control strategies are designed to **protect patients, owners, veterinary personnel and the community**. All veterinary personnel should play an active role in protecting every person and animal associated with the veterinary clinic.*

2. ***Decreasing exposure** to microorganisms is the most important aspect of disease control in most situations.*

3. *Every veterinary clinic, regardless of type or size, should have a **formal infection control program**, a written infection control manual that describes the program, and an infection control practitioner (ICP) to coordinate the program.*

4. *Some form of **surveillance** (either passive or active) should be practiced by all veterinary facilities. The keys to passive surveillance are to centralize the available data, and to have a designated ICP who compiles and evaluates the data on a regular basis.*

5. ***Routine Practices** that are critical to infectious disease prevention and control:*
    a. *Hand hygiene, including:*
        i. *Handwashing*
        ii. *Use of alcohol-based hand sanitizers*
    b. *Risk reduction strategies, particularly those related to:*
        i. *Use of personal protective equipment (PPE)*
        ii. *Cleaning and disinfection*
        iii. *Laundry*
        iv. *Waste management*
    c. *Risk assessment of animals and personnel with regard to:*
        i. *Disease transmission*

ii. *Disease susceptibility*

d. *Education*
   i. *Veterinary personnel*
   ii. *Animal owners*
   iii. *Public*

6. ***Hand hygiene*** *is the single most important way to prevent infections in the healthcare setting. Intact skin is the first line of defense against bacteria. Hand hygiene of some kind should be performed:*
   a. *Before and after contact with a patient (especially before performing invasive procedures)*
   b. *Before and after contact with items in the patient's environment*
   c. *After any contact with or any activity involving the body fluids of a patient*
   d. *Before putting on and especially after taking off gloves*

7. ***Personal protective equipment (PPE)*** *is used to protect veterinary personnel and to reduce the risk of pathogen transmission by clothing to patients, owners, veterinary personnel and the public.*
   a. *Street clothes should always be covered by protective outerwear, such as a lab coat, when working in the clinic.*
   b. *Protective outerwear, including scrubs, should not be worn outside the clinic.*
   c. *Lab coats and gowns worn when handling patients with potentially infectious diseases should be laundered after each use.*
   d. ***Gloves*** *should be worn when contact with blood, body fluids, secretions, excretions and mucous membranes is possible, as well as when cleaning environmental surfaces and when doing laundry if gross contamination of items is present.*
      i. *Gloved hands should not be used to touch surfaces that will be touched by people with non- gloved hands.*
      ii. *Gloves should be removed promptly after use and* ***hand hygiene*** *performed immediately.*
      iii. *Gloves are NOT a substitute for proper hand hygiene.*
   e. *Face protection should be used whenever exposure to splashes or sprays is likely to occur.*
   f. *Designated footwear or disposable shoe covers may be required for some patients with infectious diseases. In veterinary clinics, it is important to prevent the spread of infectious materials present on the floor, as patients and personnel often have very close contact with the floor.*

8. ***Cleaning*** *involves the removal of visible organic matter with soap or detergent, whereas* ***disinfection*** *involves the application of a chemical or other procedure in order to kill the remaining microorganisms.*
   a. *Cleaning must always be done before a disinfectant is used.*
   b. *Gloves should be worn when cleaning and disinfecting, and hands should be washed after finishing any cleaning activity.*
   c. ***Selection of a disinfectant*** *for a particular purpose should take into account the product's spectrum of activity, susceptibility to inactivation by organic matter, potential pathogens in the with soaps and detergents, toxicity for personnel and animals, contact time required, residual activity, corrosiveness, environmental effects and cost.*
   d. *Multi-use equipment must be properly cleaned and disinfected between each patient. There are three categories of multi-use equipment used on patients: critical, semi-critical and non-critical.*
      i. *Disinfectant solutions in which a set of instruments is routinely kept are often referred to as "cold sterile," but such instruments are*

rarely, if ever, truly sterile. The main indication for cold (chemical) sterilization is for items that cannot tolerate steam sterilization, such as endoscopes.

