**Annex “A” to the By-Laws of the Nova Scotia Veterinary Medical Association**

**STANDARDS FOR FACILITIES**

Revised September 28, 2011 / Approved by Government October 21, 2014.

DEFINITIONS

In these Standards:

“active clients” means clients of a facility with whom there is a valid veterinarian/ client/patient relationship, and excludes those clients who have been advised by the facility that they are no longer in good standing with the facility;

“emergency services required distance” means the lesser of an 80 kilometer or one hour drive radius.

PART I

SMALL ANIMAL HOSPITAL STANDARDS

1. RECORDS

(a) There must be a clearly legible, individual medical record maintained for every patient administered to by the practice.

(b) A medical record shall contain all clinical information pertaining to the patient together with sufficient information to indicate the patient’s assessment, planned treatment and results, including:

(i) patient identification, including species, age and sex;

(ii) name, address and telephone number of the client;

(iii) present illness and history of the patient;

(iv) vaccination record;

(v) current weight;

(vi) laboratory reports which shall include clinical pathology, radiology, histopathology, necropsy, surgery, cardiograms, etc, as applicable;

(vii) record of the patient’s medical or surgical treatment, including drugs prescribed and dispensed, strength or dosage and quantity;

(viii) the attending veterinarian shall be identified for each entry by name, initials or code; and

(ix) relevant signed consent forms.

(c) (i) Adequate daily records must be maintained for hospitalized animals.

(ii) The medical record must contain a note of any professional advice given regarding the animal and an indication of when and to whom the advice was given, if other than to the client.

(d) All medical records shall be maintained for at least seven (7) years from the date of last entry.

(e) All medical records shall be readily retrievable, and

(i) shall be open to an inspector appointed pursuant to the Regulations; and

(ii) the inspector may make copies or prepare abstracts from the records.

(f) When records are retained on an electronic medium:

(i) the recorded information shall be capable of being printed promptly

(ii) any changes in the recorded information shall be clearly indicated as such, and dated. (081018)

2. RECEPTION AREA AND REST ROOM FACILITY

(a) The entrance to the reception area shall be presentable and free from hazards; and

(b) The reception area and restroom facility shall be clean and orderly.

(c) The Certificate of Hospital Inspection shall be displayed in a prominent location in the Reception Area. (081018)

3. EXAMINATION FACILITIES

(a) The examination room shall be clean, orderly, constructed of readily disinfected material, and have sufficient lighting;

(b) There shall be sufficient area for the doctor, patient and client; and

(c) The following equipment shall be available:

(i) stethoscope;

(ii) ophthalmoscope;

(iii) otoscope;

(iv) alcohol or other disinfectant;

(v) thermometer;

(vi) examination table with readily disinfected, impervious surface.

(d) Where there is more than one examination room, duplication of equipment is not required provided the equipment is readily available to all the examination rooms.

4. PHARMACY

(a) Compartments shall be provided for the storage, safekeeping and preparation of drugs in accordance with Federal and Provincial laws.

(b) A locked area shall be provided for controlled drugs and narcotics.

(c) An inventory of controlled drugs and narcotics will be maintained and kept in a separate locked area.

(d) Dispensing labels shall indicate hospital and doctor, dispensing date, patient, owner, drug, quantity, strength, D.I.N. and instructions for use.

(e) Child-proof dispensing containers must be used where appropriate.

(f) Prescription pads shall be available.

(g) Expiry dates must be indicated on all pharmacy products, where applicable.

(h) Sterile needles, syringes, i.v. catheters and parenteral fluids shall be available.

(i) Refrigeration shall be available for biologics and other drugs requiring refrigeration.

(j) Expired drugs are to be kept separate from unexpired drugs and are to be discarded or returned to the manufacturer promptly after expiry.

5. CLINICAL PATHOLOGY EQUIPMENT

(a) Clinical pathology equipment shall be available and must include:

(i) microscope, with oil emersion lens;

(ii) centrifuge;

(iii) micro-hematocrit centrifuge;

(iv) refractometer;

(v) urinalysis equipment;

(vi) equipment sufficient for the collection of blood samples, urine samples, bacterial cultures, and other clinical pathology specimens.

(b) Clinical pathological services shall be provided within the Small AnimalHospital laboratory or through other qualified laboratory services.

(c) There is to be a record and evidence of continuing quality control. (081018)

6. LIBRARY

The library must include:

(a) adequate reference texts and current subscriptions to professional journals either in a hard copy format or as an on-line subscription.

(b) a current edition of the Nova Scotia Veterinary Medical Act, and Regulations and By-Laws of the Nova Scotia Veterinary Medical Association;

(c) a current edition, not more than three years old, of;

(i) the Compendium of Pharmaceuticals and Specialities (Canadian Edition) and,

(ii) one veterinary pharmaceutical reference text, or

(iii) in lieu of the above, a current computer-based, or on-line subscription to the Compendium of Pharmaceuticals and Specialties (Canadian Edition) and a veterinary information network providing a pharmaceutical reference database.

(d) a current copy of “The Controlled Drugs and Substances Act” which is available on the Internet. (081018)

7. RADIOLOGY

(a) A diagnostic radiology area shall be provided on the premises and maintained in satisfactory condition.

(b) A member, whether or not the member is an employer, must not install, use or permit to be used an x-ray source unless the radiology equipment has been satisfactorily inspected by a qualified person approved by resolution of Council.

