Schedule "D" – Accreditation Standards

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SECTION 1 - PREAMBLE

Purpose and Objectives

The overall purpose of these accreditation standards is to ensure that every veterinarian has, maintains and uses facilities, equipment and supplies which are capable of delivering veterinary care, commensurate with the scope of their practice, at a level equal to the generally accepted accreditation standards as determined by their peers, for veterinary medicine in British Columbia.

The objectives of these accreditation standards are to serve the following interests:

1. Protection of the public by ensuring public safety;
2. Consideration of public expectations;
3. Protection of patients by ensuring patient welfare including comfort and safety;
4. Definition of clear, uniform, reasonable and defensible standards;
5. Provision of reasonable flexibility in the means of meeting standards; and
6. Susceptibility to effective enforcement.

Approach

All facilities are required to meet these accreditation standards as they apply to their particular circumstances. The decision as to what accreditation standards apply to any facility's circumstances is a matter for the accreditation committee.

The accreditation standards are the main overarching rules; in every case they must be met unless that particular accreditation standard does not apply because of the scope of the practice of the facility. The accreditation standards are the 'ends' that must be met; however there is flexibility in the means by which a facility meets these 'ends', In many places guidelines are set out under the accreditation standard which describe the usual means to achieve the accreditation standard. These guidelines have the force of a bylaw unless the facility can show equivalency. In other words, every facility must show that it has met the accreditation standard by either 1) following the guideline provided, or 2) using an alternative means that is equally effective in serving the interests of patient and human protection.

Practice facility inspections will be based on the actual usual nature and scope of the practice rather than the facility name, should they differ. Designated registrants must clearly articulate the scope of the practice (e.g., species seen and disciplines or modalities used of a practice facility). The facility must meet the accreditation standards that are applicable to that scope of practice.

Practices are encouraged to offer as broad a range of services as possible. However, practices that voluntarily limit their range are not required to have those supplies, equipment and facility

features that fall outside of their scope of practice. Such practices should explain their limits clearly to clients and must make reasonable efforts to refer clients to other practitioners for services required that fall outside of their own voluntary scope.

Where a practitioner consistently refers one or more veterinary services to another general practitioner or specialist, e.g. radiology or surgical services, the facility is not required to have equipment to support those referred services on site. However, the practitioner must be able to show that the referred services can be done in a timely enough manner to meet the needs of patients, including the services for after-hours calls if offered by the practice. These referred services must be clearly and consistently documented in patients' medical records.

Specialists are expected to meet the minimum standard outlined in these accreditation standards for their area of specialty as well as to meet the requirements as set by their particular specialty boards.

The accreditation standards make reference in places to 'compliance' with other legislation. The accreditation committee will as it sees fit inspect for compliance with requirements such as the Workers Compensation Act or Federal Safety Codes. The College will not enforce other legislation; it is up to the responsible agency or law enforcement body to determine if there has been a violation of that law. However, the failure to meet any such accreditation standards that are adopted by reference may constitute a breach of the accreditation standards.

Effective Date

Immediately upon the date on which the Bylaws come into effect, the accreditation standards apply to all practice facilities. Practices must obtain accreditation in accordance with the Bylaws before they open to the public.

Changes to Standards

Any changes to this schedule must be in accordance with s. 10 of the Act.

The guidelines however that support the accreditation standards may be changed as deemed reasonable by the Council from time to time; the Council will provide notice to the registrants regarding anticipated changes. The accreditation committee may recommend changes to the accreditation standards or guidelines from time to time.

SECTION 2 - DEFINITIONS

All terms are as defined in the Bylaws unless otherwise stated in this document. Additional definitions are below:

advanced dental procedures include:

1. Orthodontics: The alignment of teeth to form a comfortable functional occlusion.

2. Prosthodontics: The restoration of teeth including creating crowns.

3. Endodontics: Accessing, cleansing, and obturating the endodontic system of teeth.

4. Major oral surgery (and reconstructive surgery): Surgery involving significant soft tissue manipulation and the repair (or removal of sections) of bones associated with the oral cavity.

5. Periodontal surgery: Manipulation of any dental tissues such as flaps and grafts.

ALARA: "As Low As Reasonably Attainable"; the level of exposure expected when all attempts are taken to reduce any or all exposures to the lowest possible level, recognizing that it is impossible to prevent some degree of radiation exposure when using ionizing radiation sources.

ambulatory facility: Any vehicle in, on or from which veterinary services are provided, and includes the permanent base of operations.

analgesia: The absence of pain sensibility, achieved through the use of drugs or other modes of therapy.

anesthetic area: Any area/s within a practice facility in, on or from which anesthetic agents are administered to patients shall be designated as the anesthesia area/s.

anesthetic period: The time period from the administration of anesthetic induction up to the time when the patient is able to hold its head up unassisted and maintain a patent airway.

animal grouping: A grouping of animals includes but is not limited to a herd, flock and/or school.

aquapuncture: The injection of sterile liquid into an acupuncture point.

aseptic surgery: Surgery performed in a manner sufficiently free from microorganisms that significant infection or suppuration does not occur.

balanced anesthesia: The use of several pre-anesthetic and anesthetic agents in combination, to provide muscle relaxation, immobility, analgesia, and a level of sedation or unconsciousness that is adequate for the planned procedure.

biosecurity: A comprehensive approach to minimize risk of harm from organisms that can cause deleterious effects on animal health, human health or the environment.

Boarding: Animals are kept overnight but no nursing, medical care or examination is provided.

complementary or alternative medicine: A group of treatments or therapeutic options that lie outside the mainstream of conventional medicine.

computed tomography (CT): A computer-generated image derived from thin, collimated, cross-sectional x-ray scans recorded on specialized scintillation crystals.

controlled drug: Any substance listed in Schedule I-V of the Controlled Drugs and Substances Act, such as narcotics, controlled drugs, and targeted substances.

conventional western medicine: Any element of medical practice generally referred to in popular usage as conventional, or allopathic, medicine.

dental procedures include but are not limited to:

1. Dental cleaning: Removal of soft and hard deposits on the dentition both above and below the gingiva to aid in the reestablishment of a healthy periodontium
2. Extractions
3. Minor surgeries
4. Removal of small masses
5. Any alteration of the bite including floating of teeth

dentistry area: Any area or areas within a practice facility, on or from which equipment and supplies are used to perform dental procedures shall be designated as the dentistry area or areas.

diagnostic imaging area: Any area or areas within a practice facility, in, on or from which equipment is used for the production of diagnostic images, using various modalities including but not limited to ionizing radiation, ultrasound and magnetic resonance, shall be designated as the diagnostic imaging area or areas.

drug: Any substance or combination of substances used (including biologicals), or for use, in or on the body of a person or animal, either:

1. to prevent, diagnose, treat or mitigate a disease, disorder or abnormal physical or mental state or a symptom of the same, or
2. to restore, correct or modify organic functions, and includes a prescribed substance or combination of substances.

emergency facility: A veterinary medical facility whose primary function is receiving, treating and monitoring of emergency patients during specified hours of operation, with a veterinarian and sufficient staff in attendance at all hours of operation and sufficient instrumentation, medications, and supplies available to provide appropriate care.

enclosure: All animal confinement structures including but not limited to cages, pens, runs, kennels, crates, paddocks, stalls, hutches, aquariums and coops.

endoscopy: Examination of an organ or cavity with a controlled optical system. Equipment: includes supplies.

examination and treatment area: Any area within a practice facility, in, on or from which a patient is examined or treated shall be designated as examination and treatment area.

facility: means a practice facility as defined in section 168 of the Bylaws.

fluoroscopy: A special radiographic procedure using a continuous beam of x-rays to image a patient on a fluorescent screen.

General anaesthesia: A state of controlled and reversible drug-induced unconsciousness characterized by lack of pain sensation or other perception, and relatively depressed motor and reflex responses to stimuli.

hospitalization: means kept in the facility at any time for observation and medical care.

ionizing radiation: Radiation that either directly or indirectly induces ionization of atoms in structures including tissue.

integrative medicine: The diagnosis and treatment involving the combination of complementary and conventional medicine.

laboratory/pathology area: Any area or areas within a practice facility, on or from which equipment is used to prepare, package, process and report test results from biological samples.

laboratory diagnostic services: Services involving the collection, identification, preparation, storage, preservation and/ or analysis of biological samples and reporting of subsequent results.

magnetic resonance imaging (MRI): A diagnostic study that uses the magnetic resonance of protons to produce a diagnostic image of tissue.

major surgery: includes but is not limited to an invasive orthopedic manipulation, an incision made into the thoracic or abdominal cavity or other body cavity or any procedure that involves significant invasion or manipulation of tissues.

