Veterinary Practice Definitions

Large animal ambulatory practice

This is a veterinary practice where large animal veterinary services are performed from an inspected mobile unit. All types of large animal veterinary procedures may be performed. The practice must have an inspected facility for storage of medical records, drugs, supplies and equipment.

Large animal clinic practice

This is a veterinary practice where all types of large animal veterinary services, including major surgery are performed on clinic premises. The practice must have an inspected facility for storage of medical records, drugs, supplies and equipment.

Companion animal ambulatory practice

A companion animal ambulatory practice is a practice conducted out of a vehicle which is not a fully equipped mobile veterinary practice. All types of companion animal veterinary procedures, other than major surgery, may be performed. The practice must have an inspected facility for storage of medical records, drugs, supplies and equipment.

Companion animal clinic practice

This is a veterinary practice where all types of companion animal veterinary services, including major surgery are performed on clinic premises. A companion animal clinic may be a fully equipped mobile veterinary practice vehicle in which all procedures, including major surgery, can be performed. The practice must have an inspected facility for storage of medical records, drugs, supplies and equipment.

Embryo transfer facility

A veterinary practice established to provide embryo transfer services only. The practice must have an inspected facility for storage of medical records, drugs, supplies and equipment.

Offsite depot

An offsite depot is an inspected facility for delivery, sale and storage of drugs and for the storage of medical records and equipment. The facility must have trained staff.

Practice Standard 1 – General

#		Explanation
1	General	(Requirements apply to all practices with a public office) **Definition:** A public office includes all veterinary hospitals and clinics, and any facilities used by any practice that houses offices for staff, or any areas where staff work, such as storage areas for drugs or supplies, laboratory or necropsy areas, or areas for the sale of drugs and supplies.
1a	Structure (MA)	The building exterior and interior are clean, in good repair, and free from hazards. **Rationale:** The veterinary facility should be professional in appearance and function. Safety for the public, staff and patients is a priority. **Guideline:** The entire building, inside and out, must be clean and tidy. All areas within the building must be clean, neat, orderly and free from hazards. This means that even areas such as utility rooms, storage areas, areas where refuse is kept and personal spaces such as offices and staff lounges must be kept clean and tidy. All windows and doors should be kept clean and the building exterior should be kept free from splashed mud, graffiti etc. It is recommended that the practice have General Cleaning protocols to ensure all areas of the clinic are cleaned properly and regularly according to their function and amount of use. Ideally these protocols will be in written format, and if the practice has a biosecurity program (recommended) they should be included in the programs Standard Operating Procedures. Repairs must be done on an ongoing basis. Damage to window frames or glass should be repaired. Doors that do not open or close properly, have damaged frames or glass panels should be repaired. The exterior surface should not have peeling paint, damaged stucco or siding, missing roof tiles, or damaged eaves troughs or downspouts, etc. The exterior of the building also includes any out buildings on the premises and any outdoor animal housing and handling equipment, including large animal loading and unloading equipment. These need to be clean, have feces removed and be in good repair, and any painted surfaces must be intact. Interior surfaces should be free from peeling paint, holes or cracks in walls or wall covering material, and damaged tiling on floors, walls or ceiling. Any concrete surfaces should be intact. The veterinary staff should be vigilant in ensuring that the entire facility is free from hazards to the public, staff and patients.

#		Explanation
1b	Structure (C)	All areas of the facility that can be accessed by the public, contain animals or have diagnostic procedures performed in them must be constructed of impermeable, readily sanitized material. **Rationale:** The practice has a responsibility to staff, clients, patients and the public to minimize the risk of disease in animals and people. Biosecurity is a priority. The building and equipment must be built to help prevent the spread of disease. **Guidelines:** Virtually the entire clinic should be built and equipped to be easily cleaned and sanitized. This includes floors, walls, doors and equipment. Concrete in good condition is considered impermeable. Painted surfaces must be intact to permit proper cleaning. Areas of the clinic that should meet these criteria are: • reception area and washrooms, • exam rooms, • treatment rooms, • surgical, dental and radiology suites, • large animal exam and surgical areas, including animal handling equipment (chutes, head gates, stocks), • animal housing areas including small animal runs, kennel rooms and kennels and large animal stalls and scour pens, • isolation areas, • laboratory areas, • necropsy areas Rooms that do not need to have these surfaces are personal offices, staff lounges etc.
1c	Equipment (MA)	All fixtures and furnishings are in good repair. **Rationale:** The facility should be professional in appearance and function. Safety for the public, staff and patients is a priority. **Guidelines:** Furnishings include tables and chairs, and any equipment or structures that are not "fixed" to the building. Tables and chairs in the reception area should be constructed of easily cleaned and sanitizable materials. Damage to any of the furnishings should be repaired immediately. Chairs must be sturdy and should be checked regularly for loose or wobbly legs, seats and backs. Tables and shelving units must be sturdy and stable. Fixtures include anything that is "fixed" to the building and includes counters, cabinets and shelving, plumbing, lighting and animal handling equipment (e.g. stocks, head gates, chutes) Fixtures should also be constructed of easily cleaned and sanitizable materials. Counters should have intact surfaces for easy cleaning. Cabinets should be checked for loose door hinges, missing handles and insecure shelves. All plumbing fixtures should be checked for leaks and all parts must be in good working order. All lighting fixtures should be in working order with no cracked or missing covers.

#		Explanation
1d	Structure (MA)	There is adequate lighting for entrances, parking lots and outside walkways. **Rationale:** The outside areas of the building must be well lit for safe access to the building. **Guidelines:** There must be lights for all entrances, parking areas, animal unloading areas, and any outside walkways. Non-functional or damaged lights should be repaired immediately.
1e	Structure (MA)	The signage is legible, professional in appearance and the contents are ethical **Rationale:** The signage needs to be easily seen and identified by the public and should reflect the professional nature of veterinary medicine. **Guidelines:** Ideally the signage will be well lit, in large, easy to read lettering. Signage is a type of advertising, and as such its contents are subject to Bylaw 12.6.d.
1f	Structure (MI)	The landscaping is well maintained; rubbish, litter and feces are removed as efficiently and quickly as possible. **Rationale:** The veterinary facility should be professional in appearance and function. **Guidelines:** All areas surrounding the building should be clean and tidy. Piles of debris, old construction material, discarded equipment, old machinery, broken tree branches etc, should be removed. Lawns should be mowed, garden areas weeded and trees pruned to remove dead or broken branches, or branches that encroach on access to the building or animal handling facilities.
1g	Structure (MI)	The approaches are neat, tidy and free from hazards. **Rationale:** The public must be able to access the building safely. **Guidelines:** Approaches are the walkways and driveways used to get into and around the building. In large animal hospitals it also includes the areas used to move animals in and out of the building**.** All these areas must be kept in good repair. They should be free from debris such as litter, dead grass or leaves. In the winter they should be free from snow and ice.
1h	Structure (MI)	Parking is adequate. **Rationale:** The public should have a convenient and safe area to park and unload patients. **Guidelines:** There must be sufficient parking stalls immediately adjacent to the building for the expected number of clients. In large animal facilities there must also be an area large enough for trucks and trailers to park, load and unload, and turn around.

#		Explanation
1i	Structure (MA)	Doors and windows shall be secured and/or self-closing to prevent escape or theft of animals. **Rationale:** The practice is responsible for the safety of the animals in its care. Animals housed within the veterinary facility must be safe from theft, unauthorized release or escape. **Guidelines**: Windows that can be opened must have a mechanism by which they can be locked and not pushed open. All doors to the outside must be lockable. Doors that are used frequently should have a self-closing mechanism so that they are kept closed and cannot be pushed open easily. Other means of preventing animal escape such as double doors, foyers and outside fencing are encouraged.
1j	Equipment (MA)	Emergency lighting is provided (automatic preferred); access to a portable source (e.g. flashlight) is sufficient; all batteries must be functional. **Rationale:** In the event of unscheduled power outages, the practice must have adequate illumination so that people can move safely within all parts of the facility. Emergency lighting also needs to be available for safe and adequate animal care. **Guidelines:** Mounted automatic lights must illuminate the major areas of the facility, including areas accessed by the public, work areas, and animal care areas. If portable lights are used (e.g. flashlights), they must be located in visible, easily accessible areas (the plug in type that has an automatic night light are ideal). All emergency lights should be checked routinely (monthly) to ensure they are functioning properly.
1k	Equipment (MA)	Approved fire extinguishers are available and properly serviced and maintained and conform to municipal regulations. **Rationale:** Fire safety protocols and equipment are important for the safety of the public, staff and patients. Fire extinguishers are required by the Saskatchewan Occupational Health and Safety Regulations. **Guidelines:** The clinic must seek out a local fire safety organization that provides regular fire safety inspections which include the approval, inspection and maintenance of fire extinguishers and smoke detectors. The practice owner must have documentation of all fire safety inspections and maintenance performed. In addition, staff should check extinguishers regularly (monthly) to ensure they are undamaged and that the pressure is in the operable range.
1l	Equipment (MI)	There are sufficient smoke detectors to monitor public areas, treatment and confinement areas. **Rationale:** Fire safety protocols and equipment are important for the safety of the public, staff and patients. **Guidelines:** Smoke detectors should be located in areas accessible to the public (e.g. reception room), in the main work areas of the facility and in the animal housing area(s) of the facility. Ideally the placement and routine inspection of the smoke detectors will be part of the overall fire safety program designed and overseen by the practice's chosen fire safety organization.

#		Explanation
1m	Procedure (MI)	Office hours are posted for client information. **Rationale:** The general public should be able to determine when the clinic is opened and closed, from the outside of the building. **Guidelines:** The office hours should be readily visible in easy-to-read lettering, and posted so that a person on the outside of the building can find and read them easily.
1n	Procedure (MI)	Out-of-hours telephone number is visible from outside the office. **Rationale:** An out of hours contact number should always be available to the public. For example, if a person from out of town has an injured animal and drives to the local veterinary clinic and finds it closed, they can call the out of hours number for advice. The public may also discover a problem with the building or property and wish to notify the practice owner. For example, a person walking by the clinic after hours notices an animal loose in the clinic.
1o	Procedure (MI)	Fly and rodent control is adequate. **Rationale:** Insects and rodents are important vectors and fomites in the spread of disease. Biosecurity is a priority. **Guidelines:** Protocols for fly and rodent control should be in use; ideally these protocols will be in written form. If the practice has a biosecurity program, they should be included in the programs SOPs.
1p	Procedure (MA)	Emergency telephone numbers, including fire, hospital and poison control center are posted. **Rationale:** These emergency numbers and any others the practice deems necessary need to be readily accessible to all staff in the event of an emergency. **Guidelines:** The phone numbers for fire, hospital and poison control center are the minimum emergency contact numbers required. Practice owners may wish to have other numbers such as the RCMP, SaskPower, etc on the emergency list as well. The required poison control number is for human poisonings but one for animal poisonings as well is a good idea. The numbers need to be posted, not stored in a book or drawer. They need to be accessible in all areas of the clinic and to all staff. Many practices have a large print list laminated and posted beside every phone in the building.
1q	Structure (MA)	Instructions for building evacuation and animal handling in case of fire or other emergency are posted and familiar to staff. **Rationale:** Fire safety protocols are important for the safety of the public, staff and patients. A Fire Safety Plan is required by the Saskatchewan Occupational Health and Safety Regulations. **Guidelines:** The Fire Safety Plan must include all the elements indicated in the OH&S regulations. In addition, it must include a section on animal evacuation. Ideally the evacuation plan will function regardless of the cause of the evacuation (fire, toxic fumes, flooding, etc) It must be written, and all staff members must be familiar with it. Fire drills should be held on a regular basis (OH&S says at least once a year). In addition, the instructions specifically for evacuation must be posted, in an easily accessed, readily visible location or locations (depending on the size of the clinic).