9. ***Laundry** is also an important component of a complete infectious disease control program.*
    a. *Linens used in veterinary clinics should be laundered together using detergent, and dried in a hot air dryer to promote killing of microorganisms.*
        i. *Laundry from potentially infectious cases should be treated separately from other laundry, including use of bleach in the wash cycle.*
        ii. *Linens contaminated with gross organic material must be pre-cleaned by hand to remove such material prior to laundering.*
        iii. *Laundry should not be considered clean until it has also been dried.*
    b. *Grossly contaminated clinic clothing (e.g. lab coats, coveralls) should be laundered on-site or sent to a commercial laundry facility that is equipped to handle laundry from medical/veterinary facilities.*
    c. *If personal clothing becomes soiled it should be laundered at the clinic to avoid transfer of disease to animals at home.*
    d. *Always place soiled linens directly in a hamper or bag designated for dirty laundry.*
    e. *Clean linens should be transported and stored in a manner that prevents contamination.*
    f. *Personnel should wear appropriate personal protective equipment (e.g. gloves, lab coat) when handling soiled linens, and perform hand hygiene when the task is complete.*

10. *Veterinary clinic waste is a potential source of both zoonotic and non-zoonotic infectious pathogens. Therefore, it is important to handle all such waste appropriately.*
    a. ***Biomedical waste** typically includes sharps, tissues (anatomic waste), highly contaminated (e.g. blood- soaked) materials, and dead animals.*
    b. *All waste should be contained in a leak-proof container or bag that can be discarded with the waste.*
    c. *Additional precautions should be taken to minimize contamination of the clinic environment and the risks to people and animals from potentially **infectious waste** (e.g. body fluids of and disposable equipment that has come in contact with an infectious animal).*

11. *All surgical procedures cause breaks in the normal defensive barriers of the skin or mucous membranes, and therefore carry an inherent risk of surgical site infection (SSI). Good general infection control practices (e.g. hand hygiene, cleaning and disinfection) are important for prevention of SSIs, but there are also specific infection control measures pertaining to surgery that should be considered.*
    a. *A surgical area should only be used for surgical procedures.*
    b. *All personnel in the surgical area should wear **designated surgical scrubs**, a surgery cap or hair bonnet, and a nose-and-mouth mask when surgery is underway.*
        i. *Scrubs worn in surgery should not be worn when handling or treating other patients, and should be covered with a lab coat outside of the surgical suite.*

c. *Steam sterilization (i.e. **autoclaving**) is most commonly used in veterinary clinics for sterilization of surgical instruments. Quality control testing of autoclaves should be performed regularly.*
d. *At a minimum, **anesthetic equipment**, including endotracheal (ET) tubes, must be thoroughly cleaned (inside and outside) with hot water and detergent immediately after use to prevent any discharge or debris from drying and forming a biofilm on the device. Additional disinfection may be required for certain pieces of equipment or under particular circumstances.*
e. ***Peri-operative antimicrobials** are indicated in clean-contaminated, contaminated and dirty procedures. The need for antimicrobial prophylaxis in clean procedures is unclear.*
    i. *If peri-operative antimicrobials are used, they should be administered so that therapeutic levels are present at the surgical site at the time of first incision. Starting antimicrobial therapy after surgery is no more effective than not using antimicrobials at all.*
f. *Clipping (not shaving) of the surgical site should only be performed right before surgery. Use of good quality, well-maintained clippers and blades helps to reduce the risk of skin abrasions which can provide sites for invasion and proliferation of opportunistic bacteria.*
g. *Refillable containers in which skin preparation solutions (e.g. antibacterial soap and water, alcohol, chlorhexidine, iodine) are kept must be disinfected when empty before being refilled, as contamination of these solutions with bacteria that are resistant to their respective antimicrobial actions can occur.*
h. *Contact with a surgical incision post-operatively, particularly with bare hands, should be avoided.*
    i. *Bandage changes should be performed using aseptic technique.*
    ii. *Pet owners and handlers should be instructed on how to manage an animal with an incision, and the signs for which to look that may indicate the development of a SSI.*

12. *Every veterinary clinic should have an isolation area for caring for and housing animals with potentially contagious infectious diseases.*
    a. *Only the equipment and materials needed for the care and treatment of the individual animal should be kept in the isolation room. All items entering an occupied isolation area should be considered infectious and disposed of or disinfected after discharge of the patient.*
    b. *Access to the isolation room should be limited to the minimum number of essential personnel.*
    c. *All personnel entering an isolation area, regardless of whether they plan on having direct contact with the animal, must wear appropriate personal protective clothing.*
        i. *Designated personal protective equipment must remain in the isolation room.*
    d. *All waste from an isolation room should be treated as potentially infectious.*
    e. *Dogs that are housed in isolation should not be walked nor allowed to urinate or defecate in public areas or areas used by other animals.*