Minor surgery: Any surgical procedure that is not a major surgery.

modality: The therapeutic method or agent used to diagnose, treat or prevent disease or maintain an optimum state of health. In complementary medicine, the modalities addressed in this document are:

1. Acupuncture: An ancient system of medicine that involves the examination and treatment of precise locations on or near the surface of the body for the purpose of diagnosis and treatment of numerous conditions using a variety of techniques.

2. Homeopathy: The treatment of disease using substances (remedies) in minute doses.

3. Chiropractic: The examination, diagnosis and treatment of animals through the manipulation and adjustment of spinal and extremity joints and cranial sutures.

4. Traditional Chinese medicine (TCM): A system of medicine that describes the body as having a network of energy channels (meridians) which can be treated by the use of acupuncture, herbs, exercise and body manipulation.

normal scope of the practice: The animal species, geographic area served and veterinary disciplines offered by the practice.

Nuclear Scintigraphy: An imaging study produced by a gamma camera depicting the distribution of radiopharmaceutical compounds in organs or tissues of the body or body part imaged.

painful procedures: Include but are not limited to orthopedic manipulation, incisions made into the thoracic, abdominal or other body cavity or any surgical, medical or dental procedure that is reasonably expected to be associated with significant procedural or post procedural pain that cannot be controlled solely by appropriate local analgesics.

pharmacy area: Any areas and or containers within a practice facility, in, on or from which any drug as defined in the Bylaws is prepared, maintained, dispensed, administered, destroyed or disposed of.

pre-anesthetic period: The time period immediately preceding the induction of anesthesia.

primary care facility: A facility owned and/or operated by a registrant from which a patient may be referred for emergency treatment.

radiography: The production of a medical diagnostic image on a radiosensitive surface using x-rays as a source of ionizing radiation.

recovery period: The time period between cessation of anesthesia drug delivery until return of consciousness accompanied by the following physical state. A dog or cat is recovered from anesthesia when it is able to hold its head up unassisted and maintain a patent airway. A large animal species (equine, food animal, cloven hoofed) is recovered when it is able to stand without assistance and able to maintain a patent airway.

self-standing facility: Non-ambulatory facility within, on or from which veterinary medicine is conducted.

specialist facility: Facility owned and/or operated by a Specialty Private Practice member to which a patient may be referred for treatment.

surgery: Any procedure that involves the use of instruments and equipment in the transection and dissection of living tissue.

surgery area: Any areas within a practice facility, on or from which surgery on patients is performed.

tertiary care facility: A Center, e.g. of a specialty critical care practice.

treatment: Includes but is not limited to medical and medical diagnostic procedures, minor surgical procedures and preparation for major surgical procedures and procedures for alternative/integrative care.

ultrasonography: A real-time imaging study using the reflection of high frequency sound waves to create a diagnostic image of a body organ or tissue.

veterinary biologic: includes vaccines, bacterins, bacterin-toxoids, immunoglobulin products, diagnostics kits and any veterinary biologic derived through biotechnology.

WHMIS: The Workplace Hazardous Materials Information System.

withdrawal time: The period following the administration of a drug during which an animal or an animal product must be withheld from availability for consumption.

SECTION 3 - FACILITY GENERAL

Preamble

The facility must support delivery of veterinary services consistent with a generally accepted standard of veterinary practice, human safety, patient safety and patient comfort, within the scope of practice in a timely manner that meets patient needs. Physical well being of staff and public and patients must be taken into account throughout the facility. All procedures must be conducted in a manner consistent with the safety of hospital personnel and other persons in the vicinity and in compliance with all WorksafeBC and other applicable regulations.

Standards:

1. The facility must be constructed to allow the delivery of veterinary services which may include but are not limited to:

    (a) Physical examination of the patient.

    (b) Patient treatments.

    (c) Medical procedures.

    (d) Preparation, packaging and/or processing biological samples.

    (e) Obtaining images of diagnostic quality.

    (f) Storage, handling and dispensing of drugs and biologicals.

    (g) Anesthetic procedures.

    (h) Surgical procedures.

    (i) Dental procedures.

    (j) Emergency services.

    (k) Ambulatory services.

    (l) Patient confinement and accommodation.

2. All areas of the facility must be constructed and equipped to prevent foreseeable harm to the staff, the public and patients.

    GUIDELINES

    Safety measures should include:

    (a) An alarm system to monitor the premises during off hours and centrally monitored fire detection devices [smoke detectors, heat detectors or sprinkler systems].

    (b) A method for contacting law-enforcement when required must be in place.

(c) *In staff areas, there must be separate food storage from that of patients' food and refrigerated medical supplies.*

(d) *Parking and approach to the facility must be constructed and maintained commensurate with safety of the patient, veterinary staff and public.*

(e) *Exterior lighting must allow adequate visibility for a safe approach after dusk and dark.*

(f) *Display and access to merchandise must be free of hazards.*

(g) *Items that may harm people or animals must not be readily available for handling by the public.*

(h) *There must be documentation available and accessible at the facility dealing with the safety risks of employees. The information should include:*

(i) *A readily accessible list of hazards for pregnant employees.*

(ii) *WHMIS documentation.*

(iii) *Workers Compensation Act and Regulations.*

(i) *The ambulatory facility must have the capacity to be locked and to secure all veterinary equipment and supplies in a manner that protects the public.*

(j) *The facility must have a means for containing and disposing of used needles and other "sharps".*

(k) *Compressed gases must be stored throughout the hospital commensurate with patient staff and public safety:*

(i) *Tanks containing compressed gases must be physically secured so as to remain in a stable upright position.*

(ii) *Compressed oxygen must be stored only in areas free from open flames or excessive heat.*

(l) *There must be a means to provide ventilation within the facility to eliminate stagnant air, chemical contaminants or exhaust fumes within a reasonable period of time and prevent them from entering other parts of the facility.*

3. Examination and treatment areas must be constructed and equipped to ensure client privacy and confidentiality through sound barriers, visual barriers and/or adequate spatial separation.

4. There must be sufficient veterinary equipment, instruments, drugs and other supplies on site and accessible to support the normal veterinary medical procedures performed within the scope of the facility’s practice.

5. All veterinary equipment and instruments must be kept clean and maintained in good working order.

6. The facility must have sufficient room and equipment to safely load, unload, move, confine and generally handle the normal patient caseload for the practice in a manner that protects patient safety as well as the safety of the other animals and persons on the premises.

GUIDELINES:

(a) There must be sufficient room to separate animals so as to prevent direct contact with each other,

7. The facility must be constructed to allow the appropriate monitoring of patients.

GUIDELINES:

(a) The facility must be constructed to allow a line of sight monitoring of patients that are in recovery or under observation.

8. The facility must be cleaned, in good repair and functional.

GUIDELINES:

(a) The approach to the facility, parking areas and all other exterior physical grounds must be visibly clean and tidy and free of hazards.

(b) There must be a means to minimize or mitigate persistent disagreeable odors.

(c) The interior and exterior of the facility including its equipment must be visibly clean.

(d) Washroom facilities whether for exclusive client use or shared used by the employees of the facility must be reasonably available and clean and tidy.

(e) Housekeeping equipment must be thoroughly cleaned and properly stored when not in use.

(f) Ambulatory facilities must be physically and mechanically maintained in a manner suitable to enable safe and effective delivery of veterinary services in the usual practice scope and environment.

9. The facility must be constructed, equipped and maintained, so as to reduce cross-contamination, animal-to-animal pathogen transmissions and transmission of zoonotic pathogens between animals and humans and to be consistent with the principles of biosecurity.

GUIDELINES:

(a) Working surfaces must be fabricated from readily cleanable materials.

(b) All working areas of the facility must have safe, effective and or approved disinfectants and disposable towels [or equivalent] readily available for use between patients or procedures.