(c) Protective equipment for the operator(s) shall include:

(i) a collimeter;

(ii) a protective apron (0.5 lead equivalent) long enough to extend below the wearer’s knee;

(iii) gloves or mitts of the same lead equivalent at least fifteen (15) inches (38 long;

(iv) Thyroid shields are recommended;

(v) monitoring badges obtained from and monitored by an approved authority, to be used by all staff in the radiology department.

(d) Equipment shall be available for the permanent identification of radiographs and will be marked

(i) with the clinic name, date and patient file number, or

(ii) clinic name, date and patient identity

(e) Files and storage for radiographs shall be provided; (081018)

(f) A radiographic log shall be maintained which includes

(i) owner/patient identification

(ii) other pertinent data

(g) Film developing facilities shall be provided;

(h) An x-ray viewer shall be available;

(i) Material for positive contrast radiography shall be present;

(j) A technique chart and measuring device shall be available to indicate the MAS, KV, and focal distance for specific body areas and thickness that are calibrated for that specific x-ray machine;

(k) The diagnostic radiographic area shall not be combined with the suite where major surgery is performed.

8. SUITE FOR MAJOR SURGICAL PROCEDURES

(a) There shall be a separate suite for major surgical procedures, which shall be clean and orderly.

(b) The suite must be a completely enclosed, single purpose room, with the wall, floor and doors constructed of solid impervious material that can be easily disinfected.

(c) A surgical table that may be readily disinfected must be provided.

(d) Adequate lighting shall be provided.

(e) Emergency lighting equipment sufficient to permit completion of procedures must be available.

(f) Instruments, gowns, towels, drapes and gloves must be autoclaved, or equivalent procedure, before each surgical procedure.

(g) An area outside the surgery shall be available for pack preparation and sterilization.

(h) An autoclave for preparing a sufficient quantity of sterile packs to meet the hospital’s surgical needs shall be available.

(i) At least one monitor must be included within every surgical pack to be sterilized.

(j) All autoclaved material shall be dated and initialled.

(k) Sterile suture material shall be available.

(l) All equipment shall be neat, orderly and in good condition.

(m) A surgery log book must be kept which may be combined with the anaesthetic log, providing date, identification of patient and procedure.

(n) Any deaths in the surgery area must be recorded in the log. A mortality log book must be kept and shall include; date, animal I.D., procedure, suspected cause of death, and post mortem findings. (081018)

(o) Preliminary preparation of the patient shall be made outside the room where major surgery is performed.

9. NON-MAJOR SURGERY, DENTISTRY AND PATIENT PREPARATION

The following shall be available:

(i) clippers and a fine surgical blade or razor;

(ii) vacuum cleaner;

(iii) scrub material;

(iv) final preparation materials;

(v) cold sterilization solution;

(vi) dental scalers, extractors, elevators;

(vii) sterile i.v. and urinary catheters; and

(viii) a sink.

10. SEDATIVE AND ANAESTHETIC SERVICES

(a) The equipment for anaesthetic services shall be readily available, and an anaesthetic log book must be kept. It may be combined with the surgery log.

(b) The anaesthetic log book must contain client/patient identification. The anaesthetic log must list pre-anaesthetic agent, anaesthetic agent, surgical procedures and any remarks relevant to the anaesthesia.

(c) All necessary equipment and material is to be available for

(i) local infiltration, and

(ii) pre-anaesthetic agent.

(d) Both gaseous and intravenous anaesthesia must be available, including:

(i) an anaesthetic machine;

(ii) an oxygen supply;

(iii) endotracheal tubes; and

(iv) a stethoscope.

(e) A gas scavenger shall be provided to remove waste gas

(f) Some method for respiratory monitoring is mandatory. A bag device will be the minimum considered adequate when gaseous anaesthetic is used.

(g) Some method for cardiac monitoring is mandatory. An oesophageal stethoscope will be the minimum considered adequate in the absence of an E.K.G.

(h) Parenteral fluids shall be present.

(i) If narcotics are used, specific narcotic antagonists must be available (081018)

(j) Resuscitative equipment must be available.

(k) Equipment for the alleviation of hypothermia during and post surgery must be available.

(l) A recovery area shall be available where a patient may be frequently observed following anaesthesia. This area need not be separate from the animal compartments.

(m) Patients must be ambulatory and deemed to be in appropriate physiological condition for discharge following use of any sedative or anaesthetic.

11. ANIMAL COMPARTMENTS AND CARE FACILITIES

(a) Facilities for the proper care and containment of all hospitalized patients shall include compartments for holding animals such as kennels or runs plus areas and equipment involved with nursing care.

(b) Wards shall be clean and orderly.

(c) Floors shall be of water impervious material and easily cleaned and disinfected.

(d) All areas must be well lighted.

(e) Adequate facilities for bathing, grooming and drying patients shall be available.

(f) The hospital shall provide sufficient personnel to assist in the treatment of outpatients and inpatients.

(g) A separate isolation room shall be provided for patients with contagious diseases in an area where traffic flow is minimal. The isolation room shall contain an exhaust system that vents directly to the exterior of the building without communicating in any way with the heating or ventilation system in the rest of the facility. The isolation room shall allow for the setup of a footbath, and provide enough space to comfortably house a cat or dog in a compartment in accordance with section 11(h).

(h) Size of compartments must conform with the Canadian Council on Animal Care Standards.

(i) A small animal hospital must be equipped to provide housing and nursing care for small animals during illness, convalescence and major surgery.

12. OVERNIGHT COMPARTMENTS

(a) Proper bedding must be available for patients.

(b) Covering must be available to insure minimum heat loss.