13. *As a policy, clients should not be allowed to visit hospitalized animals carrying any suspected infectious disease.*

14. *Footwear and floor surfaces cannot be overlooked in an infection control program in a small animal clinic, because patients so often have extensive direct contact with the floor.*
    a. *Footbaths or foot mats should be considered when personnel will be walking on a surface that could potentially be more contaminated than the general floor environment, and where spread of this contamination might pose a risk to patients or personnel. Maintaining proper concentrations of active disinfectants in footbaths and foot mats is essential for proper performance.*

15. *Wound infections can be caused by many bacterial pathogens, some of which can be transmitted between animals or between animals and people. Wounds provide a prime site for invasion of opportunistic bacteria.*
    a. *Sterile gloves should be worn for debridement, treatment and bandaging of deep wounds and those involving vital structures. Clean, non-sterile gloves are adequate for more superficial wounds.*
    b. *Bandages must be kept dry to prevent bacterial strike-though.*
    c. *Used bandage materials should be considered infectious.*
    d. *Wound treatments and bandage changes should be performed in an area that is easily disinfected.*
    e. *Hands should be washed thoroughly after changing a bandage, and equipment used for bandage changes should be disinfected between uses.*
    f. *Animals with known multi-resistant bacterial wound infections are likely to be colonized with these pathogens at other body sites as well (e.g. nose, rectum, intestinal tract), and should therefore be handled with contact precautions and housed in isolation.*

16. *It should be clinic policy <u>not</u> to feed **raw meat** to hospitalized animals.* (a veterinary practice may have a protocol on how to handle raw meat required for obligate meat eaters i.e. some reptiles)*

17. ***Animals from shelters** and similar facilities should be considered high risk from an infectious disease standpoint. All animals from such facilities should be examined immediately upon arrival without coming in contact with other animals in the waiting/reception area. Animals from these facilities should be housed separately from other patients, if possible.*
    a. *For elective procedures (e.g. spay, neuter), all animals should be appropriately vaccinated for their age and treated for relevant intestinal parasites and ectoparasites. Animals with clinical signs compatible with an infectious disease should not be admitted for elective procedures.*

18. *Personnel should take all necessary precautions to prevent animal-related injuries (e.g. bites, scratches) in the clinic, including physical or chemical restraint of an animal, if necessary. Experienced veterinary personnel rather than owners should restrain animals for procedures whenever possible.*
    a. *If anyone is bitten or scratched by an animal:*
        i. *Immediately wash the wound thoroughly with plenty of soap and water.*
        ii. *Report the incident to the local public health unit (due to risk of rabies exposure).*
        iii. *Seek medical attention for bite wounds in certain locations on the body, and for any bite wound in certain persons, such as immunocompromised individuals.*

19. *Proper sharps handling practices are a practical yet effective way of reducing workplace injuries in veterinary clinics.*
    a. *The most important precaution for preventing needle-stick injuries is to **avoid recapping needles**.*
    b. *Ensure that approved point-of-use sharps disposal containers are located everywhere needles are handled. Never dispose of needles or other sharps into anything other than an approved sharps container.*
    c. *If owners are required to treat their animals at home with injectable medications, ensure that the client is able to safely handle and dispose of sharps.*

20. *Urine from animals with suspected urinary tract disease, and all feces, aspirates, and swabs should be treated as potentially infectious material.*
    a. *Protective outerwear (e.g. lab coat) and disposable gloves should be worn when handling these specimens.*
    b. *Avoiding touching clean items (e.g., microscopes, telephones, food) while handling specimens or before glove removal.*
    c. *A separate refrigerator should be used to store diagnostic specimens, which should be cleaned on a regular basis.*
    d. *A designated area of the clinic should be used for specimen processing.*

21. *Persons performing **dental procedures**, and anyone in the immediate vicinity, should wear appropriate protective outerwear (e.g. designated lab coat), disposable gloves, a surgical (i.e. nose and mouth) mask and protective eye glasses/goggles, or a full face shield.*
    a. *Dental procedures should be performed in a contained area away from other patients, personnel and high traffic areas.*

22. *Personnel involved in or present at necropsies should wear appropriate protective outerwear (e.g. designated lab coat), disposable gloves, protective eye glasses/goggles, or a full face shield.*
    a. *It is recommended that in-clinic necropsies **not** be conducted on any animal suspected of being infected with a pathogen requiring biosafety precautions above level 2. Instead, the entire body should be submitted to an approved diagnostic laboratory. Ensure that all requirements for shipment of biological samples are met, including providing notification of any suspected infectious disease in order to protect laboratory personnel.*

