

COLLEGE OF VETERINARIANS OF BRITISH COLUMBIA

Practice Facility Self-Assessment

Facility Name: _____

Date: _____

The object of the annual Self-Assessment is to be sure each facility complies with the Bylaws, Schedule D – Accreditation Standards. It must be completed and be retained in order to produce it if required for the CVBC office or a CVBC Inspector. This form does not need to be submitted unless requested.

The Annual Declaration was previously the first 2 pages of the Self-Assessment. It has been revised and will be available to the Facility DR through their registrant portal.

ALL Practice Facilities must complete:

Section 1 Facility General

Section 2 Library

Section 3 Medical Records

Section 6 General

All Practice Facilities must complete **Section 4**.

****The only exception is for Mobile practices that have a non-Public home office and no staff.**

Practice Facilities that offer Mobile (Ambulatory) services must complete **Section 5**.

Practice Facilities that House animals for any period of time must complete **Section 6**.

Practice Facilities (fixed) with Exam and Treatment areas must complete **Section 8**.

Practice Facilities with Laboratory services (in house and/or sent out) must complete **Section 9**.

Practice Facilities offering Diagnostic Imaging must complete **Section 10**.

Practice Facilities offering any Dispensing must complete **Section 11**.

Practice Facilities offering General Anesthesia must complete **Section 12**.

Practice Facilities that offer Surgery must complete **Section 13**.

Practice Facilities that offer Dentistry must complete **Section 14**.

Practice Facilities that qualify as an Emergency Hospital must complete **Section 15**.

Practice Facilities that offer Complementary and Integrative Medicine must complete **Section 16**.

PLEASE REVIEW ALL RELEVANT PROFESSIONAL PRACTICE STANDARDS APPLICABLE TO YOUR SCOPE OF PRACTICE. These are available at the [CVBC Website](#).

If an entire section is not part of your scope of practice, please mark N/A beside the main title. This will let the inspector/office know it was not missed.

The numbered lines are almost all directly taken from an accreditation standard in Schedule D. The lettered points below them are the listed guidelines. In the preface of Schedule D it states: "The accreditation standards are the 'ends' that must be met; however there is flexibility in the means by which a facility meets these 'ends', In many places guidelines are set out under the accreditation standard which describe the usual means to achieve the accreditation standard. In other words, every facility must show that it has met the accreditation standard by either 1) following the guideline provided, or 2) using an alternative means that is equally effective in serving the interests of patient and human protection.

If the numbered line is met in an alternate way outside of a listed guideline, mark it as "no", and indicate the alternative in place. If it is not applicable to the scope of practice, mark it as N/A.

Section 1 in the prior Self-Assessment is now covered in the Annual Declaration under Veterinary Services. The form now begins with Section 2.

Section 2 – Library – ALL PRACTICE FACILITIES

Standards

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

☐ Yes ☐ No _____

Guidelines:

a) The library must be sufficient scope to provide current reference material on the usual range of emergency and critical conditions expected within the normal scope of practice.	<input type="checkbox"/> Y <input type="checkbox"/> N
b) The library may include but is not necessarily limited to:	<input type="checkbox"/> Y <input type="checkbox"/> N
i) <input type="checkbox"/> Personal notes;	
ii) <input type="checkbox"/> Electronic instructional aids;	
iii) <input type="checkbox"/> Written proceedings from conferences or lecturers;	
iv) <input type="checkbox"/> Appropriate textbooks;	
v) <input type="checkbox"/> Journal articles;	
vi) <input type="checkbox"/> Access to Internet sites.	

- 2.2. The library must include up to date and complete copies of the CVBC Bylaws, including the Accreditation Standards, and other CVBC regulatory documents.

☐ Yes ☐ No _____

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

☐ Yes ☐ No _____

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

☐ Yes ☐ No _____

- 2.5. The practice facility must have as part of its library current information regarding all drugs and medications administered, prescribed, or dispensed by the practice facility.

☐ Yes ☐ No _____

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

☐ Yes ☐ No _____

- 2.7. The practice facility must have as part of its library current information regarding all equipment and supplies in use for the performance of diagnostic imaging, including ready access to all pertinent section on Health and Welfare Canada's Safety Codes.

☐ Yes ☐ No _____

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

☐ Yes ☐ No _____

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

☐ Yes ☐ No _____

Section 3 - Medical Records – ALL PRACTICE FACILITIES

Standards

- 3.1. The practice facilities medical records must conform to the requirements for medical records in the CVBC Bylaws, Schedule D – Accreditation Standards, Section 4 – Medical Records, and Part 4 – Ethics and Standards, Division 4.5 – Medical Records. Please note that information on invoices is NOT a complete medical record.

☐ Yes ☐ No _____

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

☐ Yes ☐ No _____

Guidelines:

a) Medical records must be located within the facility so as not to be readily accessible to the general public.	<input type="checkbox"/> Y <input type="checkbox"/> N
b) For ambulatory facilities, medical records must be maintained in a safe, secure place at the address listed for the practice in the CVBC directory.	<input type="checkbox"/> Y <input type="checkbox"/> N
c) There must be sufficient forms carried in the ambulatory facility for the normal scope of the practice, e.g. patient health records, laboratory submission forms, and client (patient) prescription forms/labels.	<input type="checkbox"/> Y <input type="checkbox"/> N

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

☐ Yes ☐ No _____

- 3.4. The practice facilities billing system must have the capacity to provide an itemized record and/or estimate of all treatments, procedures and other saleable items, and be retained as part of the medical records.

☐ Yes ☐ No _____

- 3.5. All entries in the medical records must be dated.

☐ Yes ☐ No _____

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

☐ Yes ☐ No _____

- 3.7. Medical records must contain the patient's identification information.

☐ Yes ☐ No _____

Guidelines:

a) Patient description including but not limited to name, species, breed age and sex, identifying characteristics (i.e. coat color).	<input type="checkbox"/> Y <input type="checkbox"/> N
b) Herd/group and/or as required by legislation must include tattoo and/or tag number, microchip, lot number, pen number, and/or identifying marks.	<input type="checkbox"/> Y <input type="checkbox"/> N

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

☐ Yes ☐ No _____

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

☐ Yes ☐ No _____

- 3.10. Medical records must contain notation of physical visitation to the site when appropriate.

☐ Yes ☐ No _____

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

☐ Yes ☐ No _____

- 3.12. Medical records must contain a diagnosis or tentative diagnosis.

☐ Yes ☐ No _____

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

☐ Yes ☐ No _____

Guidelines:

a) Drug names where they appear must be either generic name plus concentration/strength plus name of manufacture, or brand name plus concentration/strength [if the product has more than one strength available].	<input type="checkbox"/> Y <input type="checkbox"/> N
b) Recording the DIN is strongly advised but not required for prescription drugs if the drug name is listed as in 3.13(a) above.	<input type="checkbox"/> Y <input type="checkbox"/> N
c) Label information as required under the pharmacy section of this document for all drugs dispensed must also appear in the medical records.	<input type="checkbox"/> Y <input type="checkbox"/> N

- 3.14. Medical records must contain prescribed withdrawal periods for drugs and feed additives for food animal.

☐ Yes ☐ No _____

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

☐ Yes ☐ No _____

- 3.16. Medical records must contain where applicable, information with respect to recommendation for referrals to other veterinary services or facilities.

☐ Yes ☐ No _____

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

☐ Yes ☐ No _____

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

☐ Yes ☐ No _____

Section 4 - For all practice facilities that have a public office and/or employees.

A public office is a physical place where the public may go to pick drugs, medications, copies of records, laboratory results, etc.

Standards

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

Safety measures must include:

- | | |
|--|---|
| b) An alarm system must be used to monitor the premises during off hours and centrally monitored fire detection devices [smoke detectors, heat detectors, or sprinkler systems. | <input type="checkbox"/> Y <input type="checkbox"/> N |
| c) A method for contacting law-enforcement when required must be in place. | <input type="checkbox"/> Y <input type="checkbox"/> N |
| c) Staff areas, there must be separated food storage from that of patients' food and refrigerated medical supplies. | <input type="checkbox"/> Y <input type="checkbox"/> N |
| d) Parking and approach to the facility must be constructed and maintained commensurate with safety of the patient, veterinary staff, and public. | <input type="checkbox"/> Y <input type="checkbox"/> N |
| e) Exterior lighting must allow adequate visibility for a safe approach after dusk and dark. | <input type="checkbox"/> Y <input type="checkbox"/> N |
| f) Display and access to merchandise must be free of hazards. | <input type="checkbox"/> Y <input type="checkbox"/> N |
| g) Items that may harm people or animal must not be readily available for handling by the public. | <input type="checkbox"/> Y <input type="checkbox"/> N |
| h) There must be documentation available and accessible at the facility dealing with the safety risks of employees. The information must include: | <input type="checkbox"/> Y <input type="checkbox"/> N |
| i) <input type="checkbox"/> A readily accessible list of hazards for pregnant employees; | |
| ii) <input type="checkbox"/> WHMIS documentation; | |
| ii) <input type="checkbox"/> Workers Compensation Act and Regulations. | |
| i) The practice facility must have a means for containing and disposing of used needles and other "sharps". | <input type="checkbox"/> Y <input type="checkbox"/> N |
| j) Compressed gases must be stored throughout the hospital commensurate with patient staff and public safety: | <input type="checkbox"/> Y <input type="checkbox"/> N |
| i) <input type="checkbox"/> Tanks containing compressed gases must be physically secured so as to remain in a stable upright position. | |
| ii) <input type="checkbox"/> Compressed oxygen must be stored only in areas free from open flames or excessive heat. | |
| k) There must be a means to provide ventilation within the practice facility to eliminate stagnant air, chemical contaminants or exhaust fumes within a reasonable period of time and prevent them from entering other parts of the practice facility. | <input type="checkbox"/> Y <input type="checkbox"/> N |

Section 5 - For all practice facilities that offer ambulatory service.

