



PRACTICE INSPECTION PRACTICE STANDARDS

STANDARDS FOR PRACTICE FACILITIES AND SERVICES

This document is developed to meet the requirements of the *Veterinary Profession Act* and the PEIVMA bylaws, and to replace Bylaw 19.

Approved by the membership of the PEIVMA at the annual general meeting, Saturday, November 2, 2024.

The PEIVMA acknowledges the use of the Practice Inspection and Practice Standards (PIPS) documents of the Alberta and Nova Scotia Veterinary Medical Associations, and sections from Practice Standards documents of the College of Veterinarians of Ontario in the development of this document.

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DEFINITIONS (for the purposes of this bylaw)

Active Client: a client of a facility with whom there is an established and valid veterinarian-client-patient relationship, and excludes those clients who have been advised by the facility that they are no longer in good standing with the facility.

Actively Engaged: a person who is responsible for the day-to-day management and works in a veterinary practice entity (VPE).

Ambulatory VPE: for the purposes of this bylaw an ambulatory VPE is one that offers primary care veterinary services at the residence of the owner or the location where the animal is regularly housed or assembled for reasons other than veterinary care. This includes descriptors such as: house-call, farm-call, and other like terms, but does not include a mobile VPE.

Analgesia: freedom from or inability to feel pain.

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

Closed System Drug Transfer Device (CSDT): a drug transfer device that mechanically prohibits the transfer of environmental contaminants into a system and the escape of hazardous drug or vapour concentrations outside the system.

Companion Animal: an animal kept for companionship and enjoyment that is of a species that typically resides as a pet in a home environment such as dogs, cats, other small mammals, birds, reptiles, bees and wild animals.

Contemporaneous: implies that records will be written at the time of occurrence of the medical event. Events that occur at the same time or are proximate to each other are said to be contemporaneous.

Farm Animal: includes all production animals as well as all equines, regardless of their purpose.

Farm-Animal Surgery: a surgical procedure performed on an equine, production animal, or wildlife species outside of a facility surgical suite, typically on a farm or in the field but may be in a stand-alone veterinary practice entity.

General Anaesthesia: a drug-induced unconsciousness that is characterized by controlled but reversible depression of the central nervous system and analgesia. The patient cannot be aroused by noxious stimulation. Sensory, motor, and autonomic reflex responses are attenuated. While under general anaesthesia, the patient cannot be aroused, even with painful stimulation.

HEPA filtration: high-efficiency particulate air filter. Theoretically, removes 99.97% of any airborne particles measuring 0.3 microns.

Hospital Accreditation Certificate: issued by the PEIVMA Licensing Board upon verification, by inspection, of compliance with the minimum standards for a veterinary practice entity.

Informed consent: the process in which a licensed veterinarian educates a client about the risks, benefits, and alternatives of a given procedure or intervention. This type of communication lets the client ask questions and accept or deny treatment. It requires that the client receives sufficient information regarding a procedure so as to make a knowledgeable decision whether or not to proceed.

In-Facility Surgery Suite: a single-purpose room in a permanent building or mobile unit where sterile, major surgeries are performed.

Laser-Generated Airborne Contaminants (LGAC): a term used to refer to the “cloud” of contaminants created when there is an interaction between the beam and the target matter. These air contaminants are mostly associated with Class 3B and 4 lasers and range from metallic fumes and dust, chemical fumes, and aerosols containing biological contaminants.

Laser Safety Officer (LSO): person in charge of the laser safety program.

Laser Treatment Controlled Area (LTCA): the room in which the laser system is used; the occupancy and activity of those in this area are subject to supervision for the purpose of protection against hazards associated with the use of the laser system.

Licensed Veterinarian: a person entitled to practise veterinary medicine by virtue of registration with the PEIVMA in accordance with the *Veterinary Profession Act*.

Major Surgery: a procedure in which extensive resection is performed, a body cavity is entered, organs are removed or normal anatomy is altered. In general, and based on the species, if a mesenchymal barrier is opened the surgery is considered major. Non-contaminated procedures of greater than 15 minutes are considered major surgery.

Maximum Permissible Exposure (MPE): maximum irradiance or radiant exposure that may be incident upon the eye (or the skin) without causing biological damage.

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

Minor Surgery (non-contaminated): a procedure in which only skin or mucous membranes and connective tissue are resected or any non-contaminated minor surgery of less than 15 minutes duration.

Minor Surgery (contaminated): a procedure performed where there is contamination of the tissues with living bacteria or other organisms.

Minimum Practice Standards: established by this bylaw and must be met by every approved veterinary practice entity. These are the minimum acceptable elements that constitute an approved VPE independently, considering its respective practice category/activity.

Nominal Hazard Zone (NHZ): the space in which the level of the direct, reflected, or scattered radiation during normal operation exceeds the applicable MPE.

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

Practice Name: the name under which the veterinary practice entity offers services. The name must be approved by the PEIVMA Licensing Board.

Production Animal: an animal kept for the production of food, fiber, or labour, regardless of species.

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

Protocols or Livestock Standard Operational Procedures: directions by a licensed veterinarian for managing and treating animal-health situations by a pre-determined set of procedures and triggered by a specific indication.

Registered Veterinary Technologist (RVT): a person entitled to engage in a defined scope of veterinary practise under supervision of a licensed veterinarian in accordance with the *Veterinary Profession Act* and the PEIVMA bylaws.

Responsible Veterinarian: a licensed veterinarian with a general licence appointed by the VPE owner who has been appropriately informed and who provides overall guidance to the operation of the VPE, ensuring that conditions of the *Veterinary Profession Act* and the PEIVMA bylaws are adhered to.

Sedation: central depression accompanied by drowsiness. The patient is generally unaware of its surroundings but is responsive to painful manipulations. This refers to drug-induced central nervous system depression and drowsiness that vary in intensity from light to deep. A sedated patient generally is minimally aware of its surroundings and can be aroused by noxious stimulation. Sedation is often used for diagnostic imaging, grooming, wound treatment, and other minor procedures.

Service Category: the categories of service to which the specific minimum practice standards apply. Each VPE may choose which service categories they engage in and which species of animal that service is delivered to. If they participate in a service, they must maintain compliance with the minimum standards for that service and species.

Sharps: any materials that can puncture, penetrate, tear, or cut the skin or mucous membranes, including needles, lancets, glass slides, scalpels, broken glass, etc. (contaminated or not).

Surgical Anaesthesia: a specific plane of general anaesthesia in which there is a sufficient degree of analgesia and muscle relaxation to allow surgery to be performed without patient pain or movement.

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

Universal Standards: standards which must be met and maintained by every VPE before it can be certified.

Veterinary-Client-Patient Relationship (VCPR): a working connection and interaction between veterinarian, client, and specific animal patient or group of animals, the conditions for which (establishing and maintaining) are outlined in the PEIVMA bylaws.

Veterinary Health Care Worker (VHCW): any person engaged in a veterinary practice entity, including owners, employees, contract workers, students, and volunteers.

Veterinary Medical Professionals (VMP): individuals registered and licensed to engage in the practise of veterinary medicine under the *Veterinary Profession Act* and the PEIVMA bylaws – specifically, veterinarians and animal health technologists.

Veterinary Practice Entity (VPE): the total of buildings, equipment, and supplies, licensed veterinarians, registered veterinary technologists, support personnel, and necessary documents that exist for the purpose of supplying veterinary services, regardless of whether or not the operation has a fixed address and location to which the public attends.

WHMIS: acronym of Workplace Hazardous Materials Information System – a comprehensive plan for providing information on the safe use of hazardous materials used in Canadian workplaces. Information is provided by means of product labels, material safety data sheets (MSDS), and worker education programs.

For the purposes of this bylaw

- Canine castration is considered to be major surgery and must be performed in an in-facility surgery suite.
- Feline castration is considered to be minor surgery and can be performed outside of a surgical suite in a stand-alone VPE but cannot be performed by an ambulatory care VPE.

NOTE Notwithstanding any provision of these standards, the PEIVMA Licensing Board can waive any of the requirements for accreditation where it believes it is in the public interest to do so.

FACILITY TYPES AND APPLICABLE STANDARDS

Each veterinary practice entity (VPE) must select one or more of the facility types listed below and must comply with both the Universal Standards and the Service Category Standards associated with each facility type selected.

- 1. Companion Animal Hospital**
 - a. Universal Standards: 1-8
 - b. Required SC-1, 3, 3A, 3B, 4, 4A, 5, 5A, 6A, 7, 9, 9A, 12
 - c. Optional service categories but, if offered, must meet SC-8, 10, 11, 13
- 2. Companion Animal Office**
 - a. Universal Standards: 1-8
 - b. Required SC-1, 3, 3A, 12
 - c. Optional service categories but, if offered, must meet SC-3B, 8, 10
- 3. Companion Animal Satellite Office**
 - a. Universal Standards 1-8
 - b. Required SC-1, 3, 4, 5, 12
- 4. Companion Animal Mobile Clinic**
 - a. Universal Standards 1-8
 - b. Required SC-1, 2, 3, 3A, 4, 4A, 5, 5A, 7, 9, 9A, 12
 - c. Optional service categories but, if offered, must meet SC-6, 8, 10
- 5. Companion Animal House-Call Service**

Must be affiliated with a companion animal hospital

 - a. Universal Standards 1-8
 - b. Required SC-1, 2, 4, 4B, 12
 - c. Optional service categories but, if offered, must meet SC-10
 - d. A means for safe transport must be available for transport of the animal, if needed
- 6. Companion Animal Emergency Hospital**
 - a. Universal Standards 1-8
 - b. Required SC-1, 3, 3A, 3B, 4, 4A, 5, 5A, 7, 9, 9A, 12
- 7. Large Animal Hospital**
 - a. Universal Standards 1-8
 - b. Required SC-1, 3, 3A, 3B, 4, 4A, 5, 5A, 7, 9, 9A, 12
 - c. Optional service categories but, if offered, must meet SC-6, 6B, 8, 10, 11
- 8. Large Animal Office**
 - a. Universal Standards 1-8
 - b. Required SC-1, 12
 - c. Optional service categories but, if offered, must meet SC-3, 3A, 3B, 4, 4A, 5, 5A, 5B, 6, 6B, 7, 9, 9A, 10, 11
- 9. Large Animal Mobile**
 - a. Universal Standards 1-8
 - b. Required SC-1, 2, 4, 4C, 5, 5B, 12
 - c. Optional service categories but, if offered, must meet SC-6, 6B, 7, 9, 10, 11
- 10. Consultative Practice**

A veterinary practice established to provide professional consultation only, based on clinical or statistical information available.

 - a. Universal Standards: 1, 3, 5, 6, 7
 - b. Required SC-12
 - c. Optional service categories but, if offered, must meet SC-2

STANDARDS FOR VETERINARY PRACTICE ENTITIES

COMPANION ANIMAL HOSPITAL

Must comply with all Universal Standards codes 1 through 8.

Must provide the services for which standards are listed by the following service category codes.

- SC-1: Primary Care
- SC-3: Animal Housing (both SC-3A & SC-3B)
- SC-4: Anaesthesia (SC-4A, in-facility)
- SC-5: Sterile Surgery (SC-5A, in-facility)
- SC-6A: Companion Animal Dentistry
- SC-7: Imaging
- SC-9: Diagnostic Laboratory (SC-9A, in-facility)
- SC-12: Emergency Care

Must comply with the service codes pertaining to optional services.

1. The facility contains a reception area which:
 - a. cannot be in the examination room.
 - b. contains sufficient seating for the reasonably expected number of clients.
2. The facility contains a room for the physical examination of animals which:
 - a. can also be used as a treatment area.
 - b. is large enough for a veterinarian to examine an animal conveniently with a client present in the area, together with any necessary (and at least one) assistant and the required equipment.
 - c. is well-lighted.
 - d. contains
 - i. an examination table, with a readily sanitized, impervious surface.
 - ii. a waste receptacle.
3. The following equipment is available in the facility.
 - a. A weigh scale appropriate to the weights of reasonably expected animals.
 - b. A microchip scanner capable of reading ISO compliant microchips [ISO 11784/11785][Frequency 134.2 kHz].
4. The facility contains one or more treatment areas which can be used for preparing animals for major surgery, performing minor surgery, performing dentistry, and providing medical treatment.
 - a. The treatment area is separate from the operating room and the reception area, but can be part of the examination room.
 - b. Each such area is large enough to accommodate readily a veterinarian, an animal, any necessary (and at least one) assistant and the required equipment.
 - c. Each treatment area contains:
 - i. a table large enough for treatment of an animal, with a readily sanitized, impervious surface.
 - ii. a drained sink with hot and cold running water.
5. The facility has a supply of and the means to administer oxygen.
6. The facility contains a diagnostic X-ray machine.
7. Morgue facilities must be provided or carcasses removed daily to a proper morgue establishment.

