Public confidence
in veterinary regulation

Accreditation Standards for Veterinary Facilities in Ontario

CVO
College of Veterinarians of Ontario

approved by Council on December 6, 2023

The standards for veterinary facilities in Ontario are established by the Council of the College of Veterinarians of Ontario under the authority of the Veterinarians Act, 1989.

Compliance with the standards is required for a certificate of accreditation. It is unlawful for anyone to establish or operate a veterinary facility except under, and in accordance with, a certificate of accreditation.

The standards in this document reflect a continuation of the premises standards made by the Ontario Veterinary Association (OVA), which was the College's predecessor. However, the OVA standards were revised and expanded for the College's purposes, and an attempt was also made to make the standards clearer and easier to read.

In a set of standards as complex as these, there are bound to be particular requirements with which certain members will disagree. The standards were developed and revised by the Accreditation Committee in consultation with many CVO members and groups of members. They reflect as much as possible a reasoned consensus of veterinarians who work at or from the various kinds of current veterinary practices.

The standards represent one aspect of the College's actions in serving and protecting the public interest. For that reason, the standards are subject to review by the Minister of Agriculture Food and Rural Affairs, and they have the same force as the regulations. Members of the College are therefore expected to adhere strictly and honestly to the standards in this document.

Table of Contents

PREAMBLE 5
Part 1.0 Introduction 5
Part 2.0 Interpretation 6
Part 3.0 Definitions 6
ESSENTIAL STANDARDS 8
1. FACILITY SERVICES AND EQUIPMENT 8
A. FACILITY STRUCTURE – applies to hospital and office only 8
B. FACILITY STRUCTURE – applies to the base unit of mobile practices 9
C. FACILITY EQUIPMENT 10
D. ANIMAL RESTRAINT 11
E. FACILITY SUPPLIES 11
2. MEDICAL RECORDS 14
A. REQUIREMENTS FOR ELECTRONIC MEDICAL RECORDS 14
B. UNIVERSAL MEDICAL RECORDS REQUIREMENTS 15
C. CONTENT OF MEDICAL RECORDS FOR COMPANION ANIMAL 16
D. CONTENT OF MEDICAL RECORDS FOR LARGE ANIMAL 19
E. CONTENT OF MEDICAL RECORDS FOR POULTRY 20
3. SAFETY MANAGEMENT 23
4. PROFESSIONAL REFERENCE SOURCES 25
5. PROFESSIONAL PRACTICE 26
6. PHARMACEUTICAL MANAGEMENT 29
7. BIOSECURITY AND BIOMEDICAL WASTE MANAGEMENT 32
ADDITIONAL SCOPE OF PRACTICE SERVICES 35
1. ANESTHESIA 35
A. IN-FACILITY ANESTHESIA FOR ALL SPECIES (HOSPITALS) AND SURGICAL MOBILE FOR COMPANION ANIMALS 35
B. MOBILE FOR LARGE ANIMAL AMBULATORY ANESTHESIA 38
2. CHEMOTHERAPY 40
3. CRITICAL CARE 42
4. DENTISTRY 45
A. EQUINE DENTISTRY 45
B. COMPANION ANIMAL DENTISTRY 47
5. DIAGNOSTIC LABORATORY SERVICES 49
6. EMBRYO TRANSFER 53

7. HOSPITALIZATION AND CONFINEMENT 55
8. ISOLATION FACILITIES 59
9. LASER THERAPY 62
10. MOBILE 63
11. OTHER IMAGING 64
12. RADIOLOGY 66
13. REHABILITATION THERAPY 70
14. SURGERY 72
A. IN-FACILITY SURGICAL SUITE FOR ALL SPECIES (HOSPITAL) 72
B. MOBILE FOR LARGE ANIMAL AMBULATORY SURGERY 78
C. SURGICAL MOBILE FOR COMPANION ANIMALS 81
15. ULTRASOUND IMAGING 86

PREAMBLE

Part 1.0 Introduction

The standards for veterinary facilities in Ontario are established by the Council of the College of Veterinarians of Ontario under the authority of the *Veterinarians Act*, Section 8, 1990.

The purpose of the veterinary facility accreditation standards is to ensure that veterinary practices in Ontario support the provision of safe, quality veterinary care to the public. Veterinarians and the public can be assured that practices with a Certificate of Accreditation have met facility accreditation standards at a level of quality and safety accepted and determined by veterinarians for the delivery of veterinary medicine in Ontario.

The primary objectives of the Standards for Veterinary Facilities in Ontario are to:

- Provide assurance that a facility meets the standards of quality and safety that are deemed essential to all facilities,
- Ensure that all veterinary facilities adhere to a set of approved standards,
- Provide a model of facility accreditation that reflects the services and scopes of practice that are relevant to a specific facility and its scope of practice, and
- Have a flexible and progressive accreditation program that adapts to the evolving nature of practice.

Approach

All facilities are required to meet these accreditation standards as they apply to their particular scope of practice. Based on the species and scope of practice, the facility director demonstrates to the College how they meet requirements in the standard. This outcome-based approach focuses on mitigating risks in the facility and evaluates outcomes that would be expected based on the scope of services provided from the facility.

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 practice of the facility. The accreditation standards are the “ends” that must be met; however, there is flexibility in the means by which the 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. 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 servicing the interests of public protection and the subject animals.

Practice inspections will be based on the Essential Standards and Additional Scope of Practice Services, as applicable and will be conducted by trained veterinarian inspectors. Facility directors must clearly articulate the scope of practice (e.g., species treated, and services provided at or from the facility). The facility must meet the accreditation standards that are applicable to the scope of practice.

The College’s expectation is that facility directors will keep current and will adhere to these requirements as listed at the time of the facility’s inspection, and throughout the facility accreditation term. When practicing veterinary medicine within their scope, licensed members are expected to use their professional judgement and work within their level of competency.

Part 2.0 Interpretation

The contents of this document are intended to be applied liberally in order to establish, develop and maintain standards of veterinary care for the service and protection of the public interest and the subject animals.

The standards for facilities do not replace professional practice standards for individual members who work at or from accredited facilities. It is an expectation of the College that each licensed member understands and meets the College's professional practice standards and legislative requirements.

When a facility is providing a limited scope of services, it is expected that the scope of services is clearly communicated to the public and appropriate referrals or arrangements are made with other veterinarian(s) who can provide other services.

In this document,

2.1 words have the same meaning as in the regulations made under the *Veterinarians Act.*

2.2 "facility" means veterinary facility.

2.3 "log" means a separate record for a specific purpose or purposes; the requirement of a log is not met by including information in the clinical or case records required by the regulations,

2.4 "room" means a space enclosed by walls and a ceiling; if an enclosed space is not necessarily required, "area" is used.

Part 3.0 Definitions

Additional Scope of Practice Service (ASPS): standards that apply to a practice based on the scope of services they provide. These are selected by the Facility Director. If an Additional Scope of Practice Standard does not apply to their scope of services, they do not select it for accreditation. If an Additional Scope of Practice Standard does not specifically state the species type, it is assumed that it applies to all species.

Base Unit: A mobile unit has a stationary element called a base unit. The base unit is a space for secure storage of equipment, supplies, pharmaceuticals, and medical records for the mobile unit. The space may be in a hospital, office, a personal residence of the practice owner and/or facility director, or another approved location.

Companion Animal: does not include a horse.

Essential Standards (ES): standards that must be met by all veterinary facilities.

Guidelines: provide guidance to the facility director in how to comply with a requirement. Flexibility can be applied, and alternative approaches must be supported by adequate justification.

Large Animal: includes equine, food-producing animals and livestock.

Laser therapy is a non-invasive procedure that applies low-level lasers or light-emitting diodes to the surface of the body for the promotion of healing and reducing inflammation and pain.

Major Surgery: means surgery, (a) in which bone, viscera or an extensive area of subcutaneous tissue is exposed, or (b) the failure of which would endanger the life or organ function of the animal.

Requirement: a statement indicating what a facility must have in order to meet the standard.

Specialist: is a veterinarian who has been granted a specialty designation by an organization structured and recognized for that specific purpose. A specialty requires completion of additional training in a specific area of veterinary medicine and successful completion of an examination that evaluates and confirms knowledge and skills in that specialty.

Surgical Mobile for Companion Animals: has a base unit, a mobile unit and a remote unit. The remote unit is a stationary element that is used for performing certain major surgical procedures with anesthesia (e.g. spays and neuters) on multiple companion animals in the same space and it can change locations to provide services in different communities in the province.

Team member: includes veterinarians, registered veterinary technicians, veterinary assistants, and administrative staff involved in providing veterinary care at or from the facility.

Veterinary Facility: means a building, land or vehicle or any combination of them used or intended to be used as a place in or from which to engage in the practice of veterinary medicine.

ESSENTIAL STANDARDS

1. FACILITY SERVICES AND EQUIPMENT

Objective: The maintenance of facility services and equipment are activities which include keeping the facility and its equipment in proper operating condition in a routine, scheduled or anticipated fashion so that they can be effectively used for their intended purposes.

Practices are responsible for facility maintenance including cleaning, sterilization, inspection and storage of equipment. They will ensure that the facilities are able to safely and comfortably accommodate any team member, clientele and animals that are present, and have the necessary facilities and equipment to provide the veterinary services commensurate with their scope of practice and species that receive veterinary care.

A. FACILITY STRUCTURE – applies to hospital and office only

Requirements:

1. When consultations are carried out at the practice there is a self-contained reception area of adequate size. The reception area cannot be within an examination room. The reception area is entered directly from outside of the facility and contains sufficient seating for the reasonably expected number of clients.

2. The practice contains a washroom that can be used by clients which is clean and orderly. The washroom sink is only used for the purpose of hand washing.

    GUIDELINES:
    a) *Public and team members can share washroom facilities.*
    b) *If building a brand-new facility or renovating, consideration must be given to municipal building code requirements and provincial legislation, i.e. accessibility.*
    c) *The washroom should not be used for the purposes of storage of items not associated with washroom facilities. For example, filing cabinets, food, dirty laundry or clean linens/scrubs. This may present a risk to medical record security, confidentiality or biosecurity.*
    d) *Laundry facilities such as a washer/dryer in the washroom is acceptable where there is proper handling of dirty laundry.*

3. All areas inside and outside of the facility appear clean, orderly (uncluttered), in good repair and free of hazards to team members, clientele and patients.

    GUIDELINES:
    a) *There is adequate exterior lighting for entrances, walkways and parking areas.*
    b) *The facility is free of impediments and obstructions to traffic flow.*
    c) *The facility has adequate ventilation and is free of offensive odours.*
    d) *The furniture in the reception area is clean and in good repair.*

e) *The floors and walls in confinement areas need to be thoroughly cleaned and easily sanitized. Use of non-slip materials would be recommended to prevent slippage and injury, such as rubber floor mats.*
f) *Examination room floors are to be fluid-impervious and able to be thoroughly cleaned and sanitized.*
g) *Unsealed concrete is not acceptable.*

4. The practice has adequate humidity and temperature control to assure the comfort of team members, clientele and patients.

5. Lighting in all rooms (includes hallways, reception area, examination and surgical rooms) is adequate and functional for the purposes for which the room is to be used.

6. Examination surfaces are large enough for the expected size of animal and made of fluid impervious materials suitable for thorough cleaning and sanitizing.

GUIDELINES:
a) *Depending upon the size and species of animals that receive veterinary care, the examination surface may be an examination table or floor.*
b) *Unsealed concrete is not acceptable.*

7. Treatment/examination rooms are large enough to accommodate readily a veterinarian, an animal, a client and if necessary, at least one team member and the required equipment.

8. Each examination room has a sink located in or convenient to it, to facilitate hand washing between patients.

GUIDELINES:
a) *Alternatively, appropriate materials and supplies for cleaning and sanitizing hands are available and conveniently located. For example, wet wipes or hand sanitizer.*

9. Each treatment area contains a drained sink with hot and cold running water. The sink is not to be used to clean dishes used for food for human or animal consumption.

10. There is adequate space for storage of drugs, equipment, cleaning materials, food supplies, medical records, etc., appropriate for the scope of practice and species.

B. FACILITY STRUCTURE – applies to the base unit of mobile practices

A mobile unit has a stationary element called a base unit. The base unit is a space for secure storage of equipment, supplies, pharmaceuticals, and medical records for the mobile unit. The space may be in a hospital, office, a personal residence of the practice owner and/or facility director, or another approved location.

Requirements:

1. The base unit has adequate space for storage of drugs, equipment, cleaning materials, food supplies, medical records, etc. appropriate for the species and scope of practice.

2. Lighting in the base unit is adequate and functional.
3. The base unit has adequate humidity and temperature control.
4. All areas inside and outside of the base unit appear clean, orderly (uncluttered), in good repair and free of hazards.

GUIDELINES:

a) There is adequate exterior lighting for entrances, walkways and parking areas.
b) The base unit is free of impediments and obstructions to traffic flow.
c) The base unit has adequate ventilation and is free of offensive odours.

C. FACILITY EQUIPMENT

Objective: The veterinarian must be able to perform a general physical examination of patients that are treated at the practice.

Requirement:

1. Equipment appropriate for the physical examination of the range of species treated at the practice is available.

GUIDELINES:

Companion animal equipment may include:

- *Stethoscope*
- *Thermometer*
- *Disinfectant and alcohol*
- *Examination gloves*
- *Lubricant*
- *Examination light*
- *Ophthalmoscope*
- *Otoscope*
- *Weight scale*
- *Magnification source (for example, magnifying glass, head loops)*

Food-producing animal and Livestock equipment may include:

- *Stethoscope*
- *Thermometer*
- *Disinfectant and alcohol*
- *Examination gloves*
- *Lubricant*
- *Examination light*
- *Hoof knife*
- *Oral speculum*
- *Frick speculum*

Equine equipment may include:

- *Stethoscope*
- *Thermometer*
- *Disinfectant and alcohol*
- *Examination gloves*
- *Lubricant*
- *Examination light*
- *Hoof knife*
- *Hoof tester*

Poultry equipment may include:

- *Stethoscope*
- *Disinfectant and alcohol*
- *Examination gloves*
- *Lubricant*
- *Examination light*

Aquaculture and apiculture equipment may include:

- *Examination gloves*
- *Examination light*

D. ANIMAL RESTRAINT

Objective: There must be adequate equipment to enable restraint of animals under normal circumstances sufficient for a general physical examination and where applicable, administration of treatments, commensurate with the scope of practice.

Requirement:

1. Adequate and humane animal restraint measures are in place to protect team members and animals.

   GUIDELINES:

   a) *There may be policies and procedures in place outlining animal restraint measures to ensure animal and human safety and humane handling, inclusive of a provision for team members to refuse to handle and restrain patients (only handle and restrain if it is safe to do so).*
   b) *Team members can describe to the inspector how this is met. For example, restraint equipment, sedation, etc.*

E. FACILITY SUPPLIES

Objective: There must be sufficient supplies and equipment to support routine treatment procedures commensurate with the scope of practice. Practices that have a mobile and self-standing component (hospital or office) may share equipment and supplies between the facilities provided patient needs can be met in a timely manner.

Requirement:

1. Equipment and supplies appropriate for the procedures used to treat the range of species at the practice are available.