Standards

- 5.1. The ambulatory practice facility must have the capacity to be locked and to secure all veterinary equipment and supplies in a manner that protects the public.
☐ Yes ☐ No _____
- 5.2. Ambulatory practice facilities must be physically and mechanically maintained in a manner suitable to enable safe and effective delivery of veterinary services in the usual practice scope and environment.
☐ Yes ☐ No _____
- 5.3. For ambulatory practice facilities, members must follow the principles of disease prevention with regard to disinfections of clothing and footwear between patients and farms or homes (companion animals) relative to risk for that species, type of production (large and food animals) and accepted standard for that area.
☐ Yes ☐ No _____
- 5.4. The practice facility must have a means to separately store drugs and veterinary supplies past their expiry date so as to not allow use or dispensing.
☐ Yes ☐ No _____
- 5.5. Where the practice facility includes both ambulatory and self-standing hospital facilities, equipment and supplies may be shared between the fixed and ambulatory practices so long as patient needs are met in a timely manner, including emergencies, and standards for both fixed and ambulatory facilities are met.
☐ Yes ☐ No _____
- 5.6. The practice facility must have adequate equipment to enable restraint of animal under normal circumstances sufficient for a thorough physical examination and where applicable, administration of treatments, commensurate with the scope of practice.

a) Equipment and supplies must include as a minimum but not necessarily limited to those listed in the guidelines below except where it can reasonably demonstrated that the following are not required within the normal scope of the practice:				<input type="checkbox"/> Y <input type="checkbox"/> N
Item	Companion Animal	Food/Large Animal	Equine	
Stethoscope	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Y <input type="checkbox"/> N
Thermometer	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Y <input type="checkbox"/> N
Disinfectant & Alcohol	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Y <input type="checkbox"/> N
Examination Gloves	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Y <input type="checkbox"/> N
Lubricant	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Y <input type="checkbox"/> N
Rectal & Obstetrical Gloves		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Y <input type="checkbox"/> N
Examination light	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Y <input type="checkbox"/> N
Ophthalmoscope	<input type="checkbox"/> Yes	As required	As required	<input type="checkbox"/> Y <input type="checkbox"/> N
Otoscope	<input type="checkbox"/> Yes	As required	As required	<input type="checkbox"/> Y <input type="checkbox"/> N
Full mouth speculum			<input type="checkbox"/> Yes	<input type="checkbox"/> Y <input type="checkbox"/> N
Oral speculum		<input type="checkbox"/> Yes		<input type="checkbox"/> Y <input type="checkbox"/> N
Frick speculum		<input type="checkbox"/> Yes		<input type="checkbox"/> Y <input type="checkbox"/> N
Percussion instrument	<input type="checkbox"/> Yes			<input type="checkbox"/> Y <input type="checkbox"/> N
Magnification source	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Y <input type="checkbox"/> N

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Hoof knife/probe/tester		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Y <input type="checkbox"/> N
Fluorescein ophthalmic strips or drops	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Y <input type="checkbox"/> N
Schirmer tear test strips	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Y <input type="checkbox"/> N
Woods Lamp (optional)	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Y <input type="checkbox"/> N
Skin scrapings supplies	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Y <input type="checkbox"/> N

If the ambulatory practice facility offers diagnostic imaging that section must be completed. Not all sections necessarily apply to ambulatory diagnostic imaging (Section 10).

5.7. Adequate equipment to enable restraint of animals under normal circumstances sufficient for a thorough physical examination and where applicable administration of treatment commensurate with the normal scope of practice

- a) Restraint equipment must include but is not necessarily limited to those listed in the guidelines below except where it can be reasonably demonstrated that the following are not required in the normal scope of the practice.
- b) Companion animal ambulatory practice facilities:
 - i) ☐ Muzzles;
 - ii) ☐ Leashes;
 - iii) ☐ Safety snare [optional];
 - iv) ☐ Other devices such as handling gloves;
 - v) ☐ Carrying cage.
- c) Equine ambulatory practice facilities – must have adequate restraint equipment to enable surgery or other field procedures or to maintain the animal in recumbency in a manner safe to the patient and in the best interest of public safety.
 - i) ☐ Rope;
 - ii) ☐ Halter;
 - iii) ☐ Twitch;
 - iv) ☐ Lead shank;
 - v) ☐ Stocks [optional].
- d) Large animal/food animal ambulatory practice facilities – must have adequate restraint equipment to enable surgery or other field procedures or to maintain the animal in recumbency in a manner safe to the patient and in the best interest of public safety.
 - i) ☐ Head restraint e.g. rope halter, nose tongs, etc;
 - ii) ☐ Head gate and chute [optional].

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

☐ Yes ☐ No _____

Guidelines:

<ol style="list-style-type: none"> a) General (all practices): <ol style="list-style-type: none"> i) <input type="checkbox"/> Clippers and extension cord or self-contained power supply, and/or razor or equivalent for hair removal from the patient. ii) <input type="checkbox"/> Parenteral fluids e.g. physiological saline, lactated ringers solution, sterile water, and/or dextrose in sterile water. iii) <input type="checkbox"/> Sterile intravenous administration sets. 	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N
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iv) <input type="checkbox"/> Sterile needles and intravenous catheters.	<input type="checkbox"/> Y <input type="checkbox"/> N
v) <input type="checkbox"/> Sterile syringes.	<input type="checkbox"/> Y <input type="checkbox"/> N
vi) <input type="checkbox"/> Sterile scalpel blades.	<input type="checkbox"/> Y <input type="checkbox"/> N
vii) <input type="checkbox"/> Intravenous stand or equivalent.	<input type="checkbox"/> Y <input type="checkbox"/> N
viii) <input type="checkbox"/> Sterile urinary catheters.	<input type="checkbox"/> Y <input type="checkbox"/> N
ix) <input type="checkbox"/> Sterile gauze sponges.	<input type="checkbox"/> Y <input type="checkbox"/> N
x) <input type="checkbox"/> Sterile obstetrical gloves.	<input type="checkbox"/> Y <input type="checkbox"/> N
xi) <input type="checkbox"/> Drainage tubes, irrigation solutions, and irrigation application supplies.	<input type="checkbox"/> Y <input type="checkbox"/> N
xii) <input type="checkbox"/> Stomach tubes appropriate to the species normally treated.	<input type="checkbox"/> Y <input type="checkbox"/> N
xiii) <input type="checkbox"/> Manufacturer – sterilized absorbable and nonabsorbable suture material.	<input type="checkbox"/> Y <input type="checkbox"/> N
xiv) <input type="checkbox"/> Surgical scrub materials and solutions.	<input type="checkbox"/> Y <input type="checkbox"/> N
b) Large animal/food animal and equine practices	
i) <input type="checkbox"/> Small ruminant, porcine, aquatic medicine and other practices must carry equipment suitable for the scope of the practice.	<input type="checkbox"/> Y <input type="checkbox"/> N
ii) <input type="checkbox"/> Practices that have both ambulatory and self-standing components and may share equipment and supplies between the components, provided patient needs can be met in a timely manner.	<input type="checkbox"/> Y <input type="checkbox"/> N

Item	Food/ Large Animal	Equine	
Stainless steel bucket(s) or equivalent	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Y <input type="checkbox"/> N
Stomach tube & hand pump(s)	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Y <input type="checkbox"/> N
Sterile rumen trocar & cannula	<input type="checkbox"/> Yes		<input type="checkbox"/> Y <input type="checkbox"/> N
Frick speculum	<input type="checkbox"/> Yes		<input type="checkbox"/> Y <input type="checkbox"/> N
Balling gun	<input type="checkbox"/> Yes		<input type="checkbox"/> Y <input type="checkbox"/> N
Emasculator	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Y <input type="checkbox"/> N
Prolapse needle (Buhner/serpentine needle)	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Y <input type="checkbox"/> N
Obstetrical equipment such as a) Calf puller b) Obstetrical chains, handles, or rope c) Fetotomy instrument equipment and/or obstetrical wire d) Prolapse repair equipment [umbilical tape, waterproof drape]	<input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Y <input type="checkbox"/> N
Hoof care equipment a) Hoof knife b) Hoof nippers c) Hoof rasp d) Hoof testers f) Shoe puller g) Cotton, gauze, bandage, tapes, splints, & casting materials h) Equipment adequate for removal of bandages, splints, & casting materials	<input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> Y <input type="checkbox"/> N

5.9. The ambulatory practice facility must have equipment and supplies of a calibre capable of performing the following laboratory/pathological procedures, of a sufficient level of accuracy and sophistication so as to yield results which are of diagnostic value; unless, it can be demonstrated that an acceptable level of patient care can be achieved by expedient referral of samples and/or the patient to another facility capable of performing these procedures. These procedures may be performed at the stationary portion of the practice facility.