(c) *Soiled linens must be handled in such a way as to prevent pathogen transmission to other areas of the hospital.*

(d) *Adequate drainage must be provided in areas where build up of significant water or liquid organic matter is likely, e.g., floor drains in large animal patient care areas.*

(e) *There must be a means in place to ensure that garbage, debris and animal fecal matter is removed in an efficient and timely manner.*

(f) *If necropsies are performed at the facility, the necropsy area must be able to be readily and thoroughly disinfected.*

(g) *Facilities that provide isolation to animals having or suspected of having an infectious or zoonotic disease must do so in a manner that is safe for the patient, veterinary staff and public, and minimize the risk of disease spread from the patient to species at risk. This includes:*

(i) *There must be a means to disinfect clothing, footwear, feeding implements and materials used to treat the patients in isolation.*

(ii) *The isolation area must be functionally contained away from the rest of the hospital in a separate low traffic area and have minimum exposure to other animals of the same species.*

(h) *Patient care areas must have a waste receptacle that is covered or concealed.*

(i) *If used, chemical solutions for cold sterilization of instruments must conform to principles of animal disease prevention and public safety standards.*

(j) *For ambulatory facilities, registrants must follow the principles of disease prevention with regard to disinfections of clothing and footwear between patients and farms or homes (companion animals) relative to risk for that species, type of production (large and food animals) and accepted standard for that area.*

(k) *There must be sufficient supply of products used for cleaning and disinfection of equipment and footwear between patients and farms or homes. These products and their use must conform to the principles of animal disease prevention and public safety.*

10. The facility must be constructed so that all veterinary equipment, instruments, drugs and or supplies can be stored, handled and disposed of so as to ensure efficacy of the product and safety to the patients, staff and the public, consistent with applicable legislation/regulation, and in a manner that prevents transmission of pathogens.

GUIDELINES:

(a) *There must be means to ensure that veterinary equipment instruments, drugs and or supplies are stored handled and disposed of as per manufacturer's instructions and Material Safety Data Sheets (MSDS) where available.*

(b) Protocols must be posted outlining the procedure to be followed in the event of a spill of materials that carry some risk including but not limited to x-ray chemicals, anesthetics, preservatives and concentrated cleaners and solvents.

(c) Biological sample waste material must be disposed of in accordance with pertinent regulations.

(d) Chemical reagents and supplies must be disposed of in accordance with pertinent regulations.

11. The facility must have a means to separately store drugs and veterinary supplies past their expiry date so as to not allow use or dispensing.

12. Appropriate means and equipment to render emergency resuscitation must be readily accessible to all areas within a facility where patient care is conducted.

GUIDELINES:

(a) For patients within a self-standing veterinary facility, the minimum of resuscitation equipment, supplies and drugs includes but is not necessarily limited to:

(i) Means for managing respiratory emergencies including:

(A) A means of securing a patent airway including endotracheal tubes.

(B) Adequate oxygen supplies and delivery equipment.

(C) A mechanical means of ventilating patients.

(i) Stethoscope.

(ii) Appropriate drugs to treat cardiovascular emergencies.

(iii) Immediate access to drug dosages [e.g. a dosage chart or equivalent] for all drugs routinely used by the practice for emergency resuscitation.

(iv) Antagonists or reversal agents appropriate to the anesthetics/drugs in use at the facility.

13. The facility must have adequate chemical or physical restraint readily available.

14. Lighting within all areas of the facility must be sufficient to ensure that routine procedures can be carried out safely and accurately.

GUIDELINES:

(a) The facility must have sufficient emergency lighting available and adequately maintained to allow procedures to be completed safely in the event of a power failure.

15. Within a self-standing facility compressed oxygen must be available and readily accessible to patients.

GUIDELINES:

(a) Self-standing facilities must have a supplementary method for providing oxygen should the primary oxygen system fail [e.g. a spare tank].

16. Within a self-standing facility there must be a means to control temperature within the facility in order to maintain hospitalized patients within their respective comfort zones.

GUIDELINES:

(a) In the event that two hospitalized patients' temperature and humidity requirements differ, a microenvironment for one of the patients must be created [e.g. a terrarium for a snake].

17. The facility must have a reasonable means and capacity to store the remains of deceased patients as necessary or appropriate in the circumstances.

GUIDELINES:

(a) There must be a means in place to dispose of deceased animals as soon as reasonably possible and in accordance with municipal, provincial and or federal regulations.

(b) There must be capacity to store the remains of an animal for appropriate samples, in the case of large animal ambulatory practices that have had an unexpected anesthetic death, until the owner has had a reasonable opportunity to exercise the option of obtaining a necropsy at a veterinary diagnostic laboratory or other veterinary facility.

(c) Deceased companion animals not disposed of within 24 hours must be labelled and sealed into heavy plastic bags or equivalent and refrigerated or frozen.

18. Where the practice includes both ambulatory and self-standing hospital facilities, equipment and supplies may be shared between the fixed and ambulatory practices so long as patient needs are met in a timely manner, including emergencies, and standards for both fixed and ambulatory facilities are met.

19. The facility must contain a library of current reference materials with information on procedures, drugs, supplies and equipment commensurate with the scope of the practice.

GUIDELINES:

(a) The library must be of sufficient scope to provide current reference material on the usual range of emergency and critical conditions expected within the normal scope of the practice.

(b) The library may include but is not necessarily limited to:

(i) Personal notes.

(ii) Electronic instructional aids.

(iii) Written proceedings from conferences or lectures.

(iv) Appropriate textbooks.

(v) Journal articles.

(vi) Access to internet sites.

20. The library must include up to date and complete copies of the Bylaws and other College regulatory documents.

SECTION 4 - MEDICAL RECORDS

21. The facility's medical records must conform to the requirements for medical records in the Bylaws.

22. Medical records must be organized in a logical and clear system and located so as to allow ready and accurate access by those with authority to access them.

GUIDELINES:

(a) Medical records must be located within the facility so as not to be readily accessible to the general public.

(b) For ambulatory facilities, medical records must be maintained in a safe, secure place at the address listed for the practice in the College directory.

(c) There must be sufficient forms carried in the ambulatory facility for the normal scope of the practice, e.g. patient health records, laboratory submission forms and client (patient) prescription forms/labels.

23. Computerized or electronic medical records must meet the same criteria as non-computerized records, and additionally must have a backup system that allows for proper storage and retrieval in the event of the loss of the originals.

24. The facility's billing system must have the capacity to provide an itemized record and/or estimate of all treatments, procedures and other saleable items, and be retained as part of the medical records.

25. All entries in the medical records must be dated.

26. Medical records must contain the individual client's (owner or owner's agent) name, or business/farm name as well as their address and phone number.

27. Medical records must contain the patient's identification information.

GUIDELINES:

(a) Patient description including but not limited to name, species, breed, age and sex and identifying physical characteristics such as coat color.

(b) In the case of a herd/group and/or as required by legislation this must include tattoo and/or tag number, microchip, lot number, pen number and/or identifying marks.

28. Medical records must contain the presenting history and clinical signs of the individual or animal group.

29. Medical records must contain the vaccination status and medical or surgical history of the individual or animal group if available.

30. Medical records must contain notation of a physical visitation to the site when appropriate.

31. Medical records must contain a record of the assessment of the individual or animal group documenting physical examination, diagnostic tests recommended and performed, including interpretations where applicable, study details e.g., clinical pathology, radiographs or other diagnostic imaging, special tests, and necropsy findings.

32. Medical records must contain a diagnosis or tentative diagnosis.

33. Medical records must contain information on planned or instituted treatments including but not limited to dosages or doses for all drugs administered or dispensed. If dosages are used, the patients weight must also be recorded.

GUIDELINES:

(a) Drug names where they appear must be either generic name plus concentration/strength plus name of manufacture, or brand name plus concentration/strength [if the product has more than one strength available].

(b) Recording the DIN is strongly advised but not required for prescription drugs if the drug name is listed as in 33(a) above.

(c) Label information as required under the pharmacy section of this document for all drugs dispensed must also appear in the medical records.

34. Medical records must contain prescribed withdrawal periods for drugs and feed additives for food animals.

35. Medical records must contain information on adverse reactions to medications and/or treatments, as well as any follow-up actions taken.

36. Medical records must contain where applicable, information with respect to recommendations for referrals to other veterinary services or facilities.

37. Medical records must contain where applicable, information received from referral veterinarians, emergency veterinarians or veterinarians consulted for a second opinion.

38. Medical records must contain a summary of pertinent verbal communications or written communications with the owner.

SECTION 5 - PATIENT CONFINEMENT AND ACCOMMODATION

39. If the practice includes confinement of animals such as but not limited to hospitalization and boarding, then the facility must be constructed and equipped appropriate to confining patients seen in the normal caseload of the practice.

40. There must be a system in place to reliably and accurately identify each animal.

41. The facility must have appropriate enclosures for the confinement of hospitalized and boarded patients.

GUIDELINES:

(a) The facility must have sufficient numbers of safe enclosures to house animals appropriately.

(i) Enclosures must be constructed so that animals are safely confined and they must have a device that enables them to be closed and securely fastened.

(b) The facility must have enclosures that are appropriate for the species.