(c) A separate compartment shall be provided for each patient. The size and number of compartments in any area shall ensure comfort and adequate ventilation.

(d) There must be a method for securely fastening the cage door closed.

(e) The compartments shall be secure enough to prevent cage movement while occupied.

(f) Animal compartments shall be arranged so that frequent observations of patients may be carried out.

(g) Five (5) sides of the cages shall be solid.

(h) Cages with barred doors shall have the bars no further apart than two (2) inches (5 cm).

(i) There shall be a method of attaching patient identification to the compartment.

(j) A sufficient number of litter trays shall be available and must be readily disinfected or be disposable.

(k) There shall be an adequate number of overnight compartments of adequate size in relation to the hospital inpatient case load requirement.

13. FOOD PREPARATION AREA

(a) Bags of feed and feeding utensils shall be stored in clean dry areas.

(b) There shall be an adequate variety and quantity of food and dishes available to feed and water hospitalized patients.

(c) The dishes and utensils shall be easily cleaned and disinfected or be disposable.

(d) Refrigeration for spoilable foods shall be available.

14. RUNS AREA

(a) Runs must be provided unless the hospital is providing exclusive feline or small exotic pet services.

(b) Runs must be larger than fifteen (15) square feet (1.4 square meters) and shall be a minimum of two and one-half (2½) feet wide (.75 m).

(c) Runs, walls and floors shall be of a water impervious material, and easily cleaned. (081018)

(d) Outdoor runs must be covered to prevent escape.

(e) There shall be solid partitions a minimum of four (4) feet (1.2 m) high between runs.

(f) Running water shall be available to clean runs.

(g) Where runs are indoors, there shall be adequate run drying facilities.

(h) All refuse shall be stored in closed containers and removed at least once daily and disposed of in accordance with local, provincial and federal laws.

(i) Ventilation must provide five (5) air changes per hour.

15. OVERNIGHT CARE

Adequate provision shall be available for the supervision of patients in the hospital until they are in sternal recumbency and their general condition is stable and satisfactory.

16. EMERGENCY SERVICES

(a) While a small animal hospital is not required to be open to the public at all times, it nonetheless is required to ensure that professional services for emergency situations are available at all times to their Active Clients.

(b) Such services must be provided within the emergency services required distance of the small animal hospital (the “required distance”), and may be provided by one of the following ways:

(i) assignment of staff which could include co-operative efforts between hospitals;

(ii) twenty-four (24) hour telephone answering services which can direct the caller to a duty veterinarian within the emergency services required distance; or

(iii) any method which assures professional assistance is available within the emergency services required distance (eg. emergency clinic).

(c) Verification of the provision of outsourced emergency services must be available in writing and updated with each hospital inspection.

(d) If the arrangements for the provision of emergency services changes at any time, the owner or operator of the facility shall make alternate arrangements and notify the Registrar in writing 30 days prior to any such change.

(e) Termination of emergency service arrangements by any involved party must be made in writing and submitted to the registrar, with copy to the other party, at least 30 days prior to the termination date.

17. GENERAL HOUSEKEEPING AND MAINTENANCE/EQUIPMENT REQUIREMENTS

(a) The entire facility shall be clean, uncluttered, in good repair and free of offensive odours. Hallways, the receptions area and the area around the building, shall be free of impediments and obstructions.

(b) The entire facility shall be readily cleaned and disinfected.

(c) The facility shall contain puncture proof containers into which needles, scalpel blades and other sharps are discarded.

(d) The facility shall contain, outside the surgery area, an adequate supply of clean linens, stored to minimize contamination from surface contact or airborne sources, including

(i) towels

(ii) smocks, lab coats, or aprons

(iii) masks and caps.

(e) Closed storage shall be provided for all housekeeping equipment, supplies and flammable material.

(f) Biological and pathological wastes must be disposed of in accordance with federal, provincial and municipal by-law.

(g) Evidence of regular testing of water supply and treatment as required by local authorities must be provided unless some municipal water supply is being used by the facility.

18. SAFETY

(a) Clear written instructions to be used for the evacuation of animals and staff from the facility, in the case of fire or other emergency, shall be posted prominently.

(b) Fire extinguishers shall be available and conform to municipal requirements.

(c) Emergency phone numbers, including fire, hospital and poison control centre, shall be posted.

(d) Doors and windows shall be secured or self-closing to prevent the escape or theft of animals.

(e) There shall be a source of emergency lighting in the facility adequate for the purpose of finishing any procedures in process and evacuating the building.

(f) There shall be adequate exterior illumination of entrances, walkways and parking areas.

19. MORGUE FACILITIES

(a) Morgue facilities shall be provided.

(b) Equipment for necropsy shall be available.

(c) Refrigerated storage for carcasses and body tissue shall be provided and an adequate method for disposal of carcasses and body tissue shall conform to federal, provincial and municipal by-laws.

19A. Notwithstanding any provision of these Standards, the Accreditation Committee, with the approval of Council, may waive any of the requirements for accreditation where it believes it is in the public interest to do so.

PART II

SMALL ANIMAL CLINIC STANDARDS

20. GENERAL STANDARDS

(1) The minimum standards for a small animal clinic are the same as those for a small animal hospital with the following exceptions:

(i) Major surgery shall not be performed in a small animal clinic. If ovariohysterectomies are performed, anaesthetic services, overnight compartments and an area for major surgical procedures, as described in the Small Animal Hospital Standards, shall be provided.

(ii) Radiology, Anaesthetic Service and Overnight Compartments may or may not be included, but each, if present, must conform to the standards for a small animal hospital.

