



**ANNEX "A" TO THE BY-LAWS OF THE
NOVA SCOTIA VETERINARY MEDICAL ASSOCIATION**

STANDARDS FOR FACILITIES

October 21, 2023

This bylaw is developed to meet the requirements of the *Veterinary Medical Act and Regulations, By-Laws* and replaces all former versions of the *Annex "A" to the By-Laws Standards for Facilities*.

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DEFINITIONS (for the purposes of these bylaws):

Active clients: Clients of a facility with whom there is a valid Veterinary Client Patient Relationship (VCPR) and excludes those clients who are no longer in good standing and have been provided written termination of the VCPR.

Emergency care: immediate treatment that is necessary to sustain life or address suffering of an animal that is in a painful or life-threatening condition.

Client in good standing: a client who remains current with their account at the VPE and has not engaged in any activity that is contrary to a respectful relationship with the VPE and its team.

Small Animal: means an animal that is of a species that typically resides as a pet in a home environment such as dogs, cats, other small mammals, avian, reptiles, though, may also include bees and wild animals as appropriate.

Large Animal: means (1) an animal that is of a species that typically resides in a farm environment as an agricultural animal, and includes horses, cattle, sheep, goats, llamas and alpacas, swine, avian, bees and other food and fibre-producing animals; (2) zoo or circus animals; (3) game farm animals including cervids, wild boar, bison, buffalo, ratites; (4) other mammals raised for agricultural purposes; as well as (5) wild animals as appropriate.

Aquatic Animal: means an animal that is grown and maintained in an aquatic environment and has water as its natural habitat during all stages of its development or life cycle.

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

Hospital Accreditation Committee (HAC): this is a legislated committee of the NSVMA, established under Section 39(1) of the Veterinary Medical Act. 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 Section 38 of the NSVMA Code of Ethics.

Licensed Veterinarian: a person entitled to engage in the practice of veterinary medicine by virtue of registration and licensure in accordance with the Act and Regulations of the NSVMA.

Registered Veterinary Technologist (RVT): a person entitled to engage in a defined scope of veterinary practice by virtue of registration and licensure in accordance with the Act and Regulations of the NSVMA.

Facility Type: these are categories of facilities to which the specific minimum practice standards apply.

Service Category (SC): 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 (US): 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 licensed to engage in the practice of veterinary medicine under the *Veterinary Medical Act and Regulations*, specifically veterinarians, and in the practice of veterinary technology by Registered 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 the operation has a fixed geographic address and location to which the public attends.

Please Note:

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.

FACILITY TYPES AND APPLICABLE STANDARDS

Each Veterinary Practice Entity must select one or more of the Facility Types listed below and must comply with both the Universal Standards and the Service Category Standards associated with each Facility Type selected.

1. Small Animal Hospital

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

2. Small Animal Clinic

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

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

3. Small Animal Mobile Clinic

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

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

4. Small Animal Remote Service

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

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

5. Small Animal House Call Service

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

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

6. Large Animal Hospital

- a. Universal Standards 1-8
 - b. Required Service Categories: 1,3,3A,3B,4,4A,5,5A,7,8,12
 - c. Optional Service Categories; but if offered, must meet Standards: 6,6B, 9, 10, 11
- 7. Large Animal Clinic**
- a. Universal Standards 1-8
 - b. Required Service Categories: 1,8,12
 - c. Optional Service Categories; but if offered, must meet Standards: 3,3A, 3B, 4,4A 5,5A, 6, 6B, 7, 9, 10, 11
- 8. Aquatic Animal Facility**
- a. Universal Standards 1-8
 - b. Required Service Categories: 1,3,3A,4,4A, 8,12
 - c. Optional Service Categories; but if offered, must meet Standards: 5, 5A,
- 9. Large Animal Mobile Service**
- a. Universal Standards 1-8
 - b. Required Service Categories: 1,2,4,4C,5,5B,8,12
 - c. Optional Service Categories; but if offered, must meet Standards: 6,6B, 7, 9, 10, 11
- 10. Aquatic Animal Ambulatory Service**
- a. Universal Standards 1-8
 - b. Required Service Categories: 1,2,4,4C,8,12
 - c. Optional Service Categories; but if offered, must meet Standards: 5, 5B
- 11. Emergency Clinic**
- a. Universal Standards 1-8
 - b. Required Service Categories: 1,3,3A,3B,4,4A,5,5A,6,6A,7,8,12
 - c. Optional Service Categories; but if offered, must meet Standards: 9,10
 - d. Requirements; Appendix C

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

Definitions:

Hospital Accreditation Certificate: this document is issued by the Hospital Accreditation Committee upon verification, by inspection, of compliance with the minimum standards for a veterinary practice entity.

Responsible Veterinarian: is a licensed veterinarian with a general practice licence appointed by the VPE owner who has been appropriately informed who provides overall guidance to the operation of the VPE, ensuring that conditions of the NSVMA *Veterinary Medical Act* and *Regulations and Annex A to the Bylaws*, are adhered to.

Professional Responsibility:

- 1) The VPE must engage a general practice licensed veterinarian to act as “Responsible Veterinarian” regarding the operation of the VPE. This person must be familiar with the statutory requirements for operating a VPE and insure the implementation of all necessary standards of practice. This role may be filled by an owner veterinarian or an appropriately appointed delegate if the owner cannot fill the position. This position does not absolve other veterinarians or animal health technologists of their professional responsibilities or liabilities, nor does it assume responsibility for the professional conduct of other individuals working in the VPE.
- 2) Veterinary medicine must only be practiced by a licensed veterinarian from an accredited VPE. Associated veterinary technology may be delegated under the supervision of a licensed veterinarian.
- 3) A general practice licensed veterinarian must be actively engaged in practice activity at a practice entity (VPE) that operates or offers service.
- 4) All veterinary activity performed within an accredited veterinary practice entity must be under the direction and control of a licensed veterinarian whose general practice license does not require supervision.
- 5) 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 licensed veterinarian or referral to an alternate facility with which a documented agreement (written) exists.

Hospital Accreditation Standards:

- 1) A veterinary practice entity must define the scope of its professional activity by facility category.

- 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 NSVMA 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 Category” (SC) based on the Facility Type (FT) that the entity has selected.
- 5) Each veterinary practice will be inspected and reaccredited at a minimum of every three years (such inspection may take place without prior notice from the NSVMA).
- 6) Hospital Inspection program fees and other fees established by the NSVMA must be paid prior to the inspection of the veterinary practice entity.
- 7) The Hospital Accreditation Certificate must be displayed in a location visible to the public.

New Practices:

- 1) An application for Hospital Accreditation of a new veterinary practice entity must be submitted and approved by the NSVMA.
- 2) A veterinary practice entity must demonstrate minimum standards and be initially inspected and accredited prior to commencing operations. A final, follow up inspection will take place within 60 days of the Initial Inspection.

Ownership:

- 1) 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.
- 2) Ownership of the VPE shall be recorded with the NSVMA, including all corporate and government ownership, at all levels.
- 3) All Corporations having ownership in a VPE shall be registered with the NSVMA, and each shall have a Corporate Permit to Practice.
- 4) The owner of the Veterinary Practice Entity must monitor and enforce compliance with the systems, policies and procedures referred to in this standard.
- 5) A change in ownership, relocation, major renovation of a veterinary practice entity or changes in service categories offered must be reported to the NSVMA and will initiate an inspection to ensure ongoing approval of the VPE.

US-2: BUSINESS STANDARDS, WORKPLACE SAFETY AND EMERGENCY PREPAREDNESS

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 Nova Scotia and therefore has minimum legal obligations that must be met. Several different pieces of federal, provincial and municipal legislation apply to business operations, including veterinary businesses. It is the onus of the VPE to ensure all federal, provincial and municipal regulations, laws, and bylaws are met.