(i) Enclosure areas must be orderly, and free of persistent disagreeable odours.

(ii) Enclosure areas must have adequate ventilation, lighting, and temperature control.

(iii) Enclosures must have solid partitions of an appropriate height to prevent patient contact.

(iv) Runs for companion animals must have solid partitions at least 4 feet up (1.22 metres) from the floor to prevent patient-to-patient contact.

42. The facility must be constructed and equipped so as to prevent the spread of pathogens among animals confined in the facility.

GUIDELINES:

(a) Confinement enclosures must be constructed so that the possibility of pathogen transmission is reasonably minimized.

(b) Enclosures must be fabricated of materials that can be easily and effectively disinfected.

(c) Every enclosure for large animals and large companion animals must have its own separate drainage.

(d) Measures must be in place to ensure that wastes are removed at a frequency commensurate with the comfort of the patient and in keeping with the minimization of cross contamination,

43. The facility must be equipped to provide for basic patient needs and comfort.

GUIDELINES:

(a) The facility must have appropriate bedding supplies and practices.

(i) Bedding must be appropriate for the species of animal confined.

(ii) Facilities must have sufficient bedding to meet reasonably anticipated patient needs within the facility's scope of practice.

(iii) Bedding must be clean, dry, comfortable and safe for the animal confined.

(iv) Measures must be in place to permit bedding to be changed daily or as needed to maintain it clean and dry.

(b) The facility must be constructed and equipped to enable patients to be provided with suitable and sufficient quantities of food and water to meet nutritional and hydration requirements commensurate with their medical status.

(i) Facilities must have sufficient and suitable quantities of food and water available to meet nutritional and hydration requirements of patients within the facility's scope of practice.

(ii) Food and water provided must be readily accessible to the patient especially with non-ambulatory animals.

(iii) Food and water must be provided in a manner that is safe for the patient.

(c) Facilities must have suitable areas to exercise animals commensurate with their medical status.

44. The facility must have protocols in place to require that animals are kept clean and are bathed and groomed as indicated by their medical condition and specific circumstances.

45. Any possessions accompanying hospitalized or boarded animals (e.g. portable kennels, leashes, food, and dishes) must be identified and stored to ensure their safekeeping.

SECTION 6 - EXAMINATION AND TREATMENT AREAS

Preface

The veterinarian must be able to perform a complete physical examination of all patients that are seen within the normal scope of the practice.

Standards:

46. All designated examination and treatment areas and equipment so used must where applicable conform to all of the preceding requirements set out in sections 1 - 45 of this schedule.

47. All examination areas must have sufficient noise and visual barriers and/or spatial separation between clients to allow a quiet and confidential examination of the patient.

GUIDELINES:

(a) A treatment area that includes the same area used for examination in a self-standing facility must adhere to the standards for both.

48. The examination area for companion animals in a self-standing facility must have a table or surface for examination, constructed of readily sanitized material.

49. The treatment area in a self-standing facility must have a drained sink with hot and cold running water.

50. The examination and treatment area must have sufficient supplies and equipment for diagnostic procedures which support routine physical examinations.

GUIDELINES:

(a) Equipment and supplies must include as a minimum but not necessarily limited to those listed in the guidelines below except where it can be reasonably demonstrated that the following are not required within the normal scope of the practice:

Item	***Companion animal***	***Food/large animal***	***Equine***
Stethoscope	*Yes*	*Yes*	*Yes*
Thermometer	*Yes*	*Yes*	*Yes*
Disinfectant and alcohol	*Yes*	*Yes*	*Yes*
Examination gloves	*Yes*	*Yes*	*Yes*
Lubricant	*Yes*	*Yes*	*Yes*
Rectal and obstetrical sleeves		*Yes*	*Yes*
Examination light	*Yes*	*Yes*	*Yes*
Ophthalmoscope	*Yes*	*As required*	*As*

Item	***Companion animal***	***Food/large animal***	***Equine***
			required
Otoscope	*Yes*	*As required*	*As required*
Full mouth speculum			*Yes*
Oral speculum		*Yes*	
Frick speculum		*Yes*	
Percussion instrument	*Yes*	*Yes*	*Yes*
Weigh scale	*Yes*		
Magnification source	*Yes*		
Hoof knife/probe/tester	*Yes*	*Yes*	
Fluorescein ophthalmic strips or drops	*Yes*	*Yes*	*Yes*
Schirmer tear test strips	*Yes*	*Yes*	*Yes*
Woods Lamp [optional]	*Yes*	*Yes*	*Yes*
Skin scrapings supplies	*Yes*	*Yes*	*Yes*

51. The examination and treatment area must have adequate equipment to enable restraint of animal under normal circumstances sufficient for a thorough physical examination and where applicable, administration of treatments, commensurate with the facility's scope of practice.

GUIDELINES:

(a) Restraint equipment must include but is not necessarily limited to those listed in the guidelines below except where it can be reasonably demonstrated that the following are not required in the facility's scope of practice.

(b) Companion animal facilities.

(i) Muzzles.

(ii) Leashes.

(iii) Safety snare [optional].

(iv) Other devices such as handling gloves.

(v) Carrying cage.

(a) Equine facilities — must have adequate restraint equipment to enable surgery or other field procedures or to maintain the animal in recumbency in a manner safe to the patient and in the best interest of public safety.

(i) Rope.

(ii) Halter.

(iii) Twitch.

(iv) Lead shank.

(v) Stocks [optional].

(a) Large animal/food animal facilities — must have adequate restraint equipment to enable surgery or other field procedures or to maintain the animal in recumbency in a manner safe to the patient and in the best interest of public safety.

(I) Head restraint e.g., rope halter, nose tongs etc.

(i) Limb and body restraint e.g. Rope, hobbles, hog holder etc.

(ii) Head gate and chute [optional].

52. The examination and treatment area must have sufficient supplies and equipment to support routine treatment procedures commensurate with the scope of the practice, including but not limited to, the following items.

GUIDELINES:

(a) General (all facilities)

(i) Clippers and extension cord or self-contained power supply, and/or razor or equivalent for hair removal from the patient.

(ii) Vacuum cleaner or equivalent method for removing hair effectively [not required for ambulatory practices].

(iii) Parenteral fluids, e.g., physiological saline, lactated ringers solution, sterile water and/or dextrose in sterile water.

(iv) Sterile intravenous administration sets.

(v) Sterile needles and intravenous catheters.

(vi) Sterile syringes.

(vii) Sterile scalpel blades.

(viii) Intravenous stand or equivalent.

(ix) Sterile urinary catheters.

(x) Sterile gauze sponges.

(xi) Sterile obstetrical gloves.

(xii) Drainage tubes, irrigation solutions, and irrigation application supplies.

(xiii) Stomach tubes appropriate to the species normally treated.

(xiv) Manufacturer— sterilized absorbable and nonabsorbable suture material.

(xv) Surgical scrub materials and solutions.

(b) Large animal/food animal and equine practices (additional to general requirements above under 52(a)).

(i) Small ruminant, porcine, aquatic medicine and other practices must carry equipment suitable for the scope of the practice.

(ii) Practices that have both ambulatory and self-standing components and may share equipment and supplies between the components, provided patient needs can be met in a timely manner.

Item	***Food/large animal***	***Equine***
Stainless steel buckets(s) or equivalent	*Yes*	*Yes*
Stomach tube and hand pump(s)	*Yes*	*Yes*
Sterile rumen trocar and cannula	*Yes*	
Frick speculum	*Yes*	
Balling gun	*Yes*	
Emasculator	*Yes*	*Yes*
Prolapse needle (Buhner/serpentine needle)	*Yes*	*Yes*
Obstetrical equipment such as:		
Calf puller	*Yes*	
Obstetrical chains, handles or ropes	*Yes*	*Yes*
Fetotomy instrument, equipment and or obstetrical wire	*Yes*	
Prolapse repair equipment [umbilical tape, waterproof drape]	*Yes*	
Hoof care equipment		
Hoof knife	*Yes*	*Yes*
Hoof nippers		*Yes*
Hoof rasp		*Yes*
Hoof testers	*Yes*	*Yes*
Shoe puller		*Yes*
Cotton, gauze, bandage material, tapes,	*Yes*	*Yes*

Item	*Food/large animal*	*Equine*
splints and casting materials		
Equipment adequate for removal of bandages, splints and casting materials	*Yes*	*Yes*

53. The facility must have as part of its library current information regarding all treatments performed in the normal scope of the practice.