COMPANION ANIMAL OFFICE

Must comply with Universal Standards codes 1 through 8

Must provide the services for which standards are listed by these service category codes:

- SC-1: Primary Care
- SC-3: Housing
- SC-12: Emergency Care

SC-4: Anaesthesia – The facility will not conduct anaesthesia procedures.

SC-5: Sterile Surgery – The facility will not have capability for surgical procedures.

SC-6A: SA Dentistry – Dentistry will not be performed in this VPE.

SC-7: Diagnostic Imaging – Since radiology is NOT performed, the facility does NOT contain items that would allow the taking or developing of X-rays.

1. The facility contains a reception area which:
 - a. cannot be in the examination room.
 - b. contains sufficient seating for the reasonably expected number of clients.
2. The facility contains a room for the physical examination of animals which:
 - a. can also be used as a treatment area.
 - b. is large enough for a veterinarian to examine an animal conveniently with a client present in the area, together with any necessary (and at least one) assistant and the required equipment.
 - c. is well-lighted.
 - d. contains
 - i. an examination table, with a readily sanitized, impervious surface.
 - ii. a waste receptacle.
3. The following equipment and supplies are readily available in the facility:
 - a. A weigh scale appropriate to the weights of reasonably expected animals.
 - b. Microchip scanner capable of reading ISO compliant microchips [ISO 11784/11785][Frequency 134.2 kHz].
4. There are one or more indoor areas for the confinement of animals in compartments.
5. The facility contains enough compartments to accommodate the reasonably expected number of confined animals.
6. If reasonable accommodations can be provided for fecal and urinary elimination and exercise for animals outdoors, then an indoor exercise run is not required.
7. Morgue facilities must be provided or carcasses removed daily to a proper morgue establishment.

COMPANION ANIMAL SATELLITE OFFICE

Must comply with Universal Standards 1 through 8.

Must be affiliated with a companion animal hospital.

Must provide the services for which standards are listed by the following service category codes:

- SC-1: Primary Care
- SC-3: Housing
- SC-4: Anaesthesia
- SC-5: Sterile Surgery
 - Only minor surgery (non-contaminated or contaminated) and routine elective major surgery (i.e. ovariohysterectomy and orchietomy) are performed. All other major surgeries are sent to the affiliated companion animal hospital.
- SC-9: Diagnostic Laboratory (SC-9A, in-facility)
 - If not available on site must be able to provide diagnostics through an affiliated companion animal hospital on the same day or within 24 hours (depending on severity of case).
- SC-12: Emergency Care

SC-6A: SA Dentistry – Dentistry is NOT to be performed in this VPE but through an arrangement with an affiliated companion animal hospital

SC-7: Diagnostic Imaging - Is NOT performed in the facility (therefore the facility does NOT contain items that would allow the taking or developing of x-rays) but has an agreement with an affiliated companion animal hospital to send patients for same-day radiographs and a further diagnostic work-up.

1. The facility contains a reception area which:
 1. cannot be in the examination room.
 2. contains sufficient seating for the reasonably expected number of clients.
2. The facility contains a room for the physical examination of animals which:
 1. can also be used as a treatment area.
 2. is large enough for a veterinarian to examine an animal conveniently with a client present in the area, together with any necessary (and at least one) assistant and the required equipment,
 3. is well-lighted,
 4. contains
 1. an examination table, with a readily sanitized, impervious surface.
 2. a waste receptacle.
3. The following equipment and supplies are readily available in the facility:
 1. a weigh scale appropriate to the weights of reasonably expected animals.
 2. microchip scanner capable of reading ISO compliant microchips [ISO 11784/11785][Frequency 134.2 kHz]
4. The facility has a supply of oxygen and the means to administer the oxygen.
5. The facility contains enough indoor compartments to accommodate the reasonably expected number of confined animals.
6. If reasonable accommodations can be provided for fecal and urinary elimination and exercise for animals outdoors, then an indoor exercise run is not required.
7. Morgue facilities must be provided or carcasses removed daily to a proper morgue establishment.

COMPANION ANIMAL MOBILE CLINIC

Must comply with Universal Standards codes 1 through 8.

Must provide the services whose standards are listed by the following service category codes:

- SC-1: Primary Care
- SC-2: Ambulatory Care
- SC-3: Animal Housing (SC-3A & SC-3B)
- SC-4: Anaesthesia (SC-4A, stand-alone VPE)
- SC-5: Sterile Surgery (SC-5 A, in-facility)
- SC-7: Imaging
- SC 9: Diagnostic Laboratory (SC-9A, in-facility)
- SC-12: Emergency Care.

Guiding Principles

The objective of the companion animal mobile clinic is to allow a VPE to operate in a vehicle properly equipped to offer veterinary services that meet the standards of care for patients, workers, and the public. This category of VPE has greater capacity than an ambulatory (house call/farm call) service and, consequently, has a greater level of responsibility with regard to practice standards. While this service is generally an additional service category for a stand-alone VPE, it may also be operated independently and as a separate VPE. As these facilities do not provide for accommodation of the public (reception areas, washrooms, etc.), limitations to public access apply.

This VPE will offer service categories not permitted for an ambulatory **CARE** VPE. It is required that the companion animal mobile clinic meet all the conditions of a stand-alone VPE with regard to the additional service categories offered.

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

Operational Procedures

1. The mobile VPE will have a fixed-location base which provides for storage of records, equipment, and supplies, and has an area for instrument and equipment preparation, if required.
2. The scope of practise for a companion animal mobile clinic is identical to services provided by a companion animal hospital. Despite number 1., if the companion animal mobile clinic is unable to perform major surgical procedures as required by the standards for a companion animal hospital as set out in the bylaws, the clinic must have a written arrangement with an accredited companion animal hospital to provide such services.
3. The mobile VPE will provide services to animals at the residence of the owner or the location where the animal is regularly housed meeting the conditions of SC-2.
4. The vehicle from which the companion animal mobile clinic is operated must:
 - a. be currently registered, licensed, inspected, and insured as required by the Department of Motor Vehicles.
 - b. be commercially or custom-manufactured, distributed, and sold specifically for the practise of veterinary medicine.
 - c. satisfy the PEIVMA Licensing Board that it is appropriate, professional, clean, and used only for the purposes of veterinary medicine.
 - d. post its accreditation certificate in a prominent place in the vehicle.
 - e. post the hours of operation of the companion animal mobile clinic.
 - f. identify and comply with any and all government regulations.
5. The vehicle is parked on private property owned by the animal owner but may also be parked on public property immediately adjacent to the residence of the animal if permitted by local law.
6. Provision of isolation housing may take place at a fixed-location facility or by formal arrangement with a companion animal hospital.

7. Emergency care

1. The VPE that owns and operates the companion animal mobile clinic is required to provide emergency services to the active clients of the companion animal mobile clinic.
2. Notwithstanding a., the companion animal mobile clinic must have a written agreement with another accredited VPE or emergency clinic to provide emergency services.
3. The provision of emergency services required in a. and b. are described in SC-12 "Operational Procedures."

COMPANION ANIMAL HOUSE-CALL SERVICES

Must comply with Universal Standards codes 1 through 8

Must be affiliated with a companion animal hospital

Must provide the services for which standards are listed by the service category codes:

- SC-1: Primary Care
 - SC-2: Ambulatory Care
 - SC-4B Anaesthesia (standards must be followed if sedation is to be provided.)
 - SC-12: Emergency Care
1. A clear and impervious material, such as non-porous paper or strong plastic, must be on hand to cover the examination surface.
 2. When minor surgical procedures are being performed, the following equipment must be provided.
 - a. Clippers.
 - b. Vacuum.
 - c. Scrub and final prep materials.
 - d. Autoclaved packs.
 - e. Sink.
 - f. Sterile gloves, instruments and equipment.
 3. Equipment sufficient for the collection of blood samples, urine samples, bacterial cultures, and other clinical pathology specimens must be available.
 4. The vehicle used in the house-call service must be clean, orderly, and properly maintained.
 5. Cleanliness and orderliness of the drugs and equipment in appropriate carrying containers is mandatory.

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

COMPANION ANIMAL EMERGENCY HOSPITAL

Must comply with requirements of Universal Standards codes 1 through 8.

Must provide the services for which standards are listed by the following service category codes.

- SC-1: Primary Care
- SC-3: Animal Housing (both SC-3A & SC-3B)
- SC-4: Anaesthesia (SC-4A, in-facility)
- SC-5: Sterile Surgery (SC-5A, in-facility)
- SC-7: Imaging
- SC-9: Diagnostic Laboratory (SC-9A, in-house)
- SC-12: Emergency Care

The VPE complies with all requirements for a companion animal hospital but does not provide the following routine procedures (i.e. these are NOT performed at this VPE):

- Wellness exams
- Vaccines
- Health Certificates
- Dental care (SC-6A)
- Routine elective surgeries.

The following investigative procedures can be performed in the facility or if there is an arrangement among the members practising in the facility that such procedures can be obtained from a diagnostic laboratory during the night:

1. Hematology.
2. Biochemistry.
3. Cytology.
4. Urinalysis.

Electrocardiography can be performed in the facility or there must be an arrangement that electrocardiography can be provided by a VPE in close proximity, or by a diagnostic service, or there is a suitable combination for the performance of electrocardiography.

The facility contains a diagnostic X-ray machine.

LARGE ANIMAL HOSPITAL

Must comply with Universal Standards codes 1 through 8

Must provide the services for which standards are listed by the following service category codes:

- SC-1: Primary Care
- SC-3: Animal Housing (both SC-3A & SC-3B)
- SC-4: Anaesthesia (SC-4A, in-facility)
- SC-5: Sterile Surgery (SC-5 A, in-facility)
- SC-6B: Equine Dentistry
- SC-7: Imaging
- SC 9: Diagnostic Laboratory (SC-9A, in-house)
- SC-12: Emergency Care

1. The facility contains a reception area which:
 - a. cannot be in the examination room.
 - b. contains sufficient seating for the reasonably expected number of clients.
2. The facility contains area for the physical examination of animals which:
 - a. can also be used as a treatment area, a confinement area, or both.
 - b. is large enough for a veterinarian to examine an animal conveniently with a client present in the area, together with any necessary (and at least one) assistant and the required equipment.
 - c. c. is well-lighted.
3. The facility contains one or more treatment areas which can be used for performing minor (non-sterile) surgery (SC-5B).
4. The treatment area is separate from the reception area.
5. The waste containers for the confinement areas are emptied daily.
6. There is evidence of good husbandry in the confinement area.
7. The operating area:
 - a. is large enough to accommodate readily a veterinarian, an animal, any necessary assistants and the required equipment.
 - b. has a drained floor constructed of solid, impervious material that can be readily sanitized.
 - c. contains an operating table or an adequately padded area for the surgical procedures performed.

MOBILE UNITS

A large animal hospital can operate one or more animal mobile units, if such units meet the standards required for a large animal mobile.

LARGE ANIMAL OFFICE

Must comply with Universal Standards codes 1 through 8.

Must provide the services for which standards are listed by the following service category codes:

- SC-1: Primary Care
 - SC-5B: Farm-Animal Surgery
 - SC-9: Diagnostic Laboratory (9A, in-house)
 - SC-12: Emergency Care
1. The facility contains a reception area which:
 - a. must not be in the examination room.
 - b. contains sufficient seating for the reasonably expected number of clients.
 2. The facility contains area for the physical examination of animals which:
 - a. can also be used as a treatment area, a confinement area, or both.
 - b. is large enough for a veterinarian to examine an animal conveniently with a client present, together with any necessary (and at least one) assistant and the required equipment.
 - c. is well-lighted.
 3. The facility contains one or more treatment areas which can be used for performing minor (non-sterile) surgery (SC-5B).
 4. The treatment area is separate from the reception area.
 5. The waste containers for the confinement areas are emptied daily.
 6. There is evidence of good husbandry in the confinement area.
 7. Animal compartment and holding-area stipulations do not apply on a strictly outpatient basis; nonetheless, they must comply with SC-3, if provided.
 8. Diagnostic imaging as per the standards in SC-7 is required in all clinics. Radiology services must be provided as defined by SC-8, by a large animal hospital or ambulatory VPE through a written agreement.
 9. Hematology and blood-chemistry analysis must be provided as defined by SC-9 or by another VPE through a written agreement.

MOBILE UNITS

A large animal office can operate one or more animal mobile units, if such units meet the standards required for a large animal mobile.