(iii) If a patient is not ambulatory and/or if a patient is not deemed to be in appropriate physiological condition for discharge following the use of any sedative or anaesthetic, and overnight compartments are not available, then the patient must be transported back to an accredited small animal hospital or emergency clinic by the attending small animal clinic.

(iv) Morgue facilities must be provided or carcasses removed daily to a proper morgue establishment.

(2) EMERGENCY SERVICES

(a) While a small animal clinic is not required to be open to the public at all times, it is required to ensure that professional services for emergency situations are available at all times to their active clients.

(b) Such emergency services must be provided within the emergency services required distance of the small animal clinic, and may be provided by one of the following ways:

(i) assignment of staff which could include cooperative efforts between facilities;

(ii) 24-hour telephone answering services which can direct the caller to a duty veterinarian within the emergency services required distance;

(iii) any method which assures professional assistance is available within the emergency services required distance;

(c) Verification of the provision of outsourced emergency services must be available in writing and updated with each clinic inspection.

(d) If the arrangements for the provision of emergency services changes at any time, the owner or operator of the facility shall make alternate arrangements and notify the Registrar in writing 30 days prior to any such change.

(e) Termination of emergency service arrangements by any involved party must be made in writing and submitted to the registrar, with copy to the other party, at least 30 days prior to the termination date.

20A. Notwithstanding any provision of these Standards, the Accreditation Committee, with the approval of Council, may waive any of the requirements for accreditation where it believes it is in the public interest to do so.

PART III

SMALL ANIMAL MOBILE CLINIC STANDARDS

21. (1)(i) GENERAL STANDARDS

(a) The minimum standards for a small animal mobile clinic are the same as those for a small animal clinic with the exception that overnight compartments are not required if ovariohysterectomies are performed and are the same as those for a small animal hospital respecting records (Section 1); examination facilities (Section 3); pharmacy (Section 4); library (Section6) and safety (Section18).

(b) If a patient is not ambulatory and/or if a patient is not deemed to be in appropriate physiological condition for discharge following the use of any sedative or anaesthetic, and overnight compartments are not available, then the patient must be transported back to an accredited small animal hospital or emergency clinic by the attending small animal mobile clinic.

(c) Equipment sufficient for the collection of blood samples, urine samples, bacterial cultures and other clinical specimens shall be available.

(d) Mandatory equipment includes clippers, sink with water (hot and cold), table disinfectants and alcohol.

(e) A narcotic reversal agent is required if injectable narcotics are used for pain control.

(f) When minor surgical procedures are being performed, the following equipment shall be provided:

(i) vacuum;

(ii) scrub and final prep materials;

(iii) autoclaved packs; and

(iv) sterile gloves, instruments and equipment

(g) Small animal mobile clinic operators are required to identify and comply with any and all government regulations.

(1)(ii) Housekeeping and Maintenance

(a) The vehicle utilized in the small animal mobile service shall be clean, orderly and properly maintained.

(b)Wastes removed from mobile premises will be carried in closed containers, disposed of properly and not allowed to accumulate.

(c) The vehicle utilized in the small animal mobile service will contain puncture proof containers into which needles, scalpel blades and other sharps are discarded.

(2) VEHICLE STANDARDS

The vehicle from which the small animal mobile clinic is operated must:

(a) be currently registered, licensed, inspected and insured as required by the Department of Motor Vehicles;

(b) be commercially manufactured, distributed and sold specifically for the practice of veterinary medicine;

(c) satisfy the Accreditation Committee that it is appropriate, professional, clean, and used only for the purposes of veterinary medicine;

(d) post its Accreditation Certificate in a prominent place in the vehicle;

(e) post the hours of operation of the small animal mobile clinic;

(f) post the civic address of each location where the small animal mobile clinic is authorized to operate by the Accreditation Committee.

(3) EMERGENCY SERVICES

(a) While a small animal mobile clinic is not required to be open to the public at all times, it is required to ensure that professional services for emergency situations are available at all times to their active clients.

(b) Where the small animal hospital that owns, and operates or is associated with the small animal mobile clinic is located within the emergency services required distance of the small animal mobile clinic, that small animal hospital is required to provide emergency services to the small animal mobile clinic in accordance with subsection(3)(d).

(c ) Where the small animal hospital that owns and operates or is associated with the small animal mobile clinic is not located within the emergency services required distance of the small animal mobile clinic, but where the small animal mobile clinic is located within the emergency services required distance of another accredited small animal hospital or emergency clinic, the small animal mobile clinic must have a written agreement with that other accredited small animal hospital or emergency clinic facility, (in whose emergency services required distance the small animal mobile is operating,) to provide emergency services as set out in subsection (3) (d).

(d ) The provision of emergency services required in subsections (3)(b) and (3)(c ) may be provided by one of the following ways:

(i) assignment of staff which could include cooperative efforts between facilities;

(ii) 24-hour telephone answering services which can direct the caller to a duty veterinarian within the emergency services required distance;

(iii) any method which assures professional assistance is available within the emergency services required distance;

(e) Verification of the provision of outsourced emergency services must be available in writing and updated with each inspection.

(f) If the arrangements for the provision of emergency services changes at any time, the owner or operator of the facility shall make alternate arrangements and notify the Registrar in writing 30 days prior to any such change.

(g) Termination of emergency service arrangements by any involved party must be made in writing and submitted to the registrar, with copy to the other party, at least 30 days prior to the termination date.