☐ Yes ☐ No _____

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Guidelines:

a) Urinalysis including; specific gravity, and detection of ketones, blood protein, glucose, and pH.	<input type="checkbox"/> Y <input type="checkbox"/> N
b) Blood glucose.	<input type="checkbox"/> Y <input type="checkbox"/> N
c) Blood cell analysis including: total white blood cell count, and differential blood cell count.	<input type="checkbox"/> Y <input type="checkbox"/> N
d) Minimal tissue histology such as impression smears.	<input type="checkbox"/> Y <input type="checkbox"/> N
e) Fecal analysis including direct and concentrating methods for detection of ova and parasites	<input type="checkbox"/> Y <input type="checkbox"/> N
f) Semen evaluation, including live dead stains [subject to practice scope].	<input type="checkbox"/> Y <input type="checkbox"/> N
g) Mastitis test kit [subject to practice scope].	<input type="checkbox"/> Y <input type="checkbox"/> N
h) ph and ketones test strips [subject to practice scope].	<input type="checkbox"/> Y <input type="checkbox"/> N

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

☐ Yes ☐ No _____

Guidelines:

a) Blood collection tubes.	<input type="checkbox"/> Y <input type="checkbox"/> N
b) Microhematocrit collection tubes and tube sealant.	<input type="checkbox"/> Y <input type="checkbox"/> N
c) Glucometer or equivalent, e.g., test tubes.	<input type="checkbox"/> Y <input type="checkbox"/> N
d) Microscope slips, cover slips, and immersion oil.	<input type="checkbox"/> Y <input type="checkbox"/> N
e) Clean specimen containers.	<input type="checkbox"/> Y <input type="checkbox"/> N
f) Sterile syringes, needles, and/or blood collection apparatus.	<input type="checkbox"/> Y <input type="checkbox"/> N
g) Bacteriology sampling apparatus including but not limited to sterile swabs and appropriate culture/transport media/container.	<input type="checkbox"/> Y <input type="checkbox"/> N
h) Fecal collection/transport containers.	<input type="checkbox"/> Y <input type="checkbox"/> N
i) Labels containing a minimum of; patient ID, owner name, date of sample, type of specimens, and facility name.	<input type="checkbox"/> Y <input type="checkbox"/> N
j) Referral/requisition forms, which may serve as labels when sample material can be unequivocally associated with a particular form.	<input type="checkbox"/> Y <input type="checkbox"/> N
k) Urine test strips capable of detecting a minimum of: ph, the presence of protein, the presence of blood, the presence of ketones, and the presence of glucose.	<input type="checkbox"/> Y <input type="checkbox"/> N
l) Urine sample containers.	<input type="checkbox"/> Y <input type="checkbox"/> N
<u>The items listed below may be at the stationary portion of the practice</u>	
m) Refractometer.	<input type="checkbox"/> Y <input type="checkbox"/> N
n) Staining solutions and chemicals suitable for performing; urine cytology and blood cell analysis including; total red blood cell count, total white blood cell count, differential blood count and minimal tissue histology such as impression smears and semen evaluation.	<input type="checkbox"/> Y <input type="checkbox"/> N
o) Tissue and other cytology fixative such as formalin, alcohol and/or Bouin's solution.	<input type="checkbox"/> Y <input type="checkbox"/> N
p) A microscope that has an eyepiece of 10K magnification and objective lenses of 4X, 10X, and 100X (oil immersion).	<input type="checkbox"/> Y <input type="checkbox"/> N
q) A centrifuge capable of performing a packed cell volume test and appropriately preparing fluid specimens for transport.	<input type="checkbox"/> Y <input type="checkbox"/> N
r) Chemical solutions appropriate for concentrating fecal samples for ova and parasite analysis.	<input type="checkbox"/> Y <input type="checkbox"/> N

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- 5.10. The laboratory/pathology area must have a method of keeping samples/specimens at appropriate temperatures (i.e. an incubator if bacterial cultures are done and reliable refrigeration if sample are held for transport.

Yes No _____

The ambulatory practice facility must have sufficient surgical supplies and equipment to allow for a separate sterile surgical pack to be used for each patient undergoing surgery, commensurate with the normal caseload of the practice. Yes No _____

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

a) Wolf tooth elevator;	<input type="checkbox"/> Y <input type="checkbox"/> N
b) Wolf tooth extractor;	<input type="checkbox"/> Y <input type="checkbox"/> N
c) Set of hand or power floats;	<input type="checkbox"/> Y <input type="checkbox"/> N
d) Cold sterilization tray and solution;	<input type="checkbox"/> Y <input type="checkbox"/> N
a) A light source;	<input type="checkbox"/> Y <input type="checkbox"/> N
b) Dosing syringe;	<input type="checkbox"/> Y <input type="checkbox"/> N
c) Stainless steel bucket or equivalent.	<input type="checkbox"/> Y <input type="checkbox"/> N

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

☐ Yes ☐ No

Guidelines:

<p>a) The minimum of resuscitation equipment, supplies, and drugs includes:</p> <p>i) <input type="checkbox"/> Means to managing respiratory emergencies including:</p> <p style="margin-left: 40px;">a) <input type="checkbox"/> A means of securing a patient airway including endotracheal tubes;</p> <p style="margin-left: 40px;">b) <input type="checkbox"/> Adequate oxygen supplies and delivery equipment;</p> <p style="margin-left: 40px;">c) <input type="checkbox"/> A mechanical means of ventilating patients.</p> <p>ii) <input type="checkbox"/> Stethoscope;</p> <p>iii) <input type="checkbox"/> Appropriate drugs to treat cardiovascular emergencies;</p> <p>iv) <input type="checkbox"/> Immediate access to drug dosage [e.g. a dosage chart or equivalent] for all drugs routinely used by the practice for emergency resuscitation;</p> <p>v) <input type="checkbox"/> Antagonists or reversal agents appropriate to the anesthetic/drugs in use at the facility.</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N</p>
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Section 6 - For all practice facilities that see patients in their facility

- Small animal clinic or hospital
- Mobile Clinic
- Large animal clinic or hospital
- Large animal ambulatory with a fixed facility for examination, confinement, treatment or surgery
- Housecall with a fixed practice facility for examination, confinement, treatment or surgery
- Any other practice facility with a fixed location for examination, confinement, treatment or surgery

Standards

6.1. Examination and treatment areas must be constructed and equipped to ensure client privacy and confidentiality through sound barriers, visual barriers and/or adequate spatial separation.
☐ Yes ☐ No _____

6.2. There must be sufficient veterinary equipment, instruments, drugs, and other supplies on site and accessible to support the normal veterinary medical procedures performed within the scope of the practice.
☐ Yes ☐ No _____

6.3. All veterinary equipment and instruments must be kept clean and maintained in good working order.
☐ Yes ☐ No _____

6.4. The practice facility must have sufficient room and equipment, instruments, drugs, and other supplies on site and accessible to support the normal veterinary medical procedures performed within the scope of the practice.
☐ Yes ☐ No _____

Guideline:

a) There must be sufficient room to separate animals so as to prevent direct contact with each other.	<input type="checkbox"/> Y <input type="checkbox"/> N
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6.5. The practice facility must be constructed to allow appropriate monitoring of patients.
☐ Yes ☐ No _____

Guideline:

a) The practice facility must be constructed to allow a line of sight monitoring of patients that are in recovery or under observation and for animals recovery from general anesthesia or heavy sedation. If line of site is not possible then there must be trained personnel attending until the patient is out of danger.	<input type="checkbox"/> Y <input type="checkbox"/> N
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6.6. The practice facility must be cleaned, in good repair and functional.
☐ Yes ☐ No _____

Guidelines:

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a) The approach to the practice facility, parking areas and all other exterior physical grounds must be visibly clean and tidy and free of hazards.	<input type="checkbox"/> Y <input type="checkbox"/> N
b) There must be a means to minimize or mitigate persistent disagreeable odors.	<input type="checkbox"/> Y <input type="checkbox"/> N
c) The interior and exterior of the practice facility including its equipment must be visibly clean.	<input type="checkbox"/> Y <input type="checkbox"/> N
d) Washroom facilities whether for exclusive client use or shared used by the employees of the practice facility must be reasonably available and clean and tidy.	<input type="checkbox"/> Y <input type="checkbox"/> N
e) Housekeeping equipment must be thoroughly cleaned and properly stored when not in use.	<input type="checkbox"/> Y <input type="checkbox"/> N

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

☐ Yes ☐ No _____

Guidelines:

a) Working surface must be fabricated from readily cleanable materials.	<input type="checkbox"/> Y <input type="checkbox"/> N
b) All working areas of the practice facility must have safe, effective, and/or approved disinfectants and disposable towels [or equivalent] readily available for use between patients or procedures.	<input type="checkbox"/> Y <input type="checkbox"/> N
d) Soiled linens must be handled in such a way as to prevent pathogen transmission to other areas of the hospital.	<input type="checkbox"/> Y <input type="checkbox"/> N
d) Adequate drainage must be provided in areas where build up of significant water or liquid organic matter is likely, e.g. floor drains in large animal patient care areas.	<input type="checkbox"/> Y <input type="checkbox"/> N
e) There must be a means in place to ensure that garbage; debris and animal fecal matter is removed in an efficient and timely manner.	<input type="checkbox"/> Y <input type="checkbox"/> N
f) If necropsies are performed at the facility, the necropsy area must be able to be readily and thoroughly disinfected.	<input type="checkbox"/> Y <input type="checkbox"/> N
g) Practice facilities that provide isolation to animal having or suspected of having an infectious or zoonotic disease must do so in a manner that is safe for the patient, veterinary staff and public, and minimize the risk of disease spread from the patient to species at risk. This includes:	<input type="checkbox"/> Y <input type="checkbox"/> N
i) <input type="checkbox"/> There must be a means to disinfect clothing, footwear, feeding implements, and materials used to treat the patients in isolation.	<input type="checkbox"/> Y <input type="checkbox"/> N
ii) <input type="checkbox"/> The isolation area must be functionally contained away from the rest of the hospital in a separate low traffic area and have minimum exposure to the other animal of the same species.	<input type="checkbox"/> Y <input type="checkbox"/> N
h) Patient care areas must have a waste receptacle that is covered or concealed.	<input type="checkbox"/> Y <input type="checkbox"/> N
i) If used, chemical solutions for cold sterilization of instruments must conform to principles of animal disease prevention and public safety standards.	<input type="checkbox"/> Y <input type="checkbox"/> N