SECTION 7 - LABORATORY I PATHOLOGY AREA

Preface:

This section applies to all practice facilities that use equipment to prepare, package, process and report test results from biological samples. It is of paramount importance that biological samples and hazardous chemical reagents be handled, transported, stored and disposed of in a matter which meets applicable legislation and in accordance with accepted safety standards.

Veterinary practice facilities must be prepared to perform on site, a core minimum list of diagnostic procedures including but not limited to a complete urinalysis; blood cell analysis including, a packed cell volume, total white cell count and a white cell differential count; a blood glucose level; semen evaluation; basic cytology on impression smears; fecal analysis for ova and parasites; and subjective mastitis testing (subject to practice scope). It is recognized that not all facilities will be capable of, or will choose to offer only some of this core list of laboratory/pathological procedures, preferring to refer this work elsewhere. This may be acceptable as long as it can be demonstrated that the needs of patients are being adequately met with respect to diagnosis and treatment being supported by laboratory analysis. Ambulatory/mobile facilities may designate a specific container or containers and suitable multipurpose workspaces as a laboratory/pathology area but will need to comply with all the following bylaws and guidelines except those excluded by the words in self-standing facilities".

Standards:

54. All laboratory/pathology designated areas and equipment so used must where applicable, conform to all of the preceding bylaws under the general section for facility standards 1-45.

55. The laboratory/pathology area must be constructed so to support the safe and adequate preparation, packaging, processing and reporting results from testing of biological samples, consistent with reduction of cross-contamination and biosecurity.

GUIDELINES:

(a) In fixed facilities the laboratory must have accessible a drained sink with hot and cold running water that is not also used for prepping surgical instruments or preparation for other sterile procedures.

(b) In fixed facilities the laboratory area must be separate from the reception and surgical areas.

56. In a self-standing facility, the laboratory/pathology area must have equipment and supplies of a caliber capable of performing the following laboratory/pathological procedures, of a sufficient level of accuracy and sophistication so as to yield results which are of diagnostic value; unless, it can be demonstrated that an acceptable level of patient care can be achieved by expedient referral of samples and/or the patient to another facility capable of performing these procedures.

GUIDELINES

(a) Urinalysis including specific gravity, and detection of ketones, blood, protein, glucose and pH.

(b) Blood glucose.

(c) Blood cell analysis including: total white blood cell count, and, differential blood cell count.

(d) Minimal tissue histology such as impression smears.

(e) Fecal analysis including direct and concentrating methods for detection of ova and parasites.

(f) Semen evaluation, including live dead stains [subject to practice scope].

(g) Mastitis test kit [subject to practice scope].

(h) pH and ketones test strips [subject to practice scope].

57. The examination and treatment area must have sufficient supplies and equipment to support routine laboratory procedures commensurate with the scope of the practice, including but not limited to, the following items.

GUIDELINES

(a) Blood collection tubes.

(b) Microhematocrit collection tubes and tube sealant.

(c) Glucometer or equivalent, e.g., test strips.

(d) Microscope slides, cover slips and immersion oil.

(e) Clean specimen containers.

(f) *Sterile syringes, needles and or blood collection apparatus.*

(g) *Bacteriology sampling apparatus including but not limited to sterile swabs and appropriate culture/transport media/container.*

(h) *Fecal collection/transport containers.*

(i) *Labels containing a minimum of; patient ID, owner name, date of sample, type of specimens and facility name.*

(j) *Referral/requisition forms, which may serve as labels when sample material can be unequivocally associated with a particular form.*

(k) *Urine test strips capable of detecting a minimum of pH, the presence of protein, the presence of blood, the presence of ketones, and the presence of glucose.*

(l) *Urine sample containers.*

(m) *Refractometer.*

(n) *Staining solutions and chemicals suitable for performing; urine cytology and blood cell analysis including; total red blood cell count, total white blood cell count, differential blood count and minimal tissue histology such as impression smears and semen evaluation.*

(o) *Tissue and other cytology fixatives such as formalin, alcohol and/or Bouin's solution.*

(p) *A microscope that has an eyepiece of 10X magnification and objective lenses of 4X, 10X and/or 40X and 100X (oil immersion).*

(q) *A centrifuge capable of performing a packed cell volume test and appropriately preparing fluid specimens for transport.*

(r) *Chemical solutions appropriate for concentrating fecal samples for ova and parasite analysis.*

58. The laboratory/pathology area must have a method of keeping samples/ specimens at appropriate temperatures such, as an incubator if bacterial cultures are done and reliable refrigeration if samples are held for transport.

59. The facility must have as part of its library current information regarding all equipment and supplies in use for the performance of laboratory/pathology procedures.

SECTION 8 - DIAGNOSTIC IMAGING AREA

Preface:

This section applies to all facilities that use equipment for the production of diagnostic images using various modalities including but not limited to ionizing radiation, ultrasound and magnetic resonance.

When performing veterinary radiography, human and patient safety is of paramount importance, and all practice owner and operators using ionizing diagnostic imaging equipment must adhere to the ALARA principle. Health and Welfare Canada Safety Code 28 specifies that every practice using equipment that produces ionizing radiation must have a designated "responsible user".

A female operator must be encouraged to notify her employer if she believes herself pregnant. Appropriate steps must be taken with respect to pregnant employees to ensure that their work duties are compatible with the permissible dose equivalent limits in Safety Code 28.

Standards:

60. All designated areas and equipment so used must conform where applicable to all of sections 1-45 of this schedule.

61. The facility must have a current certificate of safety for all equipment in the practice that uses or produces ionizing radiation.

62. Personal radiation monitoring devices must be available to all staff with potential for exposure to ionizing radiation.

63. The beam from any fixed or mobile X-ray source must be collimated.

64. Protocols must be in place to ensure that no person under the age of 18 is permitted to have occupational exposure to ionizing radiation from equipment using/producing ionizing radiation.

65. The diagnostic imaging area must be constructed and shielded so as to minimize or eliminate unnecessary exposure of patients, veterinary staff and the public to radiation emitted by the imaging equipment.

    GUIDELINES:

    (a) Shielding must be provided in walls, doors etc. or provided by adequate and strategically placed lead screens or provided by adequate spatial separation from other areas of the workplace when imaging equipment is in use.

66. The diagnostic imaging area must be constructed so as to minimize or eliminate unnecessary exposure of patients, veterinary staff and the public to hazards associated with chemicals and supplies for development of diagnostic images.

    GUIDELINES:

    (a) Effective ventilation must be available in any room containing, storing or using diagnostic imaging/developing chemical reagents.

(b) The darkroom must have appropriate safelights to allow movement within the room of operators of equipment.

(c) Storage for chemical agents used for diagnostic imaging must be provided away from areas normally occupied by staff [e.g., eating areas, change rooms, washrooms and clothing storage lockers etc.].

67. Each practice facility that offers diagnostic imaging using ionizing radiation unless it is using digital or computed radiography systems exclusively must have:

GUIDELINES:

(a) A darkroom that contains automatic or manual radiographic processing equipment and supplies or;

(b) Documented access to an external processing laboratory with the equipment and supplies capable of developing diagnostic quality images in a timely manner that meets the needs of patients, commensurate with the usual scope of the practice.

68. The diagnostic imaging areas must have sufficient equipment and supplies to safely produce, develop and store diagnostic quality images commensurate with the scope of the practice.

GUIDELINES:

(a) Two protective full-length aprons of at least 0.5 mm lead equivalency.

(b) Two pairs of gloves with at least 0.5 mm lead equivalency.

(c) Two thyroid protectors.

(d) Calipers or tape to measure body thickness.

(e) Radiographic viewer to adequately display the largest radiograph produced by the facility, or a computer station for the viewing of digitally created images.

(f) Positioning devices such as sand bags, positioning beds/troughs, tape, foam wedges, radiolucent padding material, or the equivalent must be available,

(g) A focused intense light source for highlighting radiograph films (e.g. a hot light). Contrast agents.

(h) Permanent labeling and marking apparatus and materials.

(i) There must be a storage area for unexposed x-ray films which is protected from direct ionizing radiation.

69. All diagnostic imaging equipment used in the facilities must be installed so as to meet the required safety standards set out in "Health and Welfare Canada's" relevant safety codes, specifically:

X-ray Equipment	Code 28
Dental x-ray equipment	Code 30
Computed Tomography equipment	Code 31
Fluoroscopy equipment	Code 20 A, Part A, section 8.3
MR1	Code 26
Nuclear Scintigraphy equipment	*Nuclear Safety And Control Act* and its relevant regulations

70. Practice facilities that offer nuclear scintigraphy or other diagnostic imaging or therapeutic modalities which use radioactive materials must have facilities, equipment and protocols in place to conform with safety requirements for their storage and handling, including secondary materials such as biological waste, radiopharmaceuticals, as well as patients treated with radioactive materials, in accordance with Health and Welfare Canada standards.