(h ) Where the provisions of subsections (3)(b) and (3)(c) do not apply, the small animal mobile clinic operator must obtain written acknowledgement from each client that the client is aware no emergency services are available within the emergency services required distance.

(4) LOCATION

Each location from which a small animal mobile clinic operates must be approved by the Accreditation Committee and must not be within a 20 kilometre radius of any other currently accredited facility or future accredited small animal hospital. The accreditation committee will retain ownership of mobile location permits and has the authority to revoke any mobile location permit if it is not used for active service.

21A. Notwithstanding any provision of these Standards, the Accreditation Committee, with the approval of Council, may waive any of the requirements for accreditation where it believes it is in the public interest to do so.

PART IV

SMALL ANIMAL REMOTE SERVICE STANDARDS

22. (1) GENERAL STANDARDS

(a) The minimum standards for a small animal remote service are the same as for a small animal hospital respecting records (Section (1); examination facilities (Section 3); pharmacy (Section 4) and library (Section 6), with the following exceptions:

(i) The exam room must have enough room to adequately accommodate the patient, client and veterinarian. The facility must also have an examination table with a readily disinfected impervious surface;

(ii) A record of history, examination and treatments administered is required to be maintained at the small animal hospital that owns the small animal remote service;

(iii) Equipment sufficient for the collection of blood samples, urine samples, bacterial cultures and other clinical pathology specimens shall be available.

(2) HOUSEKEEPING AND MAINTENANCE

(a) The facility where the small animal remote service is being provided shall be clean, orderly and properly maintained.

(b) Cleanliness and orderliness of the drugs and equipment in appropriate carrying containers is mandatory.

(c) Cleanliness, orderliness and proper maintenance of drug storage, dispensing and records areas is mandatory.

(d) Wastes removed from premises of examination should be carried in closed containers and disposed of appropriately and not allowed to accumulate.

(e) A disinfected, adequately ventilated, properly secured portable holding compartment made of impervious material must be made available to permit transportation of a patient to an accredited small animal hospital.

(3) LOCATION

Each location from which a small animal remote service operates must be approved by the Accreditation Committee and must not be within a 20 kilometre radius of any other current or future accredited facility. The accreditation committee will retain ownership of remote service location permits and has the authority to revoke any remote service location permit if it is not used for active service.

(4) EMERGENCY SERVICES

(a) While a small animal remote service is not required to be open to the public at all times, it is required to ensure that professional services for emergency situations are available at all times to their active clients.

(b) Where the small animal hospital that owns and operates or is associated with the small animal remote service is located within the emergency services required distance of the small animal remote service, that small animal hospital is required to provide emergency services to the small animal remote service in accordance with subsection(3)(d).

(c ) Where the small animal hospital that owns and operates or is associated with the small animal remote service is not located within the emergency services required distance of the small animal remote service, but where the small animal remote service is located within the emergency services required distance of another accredited small animal hospital or emergency clinic, the small animal remote service must have a written agreement with that other accredited small animal hospital or emergency clinic facility, (in whose emergency services required distance the small animal remote service is operating,) to provide emergency services as set out in subsection (3)(d).

(d ) The provision of emergency services required in subsections (3)(b) and (3)(c ) may be provided by one of the following ways:

(i) assignment of staff which could include cooperative efforts between facilities;

(ii) 24-hour telephone answering services which can direct the caller to a duty veterinarian within the emergency services required distance;

(iii) any method which assures professional assistance is available within the emergency services required distance;

(e) Verification of the provision of outsourced emergency services must be available in writing and updated with each inspection.

(f) If the arrangements for the provision of emergency services changes at any time, the owner or operator of the facility shall make alternate arrangements and notify the Registrar in writing 30 days prior to any such change.

(g) Termination of emergency service arrangements by any involved party must be made in writing and submitted to the Registrar, with copy to the other party, at least 30 days prior to the termination date.

(h ) Where the provisions of subsections (3)(b) and (3)(c) do not apply, the small animal remote service operator must obtain written acknowledgement from each client that the client is aware no emergency services are available within the emergency services required distance.

22A Notwithstanding any provision of these Standards, the Accreditation Committee, with the approval of Council, may waive any of the requirements for accreditation where it believes it is in the public interest to do so.

PART V

SMALL ANIMAL HOUSE CALL SERVICE STANDARDS

23. (1) GENERAL STANDARDS

(a) The minimum standards for a small animal house call service are the same as those for a small animal hospital respecting records (Section 1); examination facilities (Section 3); pharmacy (Section 4); and library (Section 6) with the following exceptions:

(i) The place where the animal is examined and treated shall have enough room to adequately accommodate the patient, client and veterinarian.

(ii) Records – only pertinent records removed from the central records bank required for specific visits need be taken to the house call. A record of history, examination and treatments administered shall be maintained at the small animal hospital that operates the house call service.

(iii) A clear and impervious material such as non-porous paper or strong plastic must be on hand to cover the examination surface.

(b) Sedation must be used only for purposes of restraint and can only be administered where there is the ability to ensure a patent airway in case of emergency.

(c) Equipment sufficient for the collection of blood samples, urine samples, bacterial cultures and other clinical pathology specimens must be available.

(2) HOUSEKEEPING AND MAINTENANCE

(a) Cleanliness and orderliness of the drugs and equipment in appropriate carrying containers is mandatory.

(b) Cleanliness, orderliness and proper maintenance of drug storage, dispensing and records areas is mandatory.

(c) Wastes removed from premises of examination should be carried in closed containers and disposed of appropriately and not allowed to accumulate.