LARGE ANIMAL MOBILE

The large-animal mobile VPE will have a fixed-location facility which provides for storage of records, equipment, and supplies, and has an area for instrument and equipment preparation, if required.

Must comply with Universal Standards codes 1 through 8 with the following exceptions:

- US-2 will apply if there is public access to the VPE.
- The VPE is exempt from US-5: sections 3, 10, 18.

Must provide the services for which standards are listed here.

- SC-2: Ambulatory
- SC-5B: Farm-Animal Surgery
- SC-6B: Equine Dentistry
- SC-7: Diagnostic Imaging
- SC-9A: Diagnostic Laboratory (in-facility)
- SC-12: Emergency Care

Diagnostic laboratory and radiology services must be provided to the service defined by service codes, or by a large animal hospital or ambulatory VPE through a written agreement.

CONSULTATIVE PRACTICE

Animals will not be examined in a consultative practice.

This VPE complies with all requirements of Universal Standard codes 1 through 8, with the following exceptions:

- US-2 will apply if there is access to the public.
- US-4 will apply if biomedical wastes are produced.
- The VPE is exempt from US-5: numbers 3, 10, 14, 18.
- US-8 will not apply. The VPE will not administer, handle, compound, or dispense medications, pharmaceuticals, chemicals, disinfectants, parasiticides, biologicals, or drugs and products.

SC-2: Ambulatory Care will apply to the VPE if site visits are part of the consultative services offered.

UNIVERSAL STANDARDS (US)

These standards must be met and maintained by every veterinary practice entity before it can be certified and offer veterinary services.

US-1: LEADERSHIP

Guiding Principles

The *Veterinary Profession Act* defines who can practise veterinary medicine and who can own a veterinary practice. It also requires the PEIVMA to set standards of practise and to certify those operations that meet these standards. The goal is to provide assurance and protection to the public regarding delivery of veterinary health-care procedures in the province of Prince Edward Island. Provision of professional leadership and clear practice standards through these bylaws is essential in meeting this goal.

Professional Responsibility

- 1) The VPE must engage a veterinarian with a general licence to act as responsible person regarding the operation of the VPE. This person must be familiar with the statutory requirements for operating a VPE and ensure the implementation of all necessary standards of practise. This role can be filled by an owner veterinarian or an appropriately appointed delegate. This position does not absolve other veterinarians or animal health technologists of their professional responsibilities or liabilities, nor does it assume responsibility for the professional conduct of other individuals working in the VPE.
- 2) Veterinary medicine must only be practised by a licensed veterinarian from an accredited VPE, or appropriately delegated to a registered veterinary technologist under the supervision of a licensed veterinarian.
- 3) A veterinarian with a general licence must be actively engaged in the practice activity every day that the VPE operates or offers services.
- 4) All veterinary activity performed in an accredited VPE must be under the direction of a licensed veterinarian whose general practice licence does not require supervision.
- 5) Every veterinary practice entity must ensure continuity of care for patients and clients by providing out-of-hours emergency services, either by a designated on-call licensed veterinarian or referral to an alternate facility with which a written agreement exists.

VPE Accreditation Standards

- 1) A veterinary practice entity must define the scope of its professional activity by facility category and species of animal.
- 2) Veterinary medicine must only be practised in accordance with the criteria established for the respective VPE and applicable association bylaws in an environment certified under the PEIVMA bylaws.
- 3) Every VPE must maintain those standards designated as Universal Standards, except where specifically noted.
- 4) Each VPE must maintain all the minimum practice standards included in the list of each individual service category based on the facility type that the entity has elected to deliver.
- 5) Each veterinary practice will be inspected and recertified every three years (such inspection could take place without notice).
- 6) Practice inspection program fees and other fees established by the PEIVMA Licensing Board must be paid in a timely manner by all veterinary practice entities.
- 7) The hospital accreditation certificate must be displayed in a location visible to the public.

New Practices

- 1) An application for hospital accreditation of a new VPE must be approved by the PEIVMA.
- 2) A VPE must demonstrate minimum standards and be initially inspected and accredited prior to commencing operations.

Ownership

- 1) The owner must provide the VPE support and resources necessary for the VPE to comply with its obligations under these standards.
- 2) Ownership of the VPE must be recorded with the PEIVMA, including any corporate and government ownership.
- 3) All corporations having ownership in a VPE must have the managing veterinarian as a licensed and registered PEIVMA member
- 4) The owner of the VPE must monitor and enforce compliance with the systems, policies, and procedures referred to in this standard.
- 5) Any change in ownership, relocation, major renovation of a VPE or changes in service categories offered must be reported to the PEIVMA and will require an inspection to ensure ongoing accreditation.

US-2: BUSINESS STANDARDS AND WORKPLACE SAFETY

Guiding Principles

All businesses have a responsibility of care for workers, customers, and the general public. The VPE operates as a business in Prince Edward Island and, therefore, has minimum legal obligations that must be met. Several different pieces of federal, provincial, and municipal legislation apply to business operations, including veterinary businesses. It is the onus of the VPE to ensure all federal, provincial, and municipal regulations, laws, and bylaws are met. VPE owners are responsible for ensuring they adhere to all occupational health and safety regulations applicable to their workspace.

Each VPE must identify the hazards that have happened or could happen in its area and plan specific responses for each scenario. The plan will be different for each VPE. There is a resource available to help identify and develop controls for health and safety hazards.

Operational Procedures

- 1) The VPE has a written:
 - a. Fire safety plan
 - i. Fire safety plans must include, but are not limited to:
 1. Posted floor plan - The VPE has a posted floor plan showing:
 - a. Fire extinguishers (must conform to municipal requirements).
 - b. Control valves (oxygen, gas, water).
 - c. Dangerous areas (chemical storage, oxygen storage).
 - d. Exits.
 - ii. Refer to the Prince Edward Island Fire Prevention Act and Regulations, and all other pertinent regulatory requirements.
 - ii. Hazardous chemical spills protocol
 - i. For guidance, refer to:
 1. Environmental Protection Act (PEI).
 2. Occupational Health and Safety Act and General Regulations (PEI).
 3. Pertinent regulatory requirements.
- 2) Due to the unique nature of veterinary practices, emergency planning is important and can help control and respond to accidents or disasters. Planning for short-term and long-term interruptions in the VPE is recommended for the safety of workers, patients, and the public, as well as ensuring ongoing patient care. Each VPE must meet its own regional legislative requirements in addition to following these guidelines.
 - a. Written plans or protocols
 - i. Required
 - i. Building evacuation instructions - In case of emergencies, evacuation and animal-handling instructions must be posted and familiar to staff. Escape routes must be clearly marked.
 - ii. Emergency phone numbers - including fire, hospital, police, and poison control centres are posted in a readily accessible location and familiar to staff.
 - ii. Recommended
 - i. Crime prevention/personnel security plan
 - ii. Contingency/Emergency action plan - in the event of a disaster or emergency that could close the VPE temporarily, this plan needs to include options to maintain business in an alternate location, as well as options for temporary holding for animals.
- 3) Additional requirements
 - a. Doors and windows must be secured or self-closing to prevent the escape or theft of animals.

- b. There must be a source of emergency lighting in the facility adequate for finishing any procedures in progress and for evacuating the building.
- c. There must be adequate exterior illumination of entrances, walkways, and parking areas.

Recommendations

- 1. A functional emergency electrical generator, capable of providing backup power resources when the regular system fails, is in place.
- 2. Oxygen tanks are stored in a designated area with distribution lines to treatment, anaesthesia, and surgery areas.

US-3: PROFESSIONAL IMAGE AND RESPONSIBILITY

Guiding Principles

Veterinary medicine in Prince Edward Island is a provincially regulated, self-governing profession. This privilege comes with significant commitment to protecting the public's interest. Public expectation demands that a professional image be maintained and responsibilities be delivered to the standards set by the PEIVMA Licensing Board. Our first professional responsibility is to ensure the health and welfare of the animals in our care.

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

Facility and Equipment

- 1) Must have an operating name which has been approved by the PEIVMA Licensing Board, and must not use any name that has not been approved.
- 2) Must have a fixed mailing address.
- 3) Must have a listed telephone number.
- 4) Information, such as a fax number, email address, website, or other form of communication directed to the public, must be recorded with the PEIVMA.
- 5) Must have the following insurance in place (unless the VPE is a government agency).
 - a. Business liability.
 - b. Professional liability and malpractice.

Operational Procedures

- 1) All veterinarians and veterinary technologists must be registered with the PEIVMA.
- 2) The VPE must operate under the guidance of a licensed veterinarian, designated as the responsible veterinarian.
- 3) A licensed veterinarian responsible for the delivery of veterinary medical services must be present and on duty during hours of operation when the practise of veterinary medicine is occurring. Notwithstanding, it could be necessary for the veterinarian to be absent from the facility for periods of time during the day; an appointed person then remains responsible for veterinary activity during this time.
- 4) The course of treatment and case management of all patients must be determined by a licensed veterinarian, with informed consent from the owner or responsible person.
- 5) Unregistered individuals are not permitted to perform any procedure that is considered the practise of veterinary medicine.
- 6) Veterinary medical professionals must respond to and act upon animal welfare cases that they become aware of, and are ethically expected to report all cases of suspected willful animal abuse to the appropriate authority.
- 7) All personnel working for the VPE must present a neat and clean appearance.

US-4: BIOSECURITY & BIOMEDICAL WASTE MANAGEMENT

Guiding Principles

The reduction of risk, prevention, or control of infections, or potentially infectious agents in each VPE is important in the delivery of good veterinary care and for the protection of staff, animals in the facility, and the public. Thought must be given to how this will be achieved in each VPE, and what level of biosecurity is appropriate. Refer to Health Canada Canadian Biosafety Standards and Guidelines: Canadian Biosafety Guidelines: Physical Design and Operational Practises for Diagnostic Activities.

Facility and Equipment

- 1) The VPE must contain puncture-proof containers into which needles, scalpel blades, and other sharps are discarded.
- 2) Facilities and equipment exist so that biomedical waste can be safely handled and stored.
- 3) Refrigerated and/or freezer storage for carcasses and body tissues is provided and readily available for disposal services for prompt and immediate removal.

Operational Procedures

- 1) Appropriate commercial disinfectant with bactericidal, fungicidal, and virucidal characteristics is used according to manufacturer's directions to clean surfaces.
- 2) There is adequate means to dispose of or remove all wastes.
- 3) Additional biosecurity measures (including but not limited to footbaths, protective clothing, boots, etc.) are in place where applicable for isolation and quarantine.
- 4) Waste disposal is conducted according to all applicable municipal, provincial, and federal legislation.
- 5) Biomedical waste must be safely stored in one of the following ways:
 - a. In a designated location with access limited to authorized personnel.
 - b. At a waste transfer station used solely for the storage of biomedical waste.
 - c. In adherence to the Public Health Act which states that it must not create a public nuisance.
- 6) In the absence of biomedical waste disposal services, sharps and other solid biomedical waste directed for landfill disposal must be disposed of in accordance with federal, provincial, and municipal bylaws.
- 7) Large solid biomedical waste such as body parts removed at surgery and fetuses that are too large to be treated chemically or with heat must be handled according to provincial regulations.
- 8) Sharps containers are handled in the following manner:
 - a. Located as close as practical to where sharps are used.
 - b. Have a clearly marked fill line that is not exceeded.
 - c. Are sturdy enough to resist puncture under normal conditions of use and handling, are closable so material cannot fall out, and are leak proof on the bottom and sides.
 - d. Must not be reopened or material removed once it is placed inside.
- 9) A record of disposal service is recommended.

US-5: FACILITY STANDARDS

Every VPE must meet the facility standard regardless of whether the public attends. Every VPE, including consultative, ambulatory, and mobile facilities, will have a physical location accessible for inspection under this bylaw, where staff are employed and engaged in VPE activity, correspondence is sent, medical records are stored, pharmaceuticals are shipped to and inventoried, and equipment cleaned and maintained.