GUIDELINES:

Companion animal supplies may include:

- *Clippers and/or razor or equivalent for hair removal from the patient*
- *Vacuum cleaner or equivalent method for removing hair effectively*
- *Preparations for cleansing skin and other tissues, including a skin cleaning solvent and an antiseptic skin preparation solution*
- *Sterile intravenous administration sets*
- *Sterile intravenous catheters*
- *Sterile needles and syringes*
- *Sterile gauze sponges*
- *Sterile gloves*
- *Stomach tubes appropriate to the species treated*
- *Mobile light source*

Food-producing animal and Livestock supplies may include:

- *Clippers and/or razor or equivalent for hair removal from the patient*
- *Preparations for cleansing skin and other tissues, including a skin cleaning solvent and an antiseptic skin preparation solution*
- *Sterile intravenous administration sets*
- *Sterile intravenous catheters*
- *Sterile needles and syringes*
- *Sterile gauze sponges*
- *Sterile gloves*
- *Stomach tubes appropriate to the species treated*
- *Mobile light source*
- *Trocar and cannula*

Equine supplies may include:

- *Clippers and/or razor or equivalent for hair removal from the patient*
- *Preparations for cleansing skin and other tissues, including a skin cleaning solvent and an antiseptic skin preparation solution*
- *Sterile intravenous administration sets*
- *Sterile intravenous catheters*
- *Sterile needles and syringes*
- *Sterile gauze sponges*
- *Sterile gloves*
- *Stomach tubes appropriate to the species treated*
- *Mobile light source*

Poultry and Aquaculture supplies may include:

- *Sterile needles and syringes*
- *Sterile gauze sponges*

- *Sterile gloves*
- *Mobile light source*

Apiculture supply may include:

- *Mobile light source*

2. MEDICAL RECORDS

Objective: The complete medical record is a compilation of all information that pertains to the care of an animal or a group of animals and documents the management of a case. It is a legal document that represents the veterinarian's thought process, decisions, judgement, actions and interactions with others (clients, colleagues, other caregivers, and service providers such as specialists and laboratories), each of which has an impact on patient outcome.

The medical record is also a communication tool which facilitates the continuity of care for animals both within and between veterinary team members. A quality record is fundamental to quality practice.

The Professional Practice Standard: Medical Records applies to all veterinarians and all medical record systems (e.g., electronic, paper or a combination of both).

The medical record requirements are based on Ontario Regulation 1093 under the *Veterinarians Act*.

A. REQUIREMENTS FOR ELECTRONIC MEDICAL RECORDS

Requirements:

1. The electronic computer system includes a password and other reasonable methods of protecting against unauthorized (internal and external) access.

    GUIDELINES:
    a) *Computer terminals have data security systems to ensure information security, such as a password protection, encryption or a timed log out system. It is imperative to protect electronic medical records from unauthorized outside access by practicing safe password management.*
    b) *Passwords are secure and changed on a regular basis.*
    c) *If a client portal is being used, ensure that security is in place to protect client/patient confidential medical information.*

2. The electronic computer system automatically backs up files and allows the recovery of backed-up files or otherwise provides reasonable protection against loss or damage to and inaccessibility of information.

    GUIDELINES:
    a) *Back up process can be automatic or manual. At a minimum, the data of the medical record is backed up within 24 hours of the data entry.*
    b) *Be aware of cybersecurity risks and how to prevent them.*

3. The electronic computer system has a secure method that permits only the member to apply an electronic signature to a document that is issued electronically and must be signed by the member.

4. The electronic computer system provides a visual display of recorded information for each animal in chronological order.

5. The electronic computer system provides a means of access to the record of each animal by its name or other unique identifier.

6. The electronic computer system is capable of printing the recorded information promptly.

7. The electronic computer system maintains an audit trail which must be in chronological order.

    GUIDELINES:
    a) *The audit trail provides documentary evidence of the sequence of activities related to a set of records, including original entries where changes to the record were made.*
    b) *There is a system in place to ensure that any changes made to the original record can be readily identified and prevents fraudulent activity.*
    c) *Some systems have an on/off feature for preserving the original content of electronic records.*
    d) *Other systems have a time-out feature or locking feature – this feature can be set so the system will time-out after a period of inactivity. The veterinarian must then sign back into the system to make the next entry.*
    e) *If a software system does not have auditing capabilities, then a correction to the record can be documented as an addendum with the date of the change, the initials/name of the person making the change, reference to the entry being modified and notation explaining the reason for the change.*
    f) *While some systems maintain an audit trail external to the main record, it is still considered part of the record. When making copies of electronic records, the audit trail must be accessible and capable of being printed.*

8. Peripheral, handheld and wireless computing devices containing medical record information are maintained with similar data security as the main server.

    GUIDELINE:
    a) *All data contained in peripheral, handheld and wireless computing devices (laptops, wireless devices) is secured using methods such as password protection, encryption or restrictions on leaving the premises.*

B. UNIVERSAL MEDICAL RECORDS REQUIREMENTS

Requirements:

1. Records are kept in a systematic manner. There must be an established system of medical record keeping within the practice.

2. Medical records must be legible if handwritten.

3. When appropriate, standard abbreviations are utilized.

    GUIDELINE:
    a) *If non-standard abbreviations are being used, then a list is available and can be provided when a copy of the medical record is transferred.*

4. Medical records are retained for a period of at least five (5) years after the date of the last entry in the record.

    GUIDELINE:
    a) *New practices are not able to demonstrate this until a practice is open for five (5) years and should be aware of the length of time records are to be kept.*

5. The author of all medical record entries must be identified.

    GUIDELINE:
    a) *The practice may use unique identification numbers, initials, full name, etc. to identify the veterinarian or team member making record entries.*

6. The fees and charges showing separately those for drugs and those for advice or other services.

    GUIDELINES:
    a) *This information is most often recorded on invoices as an itemized list of drugs and services that were provided. Other areas in the record where this information may be found are on treatment estimates or directly in the progress notes. As long as it is documented in one of these areas, it would meet this requirement.*
    b) *If a practice chooses not to list all drugs separately on the invoice, then they need to document fees for drugs elsewhere in the record.*

7. Documentation of informed consent is evident and appropriate for the recommended services.

    GUIDELINES:
    a) *There can be a record entry of verbal discussion or consent forms are used.*
    b) *Written consent for surgery and high-risk procedures is recommended (written consent for surgery for companion animals is a legislative requirement; not a legislative requirement for large animals but is suggested for all species).*

C. CONTENT OF MEDICAL RECORDS FOR COMPANION ANIMAL

Requirements:

1. The medical record contains the date of each time the animal is seen.

2. Patient information is properly identified. The following information is recorded accurately on each patient's medical record:
    a) Animal identification (patient name or unique identifier)
    b) Species
    c) Breed
    d) Color and/or markings
    e) Age
    f) Sex

3. The client's name, address and telephone numbers are recorded within each patient's medical record.

    GUIDELINES:
    a) It is acceptable to use a phone number and an email address in the patient's medical record.
    b) If a client does not have a telephone number, this should be documented in the record.

4. If the client is likely to be absent from their address while the animal is confined at the practice, the name, address and telephone number of a person to be contacted in case of an emergency is documented.

    GUIDELINES:
    a) This may be found on the client registration form or on consent forms and should be updated regularly and as needed.
    b) This can be marked as N/A where a case does not require emergency contact information because the patient is not confined at the practice. Therefore this will not apply for a mobile or for some limited scopes where the patient is never confined at the practice.
    c) There may be situations when a client does not have an emergency contact or alternative person to be contacted available. This needs to be documented in the medical record.

5. A history of the animal's health.

    GUIDELINE:
    a) A medical history includes:
        i. A description of the presenting complaint or reason for visit;
        ii. A description of general health history/body system review;
        iii. Vaccine history (vaccine record).

6. Particulars of each assessment including physical examination data.

    GUIDELINES:
    a) Physical exam findings are written out or contained in a template or protocol.
    b) Animal's weight is recorded at each visit.
    c) If a system is not examined this is recorded.

7. Particulars of each assessment, including any diagnostic investigations, performed or ordered by the veterinarian and the results of each assessment.

   GUIDELINE:
   a) *Diagnostic investigations – diagnostic tests and laboratory tests are present.*

8. An assessment of the animal is documented.

   GUIDELINE:
   a) *An assessment includes:*
      - *A problem list*
      - *Differential diagnoses*
      - *Diagnostic test result interpretation, and*
      - *Tentative or final diagnosis*

9. A copy of all reports prepared by the veterinarian in respect of the animal.

   GUIDELINES:
   a) *Specialist consultation reports are either summarized in the patient's medical record or the specialists report is present.*
   b) *Certificate of rabies immunization or a statement of exemption contains the required information as per HIPPA Reg. 567 and a copy retained in the record. This is part of the animal's medical record.*

10. Lab samples, animal remains, etc. have a means of patient identification (i.e. name of patient, and client's last name or patient ID number).

11. The vaccination history is part of the medical record and is easily retrievable.

    GUIDELINE:
    a) *It is evident that the vaccine history is documented either in a cumulative patient profile or in the patient's medical record entries. This should include vaccine type and date administered. It may be recorded in vaccine certificates.*

12. Records of treatment, both medical and surgical, reflect all procedures performed.

    GUIDELINES:
    a) *A complete record of all written prescriptions and drugs that the veterinarian has prescribed or dispensed or administered.*
    b) *Drugs administered - name, strength, dose and route of drug administered is recorded*
    c) *Drugs dispensed or prescribed – name, strength, quantity, dose and directions for use (including route) of drugs dispensed or prescribed is recorded.*
    d) *Surgical treatment details are recorded (in progress notes or a protocol) and include the approach used, findings and type of surgery.*

13. Professional advice and client communication is adequately documented.

    GUIDELINES:
    a) *Information is documented related to advice and client communication. This minimizes the risk of miscommunication and enhances continuity of care.*
    b) *Documented in the medical record there is indication of when and to whom advice was given if other than to the client.*

D. CONTENT OF MEDICAL RECORDS FOR LARGE ANIMAL

Requirements:

1. The medical record contains the date of each service.

2. Patient information is properly identified: Individual or herd identification, including breed and sex.

    GUIDELINE:
    a) If individual advice or care is given, at least one of the animal's name, the animal's tattoo or ear-tag number or the animal's color, markings or other distinguishing physical features is documented.

3. The client's name, address and telephone number(s) are recorded within each patient's medical record.

    GUIDELINES:
    a) *It is acceptable to use a phone number and an email address in the patient's medical record.*
    b) *If a client does not have a telephone number, this should be documented in the record.*

4. The name and telephone number of a person to be contacted in the absence of the client.

    GUIDELINES:
    a) *Contact information for an authorized agent who can make medical and financial decisions on the client's behalf if they are absent or not reachable. This information may be found on the client registration form or on a consent form.*
    b) *Large animal – this can be a trainer (equine) or another designated person.*
    c) *There may be situations when the client does not have an alternate person to be contacted available. This should be documented.*
    d) *In mobile practice, it is common for a family member or farm employee to be present to assist the veterinarian.*

5. A history of presenting complaint or reason for visit is documented.

6. Particulars of each assessment, including any laboratory investigations performed or ordered by the veterinarian and the results of each assessment.

    GUIDELINES:
    a) *If individual animal, physical examination data is documented (in progress notes, template, or protocol).*
    b) *Presence of diagnostic tests and laboratory results.*
    c) *If a herd or group of animals is assessed, there is documentation of the particulars of that assessment, e.g., may include individual animal physical examinations on a representative sample of the group, inquiry about management practices, husbandry, diagnostic test results on a subset of animals, etc.*

7. A copy of any report prepared by the veterinarian in respect of the individual or herd.

    GUIDELINES:
    a) *If applicable, specialist consultation reports are summarized in the medical record or the specialist's report is present.*
    b) *When applicable, certificate of rabies immunization or a statement of exemption as per HPPA Reg. 567 and a copy retained in the record.*

8. Lab samples, animal remains, etc. have a means of patient identification (i.e. individual animal identification and client's last name).

    GUIDELINE:
    a) *For example, animal's name, the animal's tattoo or ear-tag number.*

9. A complete record of all written prescriptions and drugs that the veterinarian has prescribed or dispensed, including withholding times.

    GUIDELINES:
    a) *Drug administered – name, strength, dose and route of drug administered is recorded.*
    b) *Drugs dispensed or prescribed – name, strength, quantity, dose and directions for use (including route) of drugs dispensed or prescribed is recorded.*

10. Professional advice and client communication is adequately documented.

    GUIDELINE:
    a) *Information is documented related to advice and client communication. This minimizes the risk of miscommunication and enhances continuity of care.*

E. CONTENT OF MEDICAL RECORDS FOR POULTRY

Requirements:

1. The medical record contains the date of each service.

2. Patient information is properly identified. The following information is recorded accurately in the medical record:
    - Bird or flock identification, or both – flock or patient name or unique identifier
    - Species and type

3. The client's name, address and telephone number(s) are recorded within each patient's medical record.

    GUIDELINES:
    a) *It is acceptable to use a phone number and an email address in the patient's medical record.*
    b) *If a client does not have a telephone number, this should be documented in the record.*

4. The name and telephone number of a person to be contacted in the absence of the client.

    GUIDELINE:
    a) *Contact information for an authorized agent who can make medical and financial decisions on the client's behalf if they are absent or not reachable. This information may be found on the client registration form or on a consent form.*

5. A history of presenting complaint or reason for visit is documented.

6. Particulars of each assessment, including any laboratory investigations performed or ordered by the veterinarian and the results of each assessment.

    GUIDELINES:
    a) *If individual animal, physical examination data is documented (in progress notes, template, or protocol).*
    b) *Presence of diagnostic tests and laboratory results.*

7. A copy of any report prepared by the veterinarian in respect of the bird or flock.

    GUIDELINE:
    a) *If applicable, specialist consultation reports are summarized in the medical record or the specialist's report is present.*

8. Lab samples, animal remains, etc. have a means of patient identification (i.e. bird or flock identification and client's last name).

9. A complete record of all written prescriptions and drugs that the veterinarian has prescribed or dispensed, including withholding times.

    GUIDELINES:
    a) *Drug administered – name, strength, dose and route of drug administered is recorded.*
    b) *Drugs dispensed or prescribed – name, strength, quantity, dose and directions for use (including route) of drugs dispensed or prescribed is recorded.*

10. Professional advice and client communication is adequately documented.

    GUIDELINE:

    a) *Information is documented related to advice and client communication. This minimizes the risk of miscommunication and enhances continuity of care.*

3. SAFETY MANAGEMENT

Objective: All practices are responsible for protecting the health and safety of team members, the public and animals from exposure to hazards and risks.

Each veterinary practice should identify risks and hazards and plan specific responses for each scenario. Planning for these situations is recommended for the safety of team members, patients and the public as well as ensuring ongoing patient care. Each practice has legal obligations to meet at the municipal, provincial and federal level.

The intention of the Safety Management standards is not to replace the Occupational Health and Safety Act (OHSA) which is Ontario's cornerstone legislation for workplace health and safety. These standards are to ensure the public that practices are upholding their responsibility to workplace safety for all who interact with the practice. Other contributing legislation includes Fair Workplaces and Better Jobs Act, as well as the Workplace Safety and Insurance Act (WSIA), Part II which deals with the prevention of occupational injury and disease and the Human Rights Code, which often has to be considered in dealing with OHSA issues.

Requirements:

1. The practice is expected to comply with federal, provincial and municipal legislation regarding workplace safety.

    GUIDELINES:
    - *a) Demonstrate access to Workplace Hazardous Materials Information System (WHMIS), Occupational Health and Safety Act (OHSA), Workplace Safety and Insurance Act (WSIA), Human Rights Code (HRC), Accessibility for Ontarians with Disabilities Act (AODA).*
    - *b) The practice may have a resource manual containing this information or virtual access.*
    - *c) Exposure to hazards is identified for team members and policies and procedures are in place to manage these in accordance with OHSA. The facility director should be aware of what is required based on the number of workers employed at the facility.*
    - *d) For example, work-related hazards may include hazardous chemicals, anesthetic gases, compressed gases, injury due to animal handling, safety related to sharps handling and rabies exposure, etc.*

2. The practice has a written emergency preparedness plan including fire safety management.

    GUIDELINES:
    - *a) The emergency preparedness plan for hospitals and offices includes:*
        - *i. An evacuation plan for people and animals.*
        - *ii. An assembly or meeting place so that everyone can be accounted for.*
        - *iii. Emergency contacts.*
        - *iv. Location of gas shut off, oxygen tanks and electrical breakers (the fire department may ask for this information).*

v. *Options for containment of patients once evacuated.*
vi. *Smoke detectors and fire extinguishers are accessible and properly maintained.*

b) *Emergency phone numbers including fire, hospital (human), police and poison control center are posted in a readily accessible location.*

3. Adequate emergency lighting exists.

GUIDELINES:

a) *A source of back-up lighting and power in the case of emergency or lengthy power outages is available.*
b) *Battery operated lights or alternative power sources are maintained.*
c) *Lighting should be sufficient to complete tasks if necessary.*

4. Security management is in place to prevent theft, including any drugs.

GUIDELINE:

a) *Opening and closing procedures, cash handling, controlled drug storage, and/or alarm system procedures are in place.*

4. PROFESSIONAL REFERENCE SOURCES

Objective: The Professional Reference Sources must be relevant to both the scope of practice conducted at the practice, and the species of animal that are cared for by the practice. Veterinarians and team members at the practice must have prompt access to current, relevant and peer-reviewed medical information.