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

☐ Yes ☐ No _____

Guidelines:

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a) There must be means to ensure that veterinary equipment instruments, drugs and/or supplies are stored handled and disposed of as per manufacturer's instructions and Safety Data Sheets (SDS) where available.	<input type="checkbox"/> Y <input type="checkbox"/> N
b) Protocols must be posted outlining the procedure to be followed in the event of a spill of materials that carry some risk including but not limited to x-ray chemicals, anesthetics, preservatives, and concentrated cleaners and solvents.	<input type="checkbox"/> Y <input type="checkbox"/> N
c) Biological sample waste material must be disposed of in accordance with pertinent regulations.	<input type="checkbox"/> Y <input type="checkbox"/> N
d) Chemical reagents and supplies must be disposed of in accordance with pertinent regulations.	<input type="checkbox"/> Y <input type="checkbox"/> N

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

☐ Yes ☐ No _____

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

☐ Yes ☐ No

Guidelines:

a) For patients within a self-standing veterinary practice facility, the minimum of resuscitation equipment, supplies, and drugs includes: i) <input type="checkbox"/> Means to managing respiratory emergencies including: a) <input type="checkbox"/> A means of securing a patient airway including endotracheal tubes; b) <input type="checkbox"/> Adequate oxygen supplies and delivery equipment; c) <input type="checkbox"/> A mechanical means of ventilating patients. ii) <input type="checkbox"/> Stethoscope; iii) <input type="checkbox"/> Appropriate drugs to treat cardiovascular emergencies; iv) <input type="checkbox"/> Immediate access to drug dosage [i.e. a dosage chart or equivalent] for all drugs routinely used by the practice for emergency resuscitation; v) <input type="checkbox"/> Antagonists or reversal agents appropriate to the anesthetic/drugs in use at the facility.	<input type="checkbox"/> Y <input type="checkbox"/> N
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6.11. The practice facility must have adequate chemical or physical restraint readily available.

☐ Yes ☐ No _____

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

☐ Yes ☐ No _____

Guidelines:

a) The practice facility must have sufficient emergency lighting available and adequately maintained to allow procedures to be completed safely in the event of a power failure.	<input type="checkbox"/> Y <input type="checkbox"/> N
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6.13. Within a self-standing practice facility compressed oxygen must be readily available and readily accessible to patients.

☐ Yes ☐ No _____

Guidelines:

a) Self-standing practice facilities must have a supplementary method for providing oxygen should the primary oxygen system fail. [i.e. spare tank].	<input type="checkbox"/> Y <input type="checkbox"/> N
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6.14. Within a self-standing practice facility there must be a means to control temperature within the facility in order to maintain hospitalized patient within their respective comfort zones.

☐ Yes ☐ No _____

Guidelines:

a) In the event that two hospitalized patients' temperature and humidity requirements differ, a microenvironment for one of the patients must be created [i.e. a terrarium for a snake].	<input type="checkbox"/> Y <input type="checkbox"/> N
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- 6.15. The practice facility must have a reasonable means and capacity to store the remains of deceased patients as necessary or appropriate in the circumstances.

☐ Yes ☐ No _____

Guidelines:

a) There must be a means in place to dispose of deceased animals as soon as reasonably possible and in accordance with municipal, provincial, and/or federal regulations.	<input type="checkbox"/> Y <input type="checkbox"/> N
b) There must be a capacity to store the remains of an animal [or appropriate samples, in the case of large animal ambulatory practices] that has had an unexpected anesthetic death, until the owner has had a reasonable opportunity to exercise the option of obtaining a necropsy at a veterinary diagnostic laboratory or other veterinary facility.	<input type="checkbox"/> Y <input type="checkbox"/> N
c) Deceased companion animal not disposed of within 24 hours must be labelled and sealed into heavy plastic bags or equivalent and refrigerated or frozen.	<input type="checkbox"/> Y <input type="checkbox"/> N

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

☐ Yes ☐ No _____

Section 7 - Patient Confinement & Accommodation

For all practice facilities that provide for confinement (hospitalization) for any length of time.

Standards

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

☐ Yes ☐ No _____

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

☐ Yes ☐ No _____

- 7.3. The practice facility must have appropriate enclosures for the confinement of hospitalized and boarded patients.

☐ Yes ☐ No _____

Guidelines:

a) The practice facility must have sufficient numbers of safe enclosures to house animals appropriately.	<input type="checkbox"/> Y <input type="checkbox"/> N
i) <input type="checkbox"/> Enclosures must be constructed so that animals are safely confined and they must have a device that enables them to be closed and securely fastened.	<input type="checkbox"/> Y <input type="checkbox"/> N
b) The practice facility must have enclosures that are appropriate for the species.	<input type="checkbox"/> Y <input type="checkbox"/> N
i) <input type="checkbox"/> Enclosure areas must be orderly, and free of persistent disagreeable odours.	
ii) <input type="checkbox"/> Enclosure areas must have adequate ventilation, lighting, and temperature control.	
iii) <input type="checkbox"/> Enclosures must have solid partitions of an appropriate height to prevent patient contact.	
iv) <input type="checkbox"/> Runs for companion animals must have solid partitions at least 4 feet up (1.22 meters) from the floor to prevent patient-to-patient contact.	

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

☐ Yes ☐ No _____

Guidelines:

a) Confinement enclosures must be constructed so that the possibility of pathogen transmission is reasonably minimized.	<input type="checkbox"/> Y <input type="checkbox"/> N
b) Enclosures must be fabricated of materials that can be easily and effectively disinfected.	<input type="checkbox"/> Y <input type="checkbox"/> N
c) Every enclosure for large animals and large companion animals must have its own separate drainage.	<input type="checkbox"/> Y <input type="checkbox"/> N
d) Measures must be in place to ensure that wastes are removed at a frequency commensurate with the comfort of the patient and in keeping with the minimization of cross contamination.	<input type="checkbox"/> Y <input type="checkbox"/> N

- 7.5. The practice facility must be equipped to provide the basic patient need and comfort.

☐ Yes ☐ No _____

Guidelines:

a) The practice facility must have appropriate bedding supplies and practices.	<input type="checkbox"/> Y <input type="checkbox"/> N
i) <input type="checkbox"/> Bedding must be appropriate for the species of animal confined.	
ii) <input type="checkbox"/> Facilities must have sufficient bedding to meet reasonably anticipated patient needs within the normal scope of the practice.	<input type="checkbox"/> Y <input type="checkbox"/> N
iii) <input type="checkbox"/> Bedding must be clean, dry, comfortable, and safe for the animal confined.	<input type="checkbox"/> Y <input type="checkbox"/> N
b) The practice facility must be constructed and equipped to enable patients to be	

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provided with suitable and sufficient quantities of food and water to meet nutritional and hydration requirement commensurate with their medical status.	<input type="checkbox"/> Y <input type="checkbox"/> N
i) <input type="checkbox"/> Practice facilities must have sufficient and suitable quantities of food and water available to meet nutritional and hydration requirements of patients within the normal scope of the practice.	<input type="checkbox"/> Y <input type="checkbox"/> N
ii) <input type="checkbox"/> Food and water provided must be readily accessible to the patient especially with non-ambulatory animals.	<input type="checkbox"/> Y <input type="checkbox"/> N
iii) <input type="checkbox"/> Food and water must be provided in a manner that is safe for the patient.	<input type="checkbox"/> Y <input type="checkbox"/> N
c) Practice facilities must have suitable areas to exercise animals commensurate with their medical status.	<input type="checkbox"/> Y <input type="checkbox"/> N

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

☐ Yes ☐ No _____

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

Yes No _____

Section 8 Fixed practice facilities with Examination and Treatment Areas

Standards

- 8.1. All designated examination and treatment areas and equipment so used must where applicable conform to all of the preceding Bylaws under the general section for Accreditation Standards 1-45.

☐ Yes ☐ No _____

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

☐ Yes ☐ No _____

Guidelines:

a) A treatment area that includes the same area used for examination in a self-standing practice facility must adhere to the standards for both	<input type="checkbox"/> Y <input type="checkbox"/> N
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- 8.3. The examination area for companion animals in a self-standing practice facility must have a table or surface for examination, constructed of readily sanitized material.