(d) A disinfected, adequately ventilated, properly secured portable holding compartment made of impervious material must be made available to permit transportation of a patient to an accredited small animal hospital

(3) EMERGENCY SERVICES

(a) While a small animal house call service is not required to be open to the public at all times, it is required to ensure that professional services for emergency situations are available at all times to their active clients.

(b)In order to ensure availability of appropriate emergency services, a small animal house call service can only provide services within the emergency services required distance of the small animal hospital that owns, operates or is associated with the house call service.

23A Notwithstanding any provision of these Standards, the Accreditation Committee, with the approval of Council, may waive any of the requirements for accreditation where it believes it is in the public interest to do so.

PART VI

LARGE ANIMAL HOSPITAL STANDARDS

24. (1) RECORDS

(e) There must be a clearly legible individual medical record or herd record maintained for every patient or herd.

(f) Records shall contain all clinical information including:

(i) patient or herd identification;

(ii) full client identification: name, address and telephone number;

(iii) present illnesses and history;

(iv) vaccination records;

(v) laboratory reports, including clinical pathology, radiology, histopathology, necropsy, surgery, cardiograms, etc., as applicable

(vi) record of patient’s or herd’s medical or surgical treatment, including drugs prescribed or dispensed, their strength, dosage and quantity;

(vii) such other sufficient clinical information to indicate assessment and planned treatment;

(viii) relevant signed consent forms.

(ix) the name of the veterinarian performing the service and the date the service was performed (081018)

(g) When a patient is hospitalized, adequate daily records shall be maintained.

(i) Any changes in the recorded information shall be clearly indicated as changes and dated. (081018)

(h) All medical records must be maintained for at least seven (7) years from the date of the last entry on file.

(i) There shall be sufficient cross-indices maintained to allow for prompt retrieval of all records.

(j) Records shall be open to an inspector appointed pursuant to the Regulations of the Nova Scotia Veterinary Medical Association, and the inspector may make copies or prepare abstracts from the records.

(k) When records are retained on an electronic medium:

(i) the recorded information shall be capable of being printed and copied; and

(ii) any changes in the recorded information shall be clearly indicated as changes.

(2) RECEIVING AND EXAMINING AREA

(a) The entrance to the receiving area shall be clean and presentable and free from hazards.

(b) The receiving and examining area shall be in good repair and easily cleaned.

(c) The area shall have sufficient lighting, be constructed of readily disinfected materials and have covered waste receptacles.

(d) The following equipment shall be available:

(i) stethoscope;

(ii) ophthalmoscope;

(iii) thermometer;

(iv) focal light source.

(e) The current Certification of Hospital Inspection shall be displayed in a prominent location in the Reception Area. (081018)

(3) PHARMACY

(a) Compartments shall be provided for the storage, safekeeping and preparation of drugs in accordance with federal and provincial laws.

(b) A locked area shall be provided for controlled drugs and narcotics. An inventory for those drugs and narcotics, shall be maintained and kept in a separate locked area.

(c) Dispensing labels shall indicate hospital or doctor, dispensing date, D.I.N., patient, owner, date, drug, quantity, strength, instructions for use.

(d) Prescription pads shall be available.

(e) Expiry dates must be indicated on all pharmacy products where applicable.

(f) Sterile needles, syringes, i.v. catheters, fluid administration sets, and parenteral fluids shall be available.

(g) Refrigeration shall be available for biologic and other drugs requiring refrigeration.

(4) CLINICAL PATHOLOGY EQUIPMENT

(a) Clinical pathology equipment shall be available and must include:

(i) microscope;

(ii) centrifuge; urinalysis equipment

(iii) equipment sufficient for the collection of blood samples, urine samples, bacterial cultures and other clinical pathology specimens.

(iv) Clinical pathological services shall be provided within the hospital laboratory or through other qualified laboratory services.

(5) LIBRARY

The library must include:

(a) Adequate reference texts and current professional journals;

(b) a current edition of the Nova Scotia Veterinary Medical Act, Regulations and By-Laws of the Nova Scotia Veterinary Medical Association;

(c) a current copy of the Animal Health and Protection Act;

(d) a current copy of the “Compendium of Medicating Ingredient Brochures” (Canada and Specialties) (Canadian Edition) and updates.

(e) a current copy of “The Controlled Drugs and Substances Act.” (081018)

(6) RADIOLOGY

(a) A diagnostic radiology area shall be provided on the premises and maintained in satisfactory condition.

(b) A portable x-ray machine suitable for taking of radiographs of the limb of a large animal in the standing position, is required.

(c) A member, whether or not the member is an employer, must not install, use or permit to be used an x-ray source unless the radiology equipment has been satisfactorily inspected by a qualified person approved by resolution of Council.

(d) Protective equipment shall include:

(i) a collimeter;

(ii) protective apron (0.5 lead equivalent) long enough to extend below the wearer’s knees;

(iii) gloves or mitts of the same lead equivalent at least fifteen (15) inches (38 cm) long;

(iv) thyroid shields; and

(v) monitoring badges obtained from and monitored by an approved authority, to be used by all staff in the radiology department.

(e) Equipment shall be available for the permanent identification of radiographs. They will be marked with

(i) the clinic name, date and patient file number; or

(ii) the clinic name, date and patient identify.

(f) Files for radiographs shall be provided;

(g) A radiograph log shall be maintained which includes

(i) owner/patient identification;

(ii) other pertinent data.

(h) An x-ray viewer shall be available;

(i) A technique chart shall be available to indicate the MAS, KV and focal distance, for the specific body areas and distances that are calibrated for that specific x-ray machine.