The information can be in the form of printed material, electronic storage format or via the internet. It is recommended that in the case of an electrical outage, the facility still has access to resource materials as necessary.

Requirement:

1. At the time of inspection, members should be able to demonstrate the ability to access current scientific literature relevant to their scope of practice. (i.e. the species they treat and the services they provide).

    GUIDELINES:

    a) The professional reference sources may include:
        i. Appropriate textbooks
        ii. Subscription to professional journals
        iii. Written or electronic proceedings from conferences or lectures.
        iv. Other printed materials appropriate to the scope of practice and species.
        v. Peer-approved, reliable on-line veterinary sources, such as Veterinary Information Network (VIN).

    b) Audio visual and computer-based reference material may also be available.

    c) All reference materials are updated as new, updated resources permit or become available.

5. PROFESSIONAL PRACTICE

Objective: Veterinary medicine is a provincially regulated, self-governing profession. This privilege comes with significant commitment to protecting the public interest. As members of a self-regulated profession who serve the public and society, veterinarians earn and maintain the public trust through engagement in principle-guided ethical practice. Veterinarians hold themselves, their colleagues, and their profession to a high standard of ethical conduct, reflecting the core values and principles of the profession. The College and the public have the reasonable expectation that the care and service provided by veterinarians reflects these values.

Every veterinary practice is operated in accordance with the Veterinarians Act, the regulations and the facility standards established by the Council under section 8 of the Act. (O.Reg.1093 section 10(c)(i)).

The role of a facility director for the purposes of facility accreditation is an important one. To assist in understanding the role and responsibilities, the Policy Statement – Facility Director - Accreditation has been developed to clarify the obligations and responsibilities of a facility director with respect to ensuring that an accredited veterinary facility is operating in accordance with the Veterinarians Act, its Regulations, and facility standards as established by the Council under section 8 of the Act.

Requirements:

1. The practice has, and appears to have, the practice of veterinary medicine as its primary purpose.

   GUIDELINES:
   - *a) The rationale for this requirement is to ensure that it is clear to the public that the practice of veterinary medicine is the primary purpose of the facility.*
   - *b) The facility does not present to the public that it is operated in connection with another business enterprise.*
   - *c) The facility may not be located within another business enterprise. For example, a facility may not operate out of a pet store.*
   - *d) Some exemptions may apply if veterinary services are performed in accordance with O. Reg. 1093 Section 43. This would be determined prior to inspection. For example, poultry veterinarians employed at a hatchery, practices within a University or College.*

2. The practice is separate and distinct from any other business enterprise.

   GUIDELINES:
   - *a) It is self- contained and has a solid permanent wall between it and an adjacent business.*
   - *b) Sharing arrangements with another veterinary practice under a different name should ensure it is clear to the public that the facilities are distinct from one another to prevent confusion.*
   - *c) It has a separate and distinct entrance directly from the street or, if the facility is in a building containing more than one business, i.e. plaza, directly from a*

common lobby, hallway or mall. There is no direct public access to a commercial establishment.

d) *The provision of ancillary services is permitted at the practice, such as boarding or grooming, which are secondary to the professional services provided. As an example of what is not permitted is the renting or leasing of space within the practice to a provider of ancillary service, such as a groomer.*
e) *Some exemptions may apply if veterinary services are performed in accordance with O. Reg. 1093 Section 43. This would be determined prior to inspection. For example, poultry veterinarians employed at a hatchery, practices within a University or College.*

3. The name of the facility is in accordance with the College's advertising regulations. There are no facility naming rules; however, the facility name must comply with the advertising regulations.

4. Veterinarians who are veterinary practice owners will hold a general licence. If the veterinarian owner has a restriction on their licence, the conditions of the certificate of accreditation are consistent with the restriction, if applicable. Veterinarians with a restricted licence with direct or indirect supervision are not permitted to own a practice.

GUIDELINE:

a) *For example, a veterinarian with a license restricted to poultry would only be able to apply for a poultry service facility.*

5. There is evidence that communication to the public clearly confirms the scope of services and species that are offered at the facility. Any changes to the scope of services and/or species must be reported to the College immediately.

GUIDELINES:

a) *This information can be disseminated through a website, signage and social media.*
b) *Veterinarians may advertise the professional services provided from the facility in accordance with the College's advertising regulations.*

6. The certificate of accreditation must be displayed in a location visible to the public within the practice. The name of the facility director and their contact information are clearly and publicly displayed at the veterinary facility.

7. There is evidence of an arrangement for clients to receive medically necessary services in a prompt fashion outside of regular hours (otherwise known as after-hours care) and that clients are informed of this arrangement.

GUIDELINES:

a) *There may be a procedure or protocol that outlines how this responsibility is met.*
b) *Information is provided on a website, signage, or phone message.*
c) *A licensed veterinarian is responsible for providing reasonably prompt services outside of regular practice hours if the services are medically necessary for animals that they have recently treated or that they treat*

regularly. The services may be provided by the licensed veterinarian, their associate(s), or by referral to another licensed veterinarian who has agreed to cover the referring licensed veterinarian's practice.

d) *A veterinarian meets their obligation to provide after-hours services in a number of ways.*
e) *If another practice has agreed to see patients after hours, a written agreement between different facilities is not required, but both parties should agree to the arrangement.*
f) *Veterinarians with a limited scope or who see clients by referral from the primary care veterinarian are responsible for providing after-hours care related to their scope of services.*
g) *When establishing the VCPR, it should be clear what scope of services are provided and the services that are not provided to obtain informed client consent.*
h) *For example, a veterinarian providing rehabilitation services by referral from the primary veterinarian has an arrangement for clients to contact their primary veterinarian for after-hours care related to the rehab services. The primary veterinarian has agreed to this arrangement.*
i) *See the College's After-Hours Care policy on website.*

6. PHARMACEUTICAL MANAGEMENT

Objective: Veterinarians are authorized to prescribe, dispense, and administer pharmaceutical products, including medication and drugs. These products must be handled responsibly and in compliance with provincial and federal legislation. It is essential that such products are safe, effective, and are prescribed and used rationally.

Veterinarians are authorized to prescribe, dispense and administer controlled drugs and narcotics. With that authority comes the responsibility to mitigate the risk of inappropriate or illegal access to controlled drugs. This responsibility includes the overall management of any controlled drugs used in a veterinary practice, including disposal.

The College's Professional Practice Standard: Management and Disposal of Controlled Drugs applies to all veterinarians who prescribe, dispense or administer controlled drugs.

Requirements:

1. Access to pharmaceuticals is restricted to authorized individuals. If controlled substances are used, reasonable or necessary steps are taken to keep controlled substances secure. Access is restricted in a manner that prevents theft or misuse.

    GUIDELINES:
    - *a) No public access, only team members authorized by the veterinarian have access to drugs.*
    - *b) Controlled substances are stored in a separate lockable area with limited authorized access. Examples of lockable items would be a safe, locked cabinet, locked fridge.*
    - *c) When controlled drugs are transported in a mobile, they are stored in a locked container. A veterinarian working from a mobile is encouraged to be aware of the need for additional security.*
    - *d) For mobile practices, there is a separate lockable area in the base unit to store controlled substances.*

2. Maintains a record keeping system for inventory management of all medication that includes regular audits. If controlled drugs are used, proper logs and inventory management is expected to follow provincial and federal legislation. A current verifiable monthly inventory of controlled drugs is required (a controlled drug audit is performed every 21 to 31 days).

    GUIDELINES:
    - *a) If a controlled substance is dispensed or administered then the following information is logged;*
        - *i. The date it was administered or dispensed,*
        - *ii. Patient name or ID*
        - *iii. The name and address of the client,*
        - *iv. The name, strength and quantity of the controlled substance dispensed or administered, and*

v. *The quantity of the controlled substance remaining in the inventory after the controlled substance is dispensed or administered*

b) *A suggestion to ensure a current, verifiable monthly inventory of controlled drugs is to pre-schedule it each month to account for staff availability(i.e. vacation). May also consider doing random spot checks for higher risk drugs with street value.*
c) *Consider more frequent "reconciliations" depending on a number of factors in your practice:*
    i. *Volume dispensed*
    ii. *Number of team members with access to the inventory*
    iii. *Previous security issues*
    iv. *Change of ownership, facility director, or unexpected staffing changes*
    v. *The security of drugs may have been compromised*
d) *Regular audits of non-controlled drug inventory should be at least once a year. There should be evidence of audits taking place and any discrepancies* reconciled.

3. The medication storage system ensures that all medications are easily located and properly identified at all times.

    GUIDELINES:
    a) *Suggestion for organization systems include alphabetical, by usage or type.*
    b) *Secondary containers for the storage of drugs within the facility have labels containing the name, strength where applicable, lot number and expiry date of the drug.*

4. Proper storage and handling of medication is evident to ensure the integrity and efficacy of the medication and adheres to the manufacturer's recommendations.

    GUIDELINES:
    a) *Storage at the proper temperature, with safeguards in place to ensure there are no fluctuations in temperature that will interfere with the integrity of the product.*
    b) *Refrigeration includes the ability to measure the temperature regularly. A thermometer in the fridge is recommended but is not a requirement.*
    c) *The pharmacy area should be designed, constructed and maintained in order to ensure the integrity and the safety and appropriate storage of all drugs and medications; including the proper condition of sanitation, temperature, light, humidity, ventilation, segregation and security.*
    d) *Mobiles have appropriate mechanism for keeping pharmaceuticals stored at the proper temperature such as a cooler with ice packs or a refrigerator.*

5. Handling, administering and dispensing of medications ensures cross-contamination or adulteration is prevented and ensures the safety of the team member handling or administering the medication if applicable.

    GUIDELINES:
    a) *Handling of medications is in conjunction with manufacturer's instructions.*
    b) *Team members and clients are alerted to any hazardous medications.*

c) *Hazardous medications are clearly identified and handled appropriately according to manufacturer's instructions.*

6. There is evidence of access to at least one (1) current written or electronic veterinary pharmaceutical reference that is specific to the species and the scope of practice.

7. Expired, damaged or contaminated drugs are identified and kept separate from regular inventory until safely disposed of.

   GUIDELINES:
   a) *Expiry dates of all drugs are recorded to ensure that expired drugs are never dispensed or administered to patients.*
   b) *Prompt disposal using a documented system of disposal will prevent the accumulation of expired, damaged or contaminated drugs. This includes injectable drugs where there is drug remaining in the syringe after administration that was not used.*

8. Safe disposal of expired, unusable, damaged or contaminated drugs is expected to be done in accordance with federal regulations and any environmental requirements set out by federal, provincial and/or municipal jurisdictions.

   GUIDELINE:
   a) *Evidence that a system for safe disposal is in place, e.g., Stericycle, local pharmacy, municipal hazardous waste drop off.*

7. BIOSECURITY AND BIOMEDICAL WASTE MANAGEMENT

Objective: The reduction of risk, prevention, or control of infections or potentially infectious agents within the facility is important for the delivery of good veterinary care and for the protection of team members, clientele, animals and the public.

The public is assured that there are safeguards in place to reduce the risk of exposure to infectious agents to them and their animals with respect to the facility. There are preventive measures in place to ensure that all team members working in or from the facility are protected from exposure to infectious agents.

The facility maintains and adheres to appropriate and adequate infection control procedures.

Requirements:

1. The practice has a written policy for dealing with infectious and zoonotic cases, as well as overall infection control, such that team members are aware of said policy.

    GUIDELINE:
    - *a) The written policy may include;*
        - *i. Effective containment of contagious diseases throughout the facility. For example: a policy which outlines how patients are identified, how team members deal with potentially contagious animals entering the facility, accommodation, etc. The policy sets out how infectious cases are to be dealt with or referred elsewhere.*
        - *ii. Where separate accommodation for isolating hospitalized cases is present (self-contained room or building), the practice complies with the Isolation Facilities standard. Where separate accommodation is not available, the policy sets out procedures for effective isolation and care of infectious cases.*
        - *iii. Measures to regularly audit and record the adherence to infection control policies and procedures. For example, daily, weekly or monthly checklists for team members to use.*
        - *iv. Team member training procedures.*

2. Procedures are in place to minimize cross-infection. Cleaning and disinfection materials must be readily available and used in all areas of the practice. There are routine practices to ensure frequent hand washing to prevent spread of infectious diseases.

    GUIDELINES:
    - *a) Each examination/treatment room and/or mobile has cleaning materials, disinfectant, disposable towels and a waste receptacle.*
    - *b) Appropriate commercial disinfectant with bactericidal, fungicidal and viricidal characteristics is used according to manufacturer's directions to clean surfaces.*

c) *Risk based disinfection of all clinical areas takes place between patients as appropriate – this can include, floor, equipment, hand touch areas such as doors, door handles and keyboards.*
d) *An adequate supply of clean or disposable linens and supplies are available. There is clear separation of clean and contaminated items and protective clothing.*
e) *All soiled linens are contained and covered to prevent spread of contamination.*
f) *Mobiles for on-farm visits – footwear that allows for easy disinfection and/or disposable footwear, washable coveralls, and/or disposable coveralls. Soiled clothing and footwear is separated and cleaned immediately after use or at the first available opportunity.*

3. There is general housekeeping and maintenance to keep the practice clean, well maintained and in good repair. This applies to hospitals, offices, mobiles and their base unit.

   GUIDELINES:
   a) *There may be housekeeping policies and procedures with details on how to keep the practice clean, well maintained and in good repair such as cleaning products and disinfectants used, description of the cleaning or maintenance tasks and frequency of the tasks (daily, weekly and monthly).*
   b) *The practice is free of offensive odors.*
   c) *Team members can explain to the inspector how this is met.*

4. Client and patient areas of the practice are neat, clean and well organized. (N/A – mobiles).

5. Based on the scope of practice, adequate refrigeration or freezer capacity is available. Food requiring cold storage is stored separately from clinical supplies or samples (e.g. pharmaceuticals, lab samples, animal remains) in a manner that prevents cross contamination.

   GUIDELINE:
   a) *Refrigerators and freezers should be clearly labelled/identified for its use. For example, separate refrigerators for human food are marked as such.*

6. The facility contains an adequate number of puncture-proof containers into which needles, scalpel blades and other items capable of penetrating skin are discarded.

   GUIDELINE:
   a) *It is not acceptable to use milk or utility jugs for the disposal of needles, scalpel blades and other items capable of penetrating skin.*

7. Containers are available for the safe storage, transport and/or disposal of hazardous and non-hazardous waste. Waste disposal is conducted according to all applicable municipal, provincial and federal legislation.

    GUIDELINES:
    a) *Under the Environmental Protection Act, veterinary clinics are classified as generators of hazardous waste such as sharps and certain types of pharmaceuticals. (https://rpra.ca/programs/hwp/).*
    b) *It is not acceptable to use milk or utility jugs for the disposal of hazardous and non-hazardous waste.*
    c) *A practice can have a contract with a certified hazardous disposal company to dispose of hazardous waste.*

8. The practice must have disinfection and/or sterilization facilities suitable for the work undertaken. This includes adequate facilities for sterilization, and a recognized method of sterilization must be employed. The sterilization system must be effective in the sterilization of instruments and equipment.

    GUIDELINES:
    a) *Steam sterilization is the most common method used in veterinary medicine. Steam sterilization is used for disinfecting instruments and other surgical items such as gown packs.*
    b) *Cold sterilization is used for material and instruments that cannot be steam sterilized, such as instruments with lenses (endoscopes and arthroscopes) and anesthetic equipment.*

9. Sterile products, instruments, and equipment are available for the work undertaken. All items sterilized in the facility display the date of sterilization and the name or initials of the team member who carried out the sterilization.