GUIDELINES:

(a) Approved collections and storage containers for all biological waste from patients who had received radioactive agents should be available and used.

(b) Gamma cameras for nuclear scintigraphy must be regularly calibrated.

(c) A Geiger counter or other appropriate real-time radiation monitoring equipment should be available and used.

(d) Logs should be available and used which record the identification, storage details and disposal details for all radioactive biological waste and/or byproducts.

(e) Nuclear scintigraphy logs should be available and used which record the proper control, storage, and disposal of radiopharmaceuticals and contaminated objects.

71. The practice facility must have apparatus and methodology for permanently identifying diagnostic images including but not necessarily limited to the following: facility name or name of veterinarian, patient ID, owner name, date, and spatial position indicator where appropriate. Additional information for special studies, e.g. time stamps for serial studies and operating parameters for CT studies, must be included when appropriate.

GUIDELINES:

(a) For radiographic images the label must be within the emulsion, or a tamper proof and permanent label must be applied to the image/study afterwards.

(b) For digital images, by software which generates an appropriate label which becomes part of the study and is embedded electronically.

(c) lntraoral radiographs that are too small for labels must be stored in a secure envelope/file with the label information recorded on the envelope/file in which they are stored.

72. The facility must have apparatus and methodology for archiving diagnostic imaging studies.

(a) Diagnostic images and their associated logs comprise part of a patient's medical records.

(b) Images originally produced in digital format should have a back-up hardcopy or second digitally stored copy.

GUIDELINES

(i) Except where otherwise noted, traditional film based radiographic studies must be stored in the original form (digital copies of original film emulsions, obtained with digital cameras or non-medical grade scanners are not suitable substitutes).

(ii) Computed or digital radiographs, CT and MRI studies may be archived on original film emulsions, or in digital format if taken by a computer radiography (CR) or direct digital system.

(iii) Fluoroscopy studies must be archived on videotape or in digital format.

(iv) Original film emulsion studies may be converted to appropriate digital format and stored using a medical grade scanner.

(v) Ultrasound studies must be archived using digital storage, videotape or hard copy images on thermal paper or film emulsion.

(vi) Endoscopy studies must be archived where possible with original photographs, videotapes, or thermal paper.

(vii) All diagnostic images must be stored so as to prevent damage or degradation of the image [e.g. protect thermal paper images from UV light, etc.].

(viii) For ultrasound studies in the situations where it is impractical to produce a recorded image, e.g. ultrasound guided biopsies or per-rectal pregnancy diagnosis in mares, adequate notes must be made in the medical records describing the procedure, visual findings and diagnosis if one is made.

73. Portable diagnostic imaging equipment used in non-shielded environments such as from ambulatory/mobile facilities, must be capable of providing for the following operational protocols:

(a) operator must always be able to accurately determine the direction of the primary beam and what may be in its path.

GUIDELINES

(i) here must be an accurate collimator on all equipment capable of generating ionizing radiation.

(b) x-ray cassettes must never be held directly by hands, gloved or ungloved, during exposures.

GUIDELINES

(i) There must be a mechanical device present to hold it stabilized i.e. an extension clamp or stand.

74. Documentation in the form of logs must be kept for each piece of diagnostic imaging equipment using ionizing radiation. Such logs must contain but are not necessarily limited to the following: date, owner ID, patients ID, technique information (e.g., mA, kVp, and time), area of study, tissue depth, operators name and comments where applicable as well as dosage of contrast material if used.

75. The facility must have as part of its library current information regarding all equipment and supplies in use for the performance of diagnostic imaging, including ready access to all pertinent sections on Health and Welfare Canada's safety codes.

SECTION 9 - PHARMACY AREA

Preface:

This section applies to any facility which prepares, maintains, dispenses, administers, destroys or disposes of any drug. The general principles which are of paramount consideration in this section are that drugs must be prepared, maintained, dispensed, administered, destroyed or disposed of according to manufacturer's instructions and so as to conform with applicable legislation in order to ensure efficacy of the drug and safety for the staff, the patient and the general public. If complementary and integrative medicine is practiced at the facility, the same principles apply to herbs or other products used.

There must be clear instructions to clients with patients for whom a drug is dispensed, particularly for medications for animals destined for food. Prescribed withdrawal periods for drugs and feed additives must be indicated to the owner in writing whether the drug is administered or dispensed.

There must be no expired drugs readily accessible on shelves or in use.

Controlled, narcotics and other drugs as directed by the College in the interest of the public must be kept in a locked cabinet designed and constructed to ensure reasonable security of the drugs. There must be reasonable measures in place to ensure that no person other than a registrant or a person designated by, and acting upon the specific direction of, a registrant to dispense or have access to drug cabinet keys (or equivalent) or a controlled drug or narcotic. There must be measures in place to protect controlled drugs and narcotics from loss and theft

and to report any loss, theft of controlled drugs and substances or forgery of records to the police and within ten days to the Compliance, Monitoring and Liaison Division of the Office of Controlled Substances of Health Canada,

Standards:

76. All designated pharmacy areas and equipment so used must where applicable, conform to sections 1-45 of this schedule for facility standards.

77. Equipment must be in place in order for drugs to be maintained according to manufacturer's instructions.

GUIDELINES

(a) Self-standing facilities must have a refrigeration unit or container capable of maintaining temperature sensitive drugs.

(b) The facility must have at least one maximum/minimum thermometer in order to determine operating range of any refrigeration unit or container.

(c) Ambulatory facilities must have a container capable of maintaining temperature sensitive drugs, if carried, within their temperature range for the expected period of time the drugs will be away from permanent storage locations.

(d) Containers must be available that prevent exposure to light for dispensing drugs that are sensitive to light.

78. The facility must be capable of ensuring that all drugs are prepared, maintained, dispensed or administered, destroyed/disposed of in accordance with patient, staff and public safety.

GUIDELINES

(a) The pharmacy area must not be accessible to the public.

(b) There must be a secure and locked container or enclosure designed and constructed so as to ensure restricted access to controlled drugs and narcotics.

(c) The facility must have a controlled drug log containing but not limited to: date dispensed, owner's name and address, patients name or ID, drug identification, strength/concentration and quantity of drug dispensed and quantity of drug remaining after dispensing.

(d) A separate storage area must be available for holding expired drugs pending disposal or return to manufacturer.

(e) There must be a readily accessible sink with hot and cold running water.

(f) The facility must have a secure area for storage of prescription pads.

79. The facility must have drug dispensing labels in use which contain but are not limited to the following information: date dispensed, hospital name, name of veterinarian prescribing or dispensing the drug, client name, animal name or ID, drug identification, strength/concentration, quantity, and instructions for use; and for food animal medications, drug withdrawal times.

GUIDELINES:

(a) Drug names must be either generic name plus concentration/strength plus name of manufacture, or brand name plus concentration/strength [if the product has more than one strength available].

(b) Recording the DIN is strongly advised but not required for prescription drugs if the generic drug name is listed as in 79(a) above.

80. The facility must have as part of its library current information regarding all drugs administered, prescribed or dispensed by the facility.

81. The pharmacy library must include hardcopies or immediate electronic access to relevant drug and pesticide legislation.

SECTION 10 - ANESTHESIA AREA

Preface:

This section applies to all practice facilities that provide anesthesia to patients.

General principles which are of paramount consideration in this section are minimizing the risk of anesthetic complications to patients, the risk to staff and the risk to the general public from the use of analgesics and anesthetics, and provision of anesthesia which provides adequate analgesia and loss of awareness for the procedures performed.

Protocols and equipment must be in place to ensure that patients receive an appropriate pre-anesthetic evaluation, including a physical examination and evaluation of patient risk by a veterinarian prior to and sufficiently close to the time of administering an anesthetic. This requirement is waived only in cases where patient temperament, or in the case of wildlife or food production animals where physical facilities do not allow a prior examination, or where the patient is in a life-threatening situation and immediate anesthesia is required to perform an appropriate procedure.

Where the patient is judged to be at significant risk for adverse effects from an anesthetic due to a pre-existing condition, a reasonable attempt must be made to contact the owner or their agent to obtain informed consent prior to proceeding.

Anesthesia protocols are expected to provide adequate analgesia, immobility and loss of awareness for all painful procedures for the duration of the procedure, and analgesia during recovery from anesthesia period and a reasonable post procedure period.