#		Explanation
1r	Procedure (MA)	Ventilation is adequate. **Rationale:** The entire facility must be free from offensive odors, to ensure a pleasant work environment for staff and a professional environment for the public. Proper ventilation is a requirement of the Saskatchewan Occupational Health & Safety Regulations. **Guidelines:** Ventilation must be sufficient to remove odors from throughout the facility. Areas of special consideration are those where the public has access, specifically the reception area and examination rooms, and animal housing areas. Removal of offensive material such as feces and urine must occur promptly to prevent odors from building up and persisting. The Saskatchewan Health and Safety Regulations, 1996 states: ventilation and air supply 65 An employer, contractor or owner shall: (a) ensure the adequate ventilation of a place of employment; and (b) to the extent that is reasonably practicable, render harmless and inoffensive, and prevent the accumulation of, any contaminants or impurities in the air by providing an adequate supply of clean and wholesome air and maintaining its circulation throughout the place of employment.
1s	Procedure (C)	Access to pharmaceuticals, biologicals, hazardous materials and medical records is restricted to authorized personnel. **Rationale:** Client confidentiality and the safety of personnel and the public are priorities. **Guidelines:** Pharmaceuticals and & biologicals. Prescription drugs and rabies vaccine must be inaccessible to the public. They cannot be stored in reception areas or exam rooms where the public has the opportunity to access them. Hazardous materials: The Practice Standards Committee recommends that the practice owner identify potentially hazardous substances used in the practice. Some examples are prostaglandins, DMSO, cytotoxic chemotherapeutic drugs, corrosives etc. Once the substances are identified protocols for the handling, storage, safekeeping and disposal of these substances can be developed. Ideally these protocols will be in written form and will identify which personnel are authorized to handle these substances and how public access to them will be prevented (These are the same requirements as Standard 2j). The practice should be prepared to demonstrate these identification, safe handling and storage protocols to the inspector. Medical Records: Public access to medical records must be prevented. Reasonable record storage practices should be followed. All practice staff including owners and managers are reminded of privacy concerns with respect to public or unauthorized access to medical records. Do not leave medical records unattended and open to public view, this includes hard copy records and computer records.

#		Explanation
1t	Procedure (MI)	Bio-security: staff-owned or practice-owned animals are in good health and free of communicable diseases. All such animals must have current core vaccinations and parasite control. **Rationale:** Animals owned by staff or practice that are allowed access throughout the clinic can potentially come into contact with client owned animals and thereby act as vectors of disease. **Guidelines:** Staff and practice owned animals must be in good health, tested for communicable diseases, kept up to date on core vaccinations and parasite control (as per the Canadian Council of Parasitology) and have at least completed their initial vaccine series before being allowed contact with client animals.
1u	Procedure (MI)	The practice inspection certificate must be displayed in a location that is visible to the public **Rationale:** The public has a right to know that the practice meets the SVMA Practice Standards. **Guidelines:** These documents should be displayed in the public waiting area.
1A		Reception Area
1A-a	Structure (MA)	The reception area must be separate from the examination and treatment rooms. **Rationale:** A separate reception area is required to provide a safe, comfortable area for clients to wait in. A separate reception area assists with biosecurity by helping to prevent unauthorized public access to working areas of the clinic and helps to ensure client confidentiality. **Guidelines:** The reception area must be clearly demarcated from treatment and examination areas by walls and doors. It should be clear to the public where the waiting area is, and what areas are restricted to clinic personnel. For confidentiality reasons it is imperative that the public cannot hear or see what is happening in the exam or treatment areas.
1A-b	Structure (MI)	A clean and tidy washroom is reasonably available. **Rationale:** A washroom is required for use by clients and by veterinary personnel. Biosecurity is a priority. **Guidelines:** Washroom facilities must be available for the use of staff and clients. If the facility does not have its own washroom, then there must be one available a short distance away. For example, clinics located in a mall may use the ones provided in the mall. A washroom in an immediately adjacent building will suffice as long as there is access to it as required. Washrooms must be kept clean in keeping with the practices General Cleaning protocols.

Practice Standard 2 – General Procedures

#		Explanation
2		General Procedures – Requirements apply to all practices
2a	Procedure (C)	Telephone listings and other forms of legal advertising comply with SVMA bylaws. **Rationale:** The practice must conform to the SVMA Code of Ethics. **Guidelines:** All advertising done by the practice must conform to SVMA Bylaws 12.6 and its supporting documents.
2b	Procedure (C)	Provision is made for 24-hour emergency service. **Rationale:** It is the ethical responsibility of the practice to ensure that 24-hour emergency veterinary care is available. 1. by assignment of a veterinarian on the premises, or 2. by referring the caller to a staff veterinarian, 3. or by referring the caller to another facility or service (specific facility or service need not be specified)
2c	Procedure (C)	The following insurance is in place: **Rationale:** The practice has an ethical responsibility to the client to have adequate insurance, in addition all practitioners must comply with SVMA bylaw 12.5.m. **Guidelines:** The practice must ensure that insurance documentation is available at the time of inspection. The insurance must be current and must meet or exceed the minimum required amount. SVMA Bylaw 12.5.m states "Every general practice member who is engaged in the practice of veterinary medicine and who serves the public on a fee-for-service or *pro bono* basis must be insured under a contract of professional liability insurance with a company that is licensed to do business in Saskatchewan that provides a minimum coverage of one million dollars ($1,000,000) for each occurrence. This insurance must be in place prior to providing any medical advice or service to a client or a patient." The Practice Standards Committee recommends that the practice have at least $2,000,000 (per occurrence) of professional liability insurance. 1. Liability 2. Malpractice (professional liability insurance providing a minimum coverage of $1,000,000 per occurrence)
2d	Procedure (C)	A recognized disinfectant and/or germicide is available and in use. Written directions for dilution and correct use of the product must be available. **Rationale:** The safety of staff, clients and patients, and biosecurity are all priorities. **Guidelines:** Acceptable products include: Virkon, Peroxigard, bleach

#		Explanation
2e	Procedure (MI)	Trash is disposed of safely and often so that it does not accumulate. **Rationale:** The veterinary facility should be professional in appearance and function. Cleanliness, tidiness and safety for the public, staff and patients is a priority. **Guidelines:** The practice should have General Cleaning protocols, preferably written. These should provide instructions for storage and regular disposal of trash. Disposal must conform to any local regulations. Areas where trash is stored should be clean and tidy and unavailable to the public.
2f	Equipment (MA)	Refrigeration for carcasses and body tissue is provided or readily available. **Rationale:** The practice must comply with the Saskatchewan Biomedical Waste Management Guidelines (SBWMG). Biosecurity is a priority. **Guidelines:** There are 2 types of animal waste, animal biomedical waste and animal non-biomedical waste. The majority of animal waste generated in a practice will be non-biomedical waste. To meet the requirements of the SBWMG and the SVMA standard, this type of waste must be stored refrigerated or frozen (at temperatures of 4°C or lower) in a domestic-type freezer unit. It is recommended that the unit be: • lockable • be used only for storing waste • permanently marked to prevent recycling as a food storage appliance For storage of Animal Biomedical Waste, please consult the SBWMG
2g	Procedure (MA)	Disposal of carcasses and animal tissue is conducted according to local, provincial and federal regulations. **Rationale:** The practice must comply with the Saskatchewan Biomedical Waste Management Guidelines (SBWMG). Biosecurity is a priority. **Guidelines:** According to the SBWMG animal non-biomedical waste can be disposed of in a number of ways. The methods used must also comply with local and federal regulations. For disposal of Animal Biomedical Waste, please consult the SBWMG.

#		Explanation
2h	Procedure (MA)	Biomedical waste is disposed of in accordance with the current Saskatchewan Biomedical Waste Management Guidelines. **Rationale:** The practice must comply with the Saskatchewan Biomedical Waste Management Guidelines (SBWMG). Biosecurity is a priority. **Guidelines:** The SBWMG lists 5 types of biomedical waste that pertain to veterinary practices: 1) Animal Biomedical Waste 2) Cytotoxic Chemical Wastes (Waste that consists of drugs that inhibit or prevent the functions of cells and are manufactured, sold or represented for use in treating neoplastic or other conditions). 3) Microbiology Laboratory Wastes (Waste that consists of laboratory cultures, stocks or specimens of microorganisms, live or attenuated vaccines, human or animal cell cultures used in research as well as laboratory material that has come into contact with such). 4) Sharps Wastes (This waste consists of any objects that can penetrate the skin. Sharps waste includes more than the obvious items used in animal or human patient care, it also includes other types of broken or unbroken items that have, or are likely to have, come in contact with infectious agents. Examples of these include slides and cover slips, tubing with the needle still attached, and wooden applicator sticks or other objects that can penetrate skin or plastic disposal bags.) 5) Special Precaution Wastes (This class of wastes includes body wastes, microbiology laboratory wastes, blood and body fluids, dressings, sharps and virtually all other waste types associated with humans or animals with known or suspected Risk Group 4 agents. Please consult the SBWMG for more information. Generally speaking, practices can easily comply with these regulations by making use of one of the companies that deal with biomedical wastes, e.g. Biomed (www.biomedwaste.com)
2i	Procedure (C)	Measures are in place to guard against the transmission of communicable diseases. **Rationale:** The practice has a responsibility to staff, clients, patients and the public to minimize the risk of disease in animals and people. Biosecurity is a priority. **Guidelines:** The measures must be clearly defined and in written format. Ideally the practice will have a documented biosecurity program in use, which includes written standard operating procedures (SOPs) for all protocols pertaining to the program. Practices wishing to develop such a program are referred to the Alberta Veterinary Medical Associations' publication "Biosecurity in Practice" which is available on the SVMA members' website. This excellent reference manual is internationally recognized and includes a step-by-step process of how to develop a biosecurity program.