(7) SURGERY

(a) The area shall be clean and orderly and constructed of material that is easily disinfected;

(b) Adequate lighting must be provided;

(c) Emergency lighting equipment sufficient to permit completion of procedures must also be available;

(d) Adequate equipment for aseptic soft tissue and bone tissue surgery shall be available where applicable;

(e) A separate area and an autoclave shall be available for surgical pack preparation;

(f) Sterile surgical packs including gowns, towels, drapes, gloves and essential instruments are to be prepared in advance of each surgical procedure and are to be dated, initialled and contain at least one monitor;

(g) A surgery log book must be kept which may be combined with the anaesthetic log providing the date, identification of patient and procedure;

(h) Any deaths in surgery area must be reported in the log. A mortality log will be kept and shall include; date, animal I.D., procedure, suspected cause of death, and post mortem findings, if permitted by the owner.

(i) In the preparation area, the following must be available:

(i) clippers;

(ii) a fine surgical blade;

(iii) defatting materials;

(iv) final preparation materials;

(v) surgical scrub material (081018)

(j) Where major equine surgery is performed, a separate, enclosed area for surgical procedures shall be provided.

(8) ANAESTHETIC SERVICES

(a) Restraint shall be provided for the safety of animals and personnel.

(b) An anaesthetic log book must be kept and may be combined with the surgery log for all general anaesthetics.

(c) The anaesthetic log book must contain:

(i) client/patient identification;

(ii) general assessment of the patient, and must list

(iii) pre-anaesthetic agent, anaesthetic agent, the operative procedure, and

(iv) any abnormal occurrences throughout the duration of anaesthesia.

(d) All necessary equipment and material is to be available for administration of:

(i) local infiltration;

(ii) field nerve blocks;

(iii) epidural anaesthesia;

(iv) pre-anaesthetic agents; and

(v) intravenous anaesthetic agents.

(e) I.V. anaesthesia must be available.

(f) The use of gaseous anaesthesia is optional and, if used, there must be available

(i) an anaesthetic machine;

(ii) an oxygen supply;

(iii) endotracheal tubes;

(iv) stethoscope;

(v) resuscitative equipment.

(g) A recovery area shall be available where a patient may be frequently observed following anaesthesia procedures. This recovery area may be the same area as the surgery area.

(9) ANIMAL COMPARTMENT AND HOLDING FACILITIES

(a) Facilities for the proper care and containment of all hospitalized patients shall include compartments for holding animals such as stalls or pens plus areas and equipment involved with their sick care.

(b) Wards shall be clean and orderly.

(c) All areas must be well illuminated.

(d) Proper bedding must be available for patients.

(e) Covering must be available to ensure minimum heat loss.

(f) Soft bedding shall be available for debilitated animals.

(g) A separate compartment shall be provided for each patient where required. The size and number in any area shall ensure comfort and adequate ventilation.

(h) Animal compartments shall be arranged so that frequent observations of patients may be carried out readily.

(i) There shall be a method of attaching patient identification to the compartment.

(j) There shall be a sufficient number of compartments of adequate size in relation to the hospital’s inpatient case load requirement.

(k) The hospital shall provide sufficient nursing personnel to assist in the treatment of outpatients and inpatients.

(l) The floor must be of water impervious material and easily cleaned. (081018)

(10) EMERGENCY SERVICES

(a) While a large animal hospital is not required to be open to the public at all times, nonetheless it is required to ensure that professional services for emergency situations are available at all times.

(b) Such services may be provided in various ways:

(i) assignment of staff which could include co-operative efforts between hospitals;

(ii) twenty-four (24) hour telephone answering services which can direct the caller to a duty veterinarian; or

(iii) any method which assures professional assistance is available with the exception of emergency hospitals and clinics, where a veterinarian must be on the premises during the hours of operation.

(c) Verification of the provision of outsourced emergency services must be available in writing and updated with each hospital inspection.

(d) If the arrangements for the provision of emergency services changes at any time, the owner or operator of the facility shall make alternate arrangements and notify the Registrar in writing 30 days prior to any such change.

(e) Termination of emergency service arrangements by any involved party must be made in writing and submitted to the registrar, with copy to the other party, at least 30 days prior to the termination date.

(11) GENERAL HOUSEKEEPING, MAINTENANCE & EQUIPMENT REQUIREMENTS

(a) The entire facility shall be clean, uncluttered, in good repair and free of offensive odours. Hallways, the reception area and the area around the building shall be free of impediments and obstructions.

(b) The floors and walls throughout the entire facility shall be readily cleaned and disinfected.

(c) The facility shall contain puncture proof containers into which needles, scalpel blades and other things capable of puncturing skin are discarded.

(d) The facility shall contain, outside the surgery area, an adequate supply of clean linens, stored to minimize contamination from surface contact or airborne sources, including:

(i) towels;

(ii) smocks, lab coats or aprons;

(iii) masks and caps.

(e) Closed storage shall be provided for all housekeeping equipment, supplies and flammable material

(f) Biological and pathological wastes must be disposed of in accordance with federal, provincial and municipal by-law.

(g) Evidence of periodic testing of water supply and treatment as required by local authorities must be provided unless there is a municipal water supply.

(12) SAFETY

(a) Clear written instructions for the evacuation of animals and staff from the facility in the case of fire or other emergency, shall be posted prominently.

(b) Fire extinguishers shall be available and conform to municipal requirements.

(c) Emergency phone numbers, including fire, hospital and poison control centre, should be posted.