    GUIDELINES:
    a) *Re-sterilization is only done when appropriate.*
    b) *Stocked sterile products, instruments, and equipment may include needles, syringes, IV catheters and lines, scalpel blades, gloves, etc.*

ADDITIONAL SCOPE OF PRACTICE SERVICES

1. ANESTHESIA

Objective: Anesthesia services are provided in a manner that is safe, humane and effective for the species of patients that are treated. Measures are taken to ensure the safety of the work environment and exercise proper safeguards in use of anesthetics. Meeting these goals requires adequate and properly maintained equipment, effective biosecurity measures, diligent patient monitoring, safe and humane anesthetic protocols, preparation for emergencies and proper record keeping.

Exposure to waste anesthetic gases (WAG) has proven to have adverse health outcomes for humans. Exposure can be reduced through the use of appropriate administrative policies, work practices and personal protective equipment.

This ASPS is applicable to practices that perform injectable or inhalant anesthesia on animal patients.

Anesthesia performed on companion animals may only be performed in a hospital. An exception is a practice that is accredited to perform certain major surgical procedures with anesthesia (e.g. spays and neuters) on companion animals through a Surgical Mobile for Companion Animals.

A. IN-FACILITY ANESTHESIA FOR ALL SPECIES (HOSPITALS) AND SURGICAL MOBILE FOR COMPANION ANIMALS

A Surgical Mobile for Companion Animals has a base unit, a mobile unit and a remote unit. The remote unit is a stationary element that is used for performing certain major surgical procedures with anesthesia (e.g. spays and neuters) on multiple companion animals in the same space and it can change locations to provide services in different communities in the province.

Requirements:

1. When inhalant anesthetic is used, the practice has a scavenging system for waste anesthetic gases. Efforts are made to prevent exposure of gas anesthetic agents to team members. There is documentation that the gas scavenging system has been inspected and verified by a qualified technician from an independent third-party company within the previous 24 months or within the timeframe recommended by the manufacturer.

   GUIDELINES:
   a) *This is not applicable if the practice does not use inhalant or gas anesthesia.*
   b) *Mask inductions should be avoided.*

2. When inhalant anesthetic is used, the anesthetic equipment is readily available, clean and in good repair. The anesthetic machine must be subject to professional maintenance according to manufacturer’s recommendations.

GUIDELINES:

a) *It is recommended to have the professional maintenance of the anesthetic machine done by a qualified technician once a year.*
b) *Anesthetic equipment may include, but is not limited to the following:*
    i. *An oxygen supply*
    ii. *An anesthetic machine*
    iii. *Scavenging system*
    iv. *Monitoring equipment*

3. Equipment and supplies for the administration of anesthesia is appropriate for the species treated.

GUIDELINE:

a) *Equipment and supplies may include:*
    i. *Antiseptic agents for venipuncture site preparation*
    ii. *New sterile needles and syringes*
    iii. *Anesthetic agents*
    iv. *Appropriate antagonist agents*
    v. *Corneal lubricant*
    vi. *Stethoscope*
    vii. *Intravenous catheters, administration sets and intravenous fluids*
    viii. *Oxygen supply*
    ix. *Intubation assistance devices such as a laryngoscope and appropriate stylettes*
    x. *Endotracheal tubes in appropriate sizes*
    xi. *Non-rebreathing apparatus*
    xii. *Appropriately sized anesthesia tubing and rebreathing bags*
    xiii. *Agents for the induction and maintenance of general anethesia*

4. An oxygen source is available and adequate for the case load. There is a protocol for monitoring the oxygen supply including a back up supply in a case of an emergency.

GUIDELINES:

a) *An example is an oxygen tank.*
b) *An oxygenator would also be suitable for this requirement if appropriate for the species.*

5. When inhalant anesthetic is used, anesthetic circuits suitable for the range of patients routinely treated are provided.

GUIDELINE:

a) *Examples are circle unit, Bain, non-rebreathing circuit.*

6. Anesthetic equipment having direct contact with patients are cleaned and disinfected between patients, where applicable.

GUIDELINES:

a) *For example, laryngoscopes, endotracheal tubes and masks are cleaned in between patients.*
b) *Breathing circuits are cleaned, disinfected and dried immediately after use.*

7. There are suitable number of monitoring devices required for the normal workload. At least one monitoring device is used during a procedure.

   GUIDELINE:

   a) *Examples are stethoscope, pulse oximeter, respiratory monitor, ECG monitor, blood pressure monitor.*

8. Measures are in place to ensure the patient does not experience serious deviations from normal body temperature during anesthesia and recovery.

   GUIDELINES:

   a) *Measures are in place to prevent thermal injury of animals from warming devices.*
   b) *Examples are intermittent or continuous probe measurement, warm water blanket or forced warm air unit.*

9. There must be suitable means of resuscitation.

10. A means of assisting ventilation (either manual or mechanical) is readily available.

11. A range of pre-anesthetic, induction and maintenance agents are stocked to permit safe and humane anesthesia of all patients treated, including high risk patients.

12. The anesthetic record for each anesthetized patient is retained and includes a pre- and post- anesthetic assessment, and frequent and regularly recorded measurements of ventilation, circulation, temperature and oxygenation. This is also referred to as an anesthetic monitoring chart.

    GUIDELINE:

    a) *The anesthetic record contains:*
        i. *Patient/client ID*
        ii. *Date of procedure*
        iii. *Name of surgeon*
        iv. *Identification of team member monitoring and entering data*
        v. *Pre-anesthetic assessment*
        vi. *Name, strength, dose and route of pre-anesthetic and induction agents are recorded*
        vii. *Name, dose or concentration and delivery method of maintenance agent is recorded*
        viii. *ET size and whether it is cuffed or non-cuffed*
        ix. *A time based record of heart rate, respirations and perfusion/blood pressure at minimum is present*
        x. *A record of when anesthetic started and finished is present*
        xi. *Post-anesthetic assessment*

13. Anesthetic logs are maintained separately or in combination with surgical logs. Anesthetic logs provide a quick chronological reference to the anesthetic procedures performed in the practice.

    GUIDELINES:
    a) *Anesthetic logs are investigative tools. They can assist with analyzing and tracking anesthetic practices and patient outcomes.*
    b) *Practices that use anesthetic monitoring charts can maintain the anesthetic/surgical log by compiling patient anesthetic monitoring charts in chronological order.*

14. Informed client consent (verbal or written consent) is documented in the record when performing anesthesia.

B. MOBILE FOR LARGE ANIMAL AMBULATORY ANESTHESIA

This is applicable for equine, food-producing animals and livestock. This ASPS applies when injectable anesthesia is used. (e.g. equine castration, calf umbilical hernia repair, goat dehorning, etc.)

Requirements:

1. Equipment and supplies for the administration of anesthesia is appropriate for the species treated.

    GUIDELINE:
    a) *Equipment and supplies may include:*
        i. *Antiseptic agents for venipuncture site preparation*
        ii. *New sterile needles and syringes*
        iii. *Anesthetic agents*
        iv. *Appropriate antagonist agents*
        v. *Stethoscope*
        vi. *Intravenous catheters, administration sets and intravenous fluids*

2. Anesthetic equipment having direct contact with patients are cleaned and disinfected between patients, where applicable.

3. Measures are in place to ensure the patient does not experience serious deviations from normal body temperature during anesthesia and recovery.

    GUIDELINES:
    a) *Depends on conditions of the environment and environmental temperature.*
    b) *For example, intermittent or continuous probe measurement, blanket.*
    c) *If any warming devices are used, measures are in place to prevent thermal injury of animals.*

4. There are agents for intravenous anesthesia suitable for the species treated.

5. Anesthetic logs are maintained separately or in combination with surgical logs when injectable anesthesia is used for major surgery. Anesthetic logs provide a quick chronological reference to the anesthetic procedures performed in the practice.

   GUIDELINES:

   a) *Anesthetic logs are investigative tools. They can assist with analyzing and tracking anesthetic practices and patient outcomes.*
   b) *Practices that use anesthetic monitoring charts can maintain the anesthetic/surgical log by compiling patient anesthetic monitoring charts in chronological order.*

6. Informed client consent (verbal or written consent) is documented in the record when performing anesthesia.

2. CHEMOTHERAPY

Objective: When using chemotherapeutic drugs, procedures are in place that protect the safety of team members and the public.

Chemotherapeutics or antineoplastic drugs can be hazardous and can potentially result in specific health effects in workers.

Suitable separate facilities must be provided for safe storage and use of these drugs.
The facility must have a protocol for control and accountability of chemotherapeutics and disposal of unused drugs, chemicals, biologics and contaminated equipment.
The most common chemotherapy drugs used in cancer treatment are:

- Carboplatin
- Cyclophosphamide
- Doxorubicin
- L-asparaginase
- Lomustine
- Vincristine

Requirements:

1. The practice has a written protocol for proper transport, storage, administration and disposal of chemotherapeutic agents.

    GUIDELINE:
    - *a) The written protocol may contain:*
        - *i. Clear identification of chemotherapeutic agents.*
        - *ii. How drugs are received and unpacked.*
        - *iii. Who is authorized to handle these agents.*
        - *iv. How patients receiving chemotherapy agents are identified, treated and housed.*
        - *v. Proper disposal of excrement.*
        - *vi. Appropriate disposal of waste chemotherapy agents and associated paraphernalia through biohazardous waste, such as, if drug administration is via IV, the IV bag and tubing are disposed of in a chemotherapy waste container which has a lid that can be closed.*
        - *vii. Team member training on working with hazardous drugs.*
        - *viii. Team members recognize and understand the risks of working with hazardous drugs and the risks of working in an environment where these drugs are handled.*

2. Hazardous drugs are prepared or administered only by trained team members in designated areas that have access limited to authorized personnel.

    GUIDELINE:
    - *a) Post signs warning team members that they are working in an environment where hazardous drugs are handled.*

3. Appropriate personal protection equipment is available.

    GUIDELINE:
    - *a) May include items such as:*
        - *i. Chemotherapy gloves*
        - *ii. Non-permeable gowns*
        - *iii. Respiratory protection masks (surgical masks do not provide adequate protection) or respirators*
        - *iv. Eye and/or splash protection*
        - *v. Spill kit*
        - *vi. Shoe covers*

4. When necessary, a proper containment device is available for drug preparation.

    GUIDELINE:
    - *a) May include items such as:*
        - *i. Vented biological safety cabinet and/or closed transfer system (i.e., compounding aseptic containment isolator).*

5. Procedures to manage hazardous spills are documented.

    GUIDELINE:
    - *a) Can be included in written policy for requirement #1, personal protective equipment required for various spill sites, the possible spreading of material, restricted access to hazardous drug spills and the signs to be posted.*

6. Clients are provided with written instructions about home care following chemotherapy.

    GUIDELINE:
    - *a) Client should be informed about risks associated with having a pet in their home following chemotherapy administration, owner safety, how to clean up bodily fluids at home, etc.*

7. Store and transport hazardous drugs in closed containers that minimize the risk of breakage

    GUIDELINE:
    - *a) For example: Closed containers could be placed in a plastic bag or other sealable container for drug transportation.*

8. Medical records must include a copy of the treatment protocol being followed.

    GUIDELINE:
    - *a) Suggestions for what to include in a treatment protocol:*
        - *i. Timing of doses administered*
        - *ii. Doses administered*
        - *iii. Rationale for use of drug or certain protocol*
        - *iv. Patient weight*
        - *v. Any possible or actual adverse reactions*

3. CRITICAL CARE

Objective: Applies to hospitals that provide treatment and diagnostic veterinary services for animals requiring critical care services. These are patients whose conditions require constant, close monitoring and support with equipment and medication for maintaining normal body functions.

Hospitals providing critical care must also provide the following additional scope of practice services, except where it can be reasonably demonstrated that an alternate arrangement would not compromise patient care and safety:

- Anesthesia
- Surgery
- Diagnostic Laboratory Services
- Forms of Energy – Radiology
- Hospitalization and Confinement
- Isolation Facilities

These facilities may be expected to have to deal in a unique fashion with some aspects of patient, public and veterinary team member safety. For example, due to the often-unusual hours of operation, these facilities have protocols in place to ensure the safety of patients, veterinary team members and the public.

Requirements:

1. The practice provides continuous patient care for critical cases. To provide critical care services, the practice has the ability to care for patients 24 hours a day, 7 days a week, regardless of their regular practice hours.

2. At least one on-duty veterinarian is directly responsible for the care of critically ill patients and is on premise.

   GUIDELINES:
   a) *Team member staffing is appropriate for the caseload of the practice.*
   b) *When there is a critical case being treated and monitored, a veterinarian is on premise. Once the patient is no longer critical, the veterinarian determines if they need to be on premise.*

3. At least one other on-duty team member actively involved in the medical care of critically ill patients is on premise.

   GUIDELINES:
   a) *Team member staffing is appropriate for the caseload of the practice.*
   b) *Once the patient is no longer critical, the veterinarian determines if team member needs to be on premises.*

4. The practice provides designated accommodation for the isolation of infectious and zoonotic cases and/or alternatively, has a written policy for dealing with such cases that is known to all team members. The ability to isolate an infectious animal from all other

patients is in place. If the practice provides isolation facilities on-site they must comply with the Additional Scope of Practice Service – Isolation Facilities.

5. Equipment and supplies suitable for the intensive care of critically ill patients are readily available and adequate for the number of patients.

   GUIDELINE:
   - *a) Equipment and supplies may include:*
     - *i. Intravenous fluid therapy*
     - *ii. Infusion pump*
     - *iii. Blood products as available*
     - *iv. Oxygen therapy*
     - *v. Maintenance of body temperature*
     - *vi. Resuscitative equipment*

6. The ability to monitor multiple parameters with a suitable amount of monitoring equipment as required for the caseload.

   GUIDELINE:
   - *a) The parameters normally monitored include pulse oximetry, continuous ECG, body temperature and blood pressure.*

7. On site diagnostic imaging equipment for radiology is available. Must comply with the Additional Scope of Practice Service – Radiology. Depending upon what diagnostic imaging equipment is available, may also need to comply with Additional Scope of Practice Service – Ultrasound Imaging and Other Imaging.

8. On site diagnostic laboratory services are available. Must comply with the Additional Scope of Service – Diagnostic Laboratory Services.

   GUIDELINE:
   - *a) In-house services may include:*
     - *i. Biochemistry analysis*
     - *ii. Electrolyte analysis*
     - *iii. Haematology*
     - *iv. Urinalysis including sediment evaluation*
     - *v. Coagulation testing/bleeding time*
     - *vi. Blood typing*
     - *vii. Blood cross-matching*
     - *viii. Blood gases*

9. Emergency drugs are readily available.

   GUIDELINE:
   - *a) Emergency drugs are species-specific and may include:*
     - *i. Atropine*
     - *ii. Epinephrine*
     - *iii. Calcium gluconate*
     - *iv. Corticosteroids*

v. *Furosemide*
vi. *Dextrose*
vii. *Narcotic reversal appropriate to any narcotic used*
viii. *Antihistamine*
ix. *Regular insulin*
x. *Anti-convulsant*
xi. *Emetic*
xii. *Anti-emetic*

10. A copy of the medical record, or a medical summary, accompanies each patient transferred back to the primary care veterinarian or to another facility within 2 business days.

11. The practice must have as part of its library current information regarding 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 and critical care.

    GUIDELINE:
    a) *All reference materials are updated as new, updated resources permit or become available.*

12. Proper safety precautions shall be taken for veterinary team members on duty at night.

    GUIDELINES:
    a) *These safety processes may be in written protocols, or*
    b) *Team members can explain the process to the inspector, or*
    c) *Having 2 team members on site during overnight hours.*

4. DENTISTRY

Objective: The veterinary practice provides safe veterinary dentistry services that adhere to current clinical standards. Veterinary dentistry involves the examination, diagnosis, and treatment of diseases of the oral cavity. 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.

Note: Only a Board-certified specialist (e.g., diplomate of the American Veterinary Dental College (Dipl AVDC)) may use the term 'veterinary dental specialist.'