Standards:

82. All designated areas and equipment used to provide anesthesia to patients, must where applicable, conform to sections 1 - 45 of this schedule.

83. The anesthesia area must be constructed so as to provide a safe environment for the patients, staff and general public.

GUIDELINES:

(a) In a self-standing facility a passive or active gas scavenging system must be in place for all equipment in use, which uses a volatile anesthetic agent.

(b) A posted protocol must be in place outlining emergency procedures for dealing with spilled volatile anesthetic agents.

84. The anesthesia area must have, appropriate to the scope of the practice, ready access to drugs and supplies capable of providing separately or in combination, adequate:

(a) Induction.

(b) Analgesia.

(c) Lack of awareness.

(d) Sedation.

(e) Cardiovascular support.

(f) Respiratory support.

(g) Narcotic antagonist and other reversal agents appropriate for the drugs commonly used within the practice.

(h) Emergency resuscitation.

(i) Local anesthesia.

(j) Appropriate sterile parenteral fluids.

85. Every practice facility that performs major surgeries in companion animal species must be equipped to provide general anesthesia by means of an anesthetic machine including vaporizer and volatile anesthetic, or balanced anesthesia.

GUIDELINES:

(a) All anesthetic machines and vaporizers must have documentation showing servicing and calibration in accordance with the manufacturer's recommendations or on the recommendation by a service technician within the previous 24 months.

86. The anesthetic area of the practice facility must have equipment and supplies capable of adequately and safely:

(a) Maintaining a patient airway for all patients rendered unconscious in a self-standing facility.

GUIDELINES:

(i) Endotracheal tubes sufficient in size and quantity for the normal caseload of the practice.

(ii) Mouth gags or speculum suitable for efficient placement of endotracheal tubes.

(iii) A light source suitable for assistance in placement of endotracheal tubes.

(b) Delivering sterile drugs including fluids intravenously.

GUIDELINES:

(i) An assortment of sterile needles, syringes, infusion sets, intravenous catheters.

(ii) Antiseptic agents to facilitate the use of aseptic technique to place parenteral infusion apparatus.

(c) Where patient's size permits, preventing significant fluctuations in body temperature during and after anesthesia.

GUIDELINES:

(i) The surgery table must have an insulating pad.

87. The facility must have in place equipment or trained personnel supervised as required under the Bylaws who can monitor the patient for level of anesthesia and analgesia, assess circulation, heart rate, respiratory rate and body temperature and provide at least a subjective assessment of blood oxygen during the anesthesia and the recovery period.

GUIDELINES:

(a) Monitoring must be done by frequent evaluation by a trained individual using appropriate instruments such as:

(i) Esophageal stethoscope.

(ii) Respiratory monitor.

(iii) Cardiac monitor.

(iv) Pulse oximeter.

(v) Blood pressure measurement apparatus.

(vi) Stethoscope.

(vii) Thermometer.

88. A self-standing practice facility and/or one offering services to companion animals, must be equipped to deliver in a controlled fashion oxygen to any patient that is rendered unconscious or unresponsive beyond the level of having an adequate swallowing reflex by means of a sedative, narcotic or other anesthetic drug.

89. The facility must have an anesthesia/surgery log on every procedure performed under general anesthesia within the facility. For each procedure the anesthesia/surgery log must record date, owner and patient identification and the nature of the anesthesia and procedure performed.

90. The facility must have in its library current references to all drugs, equipment and procedures used for anesthesia within the normal scope of the practice.

SECTION 11 - SURGERY AREA

Preface:

This section applies to all practice facilities that perform surgery on patients. All areas designated for surgery in a practice facility are expected to comply with all of the general sections of facility standards in this schedule, especially those with respect to cleanliness prevention of contamination or cross-contamination and safety for patients, staff and the general public. In addition, it is expected that any practice facility that performs major surgery must do so in an area physically separated from other multipurpose areas, and solely dedicated for this purpose. It is understood that minor surgical procedures and those involving contaminated wounds may be performed outside of this designated area.

Field surgery must be done with as high a level of asepsis as possible. Where major surgical procedures are required in adverse environmental conditions and the patient cannot be transported to a more suitable site, the minimum requirement includes sterile surgical gloves and sterile drapes adequate in size to prevent environmental contamination of the surgical site.

Standards:

91. Designated surgery areas and equipment so used must where applicable conform to sections 1 to 45 of this schedule.

92. The surgical facility must be constructed and equipped so as to minimize the possibility of contamination of the surgical site by microorganisms.

GUIDELINES:

(a) In self-standing facilities there must be a separate room for performing major surgeries.

(b) All working surfaces must be constructed of solid, impervious materials that can be readily cleaned and disinfected.

(c) The surgical table must be constructed out of solid, impervious materials that can be readily cleaned and disinfected.

(d) The surgery area must be equipped with a waste disposal container with a readily sanitized, fluid impervious interior or a disposable fluid impervious liner.

(e) The surgery area must be equipped with an instrument table or tray constructed of solid, impervious materials that can be readily cleaned and disinfected.

(f) The surgery area must have ready access to disinfectants for use between successive patients.

93. The surgery area must have sufficient surgical supplies and equipment to allow for a separate sterile surgical pack to be used for each patient undergoing major surgery, commensurate with the normal caseload of the practice.

94. The surgery area must have equipment and supplies that are commensurate with the normal scope of the practice and which include, but are not necessarily limited to the following.

GUIDELINES:

(a) The surgery area must have at least one adjustable surgical lamp.

(b) The surgery area must have emergency lighting [for example ancillary generator, battery powered mounted lighting, or portable flashlights].

(c) Sterile drapes available of sufficient size that will prevent contamination of the surgeon, instruments and surgical site, unprepared areas of the patient or non- sterile surfaces, commensurate with the normal scope of the practice.

(d) Surgical masks.

(e) Surgical caps.

(f) Sterilized surgical gowns.

(g) Sterilized gloves.

(h) Sterile scrub brushes.

(i) Sterilized hand towels.

(j) Sterilized drapes.

(k) Sterilized gauze sponges.

(l) Sterile needles and scalpel blades.

(m) Surgical instruments in cold trays or in sterilized surgical packs, commensurate with the scope of the practice.

(n) Sterility indicators.

(o) Cloth or other material suitable for wrapping surgery packs for sterilization.

(p) An autoclave (or other equivalent methods of sterilizing surgical instruments and supplies).

95. The facility must have as part of its library current information regarding all equipment and supplies in use for the performance of surgical procedures in the normal scope of the practice.

SECTION 12 - DENTISTRY AREA

Preface:

This section applies to all practice facilities that use equipment to perform dental procedures. It is expected that all dental procedures performed on companion animals must be done under a general anesthetic unless contraindicated by the patient's medical status.

Facilities where more advanced dental techniques are performed, e.g. orthodontics and prosthodontics, must have radiology equipment capable of obtaining a diagnostic dental radiograph.

Standards:

96. Designated surgery areas and equipment so used must where applicable, conform to sections 1-45 of this schedule.

97. The facility must have designated areas for dental procedures other than advanced dental procedures that is/are outside out of the designated surgical suite.

98. The facility, if within the normal scope of its practice performs dental procedures on companion animals, must have equipment and supplies capable of doing so under general anesthesia. [See section number 85]

99. The facility, if within the normal scope of its practice performs dental procedures on companion animals, must have equipment and supplies capable of performing them in a manner that is effective and safe for the staff and the patient, as well as have equipment for cleaning and storing dental instruments and equipment in a manner that prevents transmission of pathogens either between patients or from patients to staff.

GUIDELINES:

(a) Eye protection for staff.

(b) Inhalation protection for staff such as facemasks.

(c) Cuffed endotracheal tubes for patients.

(d) Cold sterilization tray and solution.

100. The facility if within the normal scope of its practice performs dental procedures other than advanced dental procedures on companion animals, must have but is not necessarily limited to the following equipment:

GUIDELINES:

(a) A selection of dental scalers.

(b) Dental forceps [or equivalent].

(c) Dental elevators and or luxators.

(d) Dental curettes.

(e) Dental explorers.

(f) Dental probes.

(g) Dental polishing equipment.

101. The facility, if within the normal scope of its practice performs dental procedures, including advanced dental procedures on companion animals, must have, but is not necessarily limited to, the following equipment:

GUIDELINES:

(a) Orthodontics

(i) Materials to build incline planes [acrylic composite resin].

(ii) Brackets.

(iii) Lingual buttons.

(iv) Elastic chains.

(v) Arch wires.

(vi) Orthodontic wire.

(vii) Bonding agent to cement appliances.

(viii) Orthodontic pliers.