(d) Doors and windows shall be secured or self-closing to prevent the escape of animals.

(e) There shall be a source of emergency lighting in the facility adequate for the purpose of finishing any procedures in process and evacuating the building.

(f) There shall be adequate exterior illumination of entrances, walkways and parking areas.

(13) MORGUE FACILITIES

(a) Where necropsies are performed on the premises, equipment and facilities shall be provided.

(b) Refrigerated storage for carcasses and body tissues shall be provided or an adequate method of disposal of carcasses and body tissue shall conform to federal, provincial and municipal by-laws.

(14) MOBILE UNITS

A large animal hospital or large animal clinic may operate one or more animal mobiles, if such mobiles meet the standards required for a Large Animal Mobile Services.

24A Notwithstanding any provision of these Standards, the Accreditation Committee, with the approval of Council, may waive any of the requirements for accreditation where it believes it is in the public interest to do so.

PART IIII

LARGE ANIMAL CLINIC STANDARDS

25. (1) The minimum standards for a large animal clinic are the same as those for a large animal hospital with the following exceptions:

(a) Receiving and Examining area, if provided, must meet the same standards;

(b) Clinic surgery areas, if provided, must meet the same standards;

(c) Clinic anaesthetic services, if provided, must meet the same standards; and

(d) Animal compartment and holding areas stipulations do not apply on a strictly outpatient basis; they nonetheless must comply if provided;

(e) A Radiology Department as per the standards in Section 23(6) is required in all clinics providing orthopaedic services.

25A Notwithstanding any provision of these Standards, the Accreditation Committee, with the approval of Council, may waive any of the requirements for accreditation where it believes it is in the public interest to do so.

PART IVI

LARGE ANIMAL MOBILE SERVICE STANDARDS

26. (1) RECORDS

Adequate, readily retrievable records must be kept relating to the services provided.

(2) PHARMACY

(a) Compartments shall be provided for the storage, safekeeping and preparation of drugs in accordance with federal and provincial laws.

(b) The pharmacy need not be a single, self-contained area but all involved areas shall be clean and orderly.

(c) A locked area shall be provided for controlled drugs and narcotics and there shall be a separate inventory for these drugs kept in a separate locked area.

(d) Dispensing labels should indicate doctor, patient, owner, dispensing date, drug, quantity, strength, and instructions for use.

(e) Prescription pads shall be available.

(f) Expiry dates must be indicated on all drugs where applicable.

(g) Sterile needles, syringes, i.v. catheters and fluid administration sets shall be available in the vehicle.

(h) Parenteral fluids shall be available in the vehicle.

(i) Refrigeration shall be available for biologics and other drugs requiring the same. A cooler with ice packs is the minimum requirement in the vehicle.

(3) The following examination equipment shall be available:

(i) stethoscope;

(ii) thermometer;

(iii) focal light source.

(4) RADIOLOGY (discretionary)

The mobile unit need not contain an x-ray machine but, if an x-ray machine is present, it must comply to the same standards as a large animal hospital or clinic.

(5) SURGERY

(a) Dated, initialled and autoclaved packs shall be available for major surgery in the field.

(b) It is recommended that cap, mask, sterile gown and gloves be worn for major surgery in large animals, but are mandatory for bone and joint surgery.

(6) ANAESTHETIC SERVICE

Anaesthetic service shall be provided

(a) Readily available restraint devices shall be provided for the safety of animals and personnel.

(b) All necessary equipment and material shall be available for

(i) local infiltration;

(ii) field nerve blocks;

(iii) epidural anaesthesia;

(iv) pre-anaesthetic agents; and

(v) intravenous anaesthetic agents;

(7) GENERAL HOUSEKEEPING

(a) Cleanliness and orderliness of the drugs and equipment in the vehicle is mandatory.

(b) Cleanliness, orderliness and proper maintenance of drug storage, dispensing and office areas are mandatory.

(c) Trash shall be kept in closed containers and not allowed to accumulate.

(9) NECROPSY FACILITIES

(a) Necropsy services shall be available either by the veterinarian or an outside agency.

(b) If the veterinarian performs his own necropsies, proper equipment must be available.

26A Notwithstanding any provision of these Standards, the Accreditation Committee, with the approval of Council, may waive any of the requirements for accreditation where it believes it is in the public interest to do so.

PART IX

EMERGENCY CLINIC STANDARDS

27. (1) EMERGENCY CLINIC

(c) Emergency clinics must meet the minimum standards for small animal hospitals;

(d) Emergency clinics must have access to timely diagnostic laboratory tests and must have staff and equipment necessary to provide intensive care to critically ill patients. The foregoing may include:

(i) tracheotomy tubes;

(ii) AMBU resuscitation bag;

(iii) ECG capability for printout and monitoring;

(iv) stomach tubes;

(v) tracheal suction catheters 5-18 Fr;

(vi) nasogastric tubes 8-18 Fr;

(vii) mouth speculum;

(viii) red rubber urethral/feeding catheters;

(ix) Foley catheters 6-26 Fr;

(x) chest drain suction system;

(xi) suction unit;

(xii) CBC counting capability;

(xiii) laboratory equipment for: ACT, bleeding time, glucose, BUN, urinalysis, fecal, heartworm, FeL V and cytology;

(xiv) Argyle chest tubes 8-30 Fr;

(xv) peritoneal dialysis catheter;

(xvi) platelet counting capability.

27A Notwithstanding any provision of these Standards, the Accreditation Committee, with the approval of Council, may waive any of the requirements for accreditation where it believes it is in the public interest to do so.