#		Explanation
2j	Procedure (C)	Where appropriate, all employees shall be advised of potential risks of exposure to certain pharmaceuticals, biologicals, chemicals and radiation. **Rationale:** Employee safety is the responsibility of the practice owner. The practice owner must comply with the Saskatchewan Occupational Health and Safety Regulations (OH&S) regarding chemical, biological and pharmaceutical hazards; and the Radiation Health and Safety (RH&S) Regulations regarding radiation hazards. **Guidelines:** According to OH&S the employer must identify and monitor the use of any hazardous or harmful chemical or biological substances in the workplace. They must also develop and implement work procedures and processes that are safe for the handling, use, storage, production and disposal of these substances. In addition, the employer must (a) inform the workers of the nature and degree of the effects to their health or safety of any chemical substance or biological substance to which the workers are exposed in the course of their work; and (b) provide the workers with adequate training with respect to: *(i) work procedures and processes developed pursuant to clause (1)(d); and* *(ii) the proper use of any personal protective equipment required by these regulations.* (Excerpt from Saskatchewan OH&S Regulations 302, 1 (a), (d) and 3 (a), (b).) The Practice Standards Committee recommends that the practice owner identify potentially hazardous substances used in the practice. Some examples are prostaglandins, DMSO, and cytotoxic chemotherapeutic drugs. Once the substances are identified protocols for the handling, storage, safekeeping and disposal of these substances can be developed. Ideally these protocols will be in written form and will also describe the nature and degree of the hazard the materials pose. The practice owner must ensure that all staff are familiar with the protocols. The practice should be prepared to demonstrate these protocols to the inspector. For radiation hazards, the practice must have a Quality Assurance program. The practice owner must inform all personnel of any radiation hazard they may be exposed to in the course of their work and "must inform each occupational worker of his or her dose at intervals not exceeding three months." Saskatchewan Radiation Health and Safety Regulations, 2005, 7 (2). Rabies exposure is of concern. Practices shall make staff aware of the recommendations for people with ongoing high risk of exposure from the Public Health Agency of Canada at www.phac-aspc.gc.ca
2k	Procedure (MI)	Staff are clean and neatly dressed. **Rationale**: The attire of the veterinary staff reflects the professional attitude and standards of the practice and profession as a whole. Biosecurity is a priority. **Guidelines:** All staff (including veterinarians and lay staff) should wear clean attire suitable to the job at hand and should present a neat, tidy and professional appearance. Protocols for changing into clean garments and cleaning of soiled footwear and contaminated garments must be part of the practice's written measures to prevent the transmission of communicable diseases. Ideally these protocols will be SOPs in the practice's biosecurity program.

Practice Standard 3 – Examination Room

#		Explanation
3		Examination facilities - Requirements apply to all veterinary clinics Examination room(s) can be treatment room(s). When renovating or undertaking new construction of companion animal facilities, practice owners are encouraged to build separate exam and treatment rooms.
3A		Examination Room – Companion Animal Clinic
3A-a	Structure (MA)	The room is clean, orderly and well lit. **Rationale:** The room must be professional in appearance and function. Biosecurity is a priority. **Guidelines:** The practice must comply with the following Standards: 1a: all areas within the building must be clean, neat, orderly and free from hazards. 2i: measures are in place to guard against the transmission of communicable diseases. 1b; the exam room must be constructed of impermeable, readily sanitized material. The practice standards committee recommends that hand sanitizers be readily available to staff and clients in all treatment and examination areas. It is recommended that the practice have General Cleaning Protocols to ensure all areas of the clinic are cleaned properly and regularly according to their function and amount of use. Ideally these protocols will be in written format, and if the practice has a biosecurity program (recommended) they should be included in the program's Standard Operating Procedures. The room must have sufficient lighting to perform examination procedures.
3A-b	Structure (MA)	The room contains an examination table constructed of readily sanitized material. **Rationale:** The room must contain a structure to aid in the examination of patients. **Guidelines:** The exam table can be fixed or free, but must be stable and sized appropriately for the size of expected patients. It must be easily cleaned and sanitized.
3A-c	Structure (MA)	Running water is present. **Rationale:** Biosecurity is a priority. **Guidelines:** Running water for cleanup and hand washing for all staff and clients must be easily accessible in the treatment and/or examination areas.

#		Explanation
3A-d	Structure (MI)	Contain(s) covered waste receptacles or demonstrate(s) a system by which waste does not accumulate. **Rationale:** Biosecurity is a priority. **Guidelines:** The practice must comply with Standard 2e: the practice should have General Cleaning Protocols (preferably written). These should provide a definition for regular trash and instructions for its storage and disposal. Disposal must conform to any local regulations. Areas where trash is stored should be clean, tidy and unavailable to the public.
3A-e	Structure (MA)	Is of sufficient area for the veterinarian, the client, the animal and at least one assistant, together with the table and necessary equipment. **Rationale:** The room must be professional in appearance and function. Safety is a priority. **Guidelines:** The room should be large enough for the veterinarian and assistant to safely restrain the patient and provide enough area to move around in the room. All equipment and materials must be safely stored to prevent trip hazards, accidental knocking over or head bumps.
3B		Examination Room – Large Animal Clinic
3B-a	Structure (MA)	The room is clean, orderly and well lit. **Rationale:** The room must be professional in appearance and function. Biosecurity is a priority. **Guidelines:** The practice must comply with the following Standards: 1a: all areas within the building must be clean, neat, orderly and free from hazards. 2i: measures are in place to guard against the transmission of communicable diseases. 1b: the exam room must be constructed of impermeable, readily sanitized material. The practice standards committee recommends that hand sanitizers be readily available to staff and clients in all treatment and examination areas. It is recommended that the practice have General Cleaning Protocols to ensure all areas of the clinic are cleaned properly and regularly according to their function and amount of use. Ideally, these protocols will be in written format, and if the practice has a biosecurity program (recommended) they should be included in the program's Standard Operating Procedures. The room must have sufficient lighting to perform examination procedures.
3B-b	Structure (MA)	Running water is present. **Rationale:** Biosecurity is a priority. **Guidelines:** Running water for cleanup and hand washing for all staff and clients must be easily accessible in the treatment and/or examination areas.

#		Explanation
3B-c	Structure (MA)	Adequate drainage is provided. **Rationale:** Safety and biosecurity are priorities. **Guidelines:** Adequate, functioning drains are essential for proper cleaning of large animal facilities. Floors should be sloped to direct fluids to the drain and prevent pooling. Drains should be cleaned and maintained regularly to ensure proper function. Ideally, the practice will have written protocols in place to ensure regular cleaning and maintenance are performed. These can be part of the practice's General Cleaning Protocols or SOPs in the practice's Biosecurity Program.
3B-d	Material (MI)	Appropriate cleaning equipment, supplies are available. **Rationale:** The practice has a responsibility to staff, clients, patients and the public to prevent the spread of disease in animals and people. Biosecurity is a priority. **Guidelines:** The practice must comply with the following Standards: 1a The building exterior and interior are clean, in good repair and free from hazards. 2i Measures are in place to guard against the transmission of communicable diseases. 2d A recognized disinfectant and/or germicide is available and in use. Written directions for dilution and correct use of the product must be available. It is recommended the practice have General Cleaning Protocols to ensure treatment and examination areas are cleaned properly and regularly according to their function and amount of use. Ideally, these protocols will be in written format, and if the practice has a Biosecurity Program (recommended), they should be included in the program's Standard Operating Procedures.
3B-e	Structure (MI)	Refuse is stored in covered waste containers or containers are emptied on a daily basis. **Rationale:** Biosecurity is a priority. **Guidelines:** The practice must comply with Standard 2e: the practice should have General Cleaning Protocols (preferably written). These should provide a definition for regular trash and instructions for its storage and disposal. Disposal must conform to any local regulations. Areas where trash is stored should be clean, tidy and unavailable to the public.

#		Explanation
3B-f	Structure (MA)	An unloading chute, head gate and chute system and other appropriate restraint devices are adequate for restraint of cattle (required only if doing in clinic work on cattle). **Rationale:** Safety for patients, staff and clients is a priority. **Guidelines:** This equipment must be adequate for the size of expected patients and in good working order. It must be built of clean, easily sanitized material. Painted surfaces must be intact to allow for proper cleaning. Flooring must be constructed of material that is easy to clean and designed to reduce slipping. Outdoor unloading areas and chutes must be free from debris, trash, ice and snow. All handling areas must have excreta removed on a regular basis.
3B-g	Structure (MI)	There is adequate cupboard space for storage of drugs, equipment, cleaning materials, etc. **Rationale:** The examination and treatment areas must be professional in appearance and function. **Guidelines:** A clean and orderly examination area is important for safety and biosecurity. The storage facilities must be large enough to contain all the required equipment and supplies. Drug storage space must prevent the drugs from coming in contact with any food for human or animal use, or any drug or medicine for human use. All storage areas and fixtures must be clean and in good repair, with easily sanitized surfaces.

Practice Standard 4 – Examination Equipment

#		Explanation
4		Examination Equipment - Requirements apply to all veterinary clinics, and all ambulatory practices.
4A		Companion Animal Clinic & Companion Animal Ambulatory Equipment The following equipment is readily available: **Rationale:** The practice has a professional responsibility to ensure a basic set of veterinary examination equipment is available at all times. **Guidelines:** This list provides the minimum equipment requirements for every small animal practice. The full complement of equipment will vary, depending on the scope of the practice.
4A-a	Equipment (MI)	Scale(s) suitable for weighing patients of various sizes, including pediatric patients.
4A-b	Equipment (MI)	Stethoscope
4A-c	Equipment (MI)	Otoscope and ophthalmoscope
4A-d	Material (MI)	Disinfectant
4A-e	Equipment (MI)	Thermometer
4A-f	Material (MI)	Examination Gloves
4A-g	Material (MI)	Appropriate restraint devices (leash, muzzle, snare)
4B		Large Animal Clinic & Large Animal Ambulatory Equipment The following equipment is readily available: **Rationale:** The practice has a professional responsibility to ensure a basic set of veterinary examination equipment is available at all times. **Guidelines:** This list provides the minimum equipment requirements for every large animal practice. The full complement of equipment will vary, depending on the scope of the practice.
4B-a	Equipment (MI)	Thermometer
4B-b	Equipment (MI)	Otoscope and ophthalmoscope
4B-c	Equipment (MI)	Stethoscope
4B-d	Material (MI)	Examination Gloves
4B-e	Material (MI)	Disinfectant
4B-f	Equipment (MI)	Hoof care equipment (nippers, knives, hooftesters)
4B-g	Equipment (MI)	Electro-ejaculator or access to the same (if breeding soundness evaluations are done)

Practice Standard 5 – Medical Records

#		Explanation
5		Medical Records – Requirements apply to all practices Good medical records are an essential part of practice. They are legal documents and must be treated as such. It is also in the best interests of the patient and client to keep accurate, complete and up-to-date records. Medical records include the patient file (including client information), all logs (narcotics, anesthesia, radiology, appointment book) and the results of all diagnostic tests including radiographs. Remember, from a legal point of view, if it's not written down, it didn't happen!
5a	Medical Records (C)	Medical records are clear and legible. **Rationale:** Legal documentation and the requirements of good patient care require medical records to be legible to persons other than the author. **Guidelines:** Medical records must be well organized, clearly indicating all interactions with the patient and client. Ideally, records will follow a prescribed logical order (such as SOAP). The records must be organized in chronological order and contain the date and time (if applicable) of each entry of information for each patient Care should be taken that handwritten documents are legible to people other than the author. If illegible handwriting is difficult to overcome, computer records should be considered. The goal is to produce records that are complete and easy to read, so that a colleague unfamiliar with the case can quickly become fully informed about the case and be in a position to make critical decisions regarding the immediate and future care of the patient.