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

Operational Procedures:

1) The VPE has a written:

a. Fire Safety Plan

i. Fire Safety Plans must include, but is not limited to the following:

1. Posted Floor Plan - The VPE has a posted floor plan showing:

- a. Fire extinguishers (shall be available and conform to municipal requirements).
- b. Control valves (Oxygen, gas, water)
- c. Dangerous areas (chemical storage, Oxygen storage)
- d. Exits

ii. Please refer to Nova Scotia's **Fire Safety Act and Regulations**, and all other pertinent regulatory requirements.

b. Hazardous Chemical Spills Protocol

i. Please refer to (1) Nova Scotia's **Environment Act – Emergency Spill Regulations**; (2) Nova Scotia's **Occupational Health and Safety Act and Regulations**; and (3) and all other pertinent regulatory requirements.

2) Due to the unique nature of Veterinary Practices, emergency planning is important and can help 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 legislative requirements in addition to following these guidelines:

a. Written Plans or Protocols:

i. Recommended:

i. **Crime Prevention/Personnel Security Plan**

ii. **Contingency/Emergency Action Plan** in the event of a disaster or emergency that may close the VPE temporarily for business. This plan should include options to maintain business in an alternate location, as well as options for temporary holding for animals.

- ii. Required:
 - i. **Building Evacuation Instructions** - Instructions for building evacuation and animal handling, in case of fire or other emergencies, are posted and familiar to staff. Escape routes must be clearly marked.
 - ii. **Emergency Phone Numbers** - including fire, hospital, police and poison control centre are posted in a readily accessible location and familiar to staff.

3) Additional Requirements:

- a. Doors and windows shall be secured or self-closing to prevent the escape or theft of animals.
- b. 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.
- c. There shall be adequate exterior illumination of entrances, walkways and parking areas.

Recommendations:

A functional emergency electrical generator is in place capable of providing backup power resources when the regular system fails.

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 care.

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

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 NSVMA.
- 5) The VPE must have the following insurance in place (unless the VPE is a Government agency):
 - a. Business Liability
 - b. Professional Liability and malpractice

Operational Procedures:

- 1) All veterinarians and Registered Veterinary Technologists must be registered with the NSVMA.
- 2) A licensed veterinarian responsible for the delivery of veterinary medical services must be present and on duty during hours of operation when the practice of veterinary medicine is occurring. Notwithstanding, it may be necessary for the veterinarian to be absent from the facility for periods of time within the day for ambulatory services, lunch breaks or other reasons; however, they remain responsible for veterinary activity during this time.
- 3) The course of treatment and case management of all patients must be determined by a licensed veterinarian, with the informed consent of the owner or responsible party.
- 4) Notwithstanding Section 14(2) of the Veterinary Medical Act and Sections 13,14,15 and 16 of the Regulations Respecting Veterinary Technologists, only licensed veterinarians are permitted to perform any procedure that is considered the practice of veterinary medicine.
- 5) The Animal Protection Act mandates Veterinarians to report cases of abuse to the SPCA for investigation of small animal abuse, or to the Nova Scotia Department of Environment for large animal investigations, as appropriate.
- 6) Please refer to Section 36 of the NSVMA Code of Ethics concerning Marketing Activity. All phone listings, websites, social media pages and other forms of advertising must comply with this Legislation.

US-4: 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. Refer to Health Canada Canadian Biosafety Guidelines: Veterinary Clinics, Physical Design and operational practices for Diagnostic Activities.

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) The VPE shall contain puncture proof containers into which needles, scalpel blades and other sharps are discarded.
- 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.

Operational Procedures:

- 1) Appropriate commercial disinfectant with bactericidal, fungicidal and viricidal characteristics is used according to manufacturer's directions to clean surfaces.
- 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.
- 4) Waste disposal is conducted according to all applicable municipal, provincial and federal legislation.
- 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 disposed of in accordance with federal, provincial and municipal by-laws.
- 7) The handling of Sharps must be done such that injury to persons or animals is minimized.
 - a. Appropriate 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 $\frac{3}{4}$ 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.

- 8) The off-site transportation of biomedical waste for treatment or disposal must follow the *Transportation of Dangerous Goods Regulation*.
- 9) A record of disposal service is maintained.

US-5: 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 facilities, 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 signage of the facility does not present to the public that it is operated in connection with another enterprise.
- 4) The facility is self-contained under one roof and has a solid permanent wall between it and adjacent businesses.
- 5) The facility has a separate and distinct entrance directly from the street or, if the facility is in a building containing more than one business, directly from a common lobby, hallway or mall.
- 6) The facility has no direct public access to a commercial establishment:
 - 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) Where animals are present, the escape or theft of them is prevented in that doors and windows are secured and/or self-closing.
- 9) Reception areas and restroom facilities are presentable, clean and orderly, with furnishings in good repair.
- 10) When provided, examination, diagnostic, laboratory, post-mortem, treatment and/or surgical areas are clean and orderly with:
 - a. Running water available.
 - b. Adequate drainage (where applicable).
 - c. Appropriate cleaning equipment and supplies.
 - d. Impervious or easily cleaned surfaces.
 - e. Tables constructed of readily sanitized material.

- f. Meets standards set out in Health Canada Canadian Biosafety Guidelines: Veterinary Clinics, Physical Design and operational practices for Diagnostic Activities.
- 11) Adequate fire extinguisher(s), smoke detector(s), and/or sprinklers are present and in working order and conform to Provincial regulations and inspections.
- 12) Adequate restraining equipment is available (where applicable and appropriate for species and facility category).
- 13) If cattle or other large animals are treated at the facility:
 - a. There is an adequate system to unload/load an animal.
 - b. A head gate is available for restraint and is in good working order and repair.
- 14) There is adequate space for storage of drugs, equipment, cleaning materials, food supplies, medical records, etc.... appropriate for the service categories of the VPE.
- 15) Adequate refrigeration capacity is available for the storage of pharmaceuticals, lab samples, food supplies, cadavers etc.... in a manner that prevents cross contamination.
- 16) All electrical equipment is certified by an organization that is accredited by the Standards Council of Canada.
- 17) 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
 - a. towels
 - b. smocks, lab coats, or aprons
 - c. masks and caps.

Operational Procedures:

- 1) Facility cleaning and equipment maintenance regularly performed.
- 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 constantly monitored and managed.
- 5) Evidence of semi-annual (twice yearly) testing of water supply and treatment as required by local authorities must be provided unless municipal water supply is being used by the facility.

US-6: 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 NSVMA Medical Records Handbook should guide implementation of this standard.

Definitions:

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

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

Protocols or Standard Operating Procedures: directions by a licensed 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:
 - a. Name
 - b. Identification number
 - c. Age or date of birth
 - d. Sex/Altered
 - e. Species
 - f. Breed
 - g. Colour/markings
 - h. Weight
 - i. Microchip number/tattoo
 - j. Canadian Cattle Identification Agency number and or visual identification tag number
 - k. Lot number or pen number

- I. Other tag number (e.g. Rabies for companion animals)
 - m. 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) Large animal medical records may be maintained on either a herd/flock, population, or individual animal basis as appropriate.
 - a. All prescriptions generated for a population must be supported with specific evidence of establishment of medical need.
 - b. Details of specific farm visits, examinations, consultations, laboratory results or other interactions must be recorded in the medical record. Individual animal records may be kept at the production unit and under the management of the owner/operator, but these are not part of the official medical record.
- 5) Records shall be maintained by the VPE and document the following:
 - a. Timely and appropriate documentation of preventative treatment strategies (e.g. vaccine, metaphylaxis etc.) referencing protocols as Standard Operating Procedures (SOPs).
 - b. Timely and appropriate documentation of production enhancement strategies (e.g. implants, ionophores, beta-agonists etc.) referencing protocols as SOPs.
 - c. Timely and appropriate documentation of primary and relapse treatment strategies referencing protocols as SOPs.
 - d. Deviations from a. and c.
 - e. Records must include all prescription drugs used or dispensed by the VPE, and specifically:
 - i. All prescription medication dispensed or sold must have the prescription on file.
 - ii. Are sufficient to identify the reason the medication was used or dispensed. This reason must be a prescription in the client file based on medical need as determined by the VPE or a prescription from another VPE that established such medical need.
 - iii. Indicate the dosage and volume of product prescribed.
 - iv. Indicate when refills are dispensed and a descending balance of refills still available, or expiry date of refills.
 - v. Contain a copy of written prescriptions filled for clients that were generated by a licensed veterinarian other than in the VPE.
- 6) Medical records shall document that informed consent has been obtained (written or verbal) for veterinary procedures. 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.
- 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. 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 populations, the responsible owner/caregiver may provide informed consent for multiple specified individuals within the population.