☐ Yes ☐ No _____

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

☐ Yes ☐ No _____

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

☐ Yes ☐ No _____

Guidelines

a) Equipment and supplies must include as a minimum but not necessarily limited to those listed in the guidelines below except where it can reasonably demonstrated that the following are not required within the normal scope of the practice:				<input type="checkbox"/> Y <input type="checkbox"/> N
Item	Companion Animal	Food/Large Animal	Equine	
Stethoscope	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Y <input type="checkbox"/> N
Thermometer	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Y <input type="checkbox"/> N
Disinfectant & Alcohol	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Y <input type="checkbox"/> N
Examination Gloves	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Y <input type="checkbox"/> N
Lubricant	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Y <input type="checkbox"/> N
Rectal & Obstetrical Gloves		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Y <input type="checkbox"/> N
Examination light	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Y <input type="checkbox"/> N
Ophthalmoscope	<input type="checkbox"/> Yes	As required	As required	<input type="checkbox"/> Y <input type="checkbox"/> N
Otoscope	<input type="checkbox"/> Yes	As required	As required	<input type="checkbox"/> Y <input type="checkbox"/> N
Full mouth speculum			<input type="checkbox"/> Yes	<input type="checkbox"/> Y <input type="checkbox"/> N
Oral speculum		<input type="checkbox"/> Yes		<input type="checkbox"/> Y <input type="checkbox"/> N
Frick speculum		<input type="checkbox"/> Yes		<input type="checkbox"/> Y <input type="checkbox"/> N
Percussion instrument	<input type="checkbox"/> Yes			<input type="checkbox"/> Y <input type="checkbox"/> N
Weigh scale	<input type="checkbox"/> Yes			<input type="checkbox"/> Y <input type="checkbox"/> N
Magnification source	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Y <input type="checkbox"/> N
Hoof knife/probe/tester		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Y <input type="checkbox"/> N
Fluorescein ophthalmic strips or drops	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Y <input type="checkbox"/> N
Schirmer tear test strips	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Y <input type="checkbox"/> N

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Woods Lamp (optional)	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Y <input type="checkbox"/> N
Skin scrapings supplies	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Y <input type="checkbox"/> N

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

☐ Yes ☐ No _____

Guidelines:

a) Restraint equipment must include but is not necessarily limited to those listed in the guidelines below except where it can be reasonably demonstrated that the following are not required in the normal scope of the practice.	<input type="checkbox"/> Y <input type="checkbox"/> N
b) Companion animal practice facilities:	<input type="checkbox"/> Y <input type="checkbox"/> N
i) <input type="checkbox"/> Muzzles; ii) <input type="checkbox"/> Leashes; iii) <input type="checkbox"/> Safety snare [optional]; iv) <input type="checkbox"/> Other devices such as handling gloves; v) <input type="checkbox"/> Carrying cage.	
c) Equine practice facilities – must have adequate restraint equipment to enable surgery or other field procedures or to maintain the animal in recumbency in a manner safe to the patient and in the best interest of public safety.	<input type="checkbox"/> Y <input type="checkbox"/> N
i) <input type="checkbox"/> Rope; ii) <input type="checkbox"/> Halter; iii) <input type="checkbox"/> Twitch; iv) <input type="checkbox"/> Lead shank; v) <input type="checkbox"/> Stocks [optional].	
d) Large animal/food animal practice facilities – must have adequate restraint equipment to enable surgery or other field procedures or to maintain the animal in recumbency in a manner safe to the patient and in the best interest of public safety.	<input type="checkbox"/> Y <input type="checkbox"/> N
i) <input type="checkbox"/> Head restraint e.g. rope halter, nose tongs, etc; ii) <input type="checkbox"/> Head gate and chute [optional].	

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

☐ Yes ☐ No _____

Guidelines:

a) General (all practice facilities):	<input type="checkbox"/> Y <input type="checkbox"/> N
i) <input type="checkbox"/> Clippers and extension cord or self-contained power supply, and/or razor or equivalent for hair removal from the patient. ii) <input type="checkbox"/> Vacuum cleaner or equivalent method for removing hair effectively [not required for ambulatory practice]. iii) <input type="checkbox"/> Parenteral fluids e.g. physiological saline, lactated ringers solution, sterile water, and/or dextrose in sterile water. iv) <input type="checkbox"/> Sterile intravenous administration sets.	

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<ul style="list-style-type: none"> v) <input type="checkbox"/> Sterile needles and intravenous catheters. vi) <input type="checkbox"/> Sterile syringes. vii) <input type="checkbox"/> Sterile scalpel blades. viii) <input type="checkbox"/> Intravenous stand or equivalent. ix) <input type="checkbox"/> Sterile urinary catheters. x) <input type="checkbox"/> Sterile gauze sponges. xi) <input type="checkbox"/> Sterile obstetrical gloves. xii) <input type="checkbox"/> Drainage tubes, irrigation solutions, and irrigation application supplies. xiii) <input type="checkbox"/> Stomach tubes appropriate to the species normally treated. xiv) <input type="checkbox"/> Manufacturer – sterilized absorbable and nonabsorbable suture material. xv) <input type="checkbox"/> Surgical scrub materials and solutions. <p>b) Large animal/food animal and equine practice facilities (additional to general requirements above under 8.7(a)):</p> <ul style="list-style-type: none"> i) <input type="checkbox"/> Small ruminant, porcine, aquatic medicine and other practices must carry equipment suitable for the scope of the practice. ii) <input type="checkbox"/> Practices that have both ambulatory and self-standing components and may share equipment and supplies between the components, provided patient needs can be met in a timely manner. 	<div style="text-align: right; padding-right: 10px;"> <input type="checkbox"/> Y <input type="checkbox"/> N </div>
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Item	Food/ Large Animal	Equine	
Stainless steel bucket(s) or equivalent	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Y <input type="checkbox"/> N
Stomach tube & hand pump(s)	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Y <input type="checkbox"/> N
Sterile rumen trocar & cannula	<input type="checkbox"/> Yes		<input type="checkbox"/> Y <input type="checkbox"/> N
Frick speculum	<input type="checkbox"/> Yes		<input type="checkbox"/> Y <input type="checkbox"/> N
Balling gun	<input type="checkbox"/> Yes		<input type="checkbox"/> Y <input type="checkbox"/> N
Emasculator	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Y <input type="checkbox"/> N
Prolapse needle (Buhner/serpentine needle)	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Y <input type="checkbox"/> N
Obstetrical equipment such as a) Calf puller b) Obstetrical chains, handles, or rope c) Fetotomy instrument equipment and/or obstetrical wire d) Prolapse repair equipment [umbilical tape, waterproof drape]	<input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Y <input type="checkbox"/> N
Hoof care equipment a) Hoof knife b) Hoof nippers c) Hoof rasp d) Hoof testers f) Shoe puller g) Cotton, gauze, bandage, tapes, splints, & casting materials h) Equipment adequate for removal of bandages, splints, & casting materials	<input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> Y <input type="checkbox"/> N

Section 9 - Laboratory / Pathology Area

For all Practice Facilities that offer Laboratory service (in house and sent out)

Standards

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

☐ Yes ☐ No _____

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

☐ Yes ☐ No _____

Guidelines:

a) In fixed practice facilities the laboratory must have accessible a drained sink with hot and cold running water that is not also used for prepping surgical instruments or preparation for other sterile procedures.	<input type="checkbox"/> Y <input type="checkbox"/> N
b) In fixed practice facilities the laboratory area must be separate from the reception and surgical areas.	<input type="checkbox"/> Y <input type="checkbox"/> N

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

☐ Yes ☐ No _____

Guidelines:

a) Urinalysis including; specific gravity, and detection of ketones, blood protein, glucose, and pH.	<input type="checkbox"/> Y <input type="checkbox"/> N
b) Blood glucose.	<input type="checkbox"/> Y <input type="checkbox"/> N
c) Blood cell analysis including: total white blood cell count, and differential blood cell count.	<input type="checkbox"/> Y <input type="checkbox"/> N
d) Minimal tissue histology such as impression smears.	<input type="checkbox"/> Y <input type="checkbox"/> N
e) Fecal analysis including direct and concentrating methods for detection of ova and parasites	<input type="checkbox"/> Y <input type="checkbox"/> N
f) Semen evaluation, including live dead stains [subject to practice scope].	<input type="checkbox"/> Y <input type="checkbox"/> N
g) Mastitis test kit [subject to practice scope].	<input type="checkbox"/> Y <input type="checkbox"/> N
h) ph and ketones test strips [subject to practice scope].	<input type="checkbox"/> Y <input type="checkbox"/> N

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

☐ Yes ☐ No _____

Guidelines:

a) Blood collection tubes.	<input type="checkbox"/> Y <input type="checkbox"/> N
b) Microhematocrit collection tubes and tube sealant.	<input type="checkbox"/> Y <input type="checkbox"/> N
c) Glucometer or equivalent, e.g., test tubes.	<input type="checkbox"/> Y <input type="checkbox"/> N
d) Microscope slips, cover slips, and immersion oil.	<input type="checkbox"/> Y <input type="checkbox"/> N
e) Clean specimen containers.	<input type="checkbox"/> Y <input type="checkbox"/> N
f) Sterile syringes, needles, and/or blood collection apparatus.	<input type="checkbox"/> Y <input type="checkbox"/> N
g) Bacteriology sampling apparatus including but not limited to sterile swabs and appropriate culture/transport media/container.	<input type="checkbox"/> Y <input type="checkbox"/> N

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h) Fecal collection/transport containers.	<input type="checkbox"/> Y	<input type="checkbox"/> N
i) Labels containing a minimum of; patient ID, owner name, date of sample, type of specimens, and facility name.	<input type="checkbox"/> Y	<input type="checkbox"/> N
j) Referral/requisition forms, which may serve as labels when sample material can be unequivocally associated with a particular form.	<input type="checkbox"/> Y	<input type="checkbox"/> N
k) Urine test strips capable of detecting a minimum of: ph, the presence of protein, the presence of blood, the presence of ketones, and the presence of glucose.	<input type="checkbox"/> Y	<input type="checkbox"/> N
l) Urine sample containers.	<input type="checkbox"/> Y	<input type="checkbox"/> N
m) Refractometer.	<input type="checkbox"/> Y	<input type="checkbox"/> N
n) Staining solutions and chemicals suitable for performing; urine cytology and blood cell analysis including; total red blood cell count, total white blood cell count, differential blood count and minimal tissue histology such as impression smears and semen evaluation.	<input type="checkbox"/> Y	<input type="checkbox"/> N
o) Tissue and other cytology fixative such as formalin, alcohol and/or Bouin's solution.	<input type="checkbox"/> Y	<input type="checkbox"/> N
p) A microscope that has an eyepiece of 10K magnification and objective lenses of 4X, 10X, and 100X (oil immersion).	<input type="checkbox"/> Y	<input type="checkbox"/> N
q) A centrifuge capable of performing a packed cell volume test and appropriately preparing fluid specimens for transport.	<input type="checkbox"/> Y	<input type="checkbox"/> N
r) Chemical solutions appropriate for concentrating fecal samples for ova and parasite analysis.	<input type="checkbox"/> Y	<input type="checkbox"/> N

9.5. The laboratory/pathology area must have a method of keeping samples/specimens at appropriate temperatures (i.e. an incubator if bacterial cultures are done and reliable refrigeration if sample are held for transport).