#		Explanation
5b	Medical Records (MA)	Medical records are maintained for at least five (5) years after the date of the last entry or two (2) years after ceasing practice. **Rationale:** Records must be available for a reasonable time for legal and medical requirements. **Guidelines:** Patient records shall be retained for at least five years after the date of the last entry or two (2) years after ceasing practice. All medical records (including radiographs) must be kept for a minimum of 5 years after the last entry on the record. Records from a practice that has ceased to operate: A member who ceases to practice due to retirement, relocation, incapacity, or his executor in case of death, shall: (a) retain all patient records for two (2) years after the closing of the practice. (b) transfer all patient records to a member who assumes responsibility for the practice, or to another member practicing in the locality, or to the SVMA Office; or (c) transfer all patient records to a secure storage area in the locality, with a responsible person designated to allow veterinarians and clients reasonable access to the records, after publication of a notice in a local newspaper indicating the location of the records and the date of the transfer. When requested in writing by a client to either provide the client with information in the animal's medical record(s) or to permanently transfer a patient's records, in whole or in part, directly to another veterinarian, the member shall: (a) comply with the request within two business days, from when they receive the request; (b) retain a copy of the request together with a list of the records copied/transferred; and (c) a member may charge a reasonable fee related to time and costs incurred to reproduce a portion or all of a medical record requested.
5c	Medical Records (MI)	The records are completed within 48 hours. **Rationale:** The practice has an ethical and professional responsibility to ensure complete records are available at all times. **Guidelines:** Records should be completed immediately or at least as soon as possible, as information regarding a case is gathered. 48 hours is the maximum amount of time record completion should be delayed, and it should only occur in rare instances. Immediate completion of records is important for two main reasons; firstly, delay can mean relying on memory, which can result in incomplete records. Secondly, complete records may need to be available for other members of the veterinary care team, or other veterinarians (locums, referrals, second opinions etc), especially in ongoing medical cases. Upon the client's request and within two business days, a member shall provide to the client a copy of the information in the animal's medical record(s). A member may charge a reasonable fee related to time and costs incurred to reproduce a portion or all of a medical record requested.

#		Explanation
5d	Medical Records (MI)	Records reflect referral of cases where further expertise or equipment is required. **Rationale:** The practice has an ethical & professional responsibility to inform the owner of all levels of care available to the patient. Members must comply with SVMA Bylaw 12.4.e **Guidelines:** Bylaw 12.4.e states "A decision to consult or refer shall be made jointly by the attending veterinarian and the client. Attending veterinarians shall honour a client's request for referral. Members are to refer to the Guidelines for Veterinary Case Referral document for added guidance." It is important to indicate in the medical records when patients are referred for further care. If the client elects not to pursue the referral, then this should be recorded in the medical records also. Medical records from the referral clinic should be added to the patient file.
5e	Medical Records (MI)	Every entry made in a medical record must identify the author where more than one individual makes entries in the medical records. **Rationale:** Medical records are legal documents; it is essential to be able to determine the author of all entries. **Guidelines:** All persons who make entries in written medical records should initial their entries. This includes all members of the veterinary team including RVTs and lay staff. For computer records, the computer program must have the capability of indicating the author of all entries.
5f	Medical Records (MI)	Where relevant, medical records indicate verbal and written communications with the owner. **Rationale:** Legal requirements and good patient care require that medical records are an accurate and complete history of all interactions with the patient and client. **Guidelines:** The patient file should record face to face verbal communications with the client such as; explaining a course of treatment, offering a referral, or offering diagnostic options. Telephone conversations should also be recorded, for example; when reporting on the status of a hospitalized patient or reporting the results of diagnostic tests. Copies of written communications with the client should be kept in the patient file, for example post-operative home care instructions.

#		Explanation
5g	Medical Records (MA)	The privacy of personal information contained in client files and medical records is protected. **Rationale:** The practice has an ethical and professional responsibility to maintain client confidentiality. Members must comply with SVMA Bylaw 12.2 and Practice Standard 1s. **Guidelines:** SVMA Bylaw 12.2.d, 12.2.e and 12.2.f states d. A member shall respect the rights of clients, colleagues, and other health professionals, and shall maintain the confidentiality of medical information within the confines of applicable law. e. A member shall obey all applicable laws, regulations, practice standards and this Bylaw and shall also recognize a responsibility to seek changes to laws and regulations which are contrary to the best interests of the patient and public health. f. Members, individually and collectively, shall uphold the integrity of the veterinary profession and must maintain the trust of their clients and society through exemplary standards of clinical practice and conduct including competence, accountability, honesty, fairness, compassion and confidentiality." Practice Standard 1s states "Access to pharmaceuticals, biologicals, hazardous materials and medical records is restricted to authorized personnel." All client files and medical records should be stored in areas that are protected from the general public. Care must be taken in the reception area to avoid leaving client files exposed where they may be seen by other clients. In practices that use computer records, files must not be left open on unattended computer monitors in areas where the public has access (reception area or exam rooms).
5h	Procedure (MA)	A daily appointment book or log of clients/patients seen is kept in a manner which accurately reflects practice activity; may be hard copy or computer log. **Rationale:** An appointment log is part of the medical record. **Guidelines:** The appointment book must be available for inspection. Like other part of the medical records, past appointment books or computer logs must be kept for 5 years. The appointment book should be an accurate, easy to read record of the practices daily activity.
Computerized Medical Records		
5i	Medical Records (MA)	The records are kept in a systematic manner.
5j	Medical Records (MA)	The records may be made and maintained in an electronic computer system providing that: 1. the system provides visual display of the recorded information; 2. the system provides access to the information by the owner and patient's name; 3. the system is capable of printing the information promptly; 4. the system includes a password or otherwise provides reasonable protection to unauthorized access; 5. The system backs up files and allows recovery of backed up files or otherwise provides protection against loss of, damage to and accessibility of information. **Guidelines:** A physically separate backup, e.g. hard drive is recommended.

#		Explanation
5k	Procedure (MA)	The system is capable of visually displaying the recorded information for each patient in chronological order; it must: 1. indicate any changes in recorded information 2. preserve the original content of the recorded information when changed or updated **Guidelines:** the recorded information must be locked within 48 hours. If the program cannot be locked then addendums with date, time and author must be used when making changes to the records.
5A	Medical Records – Companion Animal Clinic & Companion Animal Ambulatory	
5A-a	Medical Records (C)	Individual records are maintained for every patient. **Rationale**: Small animal practice involves individual patient care rather than operating on a herd health basis. Each small animal patient must therefore have its own medical record. **Guidelines:** Every small animal patient requires a separate patient file. This includes small animal patients seen on farm calls and patients seen at vaccination (rabies) clinics. Litters would be exempt from this requirement and can be entered in the record of the dam.

5A-b	Medical Records (MA)	Records contain: **Rationale:** Legal documentation and the requirements of good patient care require medical records to be accurate and complete histories of all interactions with the patient and client. 1. Name, address and phone number of client **Guidelines:** Complete and up to date client information must be available as part of the medical records 2. Patient identification, including species, age, sex, and weight as appropriate. **Guidelines:** These are the minimum requirements; ideally records will also include breed, color and markings. Age is best recorded as date of birth. Patients should be weighed at each visit. Patient identification refers to the patient name and/or ID number. 3. Presenting complaint and history of the patient **Guidelines:** The records should contain both the long-term history of the patient (e.g. list of chronic illnesses, major surgeries) and the current presenting complaint and its associated history. 4. Vaccination records 5. Results of physical exam and any diagnostic, screening or monitoring tests including imaging, blood work and pathology etc. 6. Final assessment of patient (diagnosis) including prognosis (where appropriate), and treatment or diagnostic plan. 7. Medical treatments or surgical procedures performed. **Guidelines:** Surgical procedures must be described, not just named. If the surgical procedure is routine, the description can be limited to, "Routine Spay", for example, but there must be a written Standard Operating Procedure (SOP) that described the procedure in detail and must be on file. There must be a SOP for each type of procedure thus recorded. 8. Drugs prescribed, dispensed or administered, including drug strength and quantity (or dosage) administered, route of administration **Guidelines:** The information required in the standard must be recorded for ALL drugs including sedatives and anesthetics.

#		Explanation
5A-c	Medical Records (MA)	Medical and surgical consent forms are used **Rationale:** The practice has a professional and ethical responsibility to ensure that clients are informed about medical and surgical procedures. The practice requires written evidence of client consent to these procedures. **Guidelines:** The consent forms should clearly describe the procedure and estimated risks. The form must ensure that the person signing it is the owner or authorized agent of the owner. The client signature must clearly indicate that they understand what procedure is to be performed, what risk it involves and that they are consenting to it.
5A-d	Medical Records (MA)	Consent to euthanize is documented. The form must contain the following: 1. Client 2. Patient and signalment 3. Statement for the owner to verify the animal has not bitten anyone in the last ten (10) days or given consent for rabies testing. 4. Statement giving the veterinarian complete authority to euthanize the animal 5. Statement to release the veterinarian or representatives of any and all liability of the euthanasia 6. Signature of the owner or the person taking the verbal consent 7. Signature of witness (or veterinarian) **Rationale:** The practice has a professional and ethical responsibility to ensure that clients are informed that the animal is to be euthanized. The practice requires written evidence of client consent to the euthanasia. **Guidelines:** A sample euthanasia form is provided on the members' website. If another form is used, it must ensure that the person signing it is the owner or authorized agent of the owner. The client signature must clearly indicate that they understand what euthanasia is and that they are giving the veterinarian complete authority to euthanize the animal. It must also release the veterinarian or representatives from any and all liability of the euthanasia.
5B		Medical Records – Large Animal Clinic, Ambulatory
5B-a	Medical Records (C)	Records are maintained on a herd or individual animal basis.