- 9) Medical records for hospitalized patients 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.
- 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:
 - a. Clinical pathology
 - b. Diagnostic imaging (such as radiography, ultrasonography, fluoroscopy, nuclear medicine diagnostic services, computed tomography and magnetic resonance imaging)
 - c. Histopathology
 - d. Electrocardiogram
 - e. Fertility evaluation
 - f. 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. This hospitalized patient record will document:
 - a. Name(s) and dosage of all medication(s) administered
 - b. Time(s) of all medication(s) administered
 - c. Date(s) and frequency of medication(s) administered
 - d. Dosage(s) and rate of fluid(s) administered
 - e. Total volume of fluid(s) administered
 - f. Duration of all treatment(s)
 - g. Identification of those who administer treatment(s)
- 15) Medical records shall document the details of all medically relevant communication (attempted or achieved via in-person, telephone, voice mail, text, electronic, written or other means) with the client or alternate animal caregiver.

Operational Procedures (Medical Record Management):

- 1) Medical records shall be:
 - a. clear
 - b. legible
 - c. systematic
 - d. retrievable
 - e. accurate
 - f. complete
 - g. current and up to date
 - h. contemporaneous
 - i. clinically oriented
 - j. 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 seven years after the most recent patient visit. This includes dead animal files, euthanasia consent forms and 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 seven years after the last patient visit or those changed to a different format for storage may be destroyed. Such destruction must respect the confidential nature of the record.
- 6) VPEs providing referral services or emergency treatment must at the time of discharge provide discharge instructions in triplicate. Copies for:
 - a. VPE medical record
 - b. Client
 - c. Primary care licensed 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 logs, hard copy or electronic, shall be maintained:
 - a. Narcotic and Controlled Drug Log
 - b. Acquisition Log -See US-8 for details
 - c. Drug Use Log
 - d. Radiology Log
 - e. Mortality Log
- 9) The Logbooks 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) Logbooks 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 provide 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 information on 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 NSVMA 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 (seven years after the last patient visit, including deceased animals), and allow the clients reasonable and timely access to the records, or
 - b. Transfer all medical records to:
 - A VPE which assumes responsibility for the practice, including the medical records; or another VPE practicing in that locality that agrees to manage the records and provide access to the clients / owners; or a secure storage area with a person designated to manage the records and to provide the clients reasonable access to the records.

Recommendations:

- 1) With client permission other identification and contact information may be maintained in the medical record (e.g. electronic or e-mail address).
- 2) Any documentation in the medical record indicates the time as well as the date the entry is completed.

US-7: 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 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.

The Reference Library MUST Include adequate reference texts and current subscriptions to professional journals either in a hard copy format, access via the internet, or as an on-line subscription:

- 1) Access via the NSVMA website to:
 - a. *The Nova Scotia Veterinary Medical Act, Regulation, Bylaws, Annex to the Bylaws, Code of Ethics and Standards of Practice.*
 - b. *NSVMA Medical Records Handbook.*
- 2) A current edition, not more than three years old, of:
 - a. Veterinary Drug Handbook (Plumb) or
 - b. A current computer-based, or on-line subscription to a veterinary information network providing a pharmaceutical reference database.
- 3) Access to copies of the following:
 - a. Controlled Drugs and Substances Act.
 - b. Narcotic Control Regulations.
 - c. Schedule F of the Food and Drugs Act.
 - d. Nova Scotia Animal Protection Act and Regulations.
 - e. Canada Labour Code and Nova Scotia Labour Standards Code and regulations.
 - f. Workplace Hazardous Materials Information System (WHMIS)
 - g. Occupational Health and Safety Act and Regulations.
 - h. Personal Information Protection and Electronics Document Act.

The Reference Library SHOULD Include:

- 1) 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)

US-8: 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 without a prescription, dispensed pursuant to prescriptions generated within the facility or dispensed pursuant to prescriptions which were generated elsewhere. Implementation of this standard is guided by and compliant with *Canadian Standards Association (Handling of Waste Materials in Health Care Facilities and Veterinary Health Care Facilities)*, *Canadian Veterinary Medical Association-Prudent Use Guidelines*, *CVMA Therapeutic Decision Cascade for Animal and Public Safety*.

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 licensed veterinarian or delegated Veterinary Health Care Worker (VHCW) under order of a licensed veterinarian:
 - a. Prescriptions dispensed with Veterinarian authority by a delegated VHCW, in the absence of a licensed veterinarian, are documented in the medical record.
 - b. Unlicensed personnel may perform logistical services (such as: picking inventory—including counting tablets—invoicing, producing labels and preparing for delivery, receiving inventory etc...) if they are properly trained and under the appropriate direction of a licensed veterinarian who is responsible for the final verification of the activity and all client communication.
- 3) Storage:
 - a. Must be clean, orderly and adequate to ensure secure safekeeping and preparation of drugs.
 - b. All medications are easily located and properly identified.
 - c. Special consideration is given to storage of hazardous products such as parasiticides, volatile products, etc.
 - d. All drugs must be stored according to manufacturer's directions.
 - e. Refrigeration facilities are available where required.
 - f. Is designed in a manner intended to prevent theft or misuse.
 - g. Prescription drugs must be kept in an area that is accessible only to personnel authorized by the responsible veterinarian and public access must be prevented.
 - h. Outdated, damaged or contaminated drugs are identified and kept separate from regular inventory until safely disposed of.
- 4) Narcotic and controlled substances:
 - a. Are stored in a limited access, securely locked, substantially constructed cabinet or safe.
 - b. A current, verifiable inventory of all products is maintained.
 - c. A narcotic and controlled substances log is maintained, which includes:
 - i. Date
 - ii. Identification of patient
 - iii. Dosage/volume of drug used

- iv. Remaining balance on hand
 - v. Signature/initials of licensed veterinarian administering or dispensing the product
 - d. Logs are stored in a location separate from the drugs.
 - e. Outdated, damaged or contaminated drugs (narcotics, controlled substances, benzodiazepines and targeted substances) of any volume beyond a broken ampoule, unused portion of an ampoule or single or partial dose not administered to the patient, are kept separate from regular inventory until safely disposed of by returning the drug to an approved drug return location, i.e. Pharmacy.
 - f. Any suspected theft or unexplained losses are reported to Health Canada within 10 days.
- 5) Dispensing:
 - a. Dispensed drugs are properly packaged considering the nature of the drug and its sensitivity to light, heat or freezing.
 - b. Child-resistant containers are used, unless:
 - i. the client requests otherwise;
 - ii. the veterinary medical professional determines that a child-resistant container is inappropriate;
 - iii. this type of container is not suitable for the drug, or;
 - iv. the drug is dispensed in the manufacturers packaging
 - c. All drugs identified as prescription are clearly and legibly labeled on the individual container with:
 - i. Name of client
 - ii. Name of drug and strength
 - iii. Date dispensed
 - iv. Quantity dispensed
 - v. DIN Number]
 - vi. Expiry Date
 - vii. Name of prescribing licensed veterinarian
 - viii. Name, address and phone number of dispensing VPE
 - ix. Identification of animal, patient, or production unit the drug is intended for
 - x. Directions for use
 - xi. The statement "Veterinary Use Only"
 - xii. Necessary warnings about product safety, handling and withdrawal times (where appropriate)
 - d. The label is attached directly to the individual container. Where this is not possible, the label is affixed to the outer container, provided the individual unit of product is appropriately identified.
 - e. When pharmaceutical products are dispensed in the original manufacturer's packaging all the information referred to in the foregoing is still required; however, any information contained on the manufacturer's label does not need to be replicated on the dispensing label generated by the prescribing licensed veterinarian (e.g. name of the drug, directions for use, expiry date, withdrawal time, other warnings, product storage). The dispensing label must not obstruct required information on the manufacturer's label.
 - f. When dispensed by the case, the dispensing label can be affixed to the exterior of the case.