(ix) Dental burrs appropriate for orthodontics.

(b) Prosthodontics

(i) Diamond burs or fine fluted burs.

(ii) Impression materials.

(iii) Trays.

(iv) Dental vibrator.

(v) Dental stone.

(vi) Dental cement.

(c) Endodontics

(i) Endodontic files.

(ii) Cleansing solutions.

(iii) Obturating systems.

(iv) Pluggers.

(v) Spreaders.

(vi) Restorative compounds.

(d) Major Oral and reconstructive surgery

(i) Periosteal elevators.

(ii) Orthopedic wires.

(iii) Fracture stabilizing equipment (acrylics, composite resins).

(iv) Sterile suture materials.

(v) Bone cutting equipment.

102. The facility, if within the normal scope of its practice it performs dental procedures on equine species, must have, but is not necessarily limited to, the following equipment:

GUIDELINES:

(a) Wolf tooth elevator.

(b) Wolf tooth extractor.

(c) Set of hand or power floats.

(d) Apparatus for keeping the mouth open (speculum).

(e) A light source.

(f) Dosing syringe.

(g) Stainless steel bucket or equivalent.

103. The facility must have as part of its library current information regarding all equipment and supplies that are used in the performance of dental procedures.

SECTION 13 - EMERGENCY FACILITIES

Preface:

This section applies to all practice facilities which hold out to the public that they provide treatment and diagnostic veterinary services on a primarily emergency basis, and in most instances, only for the time required to stabilize the patient for transfer to ongoing care at another practice facility.

It is understood that: these facilities primarily acquire their patients by referral from other veterinary facilities and not through direct interaction with the public; that these facilities generally operate at times of the day when most other veterinary facilities are closed; that these facilities generally provide on-site diagnostic and treatment capability at or well beyond the level available at most other veterinary facilities; and that because of these factors, emergency facilities may be expected to be equipped to deal with medical situations that would generally fall outside of the expected caseload of most practice facilities.

As well, emergency facilities may be expected to have to deal in a unique fashion with some aspects of patient, public and veterinary staff safety. For example, due to the often unusual hours of operation, emergency facilities must have protocols in place to insure the safety of patients, veterinary staff and the public.

Standards:

104. All emergency facilities and equipment used in them must where applicable, conform to sections 1 - 45 of this schedule for facility standards.

105. Emergency facilities must have their hours of operation posted so that anyone approaching the front entrance can readily discern that information.

106. Emergency facilities, in addition to the requirements for equipment and supplies for a general veterinary practice facility must have the equipment and supplies to attempt to meet the needs of at least, but not limited to the following, medical events: poisoning or medication overdose, seizure events, massive trauma, critical life threatening illness, conditions requiring emergency surgery, severe shock, life-threatening respiratory collapse, and cardiovascular collapse.

GUIDELINES:

(a) Defibrillator.

(b) On-site ECG machine.

(c) Apparatus to determine core and venous pressure.

(d) Apparatus for rapid or on-site measurement of oxygen saturation.

(e) Apparatus for rapid and accurate measurement of intraocular pressure.

(f) Devices to cut through heavy metal chain or plastic safely.

(g) Drugs for cardiopulmonary resuscitation beyond those required for general veterinary facilities.

(h) Blood transfusion/collection and storage equipment and timely access to a variety of blood products.

(i) A variety of intravenous fluids including colloids.

(j) At least two gas anesthetic machines.

107. Emergency facilities must have equipment and supplies on site to provide for diagnostic radiographs in a timely manner.

108. Emergency facilities must have equipment available to provide all in-house services listed in the laboratory/pathology section as well as but not necessarily limited to the following:

GUIDELINES:

(a) A measurement of total solids [plasma protein].

(b) Electrolytes.

(c) Acid-base parameters, including blood gases [Venus and arterial].

(d) Full urine analysis.

(e) Hematology [WBC, platelet estimate, microscopic assessment of blood smear].

(f) Routine cytology.

(g) Clinical chemistries including; BUN, creatinine, blood glucose.

(h) A qualitative measurement for ethylene glycol.

(i) Coagulation parameters sufficient to assess function of intrinsic versus extrinsic coagulation system.

109. The emergency facility must have as part of its library current information regarding all equipment and supplies in use for the performance of diagnoses and treatment as well as specific information on the delivery of emergency medicine and surgery.

SECTION 14 - COMPLEMENTARY AND INTEGRATIVE MEDICINE

Preface

Facilities in which complementary and integrative veterinary medicine are offered must follow the College's "Guidelines for the Responsible Use of Alternative Therapies". Veterinarians utilizing a complementary modality for the diagnosis and treatment of patients must be able to demonstrate a working knowledge of that modality and its clinical application in veterinary medicine. There must be evidence of formal education and current continuing education in any complementary modality used in veterinary medicine as a major component of the case management unless there is evidence that the veterinarian has consulted an experienced clinician in this modality, e.g., 10 years or more.

If loose moxa, or a moxa stick, is utilized it must be used in such a fashion as to pose no risk of injury to the patient, client, veterinarian or staff. Needles/ear tacks used in the practice of acupuncture must be sterile and needles packaged for single use must not be reused. Any aquapuncture solution injected must be sterile.

Standards:

110. Designated examination and treatment areas for complementary and integrative medicine and equipment so used must where applicable, conform to sections 1 to 45 of this schedule for facility standards.

111. The veterinarian's reference library and/or electronic reference database must contain current references relating to the theories and clinical application of the modalities practiced.

BRITISH COLUMBIA VETERINARY MEDICAL ASSOCIATION

GUIDELINES FOR THE RESPONSIBLE USE OF ALTERNATIVE THERAPIES

Alternative therapy is the term most often used to identify the increasing number of therapeutic modalities that are not universally taught in accredited veterinary colleges and therefore are not considered conventional therapy. Other names commonly used for these alternative therapies are complimentary therapies and therapy options.

The Council of the College recognizes the following:

1) Alternative therapies are the practice of veterinary medicine when performed on animals as defined in the Veterinarians Act.

2) Only veterinarians have the education and background to evaluate and integrate alternative therapy into a treatment regime for animals.

3) There is an increasing demand from the public for the use of alternative therapy on their animals.

4) Many alternative therapies have not been substantiated by traditional scientific methods.

5) The scientific evaluation of the merits of each alternative therapy by the regulating authority of the College prior to its implementation is impractical.

6) Registrants working with non-veterinarians are reminded that non-veterinarians providing treatment must remain under direct supervision.

Therefore, the following are the recommendations of the College for the responsible use of alternative therapies by its registrants.

1) Any registrant who wishes to use an alternative therapy must take appropriate continuing education to become knowledgeable about the therapy, its application and its inter-relationship with conventional therapies.

2) Prior to the implementation of any alternative therapy, a proper scientific procedure must be followed to determine the appropriate conventional and/or alternative therapy that is in the best interest of the patient.

3) Individual members will be responsible to evaluate the merits of the alternative therapy on a given case and whether it is used alone on in conjunction with conventional therapy.

4) If the results of an alternative therapy are questioned in a given case, the validity of the therapy will be governed by peer review. When a specific alternative therapy is in question, the peer review will consult with veterinary colleagues knowledgeable in that particular therapy. An important consideration in a peer review will be the appropriate integration of alternative therapy with the conventional therapy. An alternative therapy must not be selected to the exclusion of a conventional therapy which has known demonstrable benefit to the patient.

5) The known facts and the relative merits of the alternative therapy must be thoroughly explained to the client. Registrants are encouraged to use an Alternative Therapy Client Consent Form. A sample form may be obtained from the College office.

6) The Bylaws do not allow a registrant to advertise a specialty unless the registrant is certified in accordance with the Bylaws.

SAMPLE

ALTERNATIVE THERAPY CONSENT FORM

I understand that there is minimal research supporting the clinical efficacy of the drugs and treatments described below. I also understand that, as of this date, the use of these therapies have not been officially approved for the use in animals.

Alternative therapies which may be used include _____ therapies. I agree to the use of these therapies with the understanding that they may aid in the treatment of my animal's condition.

Dr. _____ has described the procedures and explained to my satisfaction, the purpose for performing them and the risks involved with them. I realize that there can be no guarantee as to the animal's condition or the outcome of any procedures.

As the owner of the animal described below, and being eighteen years of age or older, I hereby authorize the _____, and in particular, Dr. _____to treat my animal with these therapies.

I have read this authorization form, and understand it and give my consent.

Client Name: _____

Animal's Name: _____

Species: _____

Breed: _____ Age: _____

Signed: _____ Date: _____

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