23. *All veterinary practice entities must inform employees of the risks of contracting rabies and strongly recommend vaccination. This includes lay staff that might have periodic animal contact, such as front office staff. Refer to Alberta Health Services Alberta Immunization Policy/Biologic Products/Rabies Vaccine that lists the indications for use of provincially funded vaccine.*

24. *All personnel should receive **education and training** about injury prevention and infection control, including temporary lay personnel, kennel staff, students and volunteers.*

25. ***Client education** is the responsibility of the entire practice team.*
    a. *Discussion of zoonotic and infectious disease risks should be a routine part of new pet examinations and new client visits.*

b. *Client education must also occur when the veterinarian has a reasonable suspicion of a potentially infectious disease, and particularly if the disease is zoonotic.*

26. *The Veterinary practice must not permit pets residing in the practice to place persons, patients or facilities at risk for disease or injury.*

27. ***Pest management** is an important aspect of effective prevention and control of infectious disease transmission, including*
    - *Examination of animals upon arrival for ectoparasites*
    - *proper storage of food and waste*
    - *sealing potential pest points-of-entry into building,*
    - *elimination of potential rodent nesting sites*
    - *and removal of standing water outside buildings.*

28. *Infection control issues should be considered when **designing** new clinics or when undertaking **renovation** or **expansion** of existing clinics.*
    a. *Designated staff areas should be set aside for eating, drinking and breaks. These activities should not occur in any area where animals or diagnostic specimens may be present.*

29. *Every veterinary clinic should have a list of reportable diseases prominently displayed in an area easily accessible to clinic personnel. The clinic's Infection Control Manual should clearly state the required reporting procedures, including contact numbers for the appropriate animal health and/or public health authorities.*

*A veterinary practice may have a protocol on how to handle raw meat required for obligate meat eaters i.e. some reptiles.

Also consider the 2018 AAHA Infection Control, Prevention, and Biosecurity Guidelines to build a strong infection prevention and control program for your VPE.

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 (except within small animal surgical suites).

    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. Refrigerators storing pharmaceuticals contain thermometers to monitor appropriate storage temperatures.

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.

Animal Health Protocol or Livestock Standard Operating Procedure: 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
- Premise Identification (PID)
- 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 the 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, treatment plan and estimated costs. 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. Assessment of patient by a veterinarian at least once daily
    h. 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 Acquisition Log (See US-9 for details)
    b. Narcotic, Controlled and Targeted Drug Use Log (See US-9 for details)
    c. 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 for treatments and client consultations and any other entries.

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 textbook 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:
    a. *The Alberta Veterinary Profession Act*, *VPA General Regulation*, *ABVMA Bylaws* and *ABVMA Council Guidelines.*
    b. *ABVMA Biosecurity in Practice Manual.*
    c. *ABVMA Medical Records Handbook.*
    d. *Safety Handbook for Alberta Veterinary Facilities.*
4. Access to copies of the following:
    a. *Controlled Drugs and Substances Act.*
    b. *Narcotic Control Regulations.*
    c. *Health Canada Prescription Drug List*
    d. *Alberta Animal Protection Act and Regulations.*
    e. *Compendium of Pharmaceuticals and Specialties.*
    f. *Alberta Employment Standards Code and Regulations.*
    g. *Workplace Hazardous Materials Information System (WHMIS) Reference Manual.*
    h. *Occupational Health and Safety Act, Regulation and Code.*
    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 and Animal Health General Regulation.*

    b. *Authorized Medicine Sales Regulation.*

    c. *Disposal of Dead Animals Regulation.*

    d. *Reportable and Notifiable Diseases Regulation.*

    e. *Premises Identification Regulation.*

    f. *Compendium of Medicating Ingredient* brochures.

    g. *Swine Traceability Regulation (Swine VPEs).*

    h. *Traceability Cattle Identification Regulation (Cattle VPEs).*

    i. *Livestock Market 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, secure, 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 and/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:

      i. Identification of patient

      ii. Dosage/volume of drug used

      iii. Remaining balance in container

      iv. Identification of case veterinarian

      v. Signature of registered veterinarian or RVT administering or dispensing the product or password protected computer ID

   e. Logs are stored in a location separate from the drugs.

   f. *Triplicate Prescription Program* pads (TPP) are used in accordance with *Council Guidelines*.

   g. Security of TPP secure forms is essential and is the responsibility of the individual veterinarian. TPP secure forms must be kept in a secure locked environment.

   h. 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:

- 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.