#		Explanation
5B-b	Medical Records (MA)	Records contain; **Rationale:** Legal documentation and the requirements of good patient care require medical records to be accurate and complete histories of all interactions with the patient and client. 1. Owner's/agent's name and initials, business/farm name, address, and phone number **Guidelines:** Complete and up to date client information must be available as part of the medical records 2. Animal identification (species, tattoo, tag/lot number, age, sex, etc.) **Guidelines:** It is important to try to accurately describe the animal as much as possible, especially for individual patients. Ideally records will also include breed, colour and markings, and a name if available. Age is best recorded as date of birth if available. For herd records a description of the herd (species, breed, colour, sex, ages (e.g. heifers versus cows) is required. 3. Presenting complaint and history of the patient or group **Guidelines:** The records must contain the current presenting complaint and its associated history. If appropriate it should also contain the long term history of the patient (e.g. list of chronic illnesses, major surgeries) 4. Results of examination of the individual or group and results of any diagnostic, screening or monitoring tests including imaging, blood work and pathology etc. 5. Final assessment of patient(s) (diagnosis) including prognosis (where appropriate) **Guidelines:** Euthanasia consent forms are recommended for large animal use. 6. Medical treatments or surgical procedures performed, and treatment or diagnostic plan. **Guidelines:** Surgical procedures must be described, not just named. If the surgical procedure is routine, the description can be limited to, "Routine C-section", for example, but the practice must have a written Standard Operating Procedure (SOP) on file that describes the procedure in detail. There must be an SOP for each type of procedure thus recorded. 7. Drugs prescribed or dispensed or administered, including drug strength and quantity (or dosage) administered, route of administration, withdrawal times and precautions. **Guidelines:** Surgical procedures must be described, not just named. If the surgical procedure is routine, the description can be limited to, "Routine C-section", for example, but the practice must have a written Standard Operating Procedure (SOP) on file that describes the procedure in detail. There must be an SOP for each type of procedure thus recorded. Withdrawal times will be discussed with the owner, if appropriate and recorded as such.

#		Explanation
5B-c	Procedure (MA)	Standardized Bull Breeding Soundness Evaluation forms (Western Canadian Association of Bovine Practitioners) or equivalent forms are used. 1. Stained microscope slides (used for evaluation of live/dead numbers and sperm cell morphology) are labeled in a manner that can link the slide to the owner, the date of the evaluation, and the animal 2. The stained slides are maintained for one (1) year

Practice Standard 6 – Surgery & Anesthesia

#		Explanation
6		Surgery and Anesthesia – Requirements apply to all practices
6a	Equipment (C)	Adequate lighting is provided, including emergency lighting **Rationale:** The safe performance of surgical procedures requires adequate illumination at all at times. **Guidelines:** Mounted automatic lights are recommended for surgery rooms. If portable lights (e.g. flashlights) are used (either in clinic or for ambulatory practices), they must be readily available. All emergency lights should be checked routinely (monthly) to ensure they are functioning properly.
6b	Procedure (MA)	Infiltrative and intravenous anesthesia are available for use as appropriate. **Rationale:** The practice has an ethical and professional responsibility to provide adequate anesthesia when needed. **Guidelines:** Examples of infiltrative (local) anesthetic agents include lidocaine and Marcaine. Examples of intravenous anesthetic agents include Propofol and alpha-2 antagonists
6c	Procedure (MA)	Analgesics are available for use as necessary. **Rationale:** Patient comfort and well-being are priorities. **Guidelines:** Recognizing that a pain free state may not be attainable, pain control must be optimized so as to enhance psychological well-being and functional ability. Adverse outcomes must be minimized while enhancing patient quality of life. Written anesthetic and pain management protocols are recommended for routine surgical procedures.
6d	Procedure (MA)	All surgical and dental equipment that is capable of being sterilized must be sterilized as per Standard 6e or 6g.
6e	Procedure (MI)	If a cold sterilant solution is in use, evidence is available that the solution is being changed as per the manufacturer's specifications. **Rationale:** Evidence that a cold sterilant is used and changed according to the manufacturers specifications must exist. **Guidelines:** Records of the maintenance schedule for any cold sterilant solutions used in the practice must be available for inspection upon request.
6f	Equipment (MA)	Sterile suture material is available and in use. **Rationale:** Sterile surgical procedures require the use of sterile suture material. **Guidelines:** Individual suture packs with swagged needles or suture in dispenser cassettes are acceptable, but must not be out dated.

#		Explanation
6g	Equipment (MA)	A means of preparing or purchasing sterile packs is available. **Rationale:** Sterility of instruments, linens, gowns and materials used in sterile surgical procedures must be assured. **Guidelines:** The practice must have an autoclave available to prepare sterile packs. The autoclave can be in house or located at another facility. If the latter is the case, then the practice should have written permission from the accessed source.
6h	Equipment (MI)	Sterility indicators are present in each pack to be autoclaved. **Rationale:** Sterility of instruments, linens, gowns and materials used in sterile surgical procedures must be assured. **Guidelines:** It is important to ensure that the interior contents of the pack have been sterilized. Relying solely on indicator tape on the outside of the pack is insufficient. Sterility indicators should be placed in the center of any pack that will be used in a sterile procedure. Sterility indicators cannot be pieces of autoclave/indicator tape.
6i	Procedure (MI)	Autoclaved packs are all dated with date of sterilization and used according to guidelines. **Rationale:** Sterility of instruments, linens, gowns and materials used in sterile surgical procedures must be assured. **Guidelines:** • Packs may be wrapped in cloth or paper but all must be double wrapped. • Autoclaved packs are wrapped in two separate layers of fabric or paper • Double cloth-wrapped, paper-wrapped and steri-sealed packs are dated with the sterilization date; packs remain sterile unless dropped, the seal broken or exposed to any moisture. • Packs must be stored in a clean and dry location so that sterility is maintained (dust-free cupboard, container or zip-lock bag). • Steri-packs must be heat-sealed or folded 3 times with all cracks covered with tape • Paper wraps used for surgery packs must be Steri-Drape™ or equivalent.

#		Explanation
6A	Surgery & Anesthesia – Companion Animal Clinic	
6A-a	Structure (MA)	There is a separate, single purpose room for surgery in all clinics built or remodeled after September 2004. **Rationale:** The practice has a professional and ethical responsibility to ensure patient safety when performing surgical procedures. Asepsis must be maintained during surgical procedures. **Guidelines:** The surgery room should be physically separate from other areas of the clinic. Ideally, it will be single purpose room for sterile procedures only. It should not be used as a general storage area; it should contain only items specifically related to surgery. Oxygen tanks should not be located inside the surgery room.
6A-b	Equipment (MA)	A surgery table is provided that can be easily sanitized. **Rationale:** The practice has a professional and ethical responsibility to ensure patient safety when performing surgical procedures. Asepsis must be maintained during surgical procedures. **Guidelines:** Ideally surgery tables will be purpose built. The surface must be smooth and easy to sanitize. Any painted surfaces must be intact. This also applies to any other surgery room furniture (e.g. mayo stands)
6A-c	Equipment (MA)	Adequate lighting is available. **Rationale:** The practice has a professional and ethical responsibility to ensure patient safety when performing surgical procedures. The safe performance of surgical procedures requires adequate illumination at all at times. **Guidelines:** A lamp dedicated to the surgery room is required. Overhead adjustable lamps are ideal but portable lamps on a stand are acceptable. Flashlights and head lamps are not considered adequate for use in a clinic or hospital.
6A-d	Procedure (MA)	Caps, masks and sterile gloves are used for major surgical procedures. Sterile gowns may be omitted for canine castration. **Rationale:** The practice has a professional and ethical responsibility to ensure patient safety when performing surgical procedures. Asepsis must be maintained during major surgery. **Guidelines:** The practice must prove to the satisfaction of the inspector that caps, masks, and sterile gloves and gowns are in use for major surgical procedures. Gowns may be paper or cloth, but must have full length sleeves.
6A-e	Procedure (MA)	Preparation of the patient is done outside the room where major surgery is performed. **Rationale:** The practice has a professional and ethical responsibility to ensure patient safety when performing surgical procedures. **Guidelines:** The clipping and initial scrubbing of the patient cannot be done in the surgery room. This ensures contamination of the surgery suite with hair and dirt from patient prep is minimized. The final patient prep (e.g. povidone-iodine paint) can be performed after the patient is positioned on the surgery table.

#		Explanation
6A-f	Equipment (MA)	A medical or laboratory grade oxygen source is available at all times. Oxygen concentrators are acceptable as long as a backup oxygen source is available in case of power failure or concentrator mechanical failure. **Rationale:** The practice has an ethical responsibility to provide oxygen and pulmonary ventilation as needed during surgical procedures and in emergency situations. **Guidelines:** The oxygen source must be medical or laboratory grade. Ideally, it will be provided through an anesthetic machine, but if not, the oxygen tank must be equipped with a regulator to allow for the administration of a controllable flow of oxygen. A minimum of 3 endotracheal (ET) tubes in a variety of sizes should be available. The ET tubes should be of sizes appropriate to expected patients, for example, a small dog/puppy/cat size, a medium dog size and large dog size. ET tubes must have functional cuffs. If an anesthetic machine is not available, positive pressure ventilation can be provided by an AmbuBag (also known as a BVM, it is a bag valve mask, a hand-held device used to provide positive pressure ventilation.
6A-g	Procedure (MA)	When appropriate, surgical drapes are used and are of sufficient size to preserve sterility. **Rationale:** The practice has a professional and ethical responsibility to ensure patient safety when performing surgical procedures. Asepsis must be maintained during surgery. **Guidelines:** Laparotomy (slit) drapes must be large enough to cover the patient and hang down over both sides of the surgery table to form a complete sterile field. The practice must prove to the satisfaction of the inspector that adequate laparotomy drapes are used during surgical procedures.
6A-h	Procedure (MA)	Gas anesthetic machine is vented to the exterior of the building or a gas scavenger is used. **Rationale:** The practice has an ethical and professional responsibility to ensure the safety of all staff. **Guidelines:** Waste anesthetic gas must be properly removed. If a scavenger system is used it must have a maintenance schedule that documents appropriate monitoring and scavenger changing. If a venting system is used, the practice must prove to the satisfaction of the inspector that the system vents to the outside of the building. Only properly installed active, semi -active and charcoal canisters as scavenger systems are acceptable. Refer to OH&S regulations for gas safety.