Service Category Standards (SC)

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

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 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 of products for determined medical need,
- consultation for medical procedures,
- preventative medical procedures,
- surgical services for animals not requiring a sterile surgery suite or hospitalization and only requires sedation to perform.

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.

Facility and Equipment:

- 1) Equipment for all species must include, but is not limited to the following unless not applicable due to species:
 - a. Thermometer
 - b. Stethoscope
 - c. Sterile needles, syringes and I.V. catheters
 - d. Examination gloves
 - e. Examination light
 - f. Proper equipment for the collection of blood, urine samples, bacterial cultures and other clinical pathology specimens
 - g. Appropriate and clean outer garments are available for each call or appointment
 - h. Footwear is available, that can be cleaned and disinfected after each professional call if required

- i. Access to water
 - j. Restraint devices appropriate for species treated
- 2) Primary care beyond consultation services will have minimal pharmaceuticals available that must include the following unless not applicable due to species:
- a. Disinfectants
 - b. Sedatives/tranquillizers/Anesthetics
 - c. Antimicrobials
 - d. Local anesthetics and analgesics
 - e. Ophthalmic preparations
 - f. Epinephrine
 - g. Euthanasia solution (if other approved methods of euthanasia are not provided, e.g. captive bolt, gunshot)
 - h. Parenteral fluids
 - i. Emergency drugs
 - j. Anti-inflammatory drugs

Operating procedures:

- 1) A licensed veterinarian performing any physical exam or necropsy, 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 (Large Animal Mobile Service, Small Animal House Call Service and Aquatic Animal Ambulatory Service)

Guiding Principles:

Ambulatory Care Veterinary services are commonly provided at the residence of the owner or 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 do not include small animal mobile clinic or small animal remote service. 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:

Large Animal Mobile Service VPE: for the purposes of this bylaw a large animal mobile service is one that offers primary care veterinary services to large animals at the location where the animal is regularly housed or assembled for reasons other than veterinary care.

Small Animal House Call Service VPE: for the purposes of this bylaw a small animal house call service is one that offers primary care veterinary services at the residence of the owner.

Aquatic Animal Ambulatory Service: for the purposes of this bylaw an aquatic animal mobile service is one that offers primary care veterinary services at the location where the aquatic animals are regularly housed for reasons other than veterinary care.

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) to prevent theft or abuse.

Operational Procedures:

- 1) The Large Animal Mobile Service VPE must be conducted from a vehicle and must be operated from, and under the same ownership as, a large animal hospital or large animal clinic.
- 2) Small Animal House Call Service must be associated with a currently accredited small animal hospital for purposes of providing hospitalization, surgery, emergency and other services not provided by the SAHCS and the terms of the association must be set out in writing and agreed between the two parties.
- 3) No procedures requiring inhalation anesthetic are performed.

- 4) Medical records are provided consistent with US-6 and these records are stored in a manner that allows access to information by authorized persons on a timely basis (normally within the next working day).

SC-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) Animal compartments must be of sturdy design and have solid partitions or walls that ensure separation between animals from different owners or different sources. Cages with barred doors must have bars that are spaced an appropriate distance for the species and can be easily cleaned, disinfected and maintained. Must be large enough for the occupant to stand up and turn around freely. Size of compartments must conform with the Canadian Council on Animal Care Standards.
- 2) Floors must be made of an impervious, non-slip material that is easily cleaned, disinfected and well drained.
- 3) Adequate lighting is provided, including emergency lighting.
- 4) Adequate ventilation is provided, and the facility is free of persistent offensive odours.
- 5) Food must be appropriately stored in clean, dry areas and refrigeration provided for perishable foods.
- 6) Appropriate clean bedding is used for the specific species being housed.
- 7) Housing units have a place to attach clear patient identification.
- 8) Animal housing compartments can be securely fastened to prevent escape.
- 9) Adequate facilities for bathing, grooming and drying patients shall be available.
- 10) Appropriate temperature must be provided for patient comfort.
- 11) Animal compartments shall be arranged so that frequent observations of patients may be carried out readily.
- 12) There shall be enough compartments of adequate size in relation to the hospital's inpatient case load requirement.

Tanks:

- 1) Tanks to house fish must provide the appropriate environment for the type and stage of the fish (i.e. salinity, temperature, etc.)
- 2) Fish must not be housed in conditions where biomass densities are detrimental to the fish's well-being.
- 3) Tanks must be leak proof, clean, and water quality must be monitored to limit the negative effects of toxic compounds such as ammonia and nitrites.

Runs:

- 1) 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).
- 2) At least one Run must be provided unless the facility is providing exclusive feline or small exotic pet services.
- 3) Partitions must be solid such that there can be no potential contact between the runs 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.
- 5) Walls and floors must be of water-impervious material that is easily cleaned.

Operational Procedures:

- 1) The appropriate and adequate amount, variety, and timing of feedings (including prescription diets) must be available to hospitalized patients.
- 2) Dishes and utensils must be cleaned after each use or be disposable.
- 3) Animal care wards are kept clean and orderly.
- 4) Housing units must be thoroughly cleaned and disinfected between animals where possible.
- 5) Cat litter trays must be either disposable or readily sanitized and must not be shared between cats from different households.
- 6) Adequate exercise must be provided for hospitalized patients, unless it is contraindicated for condition or species.
- 7) Adequate number of personnel must be on hand to assist in the treatment of outpatients and hospitalized patients.
- 8) Hospitalized animals must be examined by a licensed veterinarian at least once daily.
- 9) Hospitalized patients must be monitored until stabilization of post-surgical or critically ill patients has occurred.
- 10) 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.
- 11) Pets and mascots residing in the VPE are not allowed to place persons, patients or facilities at risk of disease or injury.
- 12) Animals are not housed or permitted in staff lunchroom.
- 13) Animals are not transferred to another facility without the documented consent of the owner (given verbally or in writing).

SC-3: ANIMAL HOUSING

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 the protection of other animals and possibly people that may be exposed to this patient or to contaminants spread by it.

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

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 are 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 room is of adequate size to hospitalize patients with contagious diseases.
- 7) Isolation room provides adequate space for examination and treatment of patients outside of cages and runs.
- 8) The isolation room must provide enough space to comfortably house the patient in a compartment.
- 9) Isolation room has adequate lighting for proper patient examination and treatment.
- 10) Hand washing facilities are available in or near the isolation area and are used:
 - a. Before and after handling each patient
 - b. After coming into contact with animal saliva, ocular or nasal discharge, urine, feces or blood
 - c. After cleaning cages
 - d. Before and after taking breaks
- 11) The isolation room shall contain an exhaust system with negative pressure ventilation that vents directly to the exterior of the building without communicating in any way with the heating or ventilation system in the rest of the facility. The isolation room shall allow for the setup of a footbath.