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

5. 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.

6. Dispensing:
    a. Dispensed drugs are properly packaged considering the nature of the drug and its sensitivity to light, heat or freezing.

    b. When drugs are shipped to a client appropriate storage and temperature maintenance occur.

    c. 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.

    d. 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 including dose, frequency and duration
- Drug Identification Number (DIN)
- Expiry date
- The statement “Veterinary Use Only”
- Necessary warnings about product safety, handling and withdrawal times (where appropriate)

e. 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.

f. 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.

g. 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 to animal owners, 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
    - Nail trimming
    - Anal gland expression
    - Vaccination/parasite control
    - Wound care
    - 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)
    - Euthanasia

2. Equine:

    - Physical exam and recheck
    - Vaccination/parasite control
    - Wound care
    - Euthanasia
    - Insurance examination
    - Lameness examination
    - Pre-purchase examination
    - 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
- 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:

a. at the residence of the owner
   or
b. at the location where the animal is regularly housed (e.g. stable)
   or
c. where animals are assembled for reasons other than veterinary care at a breed or sporting event established through an organization where animals are individually pre-registered (e.g. dog show, horse show, 4H club, rodeo)

Ambulatory practices include 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 (locked box secured to vehicle inside a locked vehicle) 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 created and maintained 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 (see definition of ambulatory 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.
10. A written protocol is in place that addresses potentially contagious patients and the effective containment of contagious diseases throughout the facility.
11. 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.

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. Post-surgical and critically ill patients must be given in-person care until stabilized.
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.

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. Tranquilizers may not provide analgesia, and analgesia must be provided appropriate to the procedure being performed.

Facility and Equipment:

1. Stand-Alone Facility:

    a. 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. The service report from the third party agency must be available for review by the PIPS inspector.

b. 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). Measurements of ventilation, circulation, perfusion, and oxygenation are recorded every five minutes in the medical record. Body temperature is monitored frequently, including before, during and after anesthesia to prevent hypothermia or hyperthermia.

c. 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 required for farm animals when inhalation anesthesia is employed.

d. When in use, gas anesthetic machines must be safety checked daily (for example checking for leaks, checking valves are working properly).

e. Anesthetic equipment having direct contact with patients must be cleaned and disinfected in between patients (e.g. laryngoscopes, endotracheal tubes, masks).

f. 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.

g. 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).

    i. When charcoal canisters are used they must be monitored either by weight or anesthetic hours in use and replaced as directed by the manufacturer.

h. A means of assisting ventilation (manual or mechanical) must be available and utilized when needed.

i. A range of endotracheal tubes appropriate for the sizes of patients treated at the VPE must be available.

j. A range of anesthetic masks appropriate for the sizes of the patients treated at the VPE must be available.

k. Intravenous catheters and intravenous fluids must be available for patient use.

l. Sterile needles and syringes must be available and used for the administration of injectable anesthetic agents.

m. Oxygen must be available and utilized as necessary.

n. 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.

3. Large Animal Ambulatory Farm Practices require, as appropriate to the procedure:

(cattle, horses, alternative livestock)

    a. Analgesia and sedation/anesthesia.
    b. The patient is monitored with the minimum of a stethoscope.

<u>Operational Procedures</u>:

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. Administration of Anesthesia

    a. The anesthetic plan for each individual animal must consider the animal's age and health status.

    b. Appropriate analgesia must be considered and provided.

2. Monitoring of Anesthetized and Sedated Patients:

A designated anesthetist (separate from the veterinarian or veterinary technologist performing the procedure) must monitor patients under general anesthesia and ~~or~~ prolonged and/or deep sedation. The anesthetist must be a registered veterinarian, or a registered veterinary technologist under the supervision of a veterinarian. If, in the exceptional circumstance where the veterinarian believes the procedure must be done

without an available designated anesthetist, informed consent must be documented in the medical record. Written informed consent acknowledging the absence of a dedicated anesthetist, and the increased risk to the patient, must be obtained from the owner, appropriately documented and be very clear to the client.

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 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).

3. 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. Measurements of ventilation, circulation, perfusion, and oxygenation are recorded every five minutes in the medical record. Body temperature is monitored frequently, including before, during, and after anesthesia.

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.