Facility and Equipment

- 1) The exterior and interior of the building is of good construction and permanent in nature with adequate:
 - a. heating, humidity, and temperature control.
 - b. lighting.
 - c. ventilation and screening.
 - d. security for public, staff, and patients.
- 2) Parking is adequate for the volume of traffic that meets the needs of the VPE activity undertaken at that location and its ancillary services.
- 3) The facility has, and appears to have, the practise of veterinary medicine as its primary purpose.
- 4) The signage of the facility does not present to the public that it is operated in connection with another enterprise.
- 5) The facility is self-contained and has a solid, permanent wall between it and an adjacent businesses.
- 6) The facility has a separate and distinct entrance directly from the street or, if the facility is in a building containing more than one business, directly from a common lobby, hallway, or mall.
- 7) The facility has no direct public access to a commercial establishment:
 - a. where animals are bought or sold.
 - b. where animal feed or other goods and services, used principally by, with, or for animals, are bought or sold.
- 8) All areas inside and outside appear clean, orderly, and free of hazards to staff, clientele, and patients.
 - a. Snow and ice, rubbish, and feces are to be removed as quickly as possible.
 - b. There is adequate exterior lighting at entrances, walkways, and parking lots.
 - c. The facility is free of all hazards and obstructions to traffic flow.
- 9) Where animals are present, the escape or theft of animals is prevented in that doors and windows are secured and/or self-closing.
- 10) Reception area and restroom facilities are presentable, clean and orderly, with furnishings in good repair.
- 11) When provided, examination, diagnostic, laboratory, post-mortem, treatment and/or surgical areas are clean and orderly with:
 - a. running water.
 - b. adequate drainage (where applicable).
 - c. appropriate cleaning equipment and supplies.
 - d. impervious or easily cleaned surfaces.
 - e. tables constructed of readily sanitized material.
 - f. Health Canada Canadian Biosafety Standards and Guidelines: Canadian Biosafety Guidelines: Physical Design and Operational Practices for Diagnostic Activities.

- 12) Adequate fire extinguisher(s), smoke detector(s), and/or sprinkler(s) are present and in working order, and conform to municipal regulations and inspections.
- 13) Adequate restraining equipment is available (where applicable and appropriate for species and service category).
- 14) If cattle or other large animals are treated at the facility:
 - a. There is an adequate system to unload/load an animal.
 - b. A head gate is available for restraint and is in good working order and repair.
- 15) There is adequate storage space for drugs, equipment, cleaning materials, food supplies, medical records, etc. appropriate for the service categories of the VPE.
- 16) Adequate refrigeration capacity is available for the storage of pharmaceuticals, lab samples, food supplies, cadavers, etc. in a manner that prevents cross-contamination.
- 17) All electrical equipment is certified by an organization that is accredited by the Standards Council of Canada.
- 18) Outside the surgery area the facility must contain an adequate supply of clean linens, stored to minimize contamination from surface contact or airborne sources, including:
 - a. towels.
 - b. smocks, lab coats, or aprons.
 - c. masks and caps.

Operational Procedures

- 1) Facility cleaning and equipment maintenance is in place and used.
- 2) Refuse is disposed of safely and often enough so that it does not accumulate.
- 3) Facility and equipment standards do not prohibit the provision of ancillary services in the facility, such as boarding or grooming, which are incidental and subordinate to the professional services provided in the facility. These services must meet all the standards required for a VPE.
- 4) Pest (e.g. fly and rodent) control is constantly monitored and managed.
- 5) Evidence of annual testing of water supply and treatment as required by local authorities must be provided unless municipal water supply is being used by the facility.

US-6: MEDICAL RECORDS

Guiding Principles

Accurately kept medical records are essential to a VPE. Proper records are crucial to providing optimum care of patients, and for ensuring continuity of health management. Medical records allow sound communication among veterinarians, veterinary technologists, the animal-health-care team, and other colleagues. They are also important in the day-to-day management of a successful veterinary practice. If something goes wrong with a case, or if there is a complaint, meticulously kept records are essential to verify the appropriateness of the care or actions taken. Records must be clear, concise, logical, and easy-to-read, and in a format that facilitates sharing, ease of use, and timely retrieval of patient information by authorized individuals.

Medical Record Content

- 1) The medical record must contain client identification.
 - a. Name and address.
 - b. Contact telephone number(s).
 - c. When applicable alternative person(s) authorized to make medical decisions for the animal(s). Examples of alternative person(s) include: spouse, co-owner, alternative caregiver, emergency contact, or livestock manager.
- 2) The medical record must contain identification information in sufficient detail to appropriately identify the patient, whether individual or herd. This information will include:
 - a. name.
 - b. identification number.
 - c. age or date of birth.
 - d. sex/altered.
 - e. species.
 - f. breed.
 - g. colour/markings.
 - h. weight.
 - i. microchip number/tattoo.
 - j. Canadian Cattle Identification Agency number and or visual identification tag number.
 - k. lot number or pen number.
 - l. other tag number (e.g. rabies for companion animals).
 - m. brand(s).
- 3) Medical records must contain sufficient information of the history and physical examination findings to justify differential or tentative diagnoses, prognoses, diagnostic plans, treatment plans, current or final assessments, and discharge instructions.
- 4) Farm-animal medical records must be maintained on a herd (flock), population, or an individual animal, as appropriate:
 - a. All prescriptions generated for a population must be supported with specific evidence of medical need.
 - b. Details of specific farm visits, examinations, consultations, laboratory results, or other interactions must be recorded. Individual-animal records can be kept at the production unit and under the management of the owner/operator, but these are not part of the official medical record.
- 5) Records must be maintained by the VPE and document the following:
 - a. Timely and appropriate documentation of preventative treatment strategies (e.g. vaccine, metaphylaxis, etc.) referencing protocols as standard operating procedures

- (SOPs).
- b. Timely and appropriate documentation of production enhancement strategies (e.g. implants, ionophores, beta-agonists, etc.) referencing protocols as SOPs.
 - c. Timely and appropriate documentation of primary and relapse treatment strategies referencing protocols as SOPs
 - d. Deviations from a. and c.
 - e. Records must include all drugs prescribed, used, or dispensed by the VPE, and specifically:
 - i. All prescription medication dispensed or sold must be recorded.
 - ii. The prescription in the client file must be sufficient to identify the reason the medication was used or dispensed based on the medical need as determined by the VPE or from a VPE that determined such medical need.
 - iii. Indicate the dosage and volume.
 - iv. Indicate when refills are dispensed, with a descending balance of still-available refills, or expiry date of refills.
 - v. Contain a copy of written prescriptions filled for clients that are generated by a licensed veterinarian other than in the VPE.
- 6) Informed consent must be obtained (written or verbal) for a specific treatment, procedure, diagnostic test or treatment plan. It is recommended this be reflected in the medical records. Informed consent can be provided by the owner or responsible person for an individual patient or for a population of animals.
 - 7) Medical records must document any formal cost estimates given, including but not limited to costs associated with diagnostic testing, medical treatment, and surgical treatment.
 - 8) Euthanasia consent must be documented in writing. For dogs, cats, and ferrets, this must include a declaration by the owner or agent that the animal has not bitten anyone in the past 10 days. For food animal production units, the responsible owner/caregiver can provide informed consent for multiple specified individuals in the population.
 - 9) Medical records must document progress of care and patient response to treatment. Where medication is prescribed, used or dispensed, the medical record must document an established medical need for the treatment. The record must include the required elements of a prescription.
 - 10) Medical records must include a record of anaesthesia and analgesia, including a record of monitoring. (SC-4: Anaesthesia).
 - 11) Medical records must include documentation of surgical procedures. Any procedure described in a medical record as being "routine" must have a corresponding SOP.
 - a. The SOP provides a complete description of the procedure for each veterinarian on a given species.
 - b. The SOP is on file & available for reference in the VPE.
 - 12) Medical records must document the results and interpretation of all diagnostic tests used and laboratory reports.
 - 13) Medical records must include documentation of all consultation reports, both non-verbal and verbal, (by a veterinary specialist or other colleagues), and laboratory interpretations.
 - 14) Medical records must include daily records for hospitalized animals or patients maintained on the VPE premises for more than one day. This hospitalized patient record will document:
 - a. name and dosage of all medication administered.
 - b. time of all medication administered.
 - c. date and frequency of medication administered.

- d. dosage and rate of fluid administered.
 - e. total volume of fluid administered.
 - f. duration of all treatment.
 - g. identification of those who administer treatment.
- 15) Medical records must document the details of all medically relevant communication (attempted or achieved via in-person, telephone, voicemail, text, electronic, written, or other means) with the client or alternative animal caregiver.

Operational Procedures (Medical Record Management)

- 1) Medical records must be:
 - a. clear.
 - b. legible.
 - c. systematic.
 - d. retrievable.
 - e. accurate.
 - f. complete.
 - g. current and up to date.
 - h. contemporaneous.
 - i. clinically oriented.
 - j. available for prompt retrieval.
- 2) Each entry in the medical record must include the date and identification of the author of the entry (signature, initials, or computer identification).
- 3) Medical record entries must not be altered. When a correction is necessary original detail must be retained and the correction noted as such.
- 4) Medical records are maintained for a minimum of five years after the most recent patient visit. This includes dead-animal files, euthanasia consent forms, and original prescription forms. Original records must be maintained unless they are transferred to another format for storage. In such situations, documentation must be in place indicating when and by who the information was transferred. Appropriate back-up must be in place for digital files.
- 5) Records exceeding 5 years after the last patient visit or those changed to a different format for storage can be destroyed. Such destruction must respect the confidential nature of the record.
- 6) VPEs providing referral services or emergency treatment must, at the time of discharge, provide discharge instructions in triplicate for:
 - a. VPE medical record.
 - b. client.
 - c. Primary care licensed veterinarian (delivered by electronic mail, facsimile, mail, courier, or other appropriate means).
- 7) VPEs providing referral services or emergency treatment must provide a written report to the primary care veterinarian in a timely fashion.
- 8) The following log books, hard copy or electronic records, must be maintained:
 - a. Narcotic, controlled, and targeted drug.
 - b. Radiology.
 - c. Mortality.
- 9) Log books can be kept in hard copy or digitally. They must be easily retrievable and appropriately backed up to ensure against information loss.

- 10) Log books must be maintained in a form and manner that will permit an inspector to readily examine and obtain information from them.
- 11) Computerized medical records must meet the same criteria as hard-copy records. The system must:
 - a. be capable for the input, storage, use, display, and retrieval of patient records.
 - b. provide access to the patient record via the owner or patient information.
 - c. be capable of printing the information.
 - d. include a password or otherwise provide reasonable protection against unauthorized access. Continuity of access to files must be ensured by making access codes available to a responsible person.
 - e. back up files to allow recovery of files, or otherwise protect against loss of, damage to, and accessibility of data. For non-cloud based software back-up files must be separate from the software (ex cloud, USG, hard drive, etc.); either the responsibility of the VPE or through a paid company.
 - f. be capable of displaying the date and time for patient entries in chronological order.
 - g. indicate changes in the information as changed, and preserve the original content of the recorded information.
 - h. store and report the required information in the dispensing of a drug.
 - i. have the ability to uniquely identify each staff member who is granted access to the system.
 - j. have the ability to control which functions can be accessed by each staff member.
 - k. be capable of creating an accurate audit trail of persons using the electronic prescription system.
 - l. be capable of collating and generating chronological reports of prescription information, drug name/strength, client identification, patient or herd/farm name, and prescriber name.
 - m. be capable of a deliberate and auditable procedure to be carried out before any information can be purged from the system.
- 12) A VPE that ceases to operate must immediately inform the PEIVMA as to how the medical records will be managed and publish a formal notice to the public by electronic or print media indicating where the medical records can be accessed. The VPE must:
 - a. retain all medical records for the required minimum of five years after the last patient visit, and allow the clients reasonable and timely access to the records, or
 - b. transfer all medical records to:
 - i. a VPE which assumes responsibility for the practice; or
 - ii. another VPE practising in that locality that agrees to manage the records and provide access to the clients/owners; or
 - iii. a secure storage area with a person designated to manage the records and to provide the clients reasonable access to the records.

Recommendations

- 1) With client permission, other identification and contact information can be maintained in the medical record.
- 2) Any documentation in the medical record indicates the time as well as the date the entry is completed.

US-7: LIBRARY

Guiding Principles

The reference library available must be relevant to both the type of veterinary medicine being practised and the species of animals cared for by the VPE. This information can be in the form of printed material, electronic storage format, or via the Internet.

Members must be able to demonstrate the ability to access this information at the time of inspection.

The reference library must include adequate reference texts and current subscriptions to professional journals in a hard-copy format, access via the Internet, or as an online subscription:

- 1) Access via peivma.ca to:
 - a. Prince Edward Island *Veterinary Profession Act*
 - b. PEIVMA bylaws
 - c. Code of ethics (contained in bylaws)
 - d. Standards of practise
- 2) A current edition, not more than 3 years old, of the *Veterinary Drug Handbook* (Plumb), or a current computer-based, or online subscription to a veterinary information network that provides a pharmaceutical reference database relevant to the species cared for at the VPE.
- 3) Easy access to copies or saved links of the following documents:
 - a. Controlled Drugs and Substances Act (Canada).
 - b. Narcotic Control Regulations (Canada).
 - c. The Prescription Drug List of the Food and Drugs Act (Canada).
 - d. Animal Welfare Act (Prince Edward Island).
 - e. Workplace Hazardous Materials Information System (WHMIS) Reference Manual (Canada).
 - f. Occupational Health and Safety Act and Regulations (Prince Edward Island).
 - g. Health Canada Biosecurity Guideline.
 - h. Labour Code (Canada) and Employment Standards (Prince Edward Island).
 - i. Standards Council of Canada.