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 with an understanding of biosecurity principles and under the supervision of a licensed veterinarian.
- 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.

SC-4: ANESTHESIA

Guiding Principles:

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

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. 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. Sedation is often used for diagnostic imaging, grooming, wound treatment and other minor procedures.

Tranquilization: A drug-induced state of calm in which the patient is reluctant to move and is aware but unconcerned about its surroundings.

Facility and Equipment:

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

Operational Procedures:

- 1) Monitoring of Anesthetized, Tranquilized and Sedated Patients:
 - a. Ventilation
 - i. Measures must be in place to ensure adequate ventilation of the anesthetized, tranquilized, 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, tranquilized, or sedated patient.
 - c. Temperature

- i. Measures must be in place to ensure the patient does not experience serious deviations from normal body temperature (examples include intermittent or continuous rectal probe measurement).
 - ii. Measures must be in place to guard against hypothermia.
 - iii. Measures must be in place to prevent thermal injury of patients from warming devices.
 - d. Perfusion
 - i. Measures must be in place to ensure adequate perfusion of the anesthetized or sedated patient.
 - e. Oxygenation
 - i. Measures must be in place to ensure adequate oxygenation of the anesthetized, tranquilized, or sedated patient.
 - ii. For heavily sedated animals and anesthetized animals this must include pulse oximetry or a technique appropriate to the species.
 - f. Anesthetic depth (Anesthetized patients only)
 - i. Measures must be in place to assess anesthetic depth (examples include assessing jaw tone, response to stimuli, and eye position).
- 2) Record Keeping:
 - a. A written anesthetic record must be kept for every patient or population group as indicated. The record clearly identifies the patient and the date of the procedure. This is part of the medical record for the patient or group.
 - b. The anesthetic record for anesthetized, sedated, or tranquilized small animal patients must include regularly recorded measurements of ventilation, circulation, temperature and oxygenation. The same measurements are required for large animals on inhalation anesthetics only.
 - c. The anesthetic record must include dosages, time and route of all drugs administered during the anesthetic period.
 - d. If controlled drugs are utilized, these must be itemized in the controlled drug log. Controlled drugs must be stored in a manner that protects them against loss and theft.
- 3) General:
 - a. Patients must be observed frequently once a pre-medication, pre-anesthetic, or sedative has been administered, by a licensed veterinarian or delegated VHCW; as well as during recovery from sedation or anesthesia.
 - b. Unless it is a life-threatening emergency, documented, informed consent from the owner or authorized agent must be obtained prior to performing sedation or anesthesia on a patient.
 - c. Patients must be assessed by a licensed veterinarian or an appropriately supervised VHCW prior to performing general anesthesia or sedation. This assessment must be documented in the medical record.
 - d. Patients must be assessed by a licensed veterinarian or an appropriately supervised VHCW prior to discharge.
 - e. A designated anesthetist (separate from the veterinarian performing the procedure) must be available for each procedure where general anesthesia is used. The anesthetist must be a licensed veterinarian or a delegated VHCW under the supervision of a veterinarian. In the circumstance where the veterinarian performing the procedure is also the person monitoring the anesthetic, informed consent (verbal or written) acknowledging the absence of

a dedicated anesthetist must be obtained from the owner and appropriately documented.

- f. Appropriate protection of the corneal surface must be provided to protect against trauma or drying out.
- g. Analgesia must be provided to patients undergoing painful procedures. This may include local anesthesia or systemic analgesics. Ongoing pain management assessment must be employed.
- h. Informed (verbal or written) discharge instructions must be provided to the owner or authorized agent after anesthesia or sedation.

Recommendations (for small animals undergoing general anesthesia):

- 1) Capnography is used for the assessment of ventilation.
- 2) Measurements of ventilation, circulation, temperature and oxygenation are recorded every five minutes in the medical record.
- 3) Intravenous catheters are placed in all sedated and anesthetized patients where possible or practical. (Intravenous access is not possible in all species.)
- 4) Body temperature is monitored in the postoperative period and animals are normo-thermic at the time of discharge.
- 5) Pain is assessed using a published pain management score (where available for the species) and this is recorded in the medical record.
- 6) Discharge instructions are provided *both* verbally and in writing.

SC-4: ANESTHESIA

SC-4A STAND ALONE VPE

- 1) When in use, gas anesthetic machines must be safety checked prior to daily use (for example checking for leaks, checking valves are working properly).
- 2) Anesthetic equipment having direct contact with patients must be cleaned and disinfected in between patients (e.g. laryngoscopes, endotracheal tubes, masks).
- 3) When in use, anesthetic breathing circuits must be cleaned, disinfected and dried on a minimum of a weekly basis and immediately after use in a patient with a documented respiratory infection.
- 4) An active or passive scavenging system or a CO2 scrubber for waste anesthetic gases must be in place and utilized. Efforts must be made to minimize exposure of gas anesthetic agents to staff members (for example, avoiding the use of mask induction of anesthesia if possible).
- 5) A means of assisting ventilation (manual or mechanical) must be available and utilized when needed.
- 6) A range of endotracheal tubes appropriate for the sizes of patients treated at the VPE must be available.
- 7) A range of anesthetic masks appropriate for the sizes of the patients treated at the VPE must be available.
- 8) Intravenous catheters and intravenous fluids must be available for patient use, as appropriate.
- 9) Sterile needles or catheters and syringes must be available and used for the administration of injectable anesthetic agents.
- 10) Oxygen must be available and utilized as necessary.

- 11) Emergency drugs and equipment must be readily available, kept in a designated place, portable, appropriately stocked at all times and clearly identified. Emergency drugs and equipment would include agents used in cardiopulmonary resuscitation and anesthetic reversal agents appropriate for the species, i.e. Naloxone.

SC-4: ANESTHESIA

SC-4B SMALL ANIMAL HOUSE CALL SERVICE:

- 1) The scope of practice for a small animal house call service is limited to examination, diagnostic, euthanasia and prophylactic services and, for purposes of restraint or euthanasia only, sedation and does not include general anaesthesia, radiology, dentistry and minor or major surgery.
- 2) Sedation must be used only for purposes of restraint and can only be administered where there is the ability to ensure a patent airway in case of emergency.

SC-4: ANESTHESIA

SC-4C LARGE ANIMAL AND AQUATIC ANIMAL AMBULATORY SERVICE

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

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

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

SC-5: STERILE SURGERY

Guiding Principles:

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

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

Definitions:

Outside-Facility Large Animal Surgery: a surgical procedure performed on large animal 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 (contaminated or non-contaminated): 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.

Facility and 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 always on hand.
- 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 licensed veterinarian or licensed veterinary technologist upon opening of the surgery pack.
 - d. Outer pack wrap material must provide a minimum microbial barrier equivalent to dry 270 – thread count pima cotton.
 - e. Surgery packs must be dated and re-autoclaved prior to use if required (this is dependent on the type of packaging and how the surgery pack is stored and handled).
 - f. Gowns, instruments, towels and drapes are disposable or able to be autoclaved.

Operational Procedures (for both In-Facility Surgical Suite and Outside-Facility Surgery):

- 1) A properly performed hand and arm scrub with an appropriate surgical scrub agent is required prior to performing surgical procedures.
- 2) Skin at all surgical sites should be prepared in such a manner as to preserve its integrity.
 - a. Hair or feather removal should be adequate to prevent inadvertent contamination of the sterile surgical field.
 - b. The prepared area should be large enough to accommodate extension of the incision if necessary.
 - c. The entire surgical area should be cleaned and disinfected with an appropriate surgical scrub agent.
- 3) Gowns, instruments, towels and drapes are either disposable or autoclaved/sterilized prior to each major surgical procedure, and not used again for surgery until re-autoclaved /re-sterilized.
- 4) Appropriate medical records, including a surgery report on the procedure(s) performed, are maintained in accordance with the Universal Standards on Medical Records US-7. *Note: Any procedure marked within a medical record as being “routine” shall have a corresponding Standard Operating Procedure (SOP), specific to each practitioner, listed and available for referencing within the VPE.*

SC-5: STERILE SURGERY

SC-5A: IN-FACILITY SURGICAL SUITE

- 1) Major surgical procedures are performed in a separate single purpose surgical suite (confined by at least four walls, a ceiling and with closing doors).
- 2) Walls, floors, doors ceilings, window coverings, furniture and fixtures are constructed of solid impervious material that can be easily sanitized.
- 3) A surgery table or surface is provided that can be readily sanitized.
- 4) A functional autoclave and/or gas sterilization is available on site and is used to prepare sterile packs.