A. EQUINE DENTISTRY

Requirements:

1. A selection of diagnostic and treatment equipment appropriate for the range of species to be treated is available.

   GUIDELINE:
   - *a) Dental equipment may include,*
     - *i. Mouth speculum*
     - *ii. Floats*
     - *iii. Elevators*
     - *iv. Dental picks or probes*
     - *v. Forceps*
     - *vi. Dental mirror*
     - *vii. Rasps*
     - *viii. Extractors*

2. When oral surgical procedures are performed, including tooth extraction, appropriate equipment is available for the species treated.

   GUIDELINES:
   - *a) Dental instruments may include but are not limited to the list provided in requirement #1 above.*
   - *b) The use of a hacksaw, chisel and hammer is not appropriate for dental procedures.*

3. When dental maintenance procedures are performed, appropriate equipment is available.

   GUIDELINES:
   - *a) This includes dental equilibrations.*
   - *b) For example, floats and power floats.*

4. Instruments and equipment are appropriately maintained, including cleaning, disinfection and sterilization as appropriate.

    GUIDELINES:
    a) *Documentation is recommended but not required.*
    b) *Describe verbally or show a written protocol regarding cleaning, disinfecting, sterilizing and sharpening as appropriate.*

5. All team members using dental equipment are trained in the proper use and maintenance of equipment.

    GUIDELINE:
    a) *Team members can describe verbally or show a written protocol regarding the proper use and maintenance of equipment.*

6. Appropriate Personal Protective Equipment (PPE) is available to reduce exposure to potentially harmful oral bacteria and debris.

    GUIDELINE:
    a) *For example, face mask, goggles, disposable gloves.*
    b) *If power floating equipment is used for equine there is a ground fault breaker system, protective eye and ear wear.*

7. Medical records of dental procedures are maintained and recorded.

    GUIDELINES:
    a) *Medical records include documentation of findings of a thorough examination of the teeth and structures of the oral cavity, diagnosis and therapy.*
    b) *The use of dental charts may assist with documentation.*

8. Sterilized dental packs are available and in sufficient quantity for the caseload. Dental equipment is cleaned and disinfected between horses.

9. When dental radiography is indicated, demonstrates access to dental radiography on site or alternatively, refers cases to an appropriate accredited veterinary facility.

    GUIDELINES:
    a) *Use of a standard x-ray machine with standard x-ray plates is permitted.*
    b) *If an x-ray machine is used on site the facility must comply with the Additional Scope of Practice Service – Radiology.*

10. Appropriate lighting suitable for illuminating the oral cavity is available.

    GUIDELINE:
    a) *Examples are a head lamp for other appropriate light source for the work undertaken.*

B. COMPANION ANIMAL DENTISTRY

Requirements:

1. A selection of diagnostic and treatment equipment appropriate for the range of species to be treated is available.

   GUIDELINE:
   - *a) Dental equipment may include,*
     - *i. Hand scalers*
     - *ii. Curettes*
     - *iii. Periodontal probes*
     - *iv. Elevators*
     - *v. Luxators*
   - *b) It is recommended that radiographic equipment is available. This can be in the form of either a standard x-ray machine or a dental x-ray machine. If only a standard x-ray machine is available then proper dental films (ideally size 1, 2 and 4) should be available, and a means of developing the films.*

2. When oral surgical procedures are performed, including tooth extraction, appropriate equipment is available for the species treated.

   GUIDELINES:
   - *a) Appropriate instruments may include:*
     - *i. See dental equipment list in requirement #1*
     - *ii. Gags*
     - *iii. Powered dental unit*
     - *iv. Handpieces and burs*
     - *v. Suitable cooling when sectioning teeth*
   - *b) For small mammals/rabbits, appropriate instruments may include,*
     - *i. Suitable gags*
     - *ii. Hand instruments*
     - *iii. Handpieces and burs*
   - *c) It is recommended that radiographic equipment is available. See above.*

3. When oral hygiene procedures are performed, appropriate equipment is available for the species treated.

   GUIDELINE:
   - *a) This may include but is not limited to equipment for mechanically scaling and polishing teeth.*

4. Instruments and equipment are appropriately maintained, including cleaning, disinfection and sterilization as appropriate.

   GUIDELINES:
   - *a) Documentation is recommended but not required.*
   - *b) Describe verbally or show a written protocol regarding cleaning, disinfecting, sterilizing and sharpening as appropriate.*

5. All team members using dental equipment are trained in the proper use and maintenance of equipment.

    GUIDELINE:
    a) *Team members can describe verbally or show a written protocol regarding the proper use and maintenance of equipment.*

6. Appropriate Personal Protective Equipment (PPE) is available to reduce exposure to potentially harmful oral bacteria and debris.

    GUIDELINE:
    a) *For example, face mask, goggles, disposable gloves and appropriate attire (lab coats, gowns, separate scrubs that are not worn in other areas of the practice).*

7. Medical records of dental procedures are maintained and recorded.

    GUIDELINES:
    a) *Medical records include documentation of findings of a thorough examination of the teeth and structures of the oral cavity, diagnosis and therapy.*
    b) *The use of dental charts may assist with documentation.*

8. An allocated dental space is available for dental procedures to reduce contamination of other areas and minimize aerosol contamination. When dental procedures are performed in a facility, they are performed in a room separate from the surgical suite. Dental procedures include surgical extraction of teeth. This is not applicable to surgical mobile for companion animals.

    GUIDELINES:
    a) *Low traffic area away from sterile surgical suite.*
    b) *Measures are in place to prevent contamination beyond the immediate dental area.*
    c) *Measures may include use of suction tips close to the operating head of scalers and dental hand pieces, an extraction fan close to the operating site or ideally a dedicated dental procedure room with negative pressure ventilation.*

9. Sterilized dental packs are available and in sufficient quantity for the caseload.

10. Appropriate lighting suitable for illuminating the oral cavity is available.

    GUIDELINE:
    a) *Examples are a head lamp or other appropriate light source for the work undertaken.*

5. DIAGNOSTIC LABORATORY SERVICES

Objective: Diagnostic laboratory services are provided that ensure accurate test results. The diagnostic services are provided in a manner that is safe for team members, the public and is not a hazard to the environment or other animals. Whether procedures are performed within or outside the practice will be determined by the availability of alternative services and the timeliness of results.

Requirements:

1. Where pathological samples are sent to external organizations, a suitable range of containers, envelopes and forms must be available. Forms can be either electronic or paper.

2. Specimens are properly identified to prevent misidentification or mismatch of test results.

   GUIDELINE:
   - *a) Specimens are labelled with the following information:*
     - *i. Patient ID*
     - *ii. Date of collection*
     - *iii. Tests required*
     - *iv. Method of collection if applicable*
     - *v. Time, if applicable*

3. Protocols for packaging pathologic samples to send to external organizations are utilized.

   GUIDELINE:
   - *a) Written protocols are recommended but not required, should include instructions on proper handling and storage of specimens and a tracking mechanism to ensure the package is received.*

4. There are adequate facilities for storage of specimens and reagents, and for disposal of waste materials.

   GUIDELINES:
   - *a) Hazardous fluids are disposed of properly and in accordance with municipal, provincial and federal regulations.*
   - *b) Refrigeration is available when it is needed for storage of specimens and reagents.*
   - *c) Reagents are stored according to manufacturer's instructions.*
   - *d) Biologic waste disposal (animal remains, tissues, fluids) is available and complies with municipal, provincial and federal regulations.*

5. Safety protocols are in place for team members who handle laboratory specimens and reagents.

   GUIDELINES:
   - *a) There may be a written protocol, or team members can describe this to the inspector.*

b) *Safety protocols could include, WHIMIS, infection control, use of appropriate personal protective equipment, eye wash station, etc.*
c) *When appropriate, fume hoods, ventilation, HEPA filtration and biological safety cabinets are used as required by the samples being processed.*

6. Appropriate personal protective equipment is available.

   GUIDELINE:
   a) *Examples may include disposable gloves, protective clothing, closed-toe shoes.*

7. There is a clean and tidy designated area for in-house laboratory testing.

   GUIDELINES:
   a) *Countertop and sink that are fluid impervious and stain resistant.*
   b) *Adequate lighting and ventilation.*
   c) *Proper storage area.*
   d) *There is adequate space for equipment and performance of tests, and storage of reagents and lab supplies.*
   e) *Adequate facilities for hand washing.*

8. There are sufficient supplies to perform diagnostic testing commensurate with the scope of practice.

   GUIDELINE:
   a) *Supplies may include sterile:*
      i. *Needles and syringes*
      ii. *Blood collection tubes*
      iii. *Sample collection containers*
      iv. *Culture swabs*
      v. *Scalpel blades*
      vi. *Urinary catheters*

9. The practice has reference materials applicable to the tests carried out.

   GUIDELINE:
   a) *Designated resources that identify external laboratory tests available to the team members such as reference material on sample preparation, handling and turnaround time, etc.*

10. Adequate necropsy facilities including sufficient supplies and equipment are available or other arrangements are made. Necropsy facilities ensure that health and safety is paramount, and procedures are undertaken to guard against zoonoses and spread of infection.

    GUIDELINES:
    a) *Necropsy facilities are performed in an area not concurrently being used for clinical work.*
    b) *The area has adequate ventilation, working surfaces and lighting.*

c) *There is suitable protective clothing available, and disinfection and sterilization procedures are in place.*
d) *Necropsy supplies may include:*
    i. *Knife*
    ii. *Scissors*
    iii. *Bone cutter*
    iv. *Forceps*
    v. *Sterile needles for blood collection*
    vi. *Sterile sample collection containers*
    vii. *Sterile culture swabs*
    viii. *Post-mortem knife and sharpening steel*
    ix. *Sterile scalpel blades or disposable integrated scalpel blade and handle*

11. Results of all laboratory tests are documented in the patient's medical record.

12. There is a tracking mechanism used to ensure results are received, reviewed by the veterinarian, documented in the patient's record and conveyed to the client.

13. In-house diagnostic laboratory equipment and facilities are suitable for the range of species routinely treated and the diagnostic laboratory services provided.

    GUIDELINES:
    a) *Diagnostic laboratory services could include hematology, biochemistry, cytology, histology, urinalysis, bacteriology, necropsy, etc.*
    b) *Equipment may include microhematocrit, binocular microscope, clinical centrifuge with lid, refractometer, glucometer or chemistry analyzer, etc.*

14. In-house diagnostic laboratory equipment is properly maintained and in good repair.

    GUIDELINES:
    a) *Access to manufacturer's instructions for maintenance and service requirements.*
    b) *Keep any records of maintenance and service.*
    c) *Team members can describe or demonstrate how equipment is maintained and kept in good repair.*
    d) *Documentation is recommended but not required.*

15. There are suitable arrangements for quality control of in-house clinical pathology machine. Quality control testing is performed and documented that ensures the machine is consistently producing accurate diagnostic results.

    GUIDELINES:
    a) *Periodic controls as per the manufacturer's instructions to test the machine is running correctly and is calibrated correctly, the results documented and acted upon when necessary.*
    b) *Frequency of testing depends on the number of tests undertaken. It is suggested that this is performed at least quarterly.*

16. The practice disposes of test kits and reagents upon expiration in the correct manner.

17. References range values for lab tests are available for each species commonly treated at the practice.

18. Ophthalmic diagnostic equipment and supplies are available, or other arrangements made. Availability depends on the scope of practice, geographic location and referral options. For instance, a practice in a remote location with limited to no access to referral options should carry this equipment.

    GUIDELINE:

    a) For example, diagnostic equipment and supplies may include:

    i. Fluorescein stain

    ii. Schirmer tear test

    iii. Equipment to measure intraocular pressure

6. EMBRYO TRANSFER

Objective: Embryo transfer services are provided in a manner that is safe for animals, team members and the public.

Canadian Embryo Transfer Association - states that the Canadian Food Inspection Agency which has jurisdiction over import and export of embryos and semen, requires CETA/ACTE Certification as part of their approval process. Practitioners must be approved by CFIA in order to collect and freeze embryos for export. Not required when working provincially or interprovincially.

Requirements:

1. Equipment and supplies for the performance of embryo transfer are available and properly maintained. Expectation is that sterile equipment is used.

   GUIDELINE:
   - *a) Equipment and supplies may include:*
     - *i. Uterine flush fluids*
     - *ii. Holding media*
     - *iii. Freezing media*
     - *iv. Liquid nitrogen tanks*
     - *v. Stereomicroscope*
     - *vi. Graduated cylinder or plastic bucket*
     - *vii. Disposal gloves*
     - *viii. Non-sterile lubricant*
     - *ix. Sterile catheters and tubing*
     - *x. Pipettes and straws*
     - *xi. Search dishes*
     - *xii. Embryo filter*
     - *xiii. Ultrasound (must comply with ASPS – Ultrasound Imaging)*

   Some equipment above is not used if freezing and storage of embryos is referred elsewhere. When transporting embryos, an insulated box is used.

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

3. Embryo recovery, transfer, freezing and micromanipulations are performed in a clean and suitable environment.

   GUIDELINES:
   - *a) Sometimes freezing and micromanipulations are referred elsewhere.*
   - *b) In a barn, use of a clean room will suffice.*

4. In addition to the requirement of meeting the Essential Standards – Medical Records, pertinent information must be documented regarding record of donor identification, sire identification, recovery date, embryo quality, embryo grade, embryo stage, recipient identification and transfer date.

5. There are written embryo transfer protocols for donor and recipient(s) that includes dates, drugs, lot number, withdrawal times and procedural timetables.

GUIDELINE:

a) This information is usually provided to the owner.

7. HOSPITALIZATION AND CONFINEMENT

Objective: Hospitals shall provide an environment that is conducive to supporting and maintaining animal health. The area of confinement such as a cage, run (indoor and/or outdoor), kennel, stall or pen, must be appropriate for the species, the number of animals receiving care and the expected length of stay in order to ensure physical and psychological well-being of the animals. There is an obligation to ensure that animals are housed in a manner that is comfortable, humane and safe for the animal as well as safe for veterinary team members, the public and other animals they may come into contact with.

Requirements:

1. There is a system in place to clearly and positively identify each confined animal.

    GUIDELINE:
    a) *For example, patient identification card is attached to the compartment.*

2. The facility has appropriate enclosures for confinement to accommodate the reasonably expected number of confined animals.

    GUIDELINES:
    a) *The facility has sufficient numbers of safe enclosures to house animals appropriately.*
    b) *There is no overcrowding.*

3. Enclosures provide sufficient space to allow each animal, regardless of species, to make normal postural adjustments, e.g. to turn freely and to easily stand, sit, stretch, move their head, without touching the top of the enclosure.

    GUIDELINE:
    a) *Because of the wide range of body sizes, especially for dogs, specific recommendations for minimum kennel sizes are not included as long as the enclosure is sufficient to meet the physical and behavioural parameters of the species being confined.*

4. Enclosures are secure and safe for the animal.

    GUIDELINES:
    a) *Enclosures prevent escape and ensure effective confinement at all times. They are constructed so that animals are safely confined, and they must have a device that enables them to be closed and securely fastened.*
    b) *There are no sharp edges, gaps or other defects that could cause an injury or trap a limb or other body part.*
    c) *Wire mesh bottoms or slatted floors in cages are not acceptable for cats and dogs.*
    d) *Enclosures permit the easy observation of the animal.*

5. The enclosures are constructed and equipped to prevent the spread of pathogens among animals confined in the facility.

    GUIDELINES:
    - *a) Patients in the practice for medical care are separated from those requiring other services such as boarding, grooming, or socialization.*
    - *b) Floors and partitions are made of fluid-impervious materials that can be easily disinfected and are durable enough to withstand repeated cleaning.*
    - *c) A sealed, impermeable surface, such as sealed concrete or epoxy is ideal for flooring in indoor runs.*
    - *d) There is adequate separation and barriers between animals to prevent their direct contact. Adjacent enclosures have solid partitions of an appropriate height to prevent patient contact.*
    - *e) Adjacent stalls have solid partitions or walls that ensure separation between animals.*
    - *f) Free of peeling, scratched or chipped floors that cannot be properly sanitized.*
    - *g) Floors of indoor runs are appropriately sloped and drained to facilitate easy, thorough cleaning. If drained by a trough, the trough is inaccessible to animals, for example, the trough is covered by a grate. Wastewater does not run off into common areas or adjacent kennels.*
    - *h) When drains are located in common areas, there are drain covers designed to prevent toes from being caught in drains.*
    - *i) There are protocols in place to sanitize and disinfect these areas prior to allowing animal access. Written protocols are recommended but not required.*

6. Enclosure areas are clean, orderly and free of offensive odours.

    GUIDELINES:
    - *a) Team members can describe how enclosures are kept clean, for example, disposal of waste materials and the cleaning and disinfection of compartments, exercise areas and runs.*
    - *b) For example: a housekeeping manual or checklist may be utilized but is not required.*
    - *c) Proper ventilation helps to remove odours.*

7. Enclosure areas have adequate ventilation, lighting and temperature control.

    GUIDELINES:
    - *a) Includes emergency lighting. The preference is for natural lighting or artificial lighting that closely approximates natural light.*
    - *b) Proper ventilation ensures good air quality, removing odours, dampness, airborne microbes and pollutant gases (i.e., ammonia). Animals can comfortably maintain their body temperature.*

8. Adequate supplies for confinement of animals are available and in good repair to provide appropriate husbandry for the species.