#		Explanation
6A-i	Equipment (MA)	Anesthetic equipment is inspected by a qualified technician every two years and all required repairs or adjustments are completed in a timely manner. **Rationale:** The practice has an ethical and professional responsibility to ensure patient and staff safety. **Guidelines:** Inspection by a qualified technician is required every 2 years in clinic, an inspection every year is recommended. If a vaporizer overhaul or equipment repairs are recommended or required for the safe operation of the equipment, they are completed before it is put back in operation. An equipment inspection and maintenance log must be submitted with the Pre-inspection pages of the Practice Inspection document.
6A-j	Procedure (C)	Gas anesthesia (which includes anesthetic machine, oxygen source, endotracheal tubes with intact cuffs and mask) is used in major surgical procedures. Canine castration is exempt from this requirement. **Rationale:** The practice has a professional and ethical responsibility to ensure patient safety when performing anesthetic procedures. Gas anesthesia is considered the gold standard. **Guidelines:** Gas anesthesia must be used for all major surgeries, dentistry and any procedures longer than 30 minutes that require anesthesia.
6A-k	Procedure (C)	Cardiac and respiratory monitoring during general anesthesia is employed and recorded in the medical record. The minimum that shall be recorded: - Length of anesthesia - Adjustments needed - Drugs administered - Description of effect - Description of recovery **Rationale:** The practice has a professional and ethical responsibility to ensure patient safety when performing anesthetic procedures. **Guidelines:** Respiratory and cardiac monitoring will be recorded on the patient's medical record.
6A-l	Equipment (MA)	Equipment for the alleviation of hypothermia during anesthesia and anesthetic recovery is available and in use where applicable. **Rationale:** The practice has a professional and ethical responsibility to ensure patient safety and comfort when performing surgical and anesthetic procedures. **Guidelines:** The practice must provide some type of warming devise to help patients maintain body temperature during prolonged anesthetic procedures (e.g. surgery or dentistry). Care must be taken if using hot water bottles or wheat bags not to cause skin burns on unconscious patients. Safe warming devises must also be provided for patients while recovering from anesthetic procedures.

6A-m	Structure (MA)	A recovery area is available where a patient may be frequently observed following anesthesia. **Rationale:** The practice has a professional and ethical responsibility to ensure patient safety and comfort during recovery from anesthesia. **Guidelines:** The recovery area should be a warm area where patients are under direct supervision (staff member is in the same room). Patients should remain in this recovery area at least until they are sternal. Once it is deemed safe to do so, the patient may be moved to another area, but should still be monitored frequently until fully recovered.
#		**Explanation**
6A-n applies to Companion Animal Ambulatory and Companion Animal Clinic categories		
6A-n	Equipment (MA)	A means of providing positive pressure ventilation is available at all times. **Rationale:** The practice has an ethical responsibility to provide pulmonary ventilation in emergency situations. **Guidelines:** A minimum of 3 endotracheal (ET) tubes in a variety of sizes should be available. The ET tubes should be of sizes appropriate to expected patients, for example, a small dog/puppy/cat size, a medium dog size and large dog size. ET tubes must have functional cuffs. If an anesthetic machine is not available, positive pressure ventilation can be provided by an AmbuBag (also known as a BVM, it is a bag valve mask, a hand-held device used to provide positive pressure ventilation.

#		Explanation
6B	Surgery & Anesthesia – Large Animal Clinic & Ambulatory	
6B-a	Procedure (MA)	Gas anesthetic machine is vented to the exterior of the building or a gas scavenger is used. **Rationale:** The practice has an ethical and professional responsibility to ensure the safety of all staff. **Guidelines:** Waste anaesthetic gas must be properly removed. If a scavenger system is used it must have a maintenance schedule that documents appropriate monitoring and scavenger changing. If a venting system is used, the practice must prove to the satisfaction of the inspector that the system vents to the outside of the building. Only properly installed active, semi -active and charcoal canisters as scavenger systems are acceptable. Refer to OH&S regulations for gas safety.
6B-b	Equipment (MA)	Anesthetic equipment is inspected by a qualified technician every 2 years and all required repairs or adjustments are completed in a timely manner. **Rationale:** The practice has an ethical and professional responsibility to ensure patient and staff safety. **Guidelines:** Inspection by a qualified technician is required every 2 years in clinic, an inspection every year is recommended. If a vaporizer overhaul or equipment repairs are recommended or required for the safe operation of the equipment, they are completed before it is put back in operation. An equipment inspection and maintenance log must be submitted with the pre-inspection pages of the Practice Inspection document.
6B-c	Procedure (MI)	Provision is made for appropriate waste disposal. **Rationale:** The practice has a professional and ethical responsibility to ensure patient safety during surgical procedures. **Guidelines:** Cleanliness in the surgical area is essential in helping to maintain asepsis during surgical procedures. The practice must comply with Standard 2e; the practice should have General Cleaning protocols, preferably written. These should provide a definition for surgical waste and instructions for its storage and disposal.
6B-d	Procedure (MA)	Surgeries are carried out using aseptic techniques appropriate for the procedure. **Rationale:** The practice has an ethical and professional responsibility to ensure patient safety. **Guidelines:** Minimum requirements are sterilized instruments, sanitizable garments and a suitable disinfectant. A description must be provided of the aseptic procedure being used to the satisfaction of the PI. A written SOP is recommended.

Practice Standard 7 – Pharmacy

#		Explanation
7		Pharmacy – Requirements apply to all practices
7a	Procedure (MA)	The pharmacy area is clean and orderly. **Rationale:** The pharmacy area should be professional in appearance and function. **Guidelines:** The storage space used for the pharmacy must prevent any drug from coming in contact with any human or animal food, or any drug or medicine for human use. The area or areas where drugs are stored should be clean, i.e. the floors must be clean and free of empty boxes or other debris, the shelves, cupboards and other storage facilities, such as refrigerators, must be in good repair and free of dust, spillage and stains. Drugs must be kept in an organized fashion to facilitate ready access, easy inventory control and regular inspection for short- dated product. Drugs must be stored in such a way that access is restricted to authorized personnel as in Standard 1s.
7b	Procedure (C)	Storage, safekeeping and preparation and dispensing of drugs are in accordance with federal and provincial laws. **Rationale**: The practice must comply with federal and provincial regulations. **Guidelines:** With regards to any human pharmaceutical that has a DIN number, the use of these drugs in veterinary medicine is automatically an off-label use of the drug and therefore requires a prescription and a valid Veterinary Client Patient Relationship.
7c	Procedure (C)	All drugs and biologicals are stored according to manufacturers' recommendations. **Rationale:** The practice has a professional duty to ensure that all drugs and biological are received, stored and handled appropriately as per manufacturer's directions to ensure patient safety and product efficacy. **Guidelines:** This standard primarily refers to storing product at the appropriate temperature. Those that require refrigeration must be refrigerated, e.g., vaccines, PenG, Tresaderm, insulin, oxytocin. Other storage requirements that need to be considered include: keeping out of direct sunlight, protection from freezing and keeping at room temperature.

#		Explanation
7d	Procedure (C)	Adequate refrigeration is available. **Rationale:** The practice has a professional duty to ensure all items requiring refrigeration are stored safely and appropriately. **Guidelines:** All drugs requiring refrigeration must be stored in a clean and sanitary refrigerator at the temperature recommended by the manufacturer of the drug(s). Spills must be cleaned up immediately and the refrigerator should be thoroughly cleaned frequently and regularly. The temperature of the refrigerator must be monitored; it must contain a functioning thermometer to ensure the correct temperature is being maintained. Ideally, the thermometer will record daily maximum and minimum temperatures. There must be sufficient refrigerator space to store all pharmaceuticals, laboratory products and specimens. Avoid over- packing the refrigerator. Cold air must circulate around refrigerated items to keep them properly chilled. The refrigerator used for veterinary drug storage should not contain human or animal food, or any drug or medicine for human use. If this is impractical, then the refrigerator must be compartmentalized to prevent spills or cross contamination between the items stored in the fridge. Stored items should be in covered containers or sealed storage bags.
7e	Procedure (C)	Narcotic and controlled drugs are stored in a locked secure location. An immovable safe is used as per federal legislation. **Rationale:** The Narcotic Control Regulations and the Controlled Drugs and Substances Act state that a practitioner must take adequate steps to protect such drugs in his possession from loss or theft. **Guidelines:** All narcotic and controlled drugs should be kept in a safe. For ambulatory work, small amounts of these drugs can be kept in a locked vehicle. The drugs should be in a container (e.g., medical kit, drug box) and not loose on the seat or dash. If drugs are kept in kits, and the kits are brought into the clinic when not in use, they should be stored in a secure location (e.g., locked storage room) and not left in areas where they could be accessed by members of the public. Similarly, small amounts of these drugs that are used in clinic should be stored either in the safe or in a locked area (e.g., locked drawer in the treatment room) when not in use.

#		Explanation
7f	Procedure (C)	Each container of narcotics and controlled drugs must be marked so as to be uniquely identifiable. This is to be done upon receipt of the drug(s). **Rationale:** Identification of narcotic and controlled drug containers is essential for accurate tracking and reconciliation of drug inventory. **Guidelines:** The container is the bottle, not the box that it comes in. This also applies to single dose vials (e.g., box of 10 X 1 ml vials). It is recommended that each of the vials be identified, either individually or at least as to which box it belongs. This is essential if the vials are to be removed from the box and stored elsewhere (in a kit for example). If a practice is using large amounts of single dose vials and numbering them individually becomes impractical, the practice must ensure that each box is identified and each vial it contains is traceable (see sample sheet in Veterinary Resource Binder). In the case of Fentanyl patches, the box is considered the container. The identification system is up to the clinic. Many clinics use the year the product was purchased and number the containers sequentially as they are acquired.
7g	Medical Records (MA)	The narcotic and controlled drug register (log) is kept separate from the locked narcotic and controlled drugs. **Rationale:** If drugs are stolen, the register will remain and the practitioner will be able to accurately report the amount and type of drugs which are missing. **Guidelines:** This means that the register is stored somewhere other than in the safe with the drugs. It is a Federal requirement that if a loss is discovered, the practitioner must report it within 10 days of discovery. The report includes a listing of the drugs missing, the amounts, and the date of loss or discovery of loss, and is filed with the Office of Controlled Substances, Health Canada. For ambulatory practices, it is not acceptable to keep the log sheets for drugs kept in kits or vehicles wrapped around the bottle. In this case, keep the sheets in a binder that is stored elsewhere in the vehicle, then transfer the sheets into the clinic register when they are completed. Some practices have found that having 1 person assigned to maintaining the register helps with keeping everything filled out properly and up to date.