☐ Yes ☐ No _____

Section 10 - Diagnostic Imaging Area

For all practice facilities that offer diagnostic imaging.

Standards

10.1. All designated areas and equipment so used must conform where applicable to all of the preceding bylaws under the general section for Accreditation Standards 1-45.

☐ Yes ☐ No _____

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

☐ Yes ☐ No _____

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

☐ Yes ☐ No _____

10.4. The beam from any fixed or mobile x-ray source must be collimated.

☐ Yes ☐ No _____

10.5. Protocols must be in place to ensure that no person under the age of 19 is permitted to have occupation exposure to ionizing radiation from equipment using /producing ionizing radiation.

☐ Yes ☐ No _____

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

☐ Yes ☐ No _____

Guidelines:

a) Shielding must be provided in walls, doors, etc. or provided by adequate and strategically placed lead screens or provided by adequate spatial separation from other areas of the workplace when imaging equipment is in use.	<input type="checkbox"/> Y <input type="checkbox"/> N
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10.7. The diagnostic imaging area must be constructed so as to minimize or eliminate unnecessary exposure of patients, veterinary staff and the public to hazards associated with chemicals and supplies for development of diagnostic images.

☐ Yes ☐ No _____

Guidelines

a) Effective ventilation must be available in any room containing, storing or using diagnostic imaging/developing chemical reagents.	<input type="checkbox"/> Y <input type="checkbox"/> N
b) The darkroom must have appropriate safelight to allow movement within the room of operators of equipment.	<input type="checkbox"/> Y <input type="checkbox"/> N
c) Storage for chemical agents used for diagnostic imaging must be provided away from areas normally occupied by staff [i.e. eating areas, change rooms, washrooms, and clothing lockers, etc.]	<input type="checkbox"/> Y <input type="checkbox"/> N

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

☐ Yes ☐ No _____

Guidelines:

a) A dark room that contains automatic or manual radiographic processing equipment and supplies; or	<input type="checkbox"/> Y <input type="checkbox"/> N
b) Documented access to an external processing laboratory with the equipment and supplies capable of developing diagnostic quality images in a timely manner that meets the needs of patients, commensurate with the usual scope of the practice.	<input type="checkbox"/> Y <input type="checkbox"/> N

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

☐ Yes ☐ No _____

Guidelines:

a) Two protective full-length aprons of at least 0.5 mm lead equivalency.	<input type="checkbox"/> Y <input type="checkbox"/> N
b) Two pairs of gloves with at least 0.5 mm lead equivalency.	<input type="checkbox"/> Y <input type="checkbox"/> N
c) Two thyroid protectors.	<input type="checkbox"/> Y <input type="checkbox"/> N
d) Calipers or tape to measure body thickness.	<input type="checkbox"/> Y <input type="checkbox"/> N
e) Radiographic viewer to adequately display the largest radiograph produced by the facility, or a computer station for the viewing of digitally created images.	<input type="checkbox"/> Y <input type="checkbox"/> N
f) Positioning devices such as sand bags, positioning beds/troughs, tape, foam wedges, radiolucent padding material, or the equivalent must be available.	<input type="checkbox"/> Y <input type="checkbox"/> N
g) A focused intense light source for highlighting radiograph films (i.e. a hot light).	<input type="checkbox"/> Y <input type="checkbox"/> N
h) Contrast agents.	<input type="checkbox"/> Y <input type="checkbox"/> N
i) Permanent labelling and marking apparatus and materials.	<input type="checkbox"/> Y <input type="checkbox"/> N
j) There must be a storage area for unexposed x-ray films which is protected from direct ionizing radiation.	<input type="checkbox"/> Y <input type="checkbox"/> N

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

☐ Yes ☐ No _____

X-ray Equipment	Code 28
Dental x-ray equipment	Code 30
Fluoroscopy equipment	Code 20 A, Part A, section 8.3
Fluoroscopy equipment	Code 20A, Part A, section 8.3
MRI	Code 26
Nuclear Scintigraphy equipment	<i>Nuclear Safety And Control Act</i> and its relevant regulation.

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

☐ Yes ☐ No _____

Guidelines

a) Approved collections and storage containers for all biological waste from patients who had received radioactive agents should be available and used.	<input type="checkbox"/> Y <input type="checkbox"/> N
b) Gamma cameras for nuclear scintigraphy must be regularly calibrated.	<input type="checkbox"/> Y <input type="checkbox"/> N
c) A Geiger counter or other appropriate real-time radiation monitoring equipment should be available and used.	<input type="checkbox"/> Y <input type="checkbox"/> N
d) Logs should be available and used which record the identification, storage details, and disposal detail for all radioactive biological waste and/or by-products.	<input type="checkbox"/> Y <input type="checkbox"/> N
e) Nuclear scintigraphy logs should be available and used which record the proper control, storage, and disposal of radiopharmaceuticals and contaminated objects.	<input type="checkbox"/> Y <input type="checkbox"/> N

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

☐ Yes ☐ No _____

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Guidelines:

a) For radiographic images the label must be within the emulsion, or a tamper proof and permanent label must be applied to the image/study afterwards.	<input type="checkbox"/> Y <input type="checkbox"/> N
b) For digital images, by software which generates an appropriate label which becomes part of the study and is embedded electronically.	<input type="checkbox"/> Y <input type="checkbox"/> N
c) Intraoral radiographs that are too small for labels must be stored in a secure envelope/file with the label information recorded of the envelope/file in which they are served.	<input type="checkbox"/> Y <input type="checkbox"/> N

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

- a) ☐ Diagnostic images and their associated logs comprise part of a patient's medical records.
b) ☐ Images originally produced in digital format should have a back-up hardcopy or second digitally stored copy.

☐ Yes ☐ No _____

Guidelines:

i) Except where otherwise noted, traditional film based radiographic studies must be stored in the original form (digital copies of original film emulsions, obtained with digital cameras or non-medical grade scanners are not suitable substitutes).	<input type="checkbox"/> Y <input type="checkbox"/> N
ii) Computed or digital radiographs, CT and MRI studies may be archived on original film emulsions, or in digital format if taken by a Computer Radiography (CR) or direct digital system.	<input type="checkbox"/> Y <input type="checkbox"/> N
iii) Fluoroscopy studies must be archived on videotape or in digital format.	<input type="checkbox"/> Y <input type="checkbox"/> N
iv) Original film emulsion studies may be converted to appropriate digital format and stored using a medical grade scanner.	<input type="checkbox"/> Y <input type="checkbox"/> N
v) Ultrasound studies must be archived using digital storage, videotape or hard copy images on thermal paper or film emulsion.	<input type="checkbox"/> Y <input type="checkbox"/> N
vi) Endoscopy studies must be archived where possible with original photographs, videotapes, or thermal paper.	<input type="checkbox"/> Y <input type="checkbox"/> N
vii) All diagnostic images must be stored so as to prevent damage or degradation of the image [i.e. protect thermal paper images from UV light, etc].	<input type="checkbox"/> Y <input type="checkbox"/> N
viii) For ultrasound studies in the situations where it is impractical to produce a recorded image, e.g. ultrasound guided biopsies or per-rectal pregnancy diagnosis in mares, adequate notes must be made in the medical records describing the procedure, visual findings, and diagnosis if one is made.	<input type="checkbox"/> Y <input type="checkbox"/> N

10.14. Portable diagnostic imaging equipment used in non-shielded environments such as from ambulatory/mobile facilities must be available to provide for the following operational protocols.

☐ Yes ☐ No _____

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

Guideline:

i) There must be an accurate collimator on all equipment capable of generating ionized radiation.	<input type="checkbox"/> Y <input type="checkbox"/> N
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- b) X-ray cassettes must never be held directly by hands, gloved or ungloved, during exposures.

Guideline:

i) There must be mechanical device present to hold it stabilized i.e. an extension clamp or stand.	<input type="checkbox"/> Y <input type="checkbox"/> N
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10.15. Documentation in the form of logs must be kept for each piece of diagnostic imaging equipment using ionizing radiation. Such logs must contain but are not necessarily limited to the following: date, owner ID, patients ID, technique information (i.e. mA, kVp, and time), area of study, tissue depth, operators name, and comments where applicable as well as dosage of contrast material if used).

☐ Yes ☐ No _____

10.16. The practice facility must have as part of its library current information regarding all equipment and supplies in use for the performance of diagnostic imaging, including ready access to all pertinent

Section 11 - Pharmacy Area

For all practice facilities that offer any dispensing.