Reference Library

The library must include at least 1 current (within the last 1-2 editions) veterinary reference text book on the major subject areas practised at the VPE (e.g. internal medicine, surgery, radiology, emergency medicine, dentistry, anaesthesia).

US-8: PHARMACEUTICAL MANAGEMENT

Guiding Principles

The scope of veterinary clinical practise includes prescribing, administering, handling, compounding, and dispensing medications, pharmaceuticals, chemicals, disinfectants, parasiticides, biologicals, or drugs and products. These items must be handled responsibly, whether used in-house, dispensed without a prescription, dispensed pursuant to prescriptions generated in the facility or dispensed pursuant to prescriptions which were generated elsewhere. Implementation of this standard is guided by and compliant with Canadian Standards Association (Handling of Waste Materials in Health Care Facilities and Veterinary Health Care Facilities), Canadian Veterinary Medical Association – Antimicrobial-Use Guidelines, CVMA Therapeutic Decision Cascade for Animal and Public Safety.

NOTE The CVMA provides information to veterinarians which will assist in decisions of responsible management of pharmaceuticals and medications.

Facility/Equipment and Operational Procedures

- 1) All pharmacy activities and facilities are compliant with relevant federal and provincial legislation.
- 2) All prescription medications are administered or dispensed by an appropriately trained VHCW under direction of a licensed veterinarian.
- 3) Storage
 - a. Must be clean, orderly, and adequate to ensure secure safekeeping and preparation of drugs.
 - b. Medications are easily located and properly identified.
 - c. Special consideration is given to storage of hazardous products such as parasiticides, volatile products, etc.
 - d. Drugs must be stored according to manufacturer's directions.
 - e. Refrigeration facilities are available where required.
 - f. Designed in a manner intended to prevent theft or misuse.
 - g. Prescription drugs must be kept in an area that is accessible only by personnel authorized by the responsible person; public access must be prevented.
 - h. Outdated, damaged, or contaminated drugs are identified and kept separately from regular inventory until safely disposed of.
- 4) Narcotic and controlled substances
 - a. Stored in a limited access, securely locked, substantially constructed cabinet or safe.
 - b. A current, verifiable inventory of all products.
 - c. A drug-acquisition log is maintained with:
 - i. date and quantity of drugs received.
 - ii. lot number or invoice number containing lot number.
 - iii. name and signature of responsible veterinarian or registered veterinary technologist (RVT) receiving the product and entering it into inventory.
 - iv. name and signature or password-protected computer ID of responsible person removing product from inventory.
 - v. It is recommendation that a unique number be assigned to each bottle in the shipment
 - d. A drug-use log must be maintained, which includes:
 - i. date.

- ii. identification of patient.
 - iii. dosage/volume of drug used.
 - iv. remaining balance in container.
 - v. identification of case veterinarian.
 - vi. signature or password-protected computer ID of licensed veterinarian or RVT administering or dispensing the product.
 - e. Logs must be stored separately from the drugs. Logs must be verified monthly by two registered members.
 - f. Outdated, damaged, or contaminated drugs (narcotics, controlled substances, benzodiazepines and targeted substances) must be kept separately from regular inventory until safely disposed of by one of the following means.
 - i. Returned to the manufacturer after an authorization-to-return form is obtained for these products.
 - ii. Local destruction.
 - 1. Destroyed by altering or denaturing the substance to such an extent that its consumption is rendered impossible or improbable. (This includes denaturing with disinfectants or absorption into kitty litter with the resulting product disposed of in secure biomedical waste container.)
 - 2. Destruction must be by two registered veterinary medical professionals, one of which must be a licensed veterinarian.
 - g. Records of such return or destruction are kept for 2 years in the appropriate narcotic log and signed by both parties taking part in the destruction or return.
 - h. Any suspected theft or inexplicable losses must be reported to Health Canada within 10 days.
- 5) Dispensing

Refer to CVMA publication: *Veterinary Oversight of Antimicrobial Use – A Pan-Canadian Framework of Professional Standards for Veterinarians*

- a. Dispensed drugs are properly packaged considering the nature of the drug and its sensitivity to light, heat, or freezing.
- b. Child-resistant containers are used unless:
 - i. the client directs otherwise.
 - ii. the veterinary medical professional determines that a child-resistant container is inappropriate.
 - iii. this type of container is not suitable for the drug.
 - iv. the drug is dispensed in the manufacturer's packaging.
- c. Drugs identified as prescription are clearly and legibly labeled on the individual container or dispensing unit with:
 - i. name of client.
 - ii. name of drug and strength.
 - iii. date dispensed.
 - iv. quantity.
 - v. DIN number.
 - vi. name of prescribing licensed veterinarian.
 - vii. name, address, and phone number of dispensing VPE.
 - viii. identification of animal patient or production unit the drug is intended for.
 - ix. directions for use.

- x. the statement "Veterinary Use Only."
 - xi. necessary warnings about product safety, handling, and withdrawal times (where appropriate).
 - xii. expiry date
- d. The label is attached directly to the individual container. Where this is not possible, the label is affixed to the outer container, provided the individual unit of product is appropriately identified.
- e. When pharmaceutical products are dispensed in the original manufacturer's packaging all the information already referred to is still required; however, any information contained on the manufacturer's label does not need to be replicated on the dispensing label generated by the prescribing veterinarian (e.g. name of the drug, directions for use, expiry date, withdrawal time, other warnings, product storage). The dispensing label must not obstruct required information on the manufacturer's label.
- f. When dispensed by the case, the dispensing label can be affixed to the exterior of the case.

SERVICE CATEGORY (SC) STANDARDS

Each veterinary practice entity (VPE) must select and comply with all the standards of each of the service categories that are appropriate for the services offered.

SC-1: PRIMARY CARE

Guiding Principles

Provision of primary veterinary medical care begins when a patient first accesses and receives service from a VPE. This may be in a fixed location or at the residence of the owner or the location where the animals are normally housed or assembled for reasons other than veterinary care (provided SC-2 Ambulatory Care conditions are also met).

Primary care includes:

- examination of animals.
- diagnosis of medical conditions.
- prescription of therapy.
- dispensing of products for determined medical need.
- consultation for medical procedures.
- preventative medical procedures.
- surgical services for animals not requiring a sterile surgery suite or overnight hospitalization and do not require inhalation anaesthesia.

These services are provided on a routine basis.

A primary care provider can triage and refer medical cases that require more extensive care to a facility that is equipped to provide care beyond primary.

Facility and Equipment

- 1) Equipment for all species must include, but is not limited to, the following (unless not applicable due to species).
 - a. Thermometer.
 - b. Stethoscope.
 - c. Sterile needles, syringes and I.V. catheters.
 - d. Examination gloves.
 - e. Examination light.
 - f. Proper equipment for the collection of blood, urine samples, bacterial cultures, and other clinical pathology specimens.
 - g. Footwear that can be cleaned and disinfected after each professional call if required.
 - h. Access to water.
 - i. Restraint devices appropriate for species treated.
- 2) Primary care beyond consultation services will have minimal pharmaceuticals available that may include the following (unless not applicable due to species).
 - a. Disinfectants.
 - b. Sedatives/tranquillizers.
 - c. Antimicrobials.
 - d. Local anaesthetics and analgesics.
 - e. Ophthalmic preparations.
 - f. Epinephrine.
 - g. Euthanasia solution (if other approved methods of euthanasia are not provided, e.g.

captive bolt, gunshot).

- h. Parenteral fluids.
- i. Emergency drugs.
- j. Anti-inflammatory drugs.

Operational Procedures

- 1) A licensed veterinarian performing any physical exam, determining a course of treatment, or prescribing is obligated to meet this primary care standard.
- 2) The physical examination must be conducted in a manner that ensures the safety of the owner, veterinarian, animal health care worker, the public, and the animal.

SC-2: AMBULATORY CARE

Guiding Principles

Ambulatory veterinary services are commonly provided at the residence of the owner or at the location where the animal is normally housed or assembled for reasons other than veterinary care.

This activity is referred to by different names depending on the species under consideration::

ambulatory, house-call, farm-call, and field service. The standards required for the vehicle used in the delivery of these services are common to every VPE that delivers services outside a fixed location.

VPEs offering this service must also comply with SC-1 Primary Care.

Facility and Equipment

1. The vehicle is clean, orderly, and in good repair.
2. The vehicle is owned and operated in accordance with all provincial legislation and registration requirements.
3. Equipment available is consistent with the service categories provided and species treated.
4. All equipment is clean, neat, and in good repair.
5. Refrigeration of biologics and drugs is adequate where required.
6. Communication with ambulatory vehicle is available via cell phone or other appropriate means.
7. Refuse is stored in closed containers.
8. Controlled drugs must be stored in a secure manner to prevent theft or abuse.

Operational Procedures

1. The VPE has an agreement in writing with one or more other VPEs for the provision of hospitalization, surgery, and other services if they are required and are not provided by the ambulatory VPE.
2. Conditions of all other service categories that are offered by the ambulatory service are met.
3. No procedures requiring inhalation anaesthetic are performed. Where sedation is undertaken as in SC-4 Anaesthesia, the requirements of that section must be met.
4. Medical records are provided consistent with US-6 and these records are stored in a manner that allows access to information by authorized persons on a timely basis (normally within the next working day).
5. Services may be provided to animals belonging to one or more owners if the animals are congregated in a location other than the residence of the animals for an official reason other than veterinary care.

SC-3: ANIMAL HOUSING

Guiding Principles

When animals are left in the care of a VPE, there is an obligation to ensure they are housed in a manner that is comfortable, humane, and safe for the animal, veterinary health care worker, the public, and other animals they may come in contact with. These principles apply whether the animal is kept for a short period during the day or for extended periods, including overnight.

When a patient presents with a potentially contagious disease, special considerations need to be applied to prevent the spread of this disease.

SC-3A: GENERAL HOUSING

Facility and Equipment

- 1) Animal compartments must be of sturdy design and have solid partitions or walls that ensure separation among animals from different owners or different sources. Bars on cages must be spaced at an appropriate distance for the species and can be easily cleaned, disinfected, and maintained. The compartment must be large enough for the occupant to stand up and turn around freely. The size of compartments must conform with the Canadian Council on Animal Care standards.
- 2) Floors must be made of impervious, non-slip material that is easily cleaned and well-drained.
- 3) Furniture and fixtures are constructed of materials that are easily cleaned and disinfected.
- 4) Adequate lighting, including emergency lighting, is provided.
- 5) Adequate ventilation is provided and the facility is free of persistent offensive odours.
- 6) Food must be appropriately stored in clean, dry areas and refrigeration provided for perishable foods.
- 7) Appropriate bedding is provided for the specific species being housed.
- 8) Housing units have a place to attach patient identification.
- 9) Kennels, cages, runs, stalls, and pens can be securely fastened to prevent escape.
- 10) Adequate facilities for bathing, grooming, and drying patients must be available.
- 11) Appropriate temperature must be provided for patient comfort.

Kennels, Runs, and Cages

- 1) Runs are not mandatory; however, if present, must meet the standards listed.
- 2) Must be sturdy enough to prevent cage movement while occupied.
- 3) 5 of the 6 sides must be made of solid and impervious material that is easily cleaned, disinfected, and maintained. Each run should drain properly.
- 4) Partitions must be solid and a minimum of 4 feet high in between runs.
- 5) Outdoor runs, when used, must safely contain the animal.
- 6) Walls and floors must be of impervious material that is easily cleaned.

Stalls

- 1) Stalls must have solid partitions or walls that ensure separation among animals from different owners or different sources.

Operational Procedures

- 1) Animal-care wards are kept clean and orderly.
- 2) Appropriate and adequate variety and quantity of foods (including prescription diets) must be available to feed hospitalized patients.