#		Explanation
7h	Medical Records (C)	The narcotic and controlled drug registers must contain: Master Register: 1. Date drug received 2. Quantity and size of containers received 3. Supplier name, address, and invoice number 4. Assigned unique identification number 5. Number of unopened bottles 6. Veterinarian's signature Dispensing Register 1. Date dispensed 2. Owner's name and patient ID 3. Drug name, strength, amount dispensed, bottle ID 4. Remaining quantity 5. Veterinarians signature **Rationale:** The purpose of the register is to meet the federal requirement that a practitioner be able to, upon the request of the Minister of Health, provide documentation of a practitioner's receipt and use of narcotic and controlled drugs. In order to meet this requirement and those of the Practice Standards, the register must include the following 2 parts: The master register, which contains all the information pertaining to the acquisition of the drug, must contain: • Date drug received • Drug name, strength, dosage form • Quantity of containers received and size of the container • Supplier name and address • Invoice number • Assigned identification number • Veterinarians' signature The dispensing register, which contains all the information pertaining to administering, dispensing or wastage of the drug, must contain: • Date dispensed • Assigned identification number • Owner and patient ID • Drug name, strength, amount dispensed • Quantity remaining • Number of unopened bottles • Veterinarians' signature The master and dispensing registers can be physically separate (in 2 different binders) or they can be combined (each drug has its own section in the binder which starts with a master page, followed by all the dispensing pages (see sample pages in Veterinary Resource Binder). The narcotic register must not be combined with other logs (for example, the anesthesia log). It is a federal requirement that the information for narcotic and controlled drugs to be "filed in a separate file in sequence as to date and number". Pre mixed medications which contain narcotics/controlled drugs are also required to have a dispensing register, which is separate from a surgery log or medical records. *Drug name, strength and amount* Each page of the dispensing log must indicate the drug name, strength and size of container. As well as recording the amount of drug dispensed, the log must include the amounts administered or wasted. **Continued on next page…..**

#		Explanation
		If small amounts of narcotic and controlled drugs are disposed of, for example, some gets spilled or the whole amount drawn up in a syringe is not administered, it must be accounted for in the register and witnessed. This applies to all narcotic and controlled drugs except single use ampoules. Columns for the amount of wasted drug with a witness signature should be included in the dispensing register (see sample in Veterinary Resource Binder). The safest way to dispose of these small amounts of drug is to squirt it into a small amount of kitty litter, which can then be disposed of in the biohazard container. Permission from Health Canada is not required for disposal, however the disposal must be witnessed and documented see the Veterinary Resource Binder: Narcotics – How to Destroy Drugs Legally document for details. *Quantity remaining* The quantity remaining should be kept as a running tally for each bottle and end when the bottle is empty. This information is used to reconcile log and inventory values. Reconciliation should be done regularly. The frequency will depend on the amount of narcotic and controlled drugs the practice uses. High use practices do this daily; less busy ones do it weekly; monthly is the minimum recommended by the Practice Standards Committee; federal regulations state it must be done at least every 6 months. *Veterinarians Signature* For any narcotic and controlled drug to be administered or dispensed there must be a written prescription with veterinarians' signature OR a signed drug log. The signed drug log is the most practical for most clinics and it means that all the documentation that is required by the Minister and the Practice Standards is in one place. Please note that it must be the VETERINARIAN'S signature, not that of an RVT, since the register is essentially a prescription. *Computer logs* Computer drug logs have the problem of not providing a veterinary signature for each drug dispensed or administered. If using a computer generated log, the veterinarian must guarantee the validity of the log by ensuring that the information contained within is password protected and providing an accompanying signed dispensing log entry for every narcotic and controlled drug dispensed or administered.
7i	Equipment (MA)	Prescription pads or equivalent are available and kept in a secure location away from the public. **Rationale:** The practice must be able to write prescriptions when needed. Public safety and federal legislation requires that prescription pads must not be accessible to the public. **Guidelines:** The practice must have access to prescription forms either in a pad, or printed off the computer. No matter what the form, staff must ensure that prescription forms are kept in a secure place.
7j	Procedure (C)	Prescription drugs are dispensed only after the establishment of a valid veterinarian-client-patient relationship (as defined in the SVMA Code of Ethics). **Rationale:** The practice must be in compliance with SVMA bylaws 13 and 14. **Guidelines:** The practice must be prepared to demonstrate adequate evidence of a valid VCPR

#		Explanation
7k	Procedure (MA)	Prescriptions are dispensed under the supervision of the veterinarian and as defined in SVMA bylaw 14 and *The Pharmacy & Pharmacy Disciplines Act, 1996 Amended 2015* **Rationale:** Only pharmacists and veterinarians can legally dispense. The practice must be in compliance with SVMA bylaws 13 and 14. **Guidelines:** Dispensing a drug includes the provision of a product "as is" in the manufacturer's packaging as well as the process of repackaging and labelling a product for use by the client. All "off-label" uses of human or veterinary drugs require a prescription. While the veterinarian is ultimately responsible for prescribing and dispensing drugs, the technical process of dispensing can be performed by an RVT. In clinic, adequate documentation of the drug order in the medical record is considered equivalent to a prescription and it is not necessary to write a separate prescription. If the order for the drug is given verbally, the RVT to whom it is given must document the order in the medical record. If also dispensing the product, the technician should document in the medical record, at the time of filling, the name of the actual product dispensed, the expiry date, and his/her initials. Members cannot have drugs shipped directly from the drug supply company to the client, or to a location other than an inspected veterinary clinic, office or pharmacy for client pick-up.
7l	Procedure (C)	Expired drugs are kept separate and marked as expired; and discarded or returned to the manufacturer promptly. Rationale: The practice has a professional duty to ensure that drugs and biologicals administered or dispensed are safe and effective. The practice must comply with SVMA bylaw 13 and 14. Guidelines: Expired drugs should be pulled off the shelves and kept in containers or on separate shelves that are clearly marked "expired". For drugs that require refrigeration, they should be kept in a box, clearly marked "expired", that separates them from other drugs in the refrigerator. Expired narcotic and controlled drugs must be kept in the safe until disposed of; they should be kept in a container that is marked "expired". (See Veterinary Resource Binder: How to Destroy Dugs Legally for disposal of narcotic and controlled drugs.)

#		Explanation
7A		Companion Animal Clinic & Companion Animal Ambulatory
7A-a	Procedure (C)	Emergency drugs are readily available as follows: • Epinephrine • Atropine • Furosemide • An emetic • An anticonvulsant • A narcotic analgesic and antagonist **Rationale:** The practice has an ethical responsibility to have a basic set of emergency drugs available at all times. **Guidelines:** Generally speaking, drugs used in emergency situations should be injectable rather than oral. For ambulatory practices they must always be present in the kit.
7A-b	Materials (MA)	Sterile needles, syringes, IV catheters, drip sets, parenteral fluids **Rationale:** The practice has an ethical responsibility to have basic emergency equipment available. **Guidelines:** Parenteral fluids must not be outdated, if only one type is available, a replacement fluid is recommended.
7A-c	Equipment (MA)	Childproof dispensing containers are available. **Rationale:** Public safety is a priority **Guidelines:** The practice should have childproof dispensing containers available.
7A-d	Procedure (MA)	Dispensed drugs (excluding drugs prescribed as indicated on the manufacturer's label and dispensed in the original, complete manufacturer's container) must be labeled as to: 1. Name of client 2. Identification of animal(s) 3. Name of drug 4. Strength of drug 5. Date dispensed 6. Quantity Dispensed 7. Name of veterinarian prescribing and/or dispensing the drug 8. Directions for use 9. Veterinary Use Only (printed advisory) 10. Practice phone number 11. Practice Name

#		Explanation
7B	Large Animal Clinic & Ambulatory	
7B-a	Procedure (MA)	Prescriptions contain a warning with the required withdrawal period for medications used in food producing animals. **Rationale:** The withdrawal period is essential information of which the client must be made aware. **Guidelines:** If the prescription is for a drug that has no withdrawal period, this should be noted on the prescription.
7B-b	Equipment (MI)	*Compendium of Medicating Ingredients Brochure* **Rationale:** The practice member must have access to information required for prescribing feed additives. **Guidelines:** Only practices that prescribe feed additives must have a current copy of this brochure available. Internet access is acceptable. A link to this brochure is available on the SVMA members' web site. Internet access must be demonstrated to the satisfaction of the inspector.

#		Explanation
7B-c	Procedure (MA)	Dispensed drugs (excluding drugs prescribed as indicated on the manufacturer's label and dispensed in the original, complete manufacturer's container) are labeled as to: 1. Name of client 2. Identification of animal(s) 3. Name of drug 4. Strength of drug 5. Date dispensed 6. Quantity dispensed 7. Name of veterinarian prescribing and/or dispensing the drug 8. Directions for use 9. Veterinary Use Only 10. Withdrawal time 11. Practice phone number 12. Practice Name **Rationale:** Proper labelling is required by SVMA Bylaws 13 and 14.
7B-d	Procedure (MA)	Emergency drugs are readily available as follows: The following list contains the minimum drugs that must be available: • Epinephrine • Atropine • Calcium and magnesium parenteral solutions • An antihistamine • An alpha-2 agonist • A local anesthetic • An analgesic – can be narcotic or non-narcotic. • An antagonist must be available if narcotics are used) **Rationale:** The practice has an ethical responsibility to have a basic set of emergency drugs available at all times. **Guidelines:** Generally speaking, drugs used in emergency situations should be injectable rather than oral. For ambulatory practices these must always be present in the kit.
7B-e	Equipment (MA)	Sterile needles, syringes, IV catheters & parenteral fluids are available. **Rationale:** The practice has an ethical responsibility to have basic emergency equipment available. **Guidelines:** Parenteral fluids must not be outdated, if only one type is available, a replacement fluid is recommended.