Standards

11.1. All designated pharmacy areas and equipment so used must where applicable, conform to all of the preceding bylaws under the general section for Accreditation Standards 1-45.

☐ Yes ☐ No _____

11.2. Equipment must be in place in order for drugs to be maintained according to manufacturers' instructions.

☐ Yes ☐ No _____

Guidelines:

a) Self-standing practice facilities must have a refrigeration unit or container capable of maintaining temperature sensitive drugs.	<input type="checkbox"/> Y <input type="checkbox"/> N
b) The practice facility must have at least one maximum/minimum thermometer in order to determine operating range of any refrigeration unit or container.	<input type="checkbox"/> Y <input type="checkbox"/> N
c) Ambulatory practice facilities must have a container capable of maintaining temperature sensitive drugs, if carried, within their temperature range for the expected period of time the drugs will be away from permanent storage locations.	<input type="checkbox"/> Y <input type="checkbox"/> N
d) Containers must be available that prevent exposure to light for dispensing drugs that are sensitive to light.	<input type="checkbox"/> Y <input type="checkbox"/> N

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

☐ Yes ☐ No _____

Guidelines:

a) The pharmacy area must not be accessible to the public.	<input type="checkbox"/> Y <input type="checkbox"/> N
b) There must be a secure and locked container or enclosure designed and constructed so as to ensure restricted access to controlled drugs and narcotics.	<input type="checkbox"/> Y <input type="checkbox"/> N
c) The facility must have a controlled drug log containing but not limited to: date dispensed, owner's name and address, patients name or ID, drug identification, strength/concentration and quality of drug dispensed and quantity of drug remaining after dispensing.	<input type="checkbox"/> Y <input type="checkbox"/> N
d) A separate storage area must be available for holding expired drugs pending disposal or return to manufacturer.	<input type="checkbox"/> Y <input type="checkbox"/> N
e) There must be a readily accessible sink with hot and cold running water.	<input type="checkbox"/> Y <input type="checkbox"/> N
f) The practice facility must have a secure area for storage of prescription pads.	<input type="checkbox"/> Y <input type="checkbox"/> N

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

☐ Yes ☐ No _____

Guidelines:

a) Drug names must be either generic name plus concentration/strength plus name of manufacture, or brand name plus concentration/strength [if the product has more than one strength available].	<input type="checkbox"/> Y <input type="checkbox"/> N
b) Recording the DIN is strongly advised but not required for prescription drugs if the generic drug name is listed as in 11.4(a) above.	<input type="checkbox"/> Y <input type="checkbox"/> N

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

☐ Yes ☐ No _____

11.6. The pharmacy library must include hardcopies or immediate electronic access to relevant drug and pesticide legislation. ☐ Yes ☐ No _____

Section 12 - Anesthesia Area

For all practice facilities that offer 'general' anesthesia (including inhalant gases and balanced injectable anesthesia).

Standards

12.1. All designated areas and equipment used to provide anesthesia to patients, must, where applicable, conform to all of the preceding bylaws under the general section for Accreditation Standards 1-45.

☐ Yes ☐ No _____

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

☐ Yes ☐ No _____

Guidelines:

a) In a self-standing practice facility a passive or active gas scavenging system must be in place for all equipment in use, which uses a volatile anesthetic agent.	<input type="checkbox"/> Y <input type="checkbox"/> N
b) A posted protocol must be in place outlining emergency procedures for dealing with spilled volatile anesthetic agents.	<input type="checkbox"/> Y <input type="checkbox"/> N

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

- a) ☐ Induction;
- b) ☐ Analgesia;
- c) ☐ Lack of awareness;
- d) ☐ Sedation;
- e) ☐ Cardiovascular support;
- f) ☐ Respiratory support;
- g) ☐ Narcotic antagonist and other reversal agents appropriate for the drugs commonly used within the practice;
- h) ☐ Emergency resuscitation;
- i) ☐ Local anesthesia;
- j) ☐ Appropriate sterile parenteral fluids.

☐ Yes ☐ No _____

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

☐ Yes ☐ No _____

Guidelines:

a) All anesthetic machines and vaporizer must have documentation showing servicing and calibration by a service technician within the previous 24 months.	<input type="checkbox"/> Y <input type="checkbox"/> N
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12.5. The anesthetic area of the practice facility must have equipment and supplies capable of adequately and safely:

- a) Maintaining a patent airway for all patients rendered unconscious in a self-standing practice facility

☐ Yes ☐ No _____

Guidelines:

i) Endotracheal tubes sufficient in size and quantity for the normal caseload of the practice.	<input type="checkbox"/> Y <input type="checkbox"/> N
ii) Mouth gags or speculum suitable for efficient placement of endotracheal tubes.	<input type="checkbox"/> Y <input type="checkbox"/> N
iii) A light source suitable for assistance in placement of endotracheal tubes.	<input type="checkbox"/> Y <input type="checkbox"/> N

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b) Delivering sterile drugs including fluids intravenously.

☐ Yes ☐ No _____

Guidelines:

i) An assortment of sterile needles, syringes, infusion sets, intravenous catheters.	<input type="checkbox"/> Y <input type="checkbox"/> N
ii) Antiseptic agent to facilitate the use of aseptic technique to place parenteral infusion apparatus.	<input type="checkbox"/> Y <input type="checkbox"/> N

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

☐ Yes ☐ No _____

Guidelines:

i) The surgery table must have an insulating pad.	<input type="checkbox"/> Y <input type="checkbox"/> N
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12.6. The practice facility must have in place equipment or trained personnel supervised as per the Bylaws, Part 4 – Ethics and Standards Section “Employees of Veterinarians” who can monitor the patient for the level of anesthesia and analgesia, assess circulation, heart rate, respiratory rate and body temperature and provide at least a subjective assessment of blood oxygen during the anesthesia and the recovery period.

☐ Yes ☐ No _____

Guidelines:

a) Monitoring must be done by frequent evaluation by a trained individual using appropriate instruments such as: i. <input type="checkbox"/> Esophageal stethoscope; ii. <input type="checkbox"/> Respiratory monitor; iii. <input type="checkbox"/> Cardiac monitor; iv. <input type="checkbox"/> Pulse oximeter; v. <input type="checkbox"/> Blood pressure measurement apparatus; vi. <input type="checkbox"/> Stethoscope; vii. <input type="checkbox"/> Thermometer.	<input type="checkbox"/> Y <input type="checkbox"/> N
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12.7. A self-standing practice facility and/or one offering services to companion animals, must be equipped to deliver in a controlled fashion oxygen to any patient that is rendered unconscious or unresponsive beyond the level of having an adequate swallowing reflex by mean of a sedative, narcotic, or other anesthetic drug.

☐ Yes ☐ No _____

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

☐ Yes ☐ No _____

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

☐ Yes ☐ No _____

Section 13 - Surgery Area

For all practice facilities that offer surgery.

The surgery area is the room where surgeries take place, not where the patient is 'prepared' for surgery – that is the treatment area Section 6 & 8

Standards

13.1. Designated surgery areas and equipment so used must where applicable conform to all the preceding bylaws under the general section for Accreditation Standards 1-45.

☐ Yes ☐ No _____

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

☐ Yes ☐ No _____

Guidelines:

a) In self-standing practice facilities there must be a separate room for performing major surgeries.	<input type="checkbox"/> Y <input type="checkbox"/> N
b) All working surfaces must be constructed of solid, impervious materials that can be readily cleaned and disinfected.	<input type="checkbox"/> Y <input type="checkbox"/> N
c) The surgical table must be constructed out of solid, impervious materials that can be readily cleaned and disinfected.	<input type="checkbox"/> Y <input type="checkbox"/> N
d) The surgery area must be equipped with a waste disposal container with a readily sanitized, fluid impervious interior or a disposable fluid impervious liner.	<input type="checkbox"/> Y <input type="checkbox"/> N
e) The surgery area must be equipped with an instrument table or tray constructed of solid, impervious materials that can be readily cleaned and disinfected.	<input type="checkbox"/> Y <input type="checkbox"/> N
f) The surgery area must have ready access to disinfectants for use between successive patients.	<input type="checkbox"/> Y <input type="checkbox"/> N

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

☐ Yes ☐ No _____

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

☐ Yes ☐ No _____

Guidelines:

a) The surgery area must have at least one adjustable surgical lamp;	<input type="checkbox"/> Y <input type="checkbox"/> N
b) The surgery area must have emergency lighting [i.e. ancillary generator, battery powered mounted lighting, or portable flashlight];	<input type="checkbox"/> Y <input type="checkbox"/> N
c) Sterile drapes available of sufficient size that will prevent contamination of the surgeon, instruments and surgical site, unprepared areas of the patient or non-sterile surfaces, commensurate with the normal scope of the practice;	<input type="checkbox"/> Y <input type="checkbox"/> N
d) Surgical masks;	<input type="checkbox"/> Y <input type="checkbox"/> N
e) Surgical caps;.....	<input type="checkbox"/> Y <input type="checkbox"/> N
f) Sterilized surgical gowns;.....	<input type="checkbox"/> Y <input type="checkbox"/> N
g) Sterilized gloves;.....	<input type="checkbox"/> Y <input type="checkbox"/> N
h) Sterilized scrub brushes;.....	<input type="checkbox"/> Y <input type="checkbox"/> N
i) Sterilized hand towels;.....	<input type="checkbox"/> Y <input type="checkbox"/> N
j) Sterilized drapes;.....	<input type="checkbox"/> Y <input type="checkbox"/> N
k) Sterilized gauze sponges;.....	<input type="checkbox"/> Y <input type="checkbox"/> N

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l) Sterile needles and scalpel blades:.....	<input type="checkbox"/> Y	<input type="checkbox"/> N
m) Surgical instruments in cold trays or in sterilized surgical packs, commensurate with scope of the practice;	<input type="checkbox"/> Y	<input type="checkbox"/> N
n) Sterility indicators;.....	<input type="checkbox"/> Y	<input type="checkbox"/> N
o) Cloth or other material suitable for wrapping surgery packs for sterilization;	<input type="checkbox"/> Y	<input type="checkbox"/> N
p) An autoclave (or other equivalent methods of sterilizing surgical instruments and supplies).	<input type="checkbox"/> Y	<input type="checkbox"/> N

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

☐ Yes ☐ No _____

Section 14 – Dentistry Area

For all practice facilities that offer dentistry

Standards

14.1. Designated dental areas and equipment so used must where applicable, conform to all of the preceding bylaws under the general section for Accreditation Standards 1-45.