- 5) Only open front shelving essential to support surgical equipment is present within the surgical suite.
- 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 outside of the surgery suite.
- 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
 - d. Sinks are not permitted within single purpose surgical suites and if they currently exist, their use must be limited to post-surgical cleanup of the operating suite.
- 10) Aseptic technique is followed for major surgical procedures:
 - a. Caps, masks, gowns, sterile gloves are in use for major surgical procedures by the sterile 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.
- 11) Preliminary patient preparation is done outside the surgery suite to the level of “final skin prep”.
- 12) Minor non-contaminated surgery is performed within or outside a surgical suite but using aseptic technique.
- 13) Minor contaminated and other non-sterile procedures (e.g. dentistry, quill removal, abscess treatment) are not performed within the surgical suite and steps are taken to prevent further contamination by providing an area that is easily cleaned and disinfected.
- 14) Equipment available outside the surgical suite includes, but is not limited to:
 - a. Sink and running water
 - b. Clippers
 - c. Vacuum cleaner
 - d. Surgical scrub material
 - e. Sterile IV catheters
 - f. Sterile urinary catheters for companion animals

SC-5: STERILE SURGERY

SC-5B OUTSIDE-FACILITY LARGE ANIMAL SURGERY

Large 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, SC-5B and SC-2. This includes any surgical procedure performed with sedation, an epidural, local anesthesia or under injectable anesthesia but does not include inhalant anesthesia.

This standard is designed to help licensed veterinarians carry out aseptic surgical procedures appropriate and practical for large 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.

- 1) Portable emergency lighting equipment is available and in working order and is sufficient to complete the surgical procedure.
- 2) As appropriate and practical for the specific surgical procedure and conditions, the highest level of aseptic technique possible is performed for all surgical procedures:
 - a. Clean, protective outerwear, which may include OB sleeves, is in use.
 - b. Single use sterile surgical gloves are used.
 - c. Sterile suture material is available and in use.
 - d. Drapes are utilized and exclude unprepared area of skin where practical.
 - e. Sterile drapes are utilized to cover the surface where surgical instruments are placed.
 - f. The following equipment is available:
 - i. Clippers
 - ii. Surgical scrub material
 - iii. Equipment in cold sterilization solution for non-sterile procedures
 - iv. Sterile I.V. catheters
 - v. Necessary restraint equipment
- 3) Consideration must be given to post-operative care of patients on farm and necessary arrangements for after care must be arranged and documented.

SC-6: DENTISTRY

SC-6A: SMALL ANIMAL DENTISTRY

Guiding Principles:

Small Animal Dentistry is an essential component of a preventive health care program. Veterinary Dentistry is the 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 Small Animal Dentistry and the following outlines minimum guidelines for the delivery of dental services.

Facility and Equipment:

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

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

Operating Procedures:

- 1) While most non-surgical dental procedures may be delegated to an appropriately trained, veterinary health care worker, exodontics (extractions) surgical treatment of sub-gingival pockets and attachment loss, gingivectomy surgery, restorations, oral mass removal and endodontics must be performed by licensed veterinarians only.

- 2) Licensed veterinarians must perform thorough examinations of the teeth and structures of the oral cavity in all patients presented for dental procedures and document their findings, diagnosis and treatment plan in the medical record.
- 3) Animals undergoing dental procedures shall be appropriately anesthetized. Anesthesia free dentistry is unacceptable.
- 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) must be available, and a means of developing the films.
- 6) Instruments and dental equipment require routine and frequent maintenance. Instruments must be sharp and properly cleaned, disinfected, and stored between dental procedures.
- 7) Dental procedures must not be performed on an animal without first obtaining informed consent. As part of informed consent, the owner should be advised that unexpected findings often occur and that it is important that an owner provides accurate contact information to the registered veterinarian in case consent for additional treatment is required during a procedure. This informed consent must be documented and forms part of the medical record.
- 8) Records of dental procedures, including anatomic dental documentation, are part of the medical record.
- 9) Irrigating the oral cavity with an antiseptic rinse is performed before dental scaling to help decrease bacterial aerosolization and protect staff.

Recommendations:

- 1) Dental procedures result in aerosolized bacteria and debris. A dedicated dental space is recommended for dental procedures. This dedicated space should be in a low-traffic area away from the sterile surgical suite.
- 2) It is recommended to provide client education regarding preventative dental home care and its importance.
- 3) It is recommended that oral radiographs be routinely used in all dental procedures to direct and document decisions made during dental treatment. Intraoral radiographs should be done in all cases where teeth are extracted, in cases of advanced periodontal disease and where teeth are missing or broken.
- 4) Teeth should be polished after scaling, supra and sub gingivally.

SC-6: DENTISTRY

SC-6B: 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:

- 1) Mouth speculum
- 2) Light source
- 3) Floats, including; power floating equipment and/or selection of hand floats
- 4) Elevators for incisors and wolf teeth
- 5) Dental picks or probes
- 6) Antiseptic for dental equipment
- 7) Stiff brush for cleaning float heads
- 8) Large dose syringe for cleaning out mouth
- 9) Ground Fault Breaker system if using power floating equipment
- 10) Forceps for removal of Caps
- 11) Dental Mirror
- 12) Protective eye and ear wear for those utilizing a power float
- 13) Biosecurity measures are in place for disinfecting equipment between patients
- 14) Records of dental procedures, including anatomic dental documentation, are part of the medical record

Operating Procedures:

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.

Dental procedures are performed by a licensed veterinarian unless delegated to a qualified Veterinary Health Care Worker who is working under the supervision of a registered veterinarian.

SC-7: 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.

Facilities/Equipment:

- 1) A member, whether the member is an employer, must not install, use, or permit to be used an x-ray source unless the radiology equipment has been satisfactorily inspected by a qualified person approved by resolution of Council. Such inspections will occur every 3 years at a time to coincide with the Facility Inspection.
- 2) The shielding of the designated radiation area is appropriate for the size and use of the room. If the central beam of the emitted radiation falls within 5 feet of an inside wall or door, that wall or door must be appropriately constructed to prevent scatter beyond the wall/door. The radiation area is free from related hazards to patients, clients and personnel.
- 3) Radiation warning signs are posted on all entrances to the designated radiation area.
- 4) Radiation Protective Equipment is in good condition, available and in use, including:
 - a. Collimator.
 - b. Protective apron x 2
 - c. Protective lead eye ware x 2
 - d. Protective gloves with cuff x 2
 - e. Thyroid Protector x 2
 - f. Personal dosimeters specific to the VPE, for each team member working with or near radiation equipment:
 - i. Dosimeters are worn at a body location recommended by the dosimeter provider
 - ii. Dosimeters are sent in regularly for analysis
- 5) If applicable, radiographic screens and cassettes are free from defects.

- 6) 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, Time).
 - c. Body part thickness (where applicable).
 - d. Number of exposures.
 - e. Date of the exposure
- 7) A means to view diagnostic images (film illuminator and/or high-resolution digital image viewer) is easily accessible.
- 8) In addition to Section 1 immediately above, inspection 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.
- 9) For digital systems, specific quality control testing must be performed on the image acquisition, storage, communication, and display systems.
- 10) The x-ray machine(s) and/or diagnostic imaging equipment are maintained and serviced as per the manufacturer's recommendations.