- 3) Housing units must be thoroughly cleaned and disinfected between occupants.
- 4) Occupied housing units must be cleaned daily or more frequently, if required.
- 5) Patients belonging to different owners must have a separate compartment of an appropriate size and designation to ensure comfort of the animal.
- 6) Adequate personnel must be on hand to assist in the treatment of outpatients and hospitalized patients.
- 7) Hospitalized animals must be examined by a licensed veterinarian daily.
- 8) Hospitalized patients must be given in-person care until stabilization of post-surgical or critically ill patients has occurred.
- 9) Adequate exercise must be provided for hospitalized patients unless it is contraindicated for condition or species.
- 10) Dishes and utensils must be easily cleaned and sanitized or disposable.
- 11) Cat-litter trays must be either disposable or readily sanitized, and must not be shared among cats from different households.
- 12) Hospitalized animals must be given water and food at appropriate intervals.
- 13) Provision is made for monitoring of hospitalized patients, including intermittent care through the night. Continuous presence of a staff person overnight is not required if the veterinarian deems it unnecessary and informed consent is provided from the owner.
- 14) Pets and mascots residing in the VPE are not allowed to place persons, patients, or facilities at risk of disease or injury.
- 15) Animals are not housed or permitted in staff lunch room.
- 16) Animals are not transferred to another facility without the documented consent of the owner (given verbally or in writing).

SC-3B: ISOLATION

Eventually, a VPE will be faced with receiving patients that have a contagious or potentially contagious disease. In these situations, attention needs to be given not only to the well-being of the patient but also to protect people and other animals that could be exposed to the infected patient or to contaminants spread by it.

Every VPE must have a plan to prevent the potential spread of the disease. This must be by provision of a single-purpose isolation room that meets appropriate standards of biosecurity. In the absence of such, the VPE must have a plan in place for managing potentially contagious patients to avoid risk to others.

Facility and Equipment

- 1) A single-purpose room for isolation is highly recommended in which activities are restricted to providing care for contagious or potentially contagious patients. When a single-purpose isolation room is not available, arrangements must be made to transfer the patient to a facility with a single-purpose isolation room, especially if long-term care is required and the risk of spread of the disease through the facility is high.
- 2) A written protocol is in place in case of potentially contagious patients and the effective containment of contagious diseases throughout the facility.
- 3) Disposable or easily disinfected clothing including gowns, coveralls, foot coverings, caps, masks, and gloves is available and in use when handling patients with a potentially contagious disease.
- 4) Inpatients with potentially contagious diseases are housed in a manner that effectively isolates them from other patients.
- 5) The isolation area allows for the set-up of a footbath where deemed necessary.

- 6) Isolation areas are regularly and thoroughly disinfected when in use.
- 7) Equipment is properly decontaminated before removal from isolation area.
- 8) The isolation area is of adequate size to hospitalize patients with contagious diseases.
- 9) Isolation areas provide adequate space for examination and treatment of patients outside of cages and runs.
- 10) Isolation areas have adequate lighting for proper patient examination and treatment.
- 11) Hand-washing facilities are available in isolation area and are used:
 - a. before and after handling each patient, and whenever exiting the isolation area.
 - b. after coming into contact with animal saliva, ocular or nasal discharge, urine, feces, or blood.
 - c. after cleaning cages.

Operational Procedures

- 1) Potentially contaminated material is disposed of in a safe manner.
- 2) All patients with a potentially contagious disease are properly identified so that their status is obvious to all members of the practice team.
- 3) Animal husbandry procedures are performed by individuals properly trained in biosecurity and under the supervision of a licensed veterinarian or registered veterinary technologist.
- 4) Animal owners, at-risk clients, and in-contact veterinary health care workers are informed when a zoonotic disease is considered in the differential diagnosis or rule-out list.
- 5) Clients and practice team members that are exposed to a potentially zoonotic disease are informed of this fact, verbally or in writing, and a notation is made in the medical record of this communication.

Recommendation

- 1) Negative-pressure ventilation is available in the isolation room and exhaust air is vented to the outside of the building.

SC-4: ANAESTHESIA

Guiding Principles

Licensed veterinarians and delegated veterinary health care workers under the supervision of a licensed veterinarian are given the authority to perform anaesthesia and sedation on patients; however, induction of anaesthesia must only be performed by a licensed veterinarian or appropriately trained registered veterinary technologist. It is the responsibility of the licensed veterinarian to ensure that these tasks are performed in a safe, humane, and effective manner for these patients. Veterinary medical professionals must also take measures to ensure the safety of the work environment. Meeting these goals requires adequate and properly maintained equipment, effective biosecurity measures, diligent patient monitoring, safe and humane anaesthetic protocols, pain management, preparation for emergencies and good record-keeping.

Facility and Equipment

Documentation must be provided that indicates that the gas anaesthetic equipment used at the VPE is inspected and verified a minimum of every 24 months by an independent third party acceptable to the PEIVMA Licensing Board.

Operational Procedures

- 1) Monitoring of anaesthetized and sedated patients
 - a. Ventilation
 - i. Measures must be in place to ensure adequate ventilation of the anaesthetized or sedated patient (examples include observation of the chest wall or rebreathing bag, auscultation of the thorax, an electronic respiratory monitor and capnography).
 - b. Circulation
 - i. Measures must be in place to ensure adequate circulation of the anaesthetized or sedated patient.
 - ii. For anaesthetized animals, this must include monitoring heart rate (by hands-on techniques such as palpation of a peripheral pulse or an electronic monitor).
 - iii. Temperature.
 - iv. Measures must be in place to ensure the patient does not experience serious deviations from normal body temperature (examples include intermittent or continuous rectal probe measurement).
 - v. Measures must be in place to guard against hypothermia.
 - vi. Measures must be in place to prevent thermal injury of patients from warming devices.
 - c. Perfusion
 - i. Measures must be in place to ensure adequate perfusion of the anaesthetized or sedated patient.
 - ii. For anaesthetized animals, this must include monitoring capillary-refill time.
 - d. Oxygenation
 - i. Measures must be in place to ensure adequate oxygenation of the anaesthetized or sedated patient.
 - ii. For heavily sedated and anaesthetized animals, this must include pulse oximetry or technique appropriate to the species.

- e. Anaesthetic depth (anaesthetized patients only)
 - i. Measures must be in place to assess anaesthetic depth (examples include assessing jaw tone, response to stimuli, and eye position).
- 2) Record-keeping
- a. A written anaesthetic record must be kept for every patient. The record clearly identifies the patient and the date of the procedure. This is part of the medical record for the patient.
 - b. The anaesthetic record for anesthetized or sedated small animal patients must include regularly recorded measurements of ventilation, circulation, temperature and oxygenation. The same measurements are required for large animals on inhalation anaesthetics only.
 - c. The anaesthetic record must include dosages, time, and route of all drugs administered during the anaesthetic period.
 - d. If controlled drugs are used, these must be itemized in the controlled drug log. Controlled drugs must be stored in a manner that protects them against loss and theft.
- 3) General
- a. Patients must be observed frequently, by a licensed veterinarian or an appropriately supervised VHCW during recovery from sedation or anaesthesia.
 - b. Unless it is a life-threatening emergency, documented, informed consent from the owner or authorized agent must be obtained (verbally or in writing) prior to performing sedation or anaesthesia.
 - c. Patients must be assessed by a licensed veterinarian or an appropriately supervised registered veterinary technologist prior to performing general anaesthesia or sedation. This assessment must be documented in the medical record.
 - d. Patients must be assessed by a licensed veterinarian or an appropriately supervised RVT as ready to be discharged.
 - e. A designated anaesthetist (separate from the veterinarian or veterinary health care worker performing the procedure) must be available for each procedure. The anaesthetist must be a licensed veterinarian or an appropriately trained VHCW under the supervision of a veterinarian. In the circumstance where the veterinarian or technologist performing the procedure is also the person monitoring the anaesthetic, informed consent (verbal or written) acknowledging the absence of a dedicated anaesthetist must be obtained from the owner and appropriately documented.
 - f. Appropriate protection of the corneal surface must be provided to protect against trauma or drying out.
 - g. Analgesia must be provided to patients undergoing painful procedures. This may include local anaesthesia or systemic analgesics. Ongoing pain management assessment must be employed.
 - h. Verbal or written discharge instructions must be provided to the owner or authorized agent after anaesthesia or sedation.

Recommendations (for small animals undergoing general anaesthesia)

- 1) Blood-pressure monitoring is highly recommended and is one of the only ways to monitor and assess circulation. Serious complications (e.g. renal failure or death) can arise from hypotension during anaesthesia.

- 2) Capnography is used for the assessment of ventilation.
- 3) Measurements of ventilation, circulation, temperature, and oxygenation are recorded every 5 minutes in the medical record.
- 4) Intravenous catheters are placed in all sedated and anaesthetized patients where possible or practical.
- 5) Body temperature is monitored in the post-operative period and animals are normo-thermic at the time of discharge.
- 6) Pain is assessed using a published pain management score (where available for the species) and recorded.
- 7) Discharge instructions are provided verbally and in writing.

SC-4A: STAND-ALONE VPE

- 1) Appropriately delegated personnel (licensed veterinarian or appropriately supervised VHCW)
- 2) oxygenation, and temperature (see SC-4A Operational Procedures).
- 3) Anaesthetic-monitoring equipment must be available to assess ventilation, circulation, perfusion, oxygenation, and temperature (see SC-4A Operational Procedures).
- 4) Anaesthetic-monitoring equipment must include a stethoscope and pulse oximeter or other suitable monitoring device if a pulse oximeter is not appropriate for the species (e.g. reptiles). Pulse oximetry is not required for farm animals except when inhalation anaesthesia is employed.
- 5) When in use, gas anaesthetic machines must be safety checked daily (leaks, valves work properly).
- 6) Equipment that comes in contact with mucous membranes (e.g. laryngoscope blade) is considered semi-critical and should undergo high-level disinfection or sterilization between patients
- 7) Equipment that comes in contact with patient skin but not mucous membranes (e.g. laryngoscope handle, blood pressure cuff) is considered non-critical and should undergo low to intermediate level disinfection.
- 8) Grossly contaminated breathing circuits should be cleaned with soap and water and allowed to dry completely. Breathing circuits used on patients with respiratory infectious disease should be discarded after use.
- 9) A range of endotracheal tubes appropriate for the sizes of patients treated at the VPE must be available.
- 10) Intravenous catheters and intravenous fluids must be available for patient use.
- 11) Sterile needles and syringes must be available and used for the administration of injectable anaesthetic agents.
- 12) Oxygen must be available and used as necessary.
- 13) Emergency drugs and equipment must be readily available, kept in a designated place, portable, appropriately stocked at all times, and clearly identified. Emergency drugs and equipment would include agents used in cardiopulmonary resuscitation and anaesthetic reversal agents appropriate for the species.

SC-4B: COMPANION ANIMAL HOUSE-CALLS

- 1) Ambulatory care (house-call) visits could require sedation of animals to perform minor procedures such as blood collection or repairing small wounds. The visit must have the capability to monitor these patients and handle adverse events associated with the sedation.
- 2) Equipment must include intravenous catheters, pulse oximeter, emergency drugs (including

reversal agents and agents used in cardiopulmonary resuscitation), oxygen tank, masks, endotracheal tubes, ambu-bag and means to deliver oxygen through the tube (e.g. flow-by through tubing from a flow meter on the oxygen tank). This requirement does not apply for home euthanasia.

- 3) Sedation to perform companion animal dentistry is prohibited in companion animal house calls.
- 4) Procedures requiring general anaesthesia must not be performed.

SC-4C: LARGE ANIMAL & AQUATIC AMBULATORY SERVICE

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

Certain exemptions to monitoring anaesthesia apply to equine castration, standing bovine procedures, and other farm-animal species as defined in SC-5B. Visual monitoring and the use of a stethoscope alone may be adequate for procedures using local injectable anaesthesia or short-term intravenous anaesthesia.

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

SC-5: STERILE SURGERY

Guiding Principles

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

NOTE For clarification, all surgeries must meet the general requirements for sterile surgeries and then either SC-5A (In-Facility Surgical Suite) or SC-5B (Farm Animal) requirements.

NOTE Major surgical procedures may be performed only on companion animals in a stand-alone VPE. VPEs offering surgical service must meet all the requirements of SC-5 Sterile Surgery SC-5A and/or 5B based on the services they provide, as well as all other relevant service categories. Except as permitted in SC-5B: Farm-Animal Surgery, all major surgery must take place in an approved surgical suite, and both major and minor surgical procedures must be performed using aseptic technique.