4. General:

a. Patients must be observed frequently, by a registered veterinarian or registered veterinary technologist, during premedication and 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. Appropriate protection of the corneal surface must be provided to protect against trauma or drying out.

f. Prior to discharge, the animal is assessed for normal temperature, level of alertness and pain.

g. Analgesia must be assessed and maintained while under the care of the veterinarian, including the post-operative at home recuperative period.

h. Provide written discharge instructions after anesthesia or sedation, which are also clearly explained verbally to the owner or authorized agent.

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. Intravenous catheters are placed in all sedated and anesthetized patients where possible or practical. (Intravenous access is not possible in all species.)
4. An active anesthetic scavenging system is best used to capture excess anesthetic gases. An active scavenging system can be accomplished by installing an exhaust fan above the ceiling and venting it to the outside, or by purchasing an active scavenger system.
5. When an oxygen concentrator is in use:
    a. Measures are in place for ensuring proper oxygen pressure, flow and oxygen concentration.
    b. A backup supply of oxygen is in place in case of power failure.
    c. A maintenance schedule for inspection and servicing of the unit is in use as per manufacturer's instructions.
    d. A schedule for cleaning filters and monitoring the device temperature during use is in place.
    e. The unit is housed in a location away from dust, obstruction of the filters and is unlikely to tip over.

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-14: 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.

5A: In-Facility Surgical Suite

Facility/Equipment

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/surgical 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:

1. A properly performed hand and arm scrub with an appropriate 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.*

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. Slatted blinds are not allowed in the surgical suite.
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. A laptop, computer or screen is allowed in surgery with an infection control plan in place.
6. Adequate surgical lighting is provided, including emergency lighting dedicated to the surgery suite and sufficient to complete the surgical procedure undertaken.
7. A recovery area is provided where a patient may be frequently observed following general anesthesia (need not be separate from animal compartments).

8. 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.

9. 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

10. 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.

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

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

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

14. 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.

15. 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

5B: Farm Animal Surgery:

e.g. castration, dehorning, c-section

Facility/Equipment

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 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/surgical 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. Instruments, towels and drapes are disposable or able to be autoclaved.

Operational Procedures:

1. A hand and arm wash with an appropriate 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.

d. Hair or feather removal should be adequate to prevent inadvertent contamination of the sterile surgical field.

e. The prepared area should be large enough to accommodate extension of the incision if necessary.

f. The entire surgical area should be cleaned and disinfected with an appropriate surgical scrub agent.

3. Instruments are 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.*

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 and /or the sterile pack outer wrap 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 discussed 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 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
- 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. 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. Intraoral radiographs should be done where teeth are extracted, in cases of advanced periodontal disease and where teeth are missing or broken.
7. Instruments and dental equipment require routine and frequent maintenance. Instruments must be sharp and properly cleaned, disinfected and stored between dental procedures.
8. Dental procedures must not be performed on an animal without first obtaining informed consent. As part of informed consent, the owner should be advised that unexpected findings often occur and that it is important that an owner provides accurate contact information to the 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.
9. A registered veterinarian may delegate specific tasks to a registered veterinary technologist following the *Council Guidelines for the Roles of Registered Veterinary Technologists, Unregistered Auxiliaries, and Students*.
10. Records of dental procedures, including anatomic dental documentation or charts, are part of the medical record.
11. Gloves, masks and safety glasses are worn to protect from aerosolized bacteria.

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 intra-oral radiographs be routinely used in all dental procedures to direct and document decisions made in the course of dental treatment.
4. Irrigating the oral cavity with an antiseptic rinse is performed before dental scaling to help decrease bacterial aerosolization and protect staff.
5. 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 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). The ABVMA certificate of registration for each radiation unit is available to the PIPS inspector.
2. Radiation emitting imaging equipment is registered with the ABVMA Radiation Protection Program. Annual Confirmation of Registration is in place. The annual ABVMA Certificate of Compliance – Radiation Protection Program is posted in the practice.
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)(not required for automated digital systems)

c. Body part thickness (where applicable) (not required for automated digital systems)

d. Number of exposures, diagnostic and non-diagnostic

e. Names of individual(s) who took the exposure and/or restrained

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

9. A documented Radiology Quality Assurance Program is in place, consistent with that outlined in the ABVMA's Radiation Protection Program Manual.