    GUIDELINES:
    a) *Appropriate bedding for the specific species being housed is used.*
    b) *Hospitalized animals have access to clean water and fresh food as appropriate. The facility contains a dry area for the storage of food and a fresh water supply.*
    c) *Containers and utensils for feeding and watering animals are made of readily sanitized material or disposable.*
    d) *Cat litter trays are either disposable or readily sanitized (if applicable).*
    e) *Suggestions to meet the requirement when birds, exotics, or wild animals are housed:*
        i. *Housing unit*
        ii. *Perches*
        iii. *Bedding*
        iv. *Environmental conditions such as temperature, humidity, light, noise, etc.*
        v. *Separation of prey-predator species*.

9. Appropriate and adequate variety and quantity of foods are available to feed hospitalized patients.

    GUIDELINE:
    a) *Refrigeration for perishable foods is provided.*

10. Outdoor runs must be covered appropriately to keep animals contained as well as protected from the weather.

11. Evidence that there are strategies to minimize the impact of noise.

    GUIDELINE:
    a) *Strategies to minimize the impact of noise may include, the arrangement of compartments, material selected for the compartments, baffles, doors, and latches.*

12. Provision is made for monitoring of hospitalized patients, including intermittent care throughout the night if required.

    GUIDELINES:
    a) *This does not require the continuous presence of a team member overnight if the veterinarian deems this unnecessary and the owner is informed.*
    b) *Informed consent includes informing the owner of the level of supervision that is available overnight.*

13. Pets owned by team members and clinic mascots are not placing persons and/or patients at risk of disease or injury.

    GUIDELINES:

    a) *Team member's pets and clinic mascots are up to date on vaccination (i.e. rabies) and parasite control.*
    b) *Team members can explain how this is met to the inspector.*

8. ISOLATION FACILITIES

Objective: It is anticipated that animals presented to the facility may 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 in contact with the facility and possibly people who may be exposed to this patient or to contaminants.

Isolation facilities include a separate area of the hospital used to isolate and accommodate hospitalized patients having or suspected of having a contagious disease and restricts contact with the other patients and team members; this may be a room or separate building where the patients are under regular monitoring.

If a practice has a dedicated isolation area it will comply with this standard.

Requirements:

1. The practice provides designated accommodation for the isolation of infectious and zoonotic cases where activities are restricted to providing care to contagious patients.

    GUIDELINES:
    - *a) This is a separate area of the hospital used to isolate patients having or suspected of having a contagious disease and restricts contact with other patients and team members; this may be a room or separate building to which access is limited.*
    - *b) The isolation area is clearly demarcated.*
    - *c) When not housing specific contagious cases, it may be used for other purposes provided proper disinfection procedures are adhered to.*

2. There is a ventilation system in place that minimizes the risk of cross contamination from room to room.

    GUIDELINES:
    - *a) To mitigate the transmission risk if there are potential pathogens in the air, there is a mechanism for venting and/or filtering the air from the entire room.*
    - *b) For example, there may be a negative air flow system such that ventilation generates negative pressure to allow air flow into the isolation room but not escape from the room. An example is a system where air is exhausted to the outside of the facility and away from animal areas, or*
    - *c) There may be a HEPA air filtration system added to air ducts for the air leaving the isolation room. Adding UV to ducts is also an option, or*
    - *d) There is an in-room HEPA filer that is activated for patients where there is an aerosol/airborne pathogen risk.*

3. The designated accommodation is of adequate size to hospitalize patients with contagious diseases.

4. The isolation facility provides for examination and treatment of patients outside of cages and runs.

    GUIDELINE:

    a) *An examination table is present for examination of smaller patients.*

5. When in use, the isolation facility is regularly and thoroughly cleaned and disinfected.

    GUIDELINES:

    a) *The practice may have written policies and procedures for proper disinfection. Documentation is recommended but not required.*
    b) *There are means to ensure that garbage, debris and animal waste is removed in an efficient and timely manner.*
    c) *The waste receptacle(s) is covered or concealed.*
    d) *Soiled linens are handled in such a way as to prevent pathogen transmission to other areas of the hospital.*
    e) *All contaminated materials are double-bagged or decontaminated before removal from the isolation facility where a patient with infectious disease is housed or examined.*

6. Following the use of an isolation facility, all surfaces and cages must be thoroughly disinfected, and all contaminated materials must be disposed of in accordance with federal, provincial and municipal regulations for waste disposal. Surfaces in the isolation facility should be made of fluid impervious material capable of being disinfected.

7. Only the equipment and material for the care and treatment of the current patient may be kept in the isolation facility when in use.

    GUIDELINE:

    a) *Equipment is properly decontaminated before removal from the isolation room.*

8. Disposable or readily disinfected clothing such as gowns, foot coverings and gloves are present and accessible.

9. All patients that have, or are suspected of having, a contagious or zoonotic disease are properly identified so that their status is obvious to all team members.

    GUIDELINE:

    a) *There is a means of clearly and positively identifying the animal while on the premises. i.e. cage cards on the cage.*

10. There is adequate lighting for proper patient examination and treatment.

11. To facilitate frequent hand washing to prevent spread of infectious diseases, a sink is located in or convenient to the isolation facility.

    GUIDELINE:

    a) *Hand washing occurs:*
        i. *Before and after handling of patient*

ii. *After coming into contact with animal saliva, ocular or nasal discharge, urine, feces or blood*
iii. *After cleaning cages*
iv. *Before and after breaks*

12. Clients and team members that are exposed to potentially zoonotic disease are informed of this fact, verbally or in writing, and a notation is made in the patient record of this communication.

9. LASER THERAPY

Objective: Laser therapy is provided in a manner that is safe for team members, animals and the public.

Definition: Laser therapy is a non-invasive procedure that applies low-level lasers or light-emitting diodes to the surface of the body for the promotion of healing and reducing inflammation and pain.

Requirements:

1. Laser therapy equipment is clean and in good repair. Equipment is cleaned between patients.

   GUIDELINE:
   a) *Team members can explain or demonstrate how equipment is kept clean and in good repair. This may include for example, providing copies of maintenance records as per manufacturer's recommendations and/or a written protocol which team members follow to clean laser therapy equipment.*

2. Only appropriately trained team members provide laser therapy.

   GUIDELINES:
   a) *There may be a CE certificate, or*
   b) *Team members involved can describe their training to the inspector, or*
   c) *Training manuals, or written protocols for the safe use of the laser.*
   d) *Hazards associated with the use of lasers should be known to team members including: damage of cells leading to loss of vision and skin lesions, risk of electric shock, and the potential for fire when direct or reflected laser beam strikes a combustible material, i.e. steel table*.

3. In addition to the requirement of meeting the Essential Standards – Medical Records, pertinent information shall be documented regarding treatment protocols, settings, area being treated, and response of patient to treatment. This includes:
   - Settings (Hertz, Joules)
   - Probe used
   - Duration of treatment
   - Area and size of treatment

4. Protective eyewear is used as specified by the manufacturer of the laser, and is periodically cleaned and inspected for cracks, damage, etc. Standard prescription glasses do not replace specific protective laser eyewear.

10. MOBILE

Objective: The mobile unit is properly maintained to deliver veterinary services at the premises where the animal(s) are located. A mobile unit travels to the premises where the animal(s) are located to provide veterinary services (e.g., residence of the owner, on farm, community centre, etc.).

A mobile unit has a stationary element called a base unit. The base unit is a space for secure storage of equipment, supplies, pharmaceuticals, and medical records for the mobile unit. The space may be in a hospital, office, a personal residence of the practice owner and/or facility director, or another approved location. Must comply with ES – Facility Structure – base unit for mobile practices.

Requirements:

1. Contents of the mobile unit are organized so that they can be obtained readily for efficient service.

   GUIDELINE:
   a) *Equipment and supplies required for the mobile may be packaged together in a portable kit, for example, a toolbox.*

2. Equipment and supplies must be stowed so as not to risk accident or injury.

   GUIDELINE:
   a) *For example, equipment and supplies are appropriately packaged and protected.*

3. There is a means of estimating or measuring the weight of the species routinely treated.

   GUIDELINES:
   a) *For example, a small weigh scale for smaller species.*
   b) *A weight tape may be used for large animals.*
   c) *For adult cattle and horses, estimation of weight may be adequate.*

4. Appropriate personal protective equipment is readily available for work undertaken.

   GUIDELINE:
   a) *For example, gloves, coveralls, scrubs or lab coats.*

5. The vehicle is clean, uncluttered, in good repair and free of offensive odors.

6. If animals are transported in the vehicle, there are appropriate holding areas and assistive devices for non-ambulatory animals. This not applicable to large animals (i.e. food-producing animals and equine). For companion animal species only.

   GUIDELINES:
   a) *Safe methods to transfer non-ambulatory patients, including assistive devices, i.e. stretchers.*
   b) *Suitable cages for the safe transport of small animals.*

11. OTHER IMAGING

Objective: This standard refers to diagnostic imaging modalities other than radiography and ultrasound imaging, such as computed tomography, and magnetic resonance imaging. The performance of these diagnostic imaging modalities occurs with the intention of producing diagnostic quality images, as well as reducing harm and mitigating risk to patients, team members and the public.

Requirements:

1. Imaging equipment and facilities are suitable for the range of species routinely treated.

2. Imaging equipment is properly maintained and in good repair. The equipment is serviced according to manufacturers' requirements. Equipment is cleaned after each use.

   GUIDELINES:
   - *a) Team members can explain how equipment is maintained. This may include for example providing copies of maintenance or service records and/ or a written protocol which team members follow.*
   - *b) Quality control testing is performed and documented that ensures the equipment is consistently producing quality diagnostic images.*
   - *c) Any issues found on any of these evaluations are followed up in a timely manner and include documentation that they have been resolved.*

3. Imaging equipment is installed, maintained and operated following provincial regulations as applicable. If computerized tomography (CT) is performed on site, it is maintained, registered and operated as required under the Ministry of Labour, Radiation Protection Services standards. If Magnetic Resonance Imaging (MRI) is performed on site, it is installed according to Ministry of Health standards.

4. Imaging equipment is operated only by trained team members aware of hazards, actual and potential to themselves, other team members, patients and nearby individuals.

   GUIDELINE:
   - *a) Team members can describe verbally or show a written protocol about safe operation of the imaging equipment.*

5. A means to view diagnostic images is easily accessible.

   GUIDELINE:
   - *a) For example, high-resolution digital image viewer.*

6. Diagnostic images are properly identified.

   GUIDELINE:
   - *a) May include the following information:*
     - *i. The name of the veterinarian or the practice name or both*
     - *ii. Identification of the animal*
     - *iii. The date of the image*

iv. An indication of the left or right side of the animal

7. As an extension of the medical record, diagnostic images are stored and maintained for the same length of time as the medical record. A log is maintained of all CT scans and MRI examinations and includes patient name, date, region scanned and team members involved.

8. Diagnostic images are securely archived or filed in a manner which preserves their quality and allows for easy retrieval.

9. Facilities are available for transmission and distribution of copies of diagnostic images to other practices and owners. The diagnostic images shall not be altered and the transmission shall preserve the quality.

    GUIDELINE:
    a) For example, CD, memory stick, electronic transmission, etc.

12. RADIOLOGY

Objective: The performance of diagnostic imaging occurs with the intention of producing diagnostic quality images, as well as reducing harm and mitigating risk to patients, team members and the public related to exposure to radiation or other harmful substances, directly or indirectly.

This standard includes dental radiology services.

The purpose of the College's Radiation Safety- Legislative Overview is to provide veterinarians who own and operate x-ray equipment with information about the expectations and requirements contained in Regulation 861 under the Occupational Health and Safety Act.

Requirements:

1. Radiology equipment and facilities are suitable for the range of species routinely treated.

    GUIDELINES:
    - *a) Equipment may include: a suitable range of cassettes, screens and grids, measuring calipers, a range of suitable contrast material, or other suitable devices.*
    - *b) Equipment may vary depending on species type.*

2. Radiology equipment is properly maintained and in good repair. The equipment is serviced according to manufacturers' requirements. Equipment is cleaned after each use.

    GUIDELINES:
    - *a) Team members can explain or demonstrate how equipment is maintained. This may include for example providing copies of maintenance records and/ or a written protocol which team members follow.*
    - *b) Records of maintenance and service are kept.*
    - *c) Quality control testing is performed and documented that ensures the equipment is consistently producing quality diagnostic images.*
    - *d) Any issues found on any of these evaluations are followed up in a timely manner and include documentation that they have been resolved.*

3. Radiation producing equipment is operated only by trained team members who have been made aware of hazards, actual and potential to themselves, other team members, patients and nearby individuals.

    GUIDELINES:
    - *a) Confirmation is provided that a team member has been trained as the radiation safety officer.*
    - *b) The Radiation Safety Institute of Canada offers an X-ray safety course developed specifically for the veterinary profession. (onlinelearning.radiationsafety.ca)*
    - *c) The regulations under the Occupational Health and Safety Act specify that clinics with X-ray units must have one team member trained as a radiation safety officer who has the knowledge, training or experience, to train and*

direct team members on the safe use of x-ray equipment and provide the name of that person to the MOL.

d) *Include team member training in workplace safety policies and procedures.*

4. Diagnostic radiology equipment is maintained, registered and operated as required under Ontario's Ministry of Labour, Radiation Protection Services. At the time of inspection, a copy of the X-ray registration number provided by the Ministry of Labour, Radiation Protection Services is required.

GUIDELINE:

a) *Radiation Protection Services needs to be contacted if there are changes such as:*
    i. *Change in ownership*
    ii. *Replacing or upgrading X-ray*
    iii. *Converting from film to digital x-ray machine*

For further assistance contact: Radiation Protection Services 416-235-5922 or email radiationprotection@Ontario.ca.

5. Ensures that exposure to radiation is as low as reasonably achievable. There is sufficient provision for the non-human restraint of patients during radiography.

GUIDELINES:

a) *Ensure that all reasonable precautions are taken for pregnant team members.*
b) *Ensure that dose equivalent limits are not exceeded by installing structural or other shielding and providing aperture diaphragm (a beam restrictor) cones, adjustable collimators or other devices.*
c) *For example: The restraining of animals can include chemical restraint, hands-free techniques, mechanical techniques such as positioning devices (half-filled sandbags, foam v-troughs, etc.), or other methods that increase the distance of team members from the x-ray source during exposure.*
d) *For large animals, non-human restraint of patients may not always be practical.*

6. All team members involved in the radiographing of animals are monitored for radiation exposure as approved by the National Dosimetry Services, Health Canada. Individual monitoring badges are available for all team members involved in radiographing animals.

GUIDELINES:

a) *Dosimeter readings are recorded, and records are retained for at least 3 years.*
b) *Inspectors at the MOL are notified, in writing and within a reasonable time frame, when the reading of a personal dosimeter indicates that the dose equivalent does not appear reasonable and appropriate.*

7. Sufficient personal protective equipment (PPE) is provided and examined at regular intervals. PPE is worn by all team members in the designated radiation area at all times and is in good working order.