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:
 - a. the clinic name, date and patient file number, or
 - b. clinic name, date and patient identity
- 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) All documents that comprise the complete medical records are required to be kept for 7 years, including diagnostic imaging documents
- 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) Specific attention is paid to safety of clients and the public when providing radiation services through SC-2: Ambulatory Care.
- 8) 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-8 DIAGNOSTIC LABORATORY

Guiding Principles:

Diagnostic services are essential to patient care. Not only is there a need to provide accurate information, but there is also 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.

Diagnostic Laboratory Services may be provided either within the VPE or may be a referral diagnostic laboratory that accepts samples from other VPEs. A VPE may use both In-House and Referral Laboratory Facilities and is not limited to either.

In House (VPE) Diagnostic Laboratory

Facility and Equipment:

- 1) All equipment necessary for testing is present at the VPE and is in an area removed/distant from lunch/coffee and staff lounge area.
- 2) Quality assurance records are maintained either in a log or as a computer file and are readily available and reviewed by the quality control officer.
- 3) Safety equipment includes, but depending upon the type of specimen being handled & testing performed, is not limited to:
 - a. Disposable gloves
 - b. Protective clothing
 - c. Closed-toed shoes
 - d. Eye-wash station. Sink or stand-alone eye wash stations are recommended but not required.
- 4) Adequate storage is available and in use for hazardous fluids and materials (as defined by the WHMIS standards applicable to the material).
- 5) Biologic waste disposal:
 - a. Is available and in use for disposal of animal carcasses, tissues and fluids according to all applicable civic, municipal, provincial and federal bylaws, laws and regulations.
 - b. Is appropriately documented.
- 6) Clinical pathology equipment shall be available and must include:
 - a. microscope, with oil emersion lens, phase contrast light microscope for aquatic animals;
 - b. centrifuge;
 - c. micro-hematocrit centrifuge;
 - d. refractometer;
 - e. urinalysis equipment;
 - f. equipment sufficient for the collection of blood samples, urine samples, bacterial cultures, and other clinical pathology specimens.

Operational Procedures:

- 1) A Quality Control Program is required and one or more licensed veterinarians or qualified VHCW 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-9: REHABILITATION THERAPY

Guiding Principles:

There have been advancements in understanding, equipment and training in this 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 is defined as the treatment of physical injury or illness in an animal to decrease pain and restore function. All VPEs offering veterinary rehabilitation services must meet this standard.

Facilities and Equipment:

- 1) In addition to the Facility Standard (US-5), the rehabilitative therapy facility shall have:
 - a. Non-slip flooring (which remains non-slip when wet) is required in examination and therapeutic exercise areas. Appropriate mats can be used for this purpose.
 - b. Area for examination and evaluation.
 - c. Area for gait analysis.
 - d. Area for therapeutic exercises.
 - e. Methods to transfer non-ambulatory patients, including assistive devices.
 - f. Easy access to VPE for clients with non-ambulatory patients.
- 2) Underwater Treadmill installations (if provided):
 - a. Plumbing is routinely inspected, including pumps and filters.
 - b. A documented maintenance schedule is available.
 - c. Water temperature is controlled.
 - d. Contaminated water can be drained directly away from the treadmill to a floor drain.
 - e. A floor drain must be present.
 - f. Routine use of sanitizers in water is employed and all parts of the treadmill are sanitized as needed.
 - g. All electric outlets in the room are GFI (ground fault circuit interrupter).
 - h. Flood alarm is present.
 - i. Water testing/monitoring in place.
 - j. Water is changed between patients from a fresh water source or using water that has been filtered and sanitized.
- 3) If provided, therapeutic ultrasound equipment is calibrated annually, and documentation is available.

Operating Procedures:

- 1) Rehabilitation therapy is performed by a licensed veterinarian with training in animal rehabilitation therapy or delegated to a VHCW with training in animal rehabilitation therapy.
- 2) Treatment protocols and settings documented in the medical record must include (if provided):
 - a. Underwater treadmill:
 - i. Water Temperature
 - ii. Water height
 - iii. Treadmill speed
 - iv. Jets on/off
 - v. Duration of session
 - vi. Response of patient to session
 - b. Laser:
 - i. Settings (Hertz, Joules)

- ii. Probe used
- iii. Duration of treatment (or Joules/second and number of Joules administered)
- iv. Anatomical location of treatment, including area and size of treatment
- v. Response of patient to treatment
- c. Ultrasound:
 - i. Settings and head used
 - ii. Duration of treatment
 - iii. Area treated
 - iv. Response of patient to treatment
- d. Neuromuscular Stimulation:
 - i. Location of pads
 - ii. Settings used
 - iii. Duration of treatment
 - iv. Response of patient to treatment
- e. TENS (Transcutaneous Electrical Nerve Stimulation)
 - i. Settings
 - ii. Duration of treatment
 - iii. Frequency of use
 - iv. Location of pads
 - v. Response to patient to treatment
- f. Land Treadmill:
 - i. Incline of treadmill
 - ii. Speed of treadmill
 - iii. Duration of session
 - iv. Response of patient to session
- g. Massage
 - ii. Duration of treatment
 - iii. Frequency
 - iv. Anatomic location
 - v. Response to patient to treatment
- h. Chiropractic
 - ii. Duration of treatment
 - iii. Frequency
 - iv. Anatomic location
 - v. Response to patient to treatment
- i. Acupuncture
 - . Duration of treatment
 - iii. Frequency
 - iv. Anatomic location
 - v. Response to patient to treatment

SC-10: CHEMOTHERAPY

Guiding Principles:

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

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.

PPE (Personal Protective Equipment): Equipment used to protect staff who handle hazardous materials in the workplace.

General:

- 1) Ensure that hazardous drugs are prepared or administered only by trained personnel in designated areas that have access limited to authorized personnel.
- 2) Post signs warning employees that they are working in an environment where hazardous drugs are handled.
- 3) Warn employees who are pregnant, breastfeeding or of a reproductive age of the potential health risks.
- 4) Train workers to recognize and understand the risks of working with hazardous drugs, and the risks of working in an environment where drugs are handled.
- 5) Prohibit eating, drinking, chewing gum, applying cosmetics or storing food and drink in any area where hazardous drugs are stored, prepared, administered or disposed of.
- 6) Use proper personal protection equipment (PPE) including chemotherapy gloves, non-permeable gowns, and respiratory protection, under pads, eye and/or splash protection, shoe covers and a spill kit.

Receiving and Storage:

- 1) Begin exposure control when hazardous drugs enter the facility.
- 2) Ensure that all personnel can 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:

If chemotherapy drugs are administered, the following standards must be met:

- 1) VPEs administering chemotherapy treatments must use a proper closed system drug transfer device (CSTD) such as PhaSeal® and/or a horizontal laminar flow hood.

- 2) For all VPEs preparing drugs: properly clean all equipment, containers and other surfaces. Wash hands with soap and water after drug preparation.

Drug Administration:

- 1) Use proper PPE: Both the administrator, and the personnel assisting in restraint of the patient must wear proper PPE.
- 2) Location of administration should be in a low traffic area with minimal distractions.
- 3) The use of IV catheters with extension sets, Luer-Lock ports, absorptive padding under the administration site, and alcohol-soaked gauze covering the administration site should be standard protocol.
- 4) Wash hands with soap and water after administering the drug.

Waste Disposal:

- 1) PPE must be worn during waste cleanup and disposal.
- 2) Dispose of all hazardous waste according to federal, provincial and local regulations.
- 3) Place all "soft" chemotherapy waste, including gloves, masks, booties, absorbent pads, bandage material, paper towels, animal waste in a sealable plastic bag and dispose of in a sealable chemotherapy waste container.
- 4) Place all "hard" materials with trace wastes—such as used needles, IV tubing, catheters, empty vials and syringes, in a sharps container labels for Chemotherapy disposal only.
- 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 unless waste is collected and disposed of.