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 Radiation Quality Control Officer. Duties include:

    a. Assuring the radiation equipment is inspected by an Authorized Radiation Protection Agency every 5 years, or when relocated or there is an ownership change

    b. Ensuring that equipment is maintained and functions correctly

    c. Ensuring that maintenance is performed by competent personnel

    d. Ensuring that equipment is used correctly and only by competent personnel

    e. Establishing safe operating procedures

    f. Carrying out routine checks of equipment and quality control tests

    g. Keeping records of radiation logs, quality control tests

    h. Maintaining personnel monitoring program

i. Monitoring the repeat analysis and implementing corrective measures

j. Ensuring that appropriate warning signs are properly located

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 the VPE name, either patient file number or patient identification, and survey view marker
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 is 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.
3. It is recommended that the ABVMA certificate of Registration for radiation equipment be posted by each unit.
4. Dental radiographs are best taken with a dental radiographic unit.

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:

This standard applies to the use of all Class 3B and 4 lasers whether used for surgical or therapeutic purposes.

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".

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:
    a. Standard Operating Procedures - written & approved.
    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. An individual in the practice (registered veterinarian or registered veterinary technologist) is identified as the Laser Safety Officer (LSO). Duties include:

    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 is 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. Provide 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.

In House Diagnostic Laboratory: This laboratory is maintained within the VPE and performs laboratory tests only for itself.

Referral Diagnostic Laboratory: This laboratory accepts samples from other VPEs.

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 veterinary 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 must 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. In addition to meeting the Referral Diagnostic Laboratory Standard, the VPE must meet the Universal Standards and service Category 10A In-House Diagnostic Laboratory.

SC-11: Rehabilitation Therapy

Guiding Principles:

There have been advancements in understanding, equipment and training in this field. The American College of Veterinary Sports Medicine and Rehabilitation is a fully recognized specialty college. 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 these standards.

Facility:

In addition to the Facility Standard (US-3), VPEs offering rehabilitative therapy shall have:

a. Non-slip flooring in the 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.

Operating Procedures:

1. Rehabilitation therapy assessments and treatment plans are performed by a registered veterinarian with training in animal rehabilitation therapy.
2. Rehabilitation therapy is performed by a veterinarian with training in animal rehabilitation therapy, delegated to a registered veterinary technologist with training in animal rehabilitation therapy, or certified professional with training in animal rehabilitation therapy under the supervision of a registered veterinarian with training in animal rehabilitation
3. When animals are referred to a VPE offering rehabilitative therapy from another VPE this activity must follow the ABVMA Council *Guideline for Consultation/Referral or Owner Initiated Second Opinion.*
4. If used, treatment protocols and settings are documented in the medical record and include:
    a. Underwater treadmill:
        - Water Temperature
        - Water height
        - Treadmill speed

- Jets on/off
- Duration of session
- Incline if applicable
- Response of patient to session

b. Laser:

- Probe used (if applicable)
- Duration of treatment (or Joules/second and number of Joules administered)
- Anatomical location 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 and size 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 and size of pads

f. Land Treadmill:

- Incline of treadmill
- Speed of treadmill
- Duration of session
- Response of patient to session

Requirements for Optional Rehabilitation Equipment:

VPEs offering rehabilitation therapy may use a variety of equipment. When present equipment must meet the following appropriate guidelines:

1. 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 is drained directly away from the treadmill to waste water.
    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. Water testing/monitoring in place.
    i. Water is changed between patients from a fresh water source or using water that has been filtered and sanitized.
2. Therapeutic ultrasound
    a. Equipment is calibrated annually or according to manufacturer's specification and documentation is available.
3. Class 3b and 4 laser therapy:
    a. Proper eye protection must be available to all humans and animals.
    b. All Class 3b and 4 lasers must be registered with the ABVMA and conform to the SC-9 Laser Service Category.
    c. A room that can be locked or indicate when the laser is in use. There should be no opportunity for the laser beam to exit the room ie a window that isn't covered.

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*, Alberta Health Services protocols, *American College of Veterinary Internal Medicine Consensus Statement on the safe use of cytotoxic chemotherapeutics in veterinary practice*.

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 registered veterinarians or veterinary technologists 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. Staff training should include:

    - Proper care and use of PPE and spill kits
    - Proper PPE to wear when receiving, storing, preparing, administering, disposal and when cleaning up waste from patients that have received hazardous drugs.
    - Proper use of CSTD and methods of transportation within the VPE.
    - Workers who are pregnant, breastfeeding or attempting to conceive or father a child should avoid or decrease exposure.

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. Orders and prescriptions should be independently calculated and verified by at least 2 separate individuals, but ideally including the prescribing clinician, a second person trained in handling hazardous drugs, and the worker responsible for preparation.