GUIDELINES:

a) *Appropriate lead protective equipment (whole body, gonadal shielding and thyroid shielding at least 0.5 mm) is available.*
b) *The protection devices are evaluated (visually and irradiated) at least on an annual basis for cracks, wear and tear.*

8. The shielding of the designated radiation area is appropriate for the size and use of the space with suitable and sufficient signs and warnings.

GUIDELINES:

a) *Radiation warning signs are posted on all entrances to the designated area. For example, proper signage posted outside radiograph area "Caution X-ray Area."*
b) *The protective barrier effect of any walls and doors is such that occupants of adjacent areas do not receive radiation above recommended levels.*
c) *Large animal mobiles do not require signage at the premises of the animal. They should make reasonable efforts to ensure that exposure to radiation is as low as reasonably achievable for any persons present, including the use of a protective barrier effect of any walls and doors.*

9. There are suitable radiographic processing facilities (conventional or digital) used and maintained in accordance with the manufacturer's instructions to avoid wasted exposures.

GUIDELINE:

a) *Team members can explain or demonstrate how these are maintained. Documentation is not required.*

10. A means to view diagnostic images is easily accessible.

GUIDELINE:

a) *For example: Film illuminator and/or high-resolution digital image viewer.*
b) *There can be a digital image viewer in the surgical suite but restricted to intraoperative interpretations and not for routine study. There is another viewing station outside of the surgery room.*

11. The practice maintains a radiographic log that is accessible and easily retrievable.

GUIDELINES:

a) *Can be in paper or electronic format.*
b) *There is a record of team members involved in the x-ray exposure.*
c) *A radiographic log contains:*
    i. *The date each radiograph is taken*
    ii. *Identification of the animal and the client*
    iii. *The area of the body exposed to the radiograph*
    iv. *The number of radiographic views*
    v. *Radiographic setting*

12. Radiographic images are properly identified. Radiographic images have the following information on them:
    i. The name of the veterinarian or the practice name or both
    ii. Identification of the animal
    iii. The date of the radiograph
    iv. An indication of the left or right side of the animal
    v. An indication of time for sequential radiographic studies

    The use of self-adhesive labels for the identification of radiographs is not acceptable.

13. As an extension of the medical record, all diagnostic images are stored and maintained for the same length of time as the medical record. That is, 5 years after the date of the last entry in the patient's record.

14. Diagnostic images are securely archived or filed in a manner which preserves their quality and allows for easy retrieval.

15. Facilities are available for transmission and distribution of copies of diagnostic images to other practices and owners. Copies of radiographs should preserve the quality of the image and prevent altering of the image.

    GUIDELINE:
    a) For example, CD, memory stick, electronic transmission, etc.

13. REHABILITATION THERAPY

Objective: Rehabilitation services are provided in a manner that is safe for team members, animals and the public.

Rehabilitation involves a therapeutic plan incorporating a combination of therapies to help animals recover from injury, illness or disease. Therapy methods used in rehabilitation may include cryotherapy, thermotherapy, hydrotherapy, massage, and therapeutic exercise. It may also involve the use of laser therapy, therapeutic ultrasound, shockwave therapy, neuromuscular stimulation, and transcutaneous electrical nerve stimulation.

Requirements:

1. Non-slip flooring (which remains non-slip when wet) is required in examination and therapeutic exercise areas.

    GUIDELINE:
    a) *For example: appropriate mats can be used for this purpose.*

2. If an underwater treadmill or pool is installed, there are procedures are in place to ensure safety of patients, clients and team members.

    GUIDELINES:
    a) *Water is changed between patients from a fresh water source or using water that has been filtered and sanitized.*
    b) *All parts of the treadmill are sanitized as needed.*
    c) *Water temperature is controlled.*
    d) *Pumps and filters are routinely inspected.*
    e) *All electrical outlets in the room are GFI (ground fault circuit interrupter).*
    f) *Safeguards are in place in case of flooding, e.g., flood alarm, drains, etc.*
    g) *Water testing/monitoring in place.*
    h) *Lifejackets are available.*

3. If therapeutic ultrasound equipment is used, it is calibrated, and is in good repair.

4. If laser therapy is used, compliance with the Additional Scope of Services Standard: Laser Therapy is demonstrated.

5. In addition to the requirement of meeting the Essential Standards – Medical Records, pertinent information shall be documented regarding treatment protocols, settings, condition or area being treated, and response of patient to treatment.

    GUIDELINES:
    a) *For example: if underwater treadmill is used, this may include:*
        i. *Water temperature*
        ii. *Water height*
        iii. *Treadmill speed*
        iv. *Jets on/off*

v. Duration of session

b) For example: if ultrasound is used, this may include:

i. Settings and head used

ii. Duration of treatment

iii. Area treated

6. There are safe methods to transfer non-ambulatory patients, including assistive devices. If used, any assistive machinery is serviced and maintained as per manufacturer's recommendations and in good repair.

7. Only appropriately trained team members provide rehabilitation therapy.

GUIDELINES:

a) There may be a CE certificate, or

b) Team members involved can describe their training to the inspector, or

c) There are training manuals, or written protocols.

8. If shockwave therapy is provided, then the shockwave device is specifically designed for the species type. The shockwave device is regularly maintained and in good repair.

14. SURGERY

Objective: Safety of patients and workers requires that surgery take place in a manner that is aseptic and reduces the risk of nosocomial infections in patients.

Major surgical procedures performed on companion animals may only be performed in a surgical suite in a hospital. An exception is a practice that is accredited to perform certain major surgical procedures (e.g., spays and neuters) on companion animals through a Surgical Mobile for Companion Animals. See C. Surgical Mobile for Companion Animals.

Certain major surgical procedures on large animals are performed at the location where the animal is kept. It is also recognized that certain major surgical procedures on large animals performed in a hospital may not always be performed in a surgical suite (e.g., bovine caesarian section or equine castration). B. Mobile for Large Animal Ambulatory Surgery applies.

A. IN-FACILITY SURGICAL SUITE FOR ALL SPECIES (HOSPITAL)

Major surgery performed in a facility is performed in a dedicated, single purpose surgical suite. Practices with sinks in the surgical suite will now be required to remove them prior to the inspection. Legacy provision is no longer permitted.

When certain major surgical procedures on large animals are performed in a facility outside the surgical suite (e.g., bovine caesarian section or equine castration) the requirements in B. Mobile for Large Animal Ambulatory Surgery must be met.

Requirements:

1. Surgical suites are separate, closed, single purpose rooms for aseptic surgery only. Equipment and materials housed/stored in the surgery room are limited to items directly related to the performance of aseptic surgery. Surgical suites must not be used as a consulting or storage room. This is a closed room with no through traffic.

    GUIDELINES:

    a) *It is large enough to accommodate readily a veterinarian, an animal, a team member and any necessary equipment.*
    b) *This area only contains equipment for use in surgical procedures. This includes equipment for fluoroscopy, laparoscopy, endoscopy, ultrasound (as required) or orthopedic surgery.*
    c) *Large animal surgical suites may contain an x-ray machine for use in surgical procedures.*
    d) *Equipment used for dental prophylaxis and autoclaves are not in the surgical suite.*
    e) *X-ray equipment used for non-aseptic procedures is not installed or stored in the surgical suite.*

2. The surgical suite is constructed and utilized in a manner that minimizes the potential for contamination.

    GUIDELINES:
    - *a) The surgical suite is only entered for activities associated with aseptic surgical procedures.*
    - *b) The surgical suite is completely enclosed with solid walls floor to ceiling and a covered ceiling. There are no exposed ventilation ducts or suspended decorative lighting.*
    - *c) It is designed and laid out to ensure sterility and to facilitate cleaning (e.g., flat cupboard door fronts, flush mounted to the wall). Walls, doors and floors that are smooth, non-porous and easily cleaned and readily sanitized.*
    - *d) Doors are well fitted and wide enough to permit passage of patients.*
    - *e) Doors are kept closed and traffic into the surgical suite is kept to a minimum.*
    - *f) A viewing window is recommended to reduce the need for team members to open the door to see into the room.*
    - *g) Sinks are not in the surgical suite as they create aerosol contamination and can collect dust. There will no longer be a legacy provision for practices with sinks in the surgical suite.*
    - *h) Open shelving is avoided in the surgical suite.*

3. Equipment utilized in the surgical suite is properly cleaned, in good repair, and sufficient in number and variety to match the requirements of the species treated and the surgical case load.

    GUIDELINES:
    - *a) There may be a written protocol for the maintenance of a surgically clean environment and equipment and tracking that is carried out, such as in policies on infection control.*
    - *b) Surfaces within the surgical suite are free from dust/dirt and contamination.*
    - *c) The surgical suite can have equipment for viewing radiographs appropriate for the situation (such as radiographic viewer, tablet, TV screen).*
    - *d) Other equipment may include:*
        - i. *Intravenous fluid hanger or pole*
        - ii. *Waste receptacle*
        - iii. *Portable, adjustable surgical lamp*
        - iv. *Instrument tables*
        - v. *Electrocautery or lasers including scavenger for smoke*
        - vi. *Warming devices*
        - vii. *Suction apparatus*
        - viii. *Pad on surgery table(s) for patient comfort and prevention of injury*

4. A surgery table or surface is provided and made of smooth nonporous material that can be readily sanitized.

    GUIDELINE:
    a) *It is suggested that the table has the capability to adjust its height and tilt position.*

5. Surgical lighting suitable for the accurate illumination of surgical sites on the patient is available. A surgical light is intended to assist the veterinarian during a surgical procedure by illumination of a local area or cavity of the patient.

    GUIDELINE:
    a) *Lighting continues to function in the event of a loss of power (e.g. generator, surgical head torch or flashlight).*

6. A separate room for preoperative preparation of surgical patients is convenient to the surgical suite and well-lit. Floors, walls and counter tops must be of smooth, impervious material which is easily cleaned.

    GUIDELINES:
    a) *This area may be situated in a room that has another function, i.e., a scrub room, treatment room or extra examination room,*
    b) *For large animal, such as equine, attempt to do preoperative preparation outside surgical suite if possible. May not always be practical for large animal and preoperative preparation may occur in the surgical suite.*

7. A standard accepted procedure is used to prepare the patient for surgery. All team members involved in the pre-surgical preparation of patients understand the risk and sources of bacterial contamination.

    GUIDELINES:
    a) *There maybe a written protocol or checklist that is used, or*
    b) *Team members can describe to the inspector how this is met.*
    c) *Clippers and blades are cleaned and maintained appropriately.*

8. Scrubbing up area is provided outside the surgical suite. This area is protected from contamination by location and/or cleaning protocol.

    GUIDELINES:
    a) *Hands free operation of taps is recommended.*
    b) *Alternative is to have another team member turn off the taps.*
    c) *There will no longer be a legacy provision for practices with sinks in the surgical suite.*

9. Supplies to perform hand and arm scrub are present including an appropriate surgical scrub agent.

    GUIDELINES:
    a) *Sterile, disposable scrubbing brushes or reusable brushes that are thoroughly washed and sterilized after each use are used.*
    b) *A recognized brushless system can be used.*

10. There is a range of suitable sterile surgical instruments, supplies, consumables and suture materials for the work undertaken.

    GUIDELINES:
    a) *Supplies may include, suture material, drapes, laparotomy pads or sponges, towels and gauze sponges are properly wrapped and sterilized.*
    b) *Sterile instruments, towels, drapes are used for each major surgical procedure.*
    c) *Sterile single use surgical gloves are utilized in all surgeries.*
    d) *Single use sterile suture material is not to be sterilized after use to be used again in aseptic procedures or when it reaches or goes beyond the expiry date. Suture material is disposed when it reaches its expiry date.*

11. Surgical instrumentation and reusable supplies must be properly cleaned, sterilized and in good repair. Cold sterile is not an acceptable sterilization method for surgical instruments to be used for major surgery.

    GUIDELINES:
    a) *The practice may use a written sterilization protocol that provides for appropriate sterile equipment and supplies such as in the infection control policies, or*
    b) *Team members can describe to the inspector how this is met.*

12. Autoclaves and other sterilization equipment are maintained and serviced in accordance with the manufacturer's instructions. A steam sterilizer of sufficient size to sterilize the quantity of surgical packs necessary for the expected case load is present outside of the surgical suite.

    GUIDELINES:
    a) *Documentation is recommended but not required to confirm service and maintenance.*
    b) *A gas sterilizer may be present, but it is not a substitute for the steam sterilizer. Ethylene oxide gas may be used to sterilize delicate equipment that may be damaged by heat or steam. Ethylene oxide is hazardous and suitable safety precautions are needed to avoid health hazards.*
    c) *Only trained team members may operate the sterilization equipment. Practice team member training includes the safe and proper operation of sterilization equipment and recognition of any possible malfunction.*
    d) *The use of a pressure cooker for the purposes of sterilization is not permitted.*

13. Separate sterilized surgical packs are used for each major surgical procedure. A means to confirm sterilization is used.

    GUIDELINES:

    a) There are appropriate internal and external sterility indicators for the system employed to monitor the efficiency of the sterilization technique. The temperature and pressure generated by this equipment must be sufficient to kill all types of micro-organism, including bacterial spores. Since pressure and temperature gauges may be inaccurate, the efficiency of autoclave equipment must be routinely monitored using standard sterilization indicators.

    b) Surgical packs are initialled and dated by the person packing them and labelled for contents. In addition, sterilization indicators are placed in the centre of every surgical pack.

14. Proper surgical attire is worn during aseptic procedures.

    GUIDELINES:

    a) All team members present during a surgical procedure wear caps, masks and clean outerwear.

    b) Caps, masks, sterile gown, sterile gloves are worn by the surgeon and team member assisting.

15. Informed client consent for surgery is documented in the record.
    For companion animals:

    i. The written consent to the surgical treatment signed by or on behalf of the owner of the animal.

    ii. A note that the owner of the animal or a person on the owner's behalf consented orally to the surgical treatment, and the reason why the consent was not in writing.

    iii. A note that neither the owner of the animal nor anyone on the owner's behalf was available to consent to the surgical treatment, and the reason why, in the member's opinion, it was medically advisable to conduct the surgical treatment.

    For large animals informed consent for surgery permits verbal consent or written consent. If the client consents verbally, then there is a note in the record to indicate this.

    GUIDELINE:

    a) Written consent for surgery and high-risk procedures that is signed by the owner is recommended.

16. Medical record-keeping systems are in place that include surgical treatment details and all team members involved in the surgery.

    Surgical Logs are maintained separately or in combination with Anesthetic Logs. The surgical log enables auditing of surgical outcomes.

    GUIDELINES:

    a) Surgical notes for each patient contain:
        i. Surgical treatment details are recorded in progress notes or a protocol and include the approach used, findings, and type of repair.
        ii. Suture materials used and closing technique are recorded.
        iii. It is clearly documented the veterinarian who performed the surgery and any team members who provided any aspect of the surgical treatment (i.e., surgical assistant).
    b) Surgical logs are investigative tools. They can assist with analyzing and tracking surgical procedures and patient outcomes.
    c) Practices that use anesthetic monitoring charts can maintain the anesthetic/surgical log by compiling patient anesthetic monitoring charts in chronological order.

17. Laser Surgery

    If laser surgery is performed, a practice team member is designated as the person in charge of laser safety and ensures that the practice adheres to established safety precautions.

    Dispersion of laser plume contains toxic gases and biological particles and as such an appropriate air evacuation system must be used.

    Eye wear must be worn while providing laser surgery.

    Laser protective eye wear must be labeled with the same wavelength as is emitted by the laser that is to be used.

    GUIDELINES:

    a) Practice team members are trained in the use and safety of the surgical laser and this is reviewed annually.
    b) Clinics with surgical lasers, class 4, must appoint a laser safety officer. Training must comply with the ANSI Z136.1 Standards from the Laser Institute of America.
    c) Appropriate warning signs are visible for when the laser is being used and access to the treatment room is restricted to essential team members during treatments.
    d) The practice keeps a log for the maintenance and performance of laser equipment.
    e) A portable smoke extractor using charcoal and HEPA filters are acceptable. Filters and absorbers require regular replacement.

f) *Hazards associated with the use of lasers include: risk of electric shock, health hazards from exposure to contaminants found in the laser plume and the potential for fire when direct or reflected laser beam strikes a combustible material, i.e. steel table.*

B. MOBILE FOR LARGE ANIMAL AMBULATORY SURGERY

This ASPS accepts some limitation in the principles of sterile techniques and recognizes the practical challenges for veterinarians carrying out major surgical procedures (e.g. bovine caesarian section, equine castration) for large animals outside of the surgical suite or in the field. Necessary steps must be taken to reduce the risk of infections. The principles of aseptic technique are applied as appropriate and practical for the specific surgical procedure and conditions.