Facility and Equipment (5A: In-Facility Surgical Suite and 5B: Farm-Animal Surgery)

- 1) All surgical equipment is kept neat, orderly, and in good condition.
- 2) As appropriate to the species and surgical procedure, all necessary equipment and materials are available for local anaesthesia, sedation, epidurals, intravenous anaesthesia, inhalation anaesthesia, etc.
- 3) As appropriate to the species and surgical procedure, parenteral fluids are readily available.
- 4) Clean and sterile equipment (instruments and drapes) for at least two procedures (of the surgical types normally performed) is on-hand at all times.
- 5) Sterilization
 - a. A steam sterilizer of sufficient size is present to sterilize the quantity of surgical packs necessary for a reasonably expected case load (a gas sterilizer may be present but it is not a substitute for the steam sterilizer).
 - b. Sterility indicators are present within each surgical pack.
 - c. Sterility of surgical instruments is verified by a licensed veterinarian or registered veterinary technologist upon opening of the surgery pack.
 - d. Outer pack wrap material must provide a minimum microbial barrier equivalent to dry 270-thread count pima cotton.
 - e. Separate surgical packs used for each surgical procedure are to be sterilized using an autoclave or gas plasma sterilizer.
 - f. Packs must be dated and initialled when autoclaved.
 - g. Currently recommended instructions per packaging type must be followed.
 - h. Gowns, instruments, towels, and drapes are disposable or able to be autoclaved.

Operational Procedures (In-Facility Surgical Suite and Farm-Animal Surgery)

- 1) A properly performed hand and arm scrub with an appropriate surgical scrub agent is required prior to performing surgical procedures.
- 2) Skin at all surgical sites should be prepared in such a manner as to preserve integrity.
 - a. Hair or feather removal should be adequate to prevent inadvertent contamination of the sterile surgical field.

- b. The prepared area should be large enough to accommodate extension of the incision if necessary.
 - c. The entire surgical area should be cleaned and disinfected with an appropriate surgical-scrub agent.
- 3) Gowns, instruments, towels, and drapes are either disposable or autoclaved/sterilized prior to each major surgical procedure, and not used again for surgery until they are re-autoclaved /re-sterilized.
 - 4) Lasers must conform to SC-8.
 - 5) Autoclaves and other sterilization equipment are maintained and serviced in accordance with a documented schedule.
 - 6) Appropriate medical records, including a surgery report on the procedure(s) performed, are maintained in accordance with US-4 Medical Records.

NOTE Any procedure marked within a medical record as being “routine” must have a corresponding Standard Operating Procedure (SOP), specific to each practitioner, listed and available for referencing within the VPE.

SC-5A: IN-FACILITY SURGICAL SUITE

- 1) Major surgical procedures are to be performed in a separate single-purpose surgical suite (confined by at least four walls, a ceiling and with closing doors).
- 2) Walls, floors, doors, ceilings, window coverings, furniture, and fixtures are to be constructed of solid, impervious material that can be easily sanitized.
- 3) A surgery table or surface that can be readily sanitized.
- 4) No open-front shelving is present within the surgical suite, other than what is essential to support surgical equipment.
- 5) Adequate surgical lighting is provided, including emergency lighting dedicated to the surgery suite and sufficient to complete the surgical procedure undertaken.
- 6) A recovery area is provided where a patient may be frequently observed following general anaesthesia (need not be separate from animal compartments).
- 7) Space must be adequate to accommodate the surgeon, anaesthetist, and all necessary equipment, allowing free movement from a standing position, with access to patient from both sides of the surgery table.
- 8) Surgical suite
 - a. Scheduled disinfection policies and procedures are in place.
 - b. The surgical suite is maintained in a clean and orderly fashion.
 - c. The surgery suite is limited to essential personnel.
 - d. Sinks are not permitted in single-purpose surgical suites. If they currently exist, their use must be limited to post-surgical cleanup of the operating theatre.
- 9) Aseptic technique is followed for major surgical procedures
 - a. All personnel present during a surgical procedure must wear caps, masks, and clean outerwear.
 - b. Single-use sterile surgical gloves are to be worn.
 - c. Sterile suture material is available and in use.
 - d. Sterile drapes are available in appropriate size and number.
 - e. Sterile drapes are used for all procedures and must be of adequate size to prevent contamination of the surgical field by excluding unprepared area of skin, where practical, and covering the table top side to side.

- 10) Preliminary patient preparation is done outside the surgery suite to the level of “final-skin prep.”
- 11) All major surgery is performed within the single-purpose surgical suite (except as permitted in SC-5B: Farm-Animal Surgery).
- 12) Minor non-contaminated surgery is performed within or outside a surgical suite but using aseptic technique.
- 13) Minor contaminated and other non-sterile procedures (e.g. dentistry, quill removal, abscess treatment) are not performed within the surgical suite and steps are taken to prevent further contamination by providing an area that is easily cleaned and disinfected.
- 14) Equipment available outside the surgical suite includes, but is not limited to:
 - a. sink and running water.
 - b. clippers.
 - c. vacuum cleaner.
 - d. surgical-scrub material.
 - e. sterile IV catheters.
 - f. sterile urinary catheters for companion animals.

SC-5B: FARM ANIMAL SURGERY

Access to surgical services for animals difficult to transport (equine and food-producing animals) presents a unique problem. This service category accepts some limitation in the principles of sterile technique and allows for the provision of these services by VPEs complying with SC-5 (general requirements and 5B), SC-2 Ambulatory Care. This includes any procedure performed with sedation, an epidural, local anaesthesia or under injectable anaesthesia but does not include inhalant anaesthesia. This relaxation of standards does not extend to the provision of surgical or dental procedures in companion animals.

This standard is designed to help licensed veterinarians carry out aseptic surgical procedures appropriate and practical for farm animals and may be applied in a free-standing VPE, (outside of the surgical suite) or in the field. First, steps must be taken to reduce the risk of infection and to achieve the best surgical outcomes.

Specific Requirements

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

SC-6 DENTISTRY

SC-6A: COMPANION ANIMAL DENTISTRY

Guiding Principles

Companion animal dentistry is an essential component of a preventive health-care program. Veterinary dentistry is the prevention, diagnosis, and treatment of conditions, diseases, and disorders of the oral cavity by medical and surgical means. It is performed to treat dental disease or disorders that interfere with the health and comfort of a patient. It is not a cosmetic procedure. There have been many advances in the field of companion animal dentistry and the following outlines minimum guidelines for the delivery of dental services.

Any VPE in operation prior to November 2, 2024, that does not have the required equipment to provide dental care to their patients must have a written and signed contract with another VPE to provide referral dental care to their patients.

Facility and Equipment

Equipment available must be appropriate to the species and include, but not be limited to:

- 1) Dental radiograph equipment (if not available an agreement with another facility has been made to provide this service to clients that want/need it based on discussion with their veterinarian).
- 2) Selection of dental scaling tools appropriate for supra-gingival and sub-gingival use.
- 3) Instruments for sectioning and extracting teeth.
- 4) Periosteal elevators and dental elevators/luxators of appropriate size for species.
- 5) Dental explorers and probes.
- 6) Sharpening equipment or sharpening service.
- 7) Masks, eye protection, and gloves are available and are in use for protection of licensed veterinarians and RVTs performing procedures.

Operational Procedures

- 1) While most non-surgical dental procedures can be delegated to an appropriately qualified veterinary health care worker exodontic, (extractions), surgical treatment of sub-gingival pockets and attachment loss, gingivectomy surgery, restorations, oral mass removal, and endodontics must be performed only by licensed veterinarians.
- 2) Licensed veterinarians must perform thorough examinations of the teeth and structures of the oral cavity in all patients presented for dental procedures and document their findings, diagnosis and treatment plan in the medical record.
- 3) Animals undergoing dental procedures must be appropriately anaesthetized. Anaesthetic-free dentistry is not acceptable.
- 4) Dental procedures are accompanied by pain assessment, and appropriate multimodal analgesia is undertaken (i.e. local blocks in combination with systemic analgesia).
- 5) Instruments and dental equipment require routine and frequent maintenance. Instruments must be sharp and properly cleaned, sterilized where possible and otherwise disinfected, and properly stored between dental procedures.
- 6) Dental procedures must not be performed on an animal without first obtaining informed consent from the responsible person. As part of informed consent, the owner should be advised that unexpected findings often occur. It is important that an owner provides accurate contact information in case consent for additional treatment is required during a procedure. This informed consent must be documented and forms part of the medical record.
- 7) A licensed veterinarian may delegate specific tasks to an RVT following PEIVMA

guidelines for the roles of registered veterinary technologists and veterinary students.

- 8) Dental procedures, including anatomic dental documentation or charts, are part of the medical record.
- 9) Teeth must be polished after scaling supra- and sub-gingivally.

Recommendations

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

SC-6B: EQUINE DENTISTRY

Guiding Principles

The practise of equine dentistry is an advanced medical and surgical process that involves the examination, diagnosis, and treatment of disease of the oral cavity. This may involve sedation, anaesthesia, analgesia, antibiotic therapy, and radiology as well as surgical and other interventions.

Oral health care is a vital component of a preventive health-care program. Dental care is essential to overall health and to optimize the quality of life of horses.

Facility and Equipment

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

Operational Procedures

Horses must have appropriate anaesthesia, sedation, analgesia, and restraint during dental procedures to provide maximum safety for the horse, owner, veterinarian, and any other assisting VHCW or participant.

Dental procedures are performed by a licensed veterinarian unless delegated to a qualified veterinary health care worker who is under the supervision of a licensed veterinarian.

SC-7: DIAGNOSTIC IMAGING

Guiding Principles

The performance of diagnostic imaging comes with a responsibility for patient care in the production of diagnostic-quality images, as well as protection of the patient, workers, and the public from potentially deleterious effects of exposure to radiation, magnetic fields, radio waves, or other harmful substances, either directly or indirectly.

Facilities and Equipment

- 1) Radiation emitting imaging equipment is inspected and certified by a qualified person of equipment is required after:
 - a. installation of equipment (new or used) in a new or existing VPE.
 - b. relocation of equipment within the VPE, or to another location.
 - c. modification of the characteristics of the radiation emitted from the equipment, or the protective properties of the equipment.
- 2) The shielding of the designated radiation area is appropriate for the size and use of the room. If the central beam of the emitted radiation falls within 5 feet of an inside wall or door, that wall or door must be appropriately constructed to prevent scatter beyond the wall/door.
- 3) Radiation warning signs are posted on all entrances to the designated radiation area.
- 4) Radiation protective equipment is available and in use, including:
 - a. Collimator.
 - b. Protective apron x 2.
 - c. Protective gloves x 2 pairs.
 - d. Thyroid protector x 2.
 - e. Personal dosimeters for each team member working with or near radiation equipment:
 - i. Dosimeters are worn under the surgical gown (Canada).
 - ii. Dosimeters are sent in regularly for analysis.
 - iii. Do not expose the dosimeter to high temperatures, water, direct sunlight or fluorescent light.
- 5) If applicable, radiographic screens and cassettes are free from defects.
- 6) Radiation protective equipment is inspected for damage every 12 months or after a potential safety breach.
- 7) A hard copy or computerized radiographic log for all radiographs (including dental radiographs) is maintained. The radiographic log includes:
 - a. owner/patient identification.
 - b. exposure technique information (kVp, mAs, MA).
 - c. body-part thickness (where applicable).
 - d. number of exposures.
 - e. date of the exposure.
- 8) A means to view diagnostic images (film illuminator and/or high-resolution digital-image viewer) is easily accessible.
- 9) For digital systems, specific quality-control testing must be performed on the image acquisition, storage, communication, and display systems
- 10) All equipment-specific, manufacturer-specified tests must be performed as per the manufacturer's recommendations.

Operational Procedures

- 1) Diagnostic imaging is provided on premises at a VPE or as part of an ambulatory practice.
- 2) All diagnostic images are permanently labelled with the date as well as the patient file number or patient identification.
- 3) Diagnostic imaging equipment consistently produces images that are of diagnostic quality.
- 4) All diagnostic images (including, but not limited to, digital and hard-copy radiographs, ultrasound, fluoroscopy, endoscopy, computed tomography, magnetic resonance imaging) are securely archived or filed in a manner which preserves their quality and allows for easy retrieval.
- 5) As an extension of the medical record, all diagnostic images are stored and maintained for the same length of time as the medical record.
- 6) If a patient is to be temporarily transferred or referred to another facility for diagnostic imaging, there must be documented, informed client consent (verbal or written) for this referral.
- 7) Attention must be given to ensure that the quality of diagnostic images are maintained and that patient information is not lost or unintentionally altered.
- 8) Specific attention is paid to the safety of clients and the public when providing radiation services through SC-2: Ambulatory Care.
- 9) There must be a means of sharing digital images that will enable others (receiving or referral practices, other colleagues, owners) to view the images without proprietary software.