7. Preparation and administration should occur in a negative-pressure room. Positive pressure rooms (such as surgical suites) should be avoided because of the potential spread of airborne contamination.

8. Use proper personal protection equipment (PPE) including chemotherapy gloves (double gloved), non-permeable gowns, and respiratory protection, under pads, eye and/or splash protection, shoe covers and a spill kit. Use a plastic-backed absorbent pad to avoid contamination of the work surface.

    a. Receiving and Storage: 1 pair chemotherapy gloves

    b. Preparation and administration: Double-glove chemotherapy gloves, chemotherapy gown, eye protection, N95 mask if risk of inhalation or aerosol exposure, face shield if risk of spray or splash

    c. Spill management: Double-glove chemotherapy gloves, chemotherapy gown, eye protection, N95 mask, face shield, shoe covers, surgical cap

    d. Handling body wastes and contaminated blankets from treated animals: chemotherapy gloves

    e. Handling patient samples: 1 pair chemotherapy gloves

    f. Handling hazardous medication waste containers: 1 pair chemotherapy gloves

9. Contaminated, disposable PPE must be disposed of through biomedical waste containers.

10. Assure staff know the location of the Safety Date Sheets (SDS) of the drugs used in the practice.

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. Chemotherapeutic agents should be prepared using primary engineering control, such as a biologic safety cabinet or compounding aseptic containment isolator. A CSTD is not a substitute for the use of PPE or preparation in a ventilated cabinet.
2. 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. The animal must be monitored closely for the entire administration to assure the catheter is functioning properly. Extravascular administration has serious consequence.
4. Attach drug administration sets to the IV bag and prime them before adding the drug to the bag.
5. Remove the IV bag and tubing intact, dispose of items directly in a chemotherapy waste container and close the lid.
6. Remove outer gloves and gowns, and bag them for disposal in the chemotherapy waste container at the location where the drug administration was performed.
7. 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 and Accidental Contamination:

1. Document and follow written policy and procedures to manage hazardous spills and accidental contamination 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.

Recordkeeping:

1. Document staff training in staff personnel files before allowing staff to handle and administer chemotherapeutics.
2. Document owner training in the medical record before they are handling any hazardous drugs (see client safety).

Recommendations:

1. A medical surveillance program is recommended to identify medical incidents. Surveillance includes dates of duty assignment to hazardous drugs and similar types of information.

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:

1. Surgical embryo transfer must comply with standards of Sterile Surgery SC-5: Sterile Surgery.
2. Appropriate uterine flush fluids, holding media and freezing media are in use (as applicable).
3. Means of vitrification or embryo freezer (if embryos are to be frozen) that has its internal temperature monitored with an electronic thermometer. The clinic has a specific protocol to monitor the temperature.
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.

Mobile units shall be exempted from independent certification with the ABVMA when they are operated from a building or facility that is certified with the ABVMA, and the certification identifies and declares the use of the mobile unit.

This service category exists for two distinct purposes:

1. Remote locations that cannot sustain a veterinary practice and require periodic veterinary services.
2. Clients who financially qualify for subsidized veterinary care through a registered charity.

Definitions:

Mobile VPE:

For the purposes of the bylaw, a mobile VPE is:

1. A mobile facility for remote locations that cannot sustain a veterinary practice and require periodic veterinary services. The mobile facility offers veterinary care at specified locations pre-approved by the ABVMA.
2. A mobile facility that parks by a client's home to perform veterinary services to the client's animals.

Facility and Equipment:

A. Remote Locations

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. Specifically Service Category 4 and 5 must be met if surgery is performed and Service Category 6 must be met if companion animal dentistry is performed.

2. 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 approved by the ABVMA.

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 because there is no reception areas, washrooms etc. Veterinary services are provided by appointment only.

d. Animals being treated in this capacity are picked up at and returned to their normal place of residence by the VPE staff or the owners.

B. <u>Client Home</u>

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. Specifically Service Category 4 and 5 must be met if surgery is performed and Service Category 6 must be met if companion animal dentistry is performed.
2. May provide services to animals at the residence of the owner.
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 the client's home se.

    a. While operating at these locations no public access is available because there is no reception areas, washrooms etc. Veterinary services are provided by appointment only.

    b. Animals being treated in this capacity are picked up at and returned to their normal place of residence by the VPE staff or the owners.

<u>Operational Procedure:</u>

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. Also, notification to surrounding veterinary practices that service clients in the area where the temporary facility will be established is part of the application process.

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 veterinary 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.