Requirements:

1. Surgical lighting suitable for the accurate illumination of surgical sites on the patient is available. A surgical light is intended to assist the veterinarian and team member during a surgical procedure by illumination of a local area or cavity of the patient.

   GUIDELINE:
   a) *Lighting continues to function in the event of a loss of power (e.g. generator, surgical head torch or flashlight).*

2. A standard accepted procedure is used to prepare the patient for surgery. All team members involved in the pre-surgical preparation of patients understand the risk and sources of bacterial contamination.

   GUIDELINES:
   a) *There may be a written protocol or checklist that is used, or*
   b) *Team members can describe to the inspector how this is met.*
   c) *Clippers and blades are cleaned and maintained appropriately.*

3. Supplies to perform hand and arm scrub are present including an appropriate surgical scrub agent.

   GUIDELINES:
   a) *Sterile, disposable scrubbing brushes or reusable brushes that are thoroughly washed and sterilized after each use are used.*
   b) *A recognized brushless system can be used.*

4. There is a range of suitable sterile surgical instruments, supplies, consumables and suture materials for the work undertaken.

   GUIDELINES:
   a) *Supplies may include, suture material, drapes, laparotomy pads or sponges, towels and gauze sponges are properly wrapped and sterilized.*

b) *Sterile instruments, towels, drapes are used for each major surgical procedure.*
c) *Sterile single use surgical gloves are utilized in all surgeries.*
d) *Single use sterile suture material is not to be sterilized after use to be used again in aseptic procedures or when it reaches or goes beyond the expiry date. Suture material is disposed when it reaches its expiry date.*

5. Surgical instrumentation and reusable supplies must be properly cleaned, sterilized and in good repair. Cold sterile is not an acceptable sterilization method for surgical instruments to be used for major surgery.

   GUIDELINES:
   a) *The practice may use a written sterilization protocol that provides for appropriate sterile equipment and supplies such as in the infection control policies, or*
   b) *Team members can describe to the inspector how this is met.*

6. Autoclaves and other sterilization equipment are maintained and serviced in accordance with the manufacturer's instructions. A steam sterilizer of sufficient size to sterilize the quantity of surgical packs necessary for the expected case load is present.

   GUIDELINES:
   a) *Documentation is recommended but not required to confirm service and maintenance.*
   b) *A gas sterilizer may be present, but it is not a substitute for the steam sterilizer. Ethylene oxide gas may be used to sterilize delicate equipment that may be damaged by heat or steam. Ethylene oxide is hazardous and suitable safety precautions are needed to avoid health hazards.*
   c) *Only trained team members operate the sterilization equipment. Practice team member training includes the safe and proper operation of sterilization equipment and recognition of any possible malfunction.*
   d) *The use of a pressure cooker for the purposes of sterilization is not permitted.*

7. Separate sterilized surgical packs are used for each major surgical procedure. A means to confirm sterilization is used.

   GUIDELINES:
   a) *There are appropriate internal and external sterility indicators for the system employed to monitor the efficiency of the sterilization technique. The temperature and pressure generated by this equipment must be sufficient to kill all types of micro-organism, including bacterial spores. Since pressure and temperature gauges may be inaccurate, the efficiency of autoclave equipment must be routinely monitored using standard sterilization indicators.*
   b) *Surgical packs are initialled and dated by the person packing them and labelled for contents. In addition, sterilization indicators are placed in the centre of every surgical pack.*

8. Proper surgical attire is worn during aseptic procedures.

GUIDELINE:

a) Clean protective outerwear, gowns, sterile surgical gloves, OB sleeves.

9. Informed client consent for surgery is documented in the record.

For large animals informed consent for surgery permits verbal consent or written consent. If the client consents verbally, then there is a note in the record to indicate this.

GUIDELINE:

a) Written consent for surgery and high-risk procedures that is signed by the owner is recommended.

10. Medical record-keeping systems are in place that include surgical treatment details and all team members involved in the surgery.

Surgical Logs are maintained separately or in combination with Anesthetic Logs. The surgical log enables auditing of surgical outcomes.

GUIDELINES:

a) Surgical notes for each patient contain:
   - *i. Surgical treatment details are recorded in progress notes or a protocol and include the approach used, findings, and type of repair.*
   - *ii. Suture materials used and closing technique are recorded.*
   - *iii. It is clearly documented the veterinarian who performed the surgery and any team members who provided any aspect of the surgical treatment (i.e., surgical assistant).*

b) Surgical logs are investigative tools. They can assist with analyzing and tracking surgical procedures and patient outcomes.

c) Practices that use anesthetic monitoring charts can maintain the anesthetic/surgical log by compiling patient anesthetic monitoring charts in chronological order.

11. Laser Surgery

If laser surgery is performed, a practice team member is designated as the person in charge of laser safety and ensures that the practice adheres to established safety precautions.

Dispersion of laser plume contains toxic gases and biological particles and as such an appropriate air evacuation system must be used.

Eye wear must be worn while providing laser surgery.

Laser protective eye wear must be labeled with the same wavelength as is emitted by the laser that is to be used.

GUIDELINES:

a) *Practice team members are trained in the use and safety of the surgical laser and this is reviewed annually.*
b) *Clinics with surgical lasers, class 4, must appoint a laser safety officer. Training must comply with the ANSI Z136.1 Standards from the Laser Institute of America.*
c) *Appropriate warning signs are visible for when the laser is being used and access to the treatment room is restricted to essential team members during treatments.*
d) *The practice keeps a log for the maintenance and performance of laser equipment.*
e) *A portable smoke extractor using charcoal and HEPA filters are acceptable. Filters and absorbers require regular replacement.*
f) *Hazards associated with the use of lasers include: risk of electric shock, health hazards from exposure to contaminants found in the laser plume and the potential for fire when direct or reflected laser beam strikes a combustible material, i.e. steel table.*

C. SURGICAL MOBILE FOR COMPANION ANIMALS

It is recognized that barriers to access to veterinary care exist, including remote locations in the province and animal owners with low-income. Access to veterinary care in these circumstances is in the interest of animal welfare and public health.

A Surgical Mobile for Companion Animals has a base unit, a mobile unit, and a remote unit. The remote unit is a stationary element that is used for performing certain major surgical procedures with anesthesia (spay, neuter) on multiple companion animals in the same space and it can change locations to provide services in different communities in the province.

This ASPS recognizes the practical challenges for veterinarians carrying out aseptic surgical procedures (e.g., spay, neuter) for companion animals outside of the traditional in-facility surgical suite. Necessary steps must be taken to reduce the risk of infections. As appropriate and practical for the specific surgical procedure and conditions, the highest level of aseptic technique possible is performed for all surgical procedures.

Requirements:

1. If performing surgery on multiple animals in the same place, the member shall undertake to ensure that there are proper accommodations, such as adequate lighting, ventilation, heating/cooling, cleanliness and animal housing. Any building that is used for this purpose is accessible and the appropriate size for the number of

animals and type of procedures performed. There should not be overcrowding of animals.

2. The surgical area must be visibly identified and separated by enough distance from recovery, admission, surgical and instrument preparation area to avoid contamination.

3. Equipment utilized in the surgical suite is properly cleaned, in good repair, and sufficient in number and variety to match the requirements of the species treated and the surgical case load.

    GUIDELINES:
    - *a) There may be a written protocol for the maintenance of a surgically clean environment and equipment and tracking that is carried out, such as in policies on infection control.*
    - *b) Surfaces within the surgical suite are free from dust/dirt and contamination.*
    - *c) Other equipment may include:*
        - i. *Intravenous fluid hanger or pole*
        - ii. *Waste receptacle*
        - iii. *Portable, adjustable surgical lamp*
        - iv. *Instrument tables*
        - v. *Electrocautery or lasers including scavenger for smoke*
        - vi. *Warming devices*
        - vii. *Suction apparatus*
        - viii. *Pad on surgery table(s) for patient comfort and prevention of injury*

4. A surgery table or surface is provided and made of smooth nonporous material that can be readily sanitized. Wooden tables are not permitted.

    GUIDELINE:
    - *a) It is suggested that the table has the capability to adjust its height and tilt position.*

5. Surgical lighting suitable for the accurate illumination of surgical sites on the patient is available. A surgical light is intended to assist the veterinarian and team member during a surgical procedure by illumination of a local area or cavity of the patient.

    GUIDELINE:
    - *a) Lighting continues to function in the event of a loss of power (e.g. generator, surgical head torch or flashlight).*

6. A standard accepted procedure is used to prepare the patient for surgery. All team members involved in the pre-surgical preparation of patients understand the risk and sources of bacterial contamination.

    GUIDELINES:
    - *a) There maybe a written protocol or checklist that is used, or*
    - *b) Team members can describe to the inspector how this is met.*

c) *Clippers and blades are cleaned and maintained appropriately.*

7. Supplies to perform hand and arm scrub are present including an appropriate surgical scrub agent.

   GUIDELINE:
   a) *Sterile, disposable scrubbing brushes or reusable brushes that are thoroughly washed and sterilized after each use are used.*
   b) *A recognized brushless system can be used.*

8. There is a range of suitable sterile surgical instruments, supplies, consumables and suture materials for the work undertaken.

   GUIDELINES:
   a) *Supplies may include, suture material, drapes, laparotomy pads or sponges, towels and gauze sponges are properly wrapped and sterilized.*
   b) *Sterile instruments, towels, drapes are used for each major surgical procedure.*
   c) *Sterile single use surgical gloves are utilized in all surgeries.*
   d) *Single use sterile suture material is not to be sterilized after use to be used again in aseptic procedures or when it reaches or goes beyond the expiry date. Suture material is disposed when it reaches its expiry date.*

9. Surgical instrumentation and reusable supplies must be properly cleaned, sterilized and in good repair. Cold sterile is not an acceptable sterilization method for surgical instruments to be used for major surgery.

   GUIDELINES:
   a) *The practice may use a written sterilization protocol that provides for appropriate sterile equipment and supplies such as in the infection control policies, or*
   b) *Team members can describe to the inspector how this is met.*

10. Autoclaves and other sterilization equipment are maintained and serviced in accordance with the manufacturer's instructions. A steam sterilizer of sufficient size to sterilize the quantity of surgical packs necessary for the expected case load is present outside of the surgical suite.

    GUIDELINES:
    a) *Documentation is recommended but not required to confirm service and maintenance.*
    b) *A gas sterilizer may be present, but it is not a substitute for the steam sterilizer. Ethylene oxide gas may be used to sterilize delicate equipment that may be damaged by heat or steam. Ethylene oxide is hazardous and suitable safety precautions are needed to avoid health hazards.*
    c) *Only trained team members operate the sterilization equipment. Practice team member training includes the safe and proper operation of sterilization equipment and recognition of any possible malfunction.*

d) The use of a pressure cooker for the purposes of sterilization is not permitted.

11. Separate sterilized surgical packs are used for each major surgical procedure. A means to confirm sterilization is used.

    GUIDELINES:
    a) Appropriate internal and external sterility indicators for the system employed are used to monitor the efficiency of the sterilization technique. The temperature and pressure generated by this equipment must be sufficient to kill all types of micro-organism, including bacterial spores. Since pressure and temperature gauges may be inaccurate, the efficiency of autoclave equipment must be routinely monitored using standard sterilization indicators.
    b) Surgical packs are initialled and dated by the person packing them and labelled for contents. In addition, sterilization indicators are placed in the centre of every surgical pack.

12. Proper surgical attire is worn during aseptic procedures.

    GUIDELINES:
    a) All team members present during a surgical procedure are wearing caps, masks and clean outerwear.
    b) Caps, masks, sterile gown, sterile gloves are worn by the surgeon and team member assisting.

13. Informed client consent for surgery is documented in the record.

    i. The written consent to the surgical treatment signed by or on behalf of the owner of the animal.

    ii. A note that the owner of the animal or a person on the owner's behalf consented orally to the surgical treatment, and the reason why the consent was not in writing.

    iii. A note that neither the owner of the animal nor anyone on the owner's behalf was available to consent to the surgical treatment, and the reason why, in the member's opinion, it was medically advisable to conduct the surgical treatment.

14. Medical record-keeping systems are in place that include surgical treatment details and all team members involved in the surgery. Surgical Logs are maintained separately or in combination with Anesthetic Logs. The surgical log enables auditing of surgical outcomes.

GUIDELINES:

a) Surgical notes for each patient contain:

iv. Surgical treatment details are recorded in progress notes or a protocol and include the approach used, findings, and type of repair.

v. Suture materials used and closing technique are recorded.

vi. It is clearly documented the veterinarian who performed the surgery and any team members who provided any aspect of the surgical treatment (i.e., surgical assistant).

b) Surgical logs are investigative tools. They can assist with analyzing and tracking surgical procedures and patient outcomes.

c) *Practices that use anesthetic monitoring charts can maintain the anesthetic/surgical log by compiling patient anesthetic monitoring charts in chronological order.*

15. ULTRASOUND IMAGING

Objective: The performance of diagnostic imaging occurs with the intention of producing diagnostic quality images.

Practices that perform ultrasonography may have in-house equipment, or they may have a third-party service provider (who may be an itinerant veterinarian or a non-veterinarian) who works with the practice to perform ultrasonography with their own equipment for the practice's clients.

Performing ultrasound is a dynamic process and a veterinarian uses their professional judgement to determine when a case requires images to be saved and documented.

Requirements:

1. Diagnostic ultrasound can be performed at or from the facility or by a diagnostic service.

   GUIDELINE:
   a) *Ultrasonography is performed with in-house equipment or a third-party provider (itinerant veterinarian or non-veterinarian) who attends the facility to perform ultrasonography with their own equipment for the practice's clients.*

2. Ultrasound imaging equipment and facilities are suitable for the range of species routinely treated.

3. Ultrasound imaging equipment is properly maintained and in good repair. The equipment is serviced according to manufacturers' requirements. Equipment is cleaned after each use.

   If ultrasonography is performed by a third-party service provider who attends the facility and uses their own equipment, then the facility director is responsible for obtaining this information from the third-party provider.

   GUIDELINES:
   a) *Team members can explain or demonstrate how equipment is maintained. This may include for example providing copies of maintenance records and/or a written protocol.*
   b) *It is recommended to document maintenance and/or service records.*
   c) *Quality control testing is performed and documented that ensure the equipment is consistently producing quality diagnostic images.*
   d) *Any issues found on any of these evaluations are followed up in a timely manner and include documentation that they have been resolved.*
   e) *A facility director is responsible for ensuring the quality of the images when using a third-party provider.*

4. Ultrasound equipment is operated by trained team members. If ultrasonography is performed by a third-party service provider (itinerant veterinarian or non-veterinarian) who uses their own equipment, then the facility director is responsible for ensuring that the provider has the appropriate training.

GUIDELINE:

a) *Team members can describe the training to the inspector, or provide documentation, such as training manuals or continuing education certificates, etc.*

5. A means to view diagnostic images is easily accessible.

GUIDELINE:

a) *For example, a high-resolution digital image viewer.*

6. When diagnostic images are saved, they are properly identified.

GUIDELINE:

a) *Images may have the following information:*
    i. *The name of the veterinarian or the practice name or both*
    ii. *Identification of the animal*
    iii. *The date of the image*
    iv. *An indication of the left or right side of the animal*

7. When diagnostic images are saved, they are stored and maintained for the same length of time as the medical record. That is, 5 years after the date of the last entry in the patient's record.

8. When diagnostic images are saved, they are securely archived or filed in a manner which preserves their quality and allows for easy retrieval.

9. When diagnostic images are saved, facilities are available for transmission and distribution of copies of diagnostic images to other practices and owners. The diagnostic images shall not be altered, and the transmission shall preserve the quality.

GUIDELINE:

a) *For example, CD, memory stick, electronic transmission, etc.*