Spill Control:

- 1) Follow manufacturers directions to manage hazardous spills.
- 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.
- 7) All cleanup material is collected and disposed of in a sealed, impervious container.

Client Safety:

- 1) Owners must be informed of the risks associated with having a pet in their home following chemotherapy administration.
- 2) Owners must be given written instructions about where their pets should urinate and defecate once they leave the hospital.
- 3) Owners must be given written instructions about how to clean up bodily fluids at home, especially in the first 72 hours post chemotherapy.

SC-11: 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. 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 electronically controlled embryo freezer (if embryos are to be frozen)
- 4) Liquid nitrogen tanks (if embryos are to be stored)
- 5) Embryo recovery, transfer, freezing and micromanipulations are performed in a clean and suitable environment.
- 6) Sterile, disposable equipment should be in use where possible.
- 7) If equipment is to be reused safe, non-embryotoxic sterilization techniques must be used.

Operational Procedure:

- 1) ET protocols for donors and recipient(s) must be in writing and provided to the owner; the administrator of the medication and written within each of the animal's medical records including dates, drugs, withdrawal times and procedural timetables.
- 2) Check the identification of the donor and in the case of purebred registered donors, ensure that the breed registration certificate corresponds with the donor identification.
- 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-6: Medical Records, there is also a record of donor identification, sire identification, recovery date, embryo quantity, embryo grade, embryo stage, recipient identification and transfer date(s).
- 6) Safety protocols are in place regarding handling of dangerous products, such as liquid nitrogen.

Recommendations:

- 1) The VPE should adhere to the CETA Code of Practice for embryo transfer.

SC-12: EMERGENCY CARE

Standard:

While a VPE is not required to be always open to the public, it is required to ensure that Emergency Care is always available to their Active Clients. At such times when the VPE is not open to the Public or unable to provide Emergency Care, it can provide Emergency Care in several ways, including referral to an Emergency Clinic.

Definitions:

Active Clients: clients of a facility with whom there is a valid VCPR and excludes those clients who are no longer in good standing and have been provided a written termination of the VCPR.

Client in good standing: a client who remains current with their account at the VPE and has not engaged in any activity that is contrary to a respectful relationship with the VPE and its team.

Emergency Care: immediate treatment that is necessary to sustain life or address suffering of an animal that is in a painful or life-threatening condition.

Operational Procedure

Emergency Care must be provided by the VPE to Active Clients in one of the following ways through written arrangements:

- 1) co-operative efforts between VPE's.
- 2) twenty-four (24) hour telephone answering services or a virtual care provider, where the caller can be directed, if required to the nearest VPE willing to provide Emergency Care coverage for the primary VPE; or
- 3) any other method which assures professional assistance is available at the nearest VPE willing to provide Emergency Care for the primary VPE, at the approval of Council.

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

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

Termination of Emergency Care 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.

A VPE must inform their clients about the VPE's Emergency Care arrangements, so clients are made aware of how to access Emergency Care outside of the veterinarian's regular practice hours.

If a VPE's regular emergency services provider has a disruption in their services, it is up to the primary VPE to make arrangements for alternate coverage.

APPENDIX A

SMALL ANIMAL MOBILE CLINIC

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

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

As these facilities do not provide for accommodation of the public (reception areas, washrooms etc.). Limitations to public access apply.

Hours of operation at these locations must be consistent, predictable and recorded with the NSVMA Hospital Accreditation Committee.

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.

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

Operational Procedure:

- 1) The scope of practice for a small animal mobile clinic is limited to examination, diagnostic and prophylactic services and medical and surgical treatment for small animals and does not include major surgery.
- 2) Despite section (1) above, ovariohysterectomies may be performed in a small animal mobile clinic if anaesthetic services and an area for major surgical procedures, as required by the standards for a small animal hospital set out in the by-laws, are provided within the small animal mobile clinic.

Emergency Care:

- 1) The VPE that owns and operates the small animal clinic is required to provide emergency services to the small animal mobile clinic.
- 2) The provision of emergency services required in sections 1) are described in the "Operational Procedure" Section of SC12. **Please Note:** Where the provisions of the 'Operational Procedure' Section of SC12 do not apply, the small animal mobile clinic operator must obtain written acknowledgement from each client that the client is aware no emergency services are available.

APPENDIX B

SMALL ANIMAL REMOTE SERVICE

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

A Small Animal Remote Service VPE can offer limited veterinary services in a location not being serviced by a stand-alone small animal VPE where otherwise the public would have difficulty accessing small animal veterinary care. The remote location must be equipped to offer small animal veterinary services that meet the standards of care for patients, workers and the public. A small animal remote service must be conducted from a stationary location and must be owned by or associated with a currently accredited small animal hospital for purposes of providing hospitalization, surgery, emergency and other services not provided by the small animal remote service. If a small animal remote service is not owned by the small animal hospital with which it is associated, there must be a written agreement between the small animal remote service and the small animal hospital that sets out the terms of their association.

If a written agreement between a small animal remote service and an associated small animal hospital is no longer in effect, the accreditation of the small animal remote service is deemed withdrawn.

A small animal remote service must receive approval from the Accreditation Committee for each location the small animal remote service intends to operate.

Operational Procedure:

- 1) The scope of practice for a small animal remote service is limited to examination, diagnostic, euthanasia and prophylactic services and sedation only for purposes of restraint or euthanasia, and does not include general anaesthesia, radiology, and minor or major surgery.
- 2) A small animal remote service must meet the standards set out in the by-laws.

The Universal Standards 1-8 apply to a Small Animal Remote Service with the following additions:

- 1) 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;
- 2) A record of history, examination and treatments administered is required to be maintained at the small animal hospital that owns the small animal remote service or at the associated hospital;
- 3) Equipment sufficient for the collection of blood samples, urine samples, bacterial cultures and other clinical pathology specimens shall be available.

Housekeeping and Maintenance:

- 1) The facility where the small animal remote service is being provided shall be clean, orderly, and properly maintained.
- 2) Cleanliness and orderliness of the drugs and equipment in appropriate carrying containers is mandatory.

- 3) Cleanliness, orderliness and proper maintenance of drug storage, dispensing and records areas is mandatory.
- 4) Wastes removed from premises of examination should be carried in closed containers and disposed of appropriately and not allowed to accumulate.
- 5) 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.

Emergency Care

- 1) The VPE that owns and operates or is associated with the small animal remote service is required to provide emergency services to the small animal remote service.
- 2) The provision of emergency services required in sections 1) are described in the "Operational Procedure" Section of SC12. **Please Note:** Where the provisions of the "Operational Procedure" Section of SC12 do not apply, the small animal remote service operator must obtain written acknowledgement from each client that the client is aware no emergency services are available.

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

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.

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.

APPENDIX C

EMERGENCY CLINIC FACILITY AND EQUIPMENT:

- 1) The scope of practice for an emergency clinic is limited to examination, diagnostic and prophylactic services and medical and surgical treatment for small animals, including major surgery.

- 2) An emergency clinic must:
- a. be operated, equipped and staffed to provide emergency services;
 - b. specify its hours of operation as an emergency clinic, which are intended to be the hours when most other categories of facilities are not providing client services;
 - c. transfer patients' records to the primary care provider of each patient on the next available business day or on discharge;
 - d. when the clinic closes, arrange for the transfer of a patient to the patient's primary care provider if necessary;
 - e. Emergency clinics must have access to timely diagnostic laboratory tests and must have staff and equipment necessary to provide intensive care to critically ill patients. The foregoing must include:
 - 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