☐ Yes ☐ No _____

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

☐ Yes ☐ No _____

14.3. The practice facility, if within the normal scope of its practice performs dental procedures on companion animals, must have equipment and supplies capable of doing so under general anesthesia.

☐ Yes ☐ No _____

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

☐ Yes ☐ No _____

Guidelines:

a) Eye protection;	<input type="checkbox"/> Y <input type="checkbox"/> N
b) Inhalation protection for staff (i.e. facemasks);	<input type="checkbox"/> Y <input type="checkbox"/> N
c) Cuffed endotracheal tubes for patients;	<input type="checkbox"/> Y <input type="checkbox"/> N
d) Cold sterilization tray and solution.	<input type="checkbox"/> Y <input type="checkbox"/> N

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

☐ Yes ☐ No _____

Guidelines:

a) A selection of dental scalers;	<input type="checkbox"/> Y <input type="checkbox"/> N
b) Dental forceps [or equivalent];	<input type="checkbox"/> Y <input type="checkbox"/> N
c) Dental elevators and/or luxators;	<input type="checkbox"/> Y <input type="checkbox"/> N
d) Dental curettes;	<input type="checkbox"/> Y <input type="checkbox"/> N
e) Dental explorers;	<input type="checkbox"/> Y <input type="checkbox"/> N
f) Dental probes;	<input type="checkbox"/> Y <input type="checkbox"/> N
g) Dental polishing equipment.	<input type="checkbox"/> Y <input type="checkbox"/> N

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

☐ Yes ☐ No _____

Guidelines:

d) Orthodontics:	<input type="checkbox"/> Y <input type="checkbox"/> N
i) <input type="checkbox"/> Materials to build incline planes [acrylic composite resin];	
ii) <input type="checkbox"/> Brackets;	
iii) <input type="checkbox"/> Lingual buttons;	
iv) <input type="checkbox"/> Elastic chains;	
v) <input type="checkbox"/> Arch wires;	
vi) <input type="checkbox"/> Orthodontic wire;	

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vii) <input type="checkbox"/> Bonding agent to cement appliances; viii) <input type="checkbox"/> Orthodontic pliers; ix) <input type="checkbox"/> Dental burs appropriate for orthodontics.	<input type="checkbox"/> Y <input type="checkbox"/> N
e) Prosthodontics: i) <input type="checkbox"/> Diamond burs or fine fluted burs; ii) <input type="checkbox"/> Impression materials; iii) <input type="checkbox"/> Trays; iv) <input type="checkbox"/> Dental vibrator; v) <input type="checkbox"/> Dental stone; vi) <input type="checkbox"/> Dental cement.	<input type="checkbox"/> Y <input type="checkbox"/> N
f) Endodontics: i) <input type="checkbox"/> Endodontic files; ii) <input type="checkbox"/> Cleansing solutions; iii) <input type="checkbox"/> Obturating systems; iii) <input type="checkbox"/> Pluggers; iv) <input type="checkbox"/> Spreaders; v) <input type="checkbox"/> Restorative compounds.	<input type="checkbox"/> Y <input type="checkbox"/> N
g) Major Oral & Reconstructive Surgery..... i) <input type="checkbox"/> Periosteal elevators; ii) <input type="checkbox"/> Orthopedic wires; iii) <input type="checkbox"/> Fracture stabilizing equipment (acrylics, composite resins); iv) <input type="checkbox"/> Sterile suture materials; vi) <input type="checkbox"/> Bone cutting equipment.	<input type="checkbox"/> Y <input type="checkbox"/> N

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

☐ Yes ☐ No _____

Guidelines:

a) Wolf tooth elevator;	<input type="checkbox"/> Y <input type="checkbox"/> N
b) Wolf tooth extractor;	<input type="checkbox"/> Y <input type="checkbox"/> N
c) Set of hand or power floats;	<input type="checkbox"/> Y <input type="checkbox"/> N
d) Cold sterilization tray and solution;	<input type="checkbox"/> Y <input type="checkbox"/> N
h) A light source;	<input type="checkbox"/> Y <input type="checkbox"/> N
i) Dosing syringe;	<input type="checkbox"/> Y <input type="checkbox"/> N
j) Stainless steel bucket or equivalent.	<input type="checkbox"/> Y <input type="checkbox"/> N

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

☐ Yes ☐ No _____

Section 15 – Emergency Facilities

For those practice facilities that operate as an approved emergency practice facility

Standards

15.1. All emergency practice facilities and equipment used in them must where applicable, conform to all of the preceding bylaws under the general section for Practice Standards 1-45.

☐ Yes ☐ No _____

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

☐ Yes ☐ No _____

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

☐ Yes ☐ No _____

Guidelines:

a) Defibrillator;	<input type="checkbox"/> Y <input type="checkbox"/> N
b) On-site ECG machine;	<input type="checkbox"/> Y <input type="checkbox"/> N
c) Apparatus to determine core and venous pressure;	<input type="checkbox"/> Y <input type="checkbox"/> N
d) Apparatus for rapid or on-site measurement of oxygen saturation;	<input type="checkbox"/> Y <input type="checkbox"/> N
e) Apparatus for rapid and accurate measurement of intraocular pressure;	<input type="checkbox"/> Y <input type="checkbox"/> N
f) Devices to cut through heavy metal chain or plastic safety;	<input type="checkbox"/> Y <input type="checkbox"/> N
g) Drugs for cardiopulmonary resuscitation beyond those required for general veterinary facilities;	<input type="checkbox"/> Y <input type="checkbox"/> N
h) Blood transfusion/collection and storage equipment and timely access to a variety of blood products;	<input type="checkbox"/> Y <input type="checkbox"/> N
i) A variety of intravenous fluids including colloids;	<input type="checkbox"/> Y <input type="checkbox"/> N
j) At least two gas anesthetic machines.	<input type="checkbox"/> Y <input type="checkbox"/> N

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

☐ Yes ☐ No _____

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

☐ Yes ☐ No _____

Guidelines:

a) A measurement of total solids (plasma protein);	<input type="checkbox"/> Y <input type="checkbox"/> N
b) Electrolytes;	<input type="checkbox"/> Y <input type="checkbox"/> N
c) Acid-base parameters, including blood gases (Venus & arterial);	<input type="checkbox"/> Y <input type="checkbox"/> N
d) Full urine analysis;	<input type="checkbox"/> Y <input type="checkbox"/> N
e) Hematology (WBC, platelet estimate, microscope assessment of blood smear);	<input type="checkbox"/> Y <input type="checkbox"/> N
f) Routine cytology;	<input type="checkbox"/> Y <input type="checkbox"/> N
g) Clinical chemistries including BUN, creatinine, blood glucose;	<input type="checkbox"/> Y <input type="checkbox"/> N
h) A qualitative measurement for ethylene glycol;	<input type="checkbox"/> Y <input type="checkbox"/> N
i) Coagulation parameters sufficient to assess function of intrinsic versus extrinsic coagulation system.	<input type="checkbox"/> Y <input type="checkbox"/> N

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

☐ Yes ☐ No _____

Section 16 – Complementary and Integrative Medicine

For all facilities that offer complementary and Integrative medicine

Standards

16.1. Designated examination and treatment areas for complementary and integrative medicine and equipment so used where applicable conform to all of the preceding bylaws under the general section for Accreditation Standards 1-20.

☐ Yes ☐ No _____

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

☐ Yes ☐ No _____

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

☐ Yes ☐ No

Guidelines:

<p>p) For patients within a self-standing veterinary facility, the minimum of resuscitation equipment, supplies, and drugs includes:</p> <ul style="list-style-type: none"> i) <input type="checkbox"/> Means to managing respiratory emergencies including: <ul style="list-style-type: none"> a) <input type="checkbox"/> A means of securing a patient airway including endotracheal tubes; b) <input type="checkbox"/> Adequate oxygen supplies and delivery equipment; c) <input type="checkbox"/> A mechanical means of ventilating patients. ii) <input type="checkbox"/> Stethoscope; iii) <input type="checkbox"/> Appropriate drugs to treat cardiovascular emergencies; iv) <input type="checkbox"/> Immediate access to drug dosage [e.g. a dosage chart or equivalent] for all drugs routinely used by the practice for emergency resuscitation; v) <input type="checkbox"/> Antagonists or reversal agents appropriate to the anesthetic/drugs in use at the facility. 	<input type="checkbox"/> Y <input type="checkbox"/> N
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