SC-8: LASERS

Guiding Principles

Proper use of lasers is crucial for the safety of staff, patients, and the public. The laser beam can result in retinal or corneal damage as well as skin burns. Damage to the retina is permanent. Non-laser beam hazards are equally important and are associated with either the laser equipment (e.g. electrical, fire hazards) or fumes emitted from the materials exposed called laser-generated airborne contaminants (LGAC) or laser plumes. Laser plumes may contain carcinogens, irritants, viruses, cancer cells, bacterial spores, toxic gases, or chemicals. Implementation of this standard is guided by ANSI Standard Z136.1 - 2014 "Safe Use of Lasers" (or most current version) CAN/CSA-Z386-08 "Safe Use of Lasers in Health Care Facilities," published by the Canadian Standards Association. This standard applies to the use of all Class 3B and 4 lasers whether used for surgical or therapeutic purposes.

Registration and Annual Calibration

1. Lasers must be inspected by an authorized radiation protection agency (ARPA) prior to certification and use.
2. Laser equipment requires documented calibration by a qualified person at a frequency established by the manufacturer.
3. A laser safety officer must be appointed at each workplace where a Class 3B or Class 4 laser is present.
4. The laser system must be installed, operated, and maintained according to the manufacturer's specifications.
5. The laser system must have a master switch which must be operated by a key or by a coded access so that it is not inadvertently operated.
6. The equipment-danger warning labels must be clearly visible.
7. Set up and use must meet OHS and ANSI Standards.

SC-9 DIAGNOSTIC LABORATORY

Guiding Principles

A diagnostic laboratory service category can be maintained either in the VPE (i.e. in-house diagnostic laboratory facility), or can be a facility that accepts samples from other VPEs (i.e. referral diagnostic laboratory). A VPE can use both in-house and referral laboratory facilities, and is not limited to either, but must have access to clinical pathology diagnostic services.

SC-9A: IN-FACILITY (VPE) DIAGNOSTIC LABORATORY

Facility and Equipment

- 1) All equipment necessary for testing is present at the VPE and is located in an area removed/distant from lunch/coffee room and/or staff lounge area.
- 2) Quality assurance records are maintained either in a log or as a computer file and are readily available and reviewed by a quality control officer.
- 3) Safety equipment includes but, depending upon the type of specimen being handled & testing performed, is not limited to:
 - a. disposable gloves.
 - b. protective clothing.
 - c. closed-toed shoes.
 - d. eye-wash station. Sink or stand-alone eye-wash stations are recommended but not required.
- 4) Adequate storage is available and in use for hazardous fluids and materials (as defined by the WHMIS standards applicable to the material).
- 5) Biological waste disposal:
 - a. is available and in use for disposal of animal carcasses, tissues and fluids according to all applicable civic, municipal, provincial, and federal bylaws, laws and regulations.
- 6) Clinical pathology instruments must be available and must include:
 - a. microscope.
 - b. centrifuge.
 - c. microhematocrit centrifuge (if unable to run a CBC in-clinic).
 - d. refractometer.
 - e. urinalysis instruments.
 - f. equipment sufficient for the collection of blood samples, urine samples, bacterial cultures, and other clinical pathology specimens.

Operational Procedures

- 1) A quality-control program is required and one or more licensed veterinarians or RVTs are designated as quality-control officers.
- 2) Safety of workers is assured by having appropriate safety equipment present for the risks involved.
- 3) Records of laboratory tests are included with patient files or cross-referenced in the patient file to a readily retrievable in-house laboratory results file.
- 4) Staff qualifications:
 - a. Personnel must be adequately trained to operate laboratory equipment and perform required tests; training and qualification logs must be maintained for each staff member.

- b. Continuing education for staff is available and recorded on the staff member's personnel file.

SC-9B: REFERRAL DIAGNOSTIC LABORATORY

Referral laboratories must meet the appropriate accreditation standards based on tests provided. This includes but is not limited to accreditation by the Public Health Agency of Canada, accreditation by CFIA, and/or accreditation by the Standards Council of Canada.

SC-10: REHABILITATION THERAPY

Guiding Principles

Veterinary rehabilitation and physical medicine are defined as the treatment of physical injury or illness in an animal to decrease pain and restore function. There have been advancements in understanding, equipment, and training in this field. Animal health-care professionals engaging in this field owe a duty of care to the public and their animals when offering these services.

Facilities and Equipment

- 1) In addition to US-5 Facility Standards, the rehabilitative therapy facility must have:
 - a. non-slip flooring (even when wet) in examination and therapeutic exercise areas. Appropriate mats can be used for this purpose.
 - b. an area for examination and evaluation.
 - c. an area for gait analysis.
 - d. an area for therapeutic exercises.
 - e. methods to transfer non-ambulatory patients, including assistive devices.
 - f. easy access to VPE for clients with non-ambulatory patients.

Operational Procedures

- 1) Rehabilitation therapy is performed by a licensed veterinarian with training in animal rehabilitation therapy or delegated to a VHCW with training in animal rehabilitation therapy.
- 2) Therapeutic treatment includes, but is not limited to:
 - a. underwater treadmill.
 - b. laser.
 - c. ultrasound.
 - d. neuromuscular stimulation.
 - e. Transcutaneous Electrical Nerve Stimulation (TENS)
 - f. land treadmill.
 - g. massage.
 - h. chiropractic.
 - i. acupuncture.
- 3) Therapeutic equipment, when present, must be serviced, cleaned, and calibrated annually as per the manufacturer's recommendations. Documentation must be available.
- 4) Treatment protocols and settings must be documented in the medical record such that they can be easily understood by another veterinarian and the treatment protocol could be replicated by that veterinarian.

SC-11: EMBRYO TRANSFER

Guiding Principles

Universal Standards codes 1 through 8 must be met as well as any other required service categories that may apply: SC-1, SC-2, SC-5, SC-7 etc. Implementation of this service category is guided by the Canadian Food Inspection Agency and the *Manual of the International Embryo Transfer Society*.

Facility and Equipment

- 1) Surgical embryo transfer must comply with SC-5 Sterile Surgery.
- 2) Appropriate uterine flush fluids, holding media, and freezing media are in use (as applicable).
- 3) Means of vitrification or use of a controlled-rate embryo freezer (if embryos are to be frozen).
- 4) Liquid nitrogen tanks (if embryos are to be stored).
- 5) Embryo recovery, freezing, micromanipulations, ovarian pick-up, and in vitro-fertilization are performed in a clean and suitable environment.
- 6) Sterile, disposable equipment must be in use.
- 7) If equipment is to be reused, appropriate non-embryotoxic sterilization techniques must be applied.

Operational Procedures

- 1) Hormonal, super-stimulation and synchronization, and set-up protocols for donor(s), recipient(s), and the administrator of the medication must be provided to the owner in writing and dates, drugs, lot numbers, withdrawal times, and procedural timetables noted within each of the animal's medical records.
- 2) Verification of donor identification must be documented.
- 3) Embryo recovery and transfer is performed by a licensed veterinarian in a manner that preserves the fertility of the animal using the cleanest possible technique.
- 4) Frozen embryos are stored in properly labelled canes and straws as per the Manual of International Embryo Transfer Society (IETS), and an inventory log is maintained.
- 5) Nitrogen levels in storage tanks are monitored and maintained.
- 6) In addition to US-4: Medical Records, there is also a record of donor identification, sire identification, recovery date, embryo quantity, embryo grade, embryo stage, recipient identification, and transfer date(s).
- 7) Safety protocols are in place regarding handling of dangerous products, such as liquid nitrogen.
- 8) The VPE must adhere to the Canadian Embryo Transfer Association (CETA) Code of Practice for embryo transfer which is available on the CETA website. In addition to the responsibilities outlined in the CETA Code of Practice, the veterinary team is responsible for assuring the use of appropriate restraint, local anesthetics, and analgesics if required in donors and recipients.

Recommendation

At least 1 veterinarian in the VPE should be a CETA certified practitioner.

SC-12 EMERGENCY CARE

Guiding Principles

While a VPE is not required to be open to the public at all times, it is nonetheless required to ensure that professional services for emergency situations are available at all times to their active clients. At such times when the VPE is not open to the public, it can provide emergency care in several ways, including referral to an emergency hospital.

Operational Procedures

Services must be provided by one of the following ways.

- 1) Staff assignment which could include co-operative efforts between facilities.
- 2) Twenty-four-hour (24) telephone-answering services which can direct the caller to a duty veterinarian of the VPE; or
- 3) Formal arrangement with an emergency clinic to provide out-of-hours care.

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

If the arrangements for the provision of emergency services changes at any time, the owner or operator of the facility must make alternate arrangements and notify the registrar in writing 30 days prior to any such change. Termination of emergency service arrangements by any involved party must be made in writing and submitted to the registrar, with copy to the other party, at least 30 days prior to the termination date.

SC-13 CHEMOTHERAPY

Guiding Principles

The handling, preparation, administration, and disposal of chemotherapeutics or anti-neoplastic drugs pose great risk to all personnel. All VPEs engaging in these procedures must follow the standards of practice in this service category in the interest of workplace safety and protection of the public. Implementation of this standard is guided by *Safe Handling of Hazardous Drugs for Veterinary Health Care Workers, National Institute for Occupational Safety.*

General

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

Receiving and Storage

- 1) Begin exposure control when hazardous drugs enter the facility.
- 2) Ensure that all personnel are able to identify hazardous inventory upon arrival. Use protective gloves if necessary. Label clearly with a hazardous designation.
- 3) Store hazardous drugs separately from other inventory and away from food/drink.
- 4) Keep a spill kit available.

Hazardous Drug Preparation

- 1) All personnel must wear proper PPE during preparation.
- 2) VPEs preparing injectable hazardous/cytotoxic chemotherapy treatments are encouraged to use a drug-transfer device (CSTD) that mechanically prohibits the transfer of environmental contaminants into the system and the escape of the hazardous drug or vapor concentrations outside the system such as PhaSeal® or EquaShield®
- 3) For VPEs preparing injectable hazardous/cytotoxic chemotherapy treatments a 100% vented biological safety cabinet or isolation hood with screens is recommended.
- 4) After preparation of hazardous/cytotoxic chemotherapy treatments properly clean all equipment, containers, and other surfaces. Wash hands with soap and water after drug preparation.
- 5) Label, store and transport hazardous drugs in closed containers that minimize the risk of breakage.

Hazardous Drug Administration

- 1) All personnel must wear proper PPE during administration.
- 2) Location of administration should be in a low-traffic area with minimal distractions.
- 3) The use of IV catheters with extension sets, Luer-Lock ports, absorptive padding under the administration site, should be standard protocol.
- 4) VPEs administering injectable hazardous/cytotoxic chemotherapy treatments are encouraged to use a drug-transfer device (CSTD) that mechanically prohibits the transfer of environmental contaminants into the system and the escape of the hazardous drug or vapor concentrations outside the system such as PhaSeal® or EquaShield®
- 5) Wash hands with soap and water after administering the drug.
- 6) Dispose of items directly in a chemotherapy waste container and close the lid.
- 7) Remove outer gloves and gowns and dispose into a chemotherapy waste container.

Waste Disposal

- 1) PPE should be worn during waste cleanup of biological waste from animals when hazardous chemotherapy has been administered.
- 2) Dispose of all hazardous waste according to federal, provincial, and local regulations (ex. utilizing double bagging methods).
- 3) Place materials with trace wastes—such as used needles, empty vials and syringes, gloves, gowns and tubing—in sealable chemotherapy waste containers.
- 4) Ensure that chemotherapy waste containers protect personnel from sharps injuries.
- 5) Avoid using sprayers or pressure washes to clean the cages, kennels or stalls of treated animals to minimize the aerosolization of hazardous wastes.
- 6) Clean the cages and kennels of treated animals with disposable towels and use disposable towels to clean bodily waste from treated animals.
- 7) A designated area must be available for chemotherapy patients to urinate and defecate separate from where other patients are exercised.

Spill Control

- 1) Document and follow written policy and procedures to manage hazardous spills for each workplace.
- 2) Ensure such written policies address PPE required for various spill sites, the possible spreading of material, restricted access to hazardous drug spills, and the signs to be posted.
- 3) Ensure cleanup of a large spill is handled by workers who are trained in handling hazardous materials.
- 4) Bleach solution can be used to disinfect and a strong detergent and water rinse may remove most drug residues. Repeating the cleaning steps should provide additional drug removal.
- 5) Avoid any sprays to minimize aerosolization.
- 6) Follow a complete respiratory protection program. In the event of a spill, use masks that are 42 CFR 84 approved. Surgical masks do not provide adequate protection. Dispose of all cleanup material in a hazardous chemical waste container, not in a chemotherapy waste or biohazard container.

Client Safety

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