Practice Standard 8 – Clinical Pathology

#		Explanation
8		Clinical Pathology – Requirements apply to all practices
8a	Procedure (MA)	Clinical pathology equipment is available in-house or a clinical pathology service is appropriately used as demonstrated by invoices and reports. **Rationale:** The diagnosis of disease using laboratory diagnostic testing is essential in providing adequate patient care and service to clients **Guidelines:** The practice must provide laboratory diagnostic testing. If equipment is not available in house, the practice must prove to the satisfaction of the inspector that diagnostic testing is being performed. Medical records must include the reports of such testing.
8b	Procedure	In-house diagnostic equipment must be maintained and calibrated to ensure accuracy of results and a record of all quality control or quality assurance maintenance and calibration must be maintained. **Rationale:** The practice has an ethical and professional responsibility to provide accurate, reliable diagnostic testing. **Guidelines:** The practice must prove to the satisfaction of the inspector that regular maintenance and calibration is done on all in-house clinical pathology equipment. Records of such maintenance and calibration must be maintained and be presented for inspection upon request. Equipment which is updated or calibrated automatically on-line must have a log book indicating the type of update and when it was done.
8c	Procedure (MA)	Should an unexpected patient death occur, provision is made to offer the client a necropsy done by an independent party. **Rationale:** The practice has an ethical and professional responsibility to offer the client an independent necropsy on any patient that dies unexpectedly. **Guidelines:** Getting an independent necropsy is very important in the unexpected death of any patient that is receiving chronic care or that dies acutely after receiving therapy or during the act of providing therapy. The Practice Standards Committee suggests that clients sign for this on any medical, surgical, or anesthetic consent forms used by the practice.
8d	Medical Records (MA)	Accurate records are maintained on clinical pathology tests for all cases. **Rationale:** The results of laboratory testing are part of the patient medical record and as such must be accurate and complete. **Guidelines:** Clinical Pathology records may be maintained with the patient file or filed separately. If the latter is the case, they must be filed so they are readily retrievable. Like all medical records they must be maintained for a minimum of 5 years after the date of the last entry on the patient file.

#		Explanation
8e	Equipment (MA)	There is proper equipment available for the collection and, where necessary, the transportation and shipping of all clinical pathology and general pathology specimens. **Rationale:** Clinical and general pathology specimens must be collected, stored and transported properly to ensure valid diagnostic results. **Guidelines:** Examples of equipment that should be available: ▪ Blood - Needles, syringes, Vacutainers, slides, slide holders ▪ Urine – Urine specimen jars, red top Vacutainers, ▪ Tissue – Formalin, and containers suitable to hold and transport formalin.
8A		Companion Animal Clinic
8A-a	Equipment (MA)	Equipment is available on the premises, or equipment is readily available with written permission from the accessed source. **Rationale:** Basic laboratory equipment is required so that rudimentary clinical pathology information can be quickly obtained at any time. **Guidelines:** If the practice is lacking any of the required basic equipment in house, then it must prove to the satisfaction of the inspector that the equipment is readily available elsewhere at any time. Written permission from the source of the equipment must be presented with the pre-inspection documentation prior to the inspection.
8A-b	Equipment (MA)	Equipment Includes: 1. Microscope with oil immersion 2. Centrifuge 3. Microhematocrit tubes 4. Refractometer 5. Urinalysis equipment (tubes for spinning urine, urine dipsticks, etc) 6. Glucometer
8B	Large Animal Clinic	
8B-a	Equipment (MA)	Equipment is available on the premises, or equipment is readily available with written permission from the accessed source. **Rationale:** Basic laboratory equipment is required so that rudimentary clinical pathology information can be quickly obtained at any time. **Guidelines:** If the practice is lacking any of the required basic equipment in house, then it must prove to the satisfaction of the inspector that the equipment is readily available elsewhere. Written permission from the source of the equipment must be presented with pre-inspection documents prior to the inspection.
8B-b	Equipment (MA)	Equipment includes: 1. Microscope with oil immersion (applies to LA ambulatory also) 2. Centrifuge for blood vials 3. Microhematocrit tubes 4. Urinalysis equipment – tubes for spinning blood, urine dipsticks, etc.

Practice Standard 9 – Diagnostic Imaging

#		Explanation
9		Diagnostic Imaging – Requirements apply to all practices
9a	Procedure (MA)	Diagnostic imaging is either provided or appropriate cases are referred to another veterinary practice which offers diagnostic imaging. There must be written evidence of such referrals. **Rationale:** The practice has a professional responsibility to the client to provide diagnostic imaging (either in-house or via referral). **Guidelines:** Diagnostic imaging is defined as taking and interpreting radiographs, MRI, CT, and U/S and developing a diagnosis or treatment plan. Diagnostic images are taken or cases are referred for applicable cases such as respiratory distress, majority of limb fractures in small animals, chronic lameness in horses. Client consent for treatment should be obtained if diagnostic imaging is not provided and referral is declined. If diagnostic imaging is not provided by the practice, the practice must provide written evidence of referrals to the practice inspector upon request.
9b	Structure (MI)	The area is free from related hazards to patients, clients, and personnel. **Rationale:** The practice has a professional and ethical responsibility to ensure the safety of the public and staff. **Guidelines:** The area around the imaging equipment must be free of obstacles or trip hazards. Radiology or CT areas should be physically divided from other work spaces, or a warning system used to prevent clients or personnel from being exposed to radiation.
9A		Radiology – Facilities that provide diagnostic radiography and/or CT
9A-a	Equipment (MA)	Equipment is registered with Radiation Health Protection Branch, Registration Number: **Rationale:** The practice must comply with Occupational Health and Safety requirements for radiology equipment. **Guidelines:** Each X-ray machine must be registered with Saskatchewan Radiation Health Protection, OH &S. This registration requires annual renewal. The practice must indicate the current registration number for each X-ray machine in the practice on the Pre-inspection pages of the Practice Standards Inspection form.

#		Explanation
9A-b	Equipment (MA)	Protective equipment is available in sufficient number for operating radiology equipment. Protective equipment includes: 1. Protective Apron 2. Protective gloves with cuff 3. Monitoring badges are worn and written evidence is provided showing they are sent in regularly for analysis 4. Thyroid protection **Rationale:** The practice has an ethical and professional responsibility to ensure staff safety. The practice must comply with The Radiation Health and Safety Act, 1985 and The Radiation Health and Safety Regulations, 2005. **Guidelines:** There should be enough Personal Protective Equipment (PPE) for at least 2 people. The practice must prove to the satisfaction of the inspector that dosimeters are worn by staff when performing radiological procedures. Written evidence that dosimeters are sent in regularly for analysis must be provided on the Pre-inspection pages of the Practice Inspection Form.
9A-c	Medical Records (MA)	Radiographs are permanently identified including clinic name, exposure date and the patient's name or identification number. **Rationale:** Radiographs are medical records and as such are considered legal documents. They must be identified correctly to meet legal requirements. **Guidelines:** For radiographic images the identification must be within the emulsion or a tamper proof and permanent label must be applied to the film after developing. Digital images must be identified by using software that generates an appropriate label which becomes part of the study and is embedded electronically. Intraoral radiographs that are too small for labels must be stored in a secure envelope/file with the identification information recorded on the envelope/file in which they are stored.
9A-d	Medical Records (MI)	Radiographs are stored in an orderly manner which preserves their quality away from public access. **Rationale:** The practice has an ethical and professional responsibility to store radiographs in a safe and accessible manner. **Guidelines:** Radiographs must be stored in a manner which allows for easy retrieval. Films should be stored vertically rather than horizontally to preserve image quality. The practice must comply with Practice Standards 1s "access to medical records is restricted to authorized personnel"; 5b "medical records must be stored for a minimum of 5 years after the last entry"; and 5h "the privacy of personal information in medical records must be protected". For images originally produced in digital format a back-up hard copies or second digitally stored copy is recommended.

#		Explanation
9A-e	Structure (MI)	Viewing of radiographs is readily available and easily accessible to personnel as well as clients. **Rationale:** Viewing of radiographic images by veterinary personnel and clients must be facilitated. **Guidelines:** At least one viewer must be in a location where staff and clients can access it easily, for example in an exam or treatment room. For digital radiography, a monitor must be available in an exam or treatment room so that staff and clients can access it easily. Practices with digital radiography that still have films on file must maintain one viewer to allow for the viewing of films.
9A-f	Equipment (MI)	Screens and cassettes are maintained and repaired/replaced as required. **Rationale:** Quality assurance requires that the number of non-diagnostic radiographs taken be minimized. Proper maintenance of screens and cassettes helps to ensure quality images are produced. **Guidelines:** Cassettes must be cleaned when dirty and repaired or replaced when broken before the ability to interpret the radiographs is affected. Screens must be cleaned according to the manufacturer's specifications.
9A-g	Medical Records/ Procedure (MA)	Radiographs appear to be of diagnostic quality. **Rationale:** Quality assurance requires that the number of non-diagnostic radiographs taken be minimized. Good quality, diagnostic radiographs are essential for proper assessment of images. **Guidelines:** Radiographic images are clear, kV and MAS appear to be appropriate and appropriate patient positioning and collimation is evident.
9A-h	Equipment (MA)	Radiographic equipment is inspected by a qualified technician as required by provincial regulations, and all required repairs or adjustments are completed in a timely manner. **Rationale:** The practice has an ethical and professional responsibility to ensure staff safety. The practice must comply with The Radiation Health and Safety Act, 1985 and The Radiation Health and Safety Regulations, 2005. **Guidelines:** Current regulations require that equipment be inspected once every 5 years. New equipment or new installations of existing equipment require inspection within 30 days. If repairs are required for the safe operation of the equipment, they are completed before it is put back in operation. An equipment inspection and maintenance log must be submitted with the Pre-inspection pages of the Practice Inspection document.

#		Explanation
9B	Companion Animal Clinic	
9B-a	Structure (MI)	The area where radiographs are taken is separate from the room where major surgery is performed in all clinics built or remodeled after September 2004. **Rationale:** The practice has a professional and ethical responsibility to ensure patient safety when performing surgical procedures, and staff safety when performing radiographic procedures. **Guidelines:** Ideally the radiology area is physically separated from other work spaces.
9B-b	Structure (MI)	Where only one radiographic viewer is available, it is not located in the room where major surgery is performed. **Rationale:** The practice has a professional and ethical responsibility to ensure patient safety when performing surgical procedures and viewing of radiographic images by veterinary personnel and clients must be facilitated. **Guidelines:** At least one viewer should be in a location where staff and clients can access it easily, for example in an exam or treatment room. For digital radiography, a monitor should be available in an exam or treatment room so staff and clients can access it easily. Practices with digital radiography that still have films on file should maintain one viewer to allow for the viewing of films.
9C	Other Diagnostic Imaging Equipment	
9C-a	Procedure (MA)	Diagnostic imaging equipment is maintained as per manufacturers' standards. **Rationale:** The practice has an ethical and professional responsibility to ensure patient and staff safety and the proper performance of equipment. **Guidelines:** The practice must prove to the satisfaction of the inspector that the equipment is appropriately maintained.
9C-b	Medical Records (MA)	Saved images are permanently identified including client's name, exposure date and patient identification. **Rationale:** Saved diagnostic images are medical records and as such are considered legal documents. They must be identified correctly to meet legal requirements **Guidelines:** The practice must prove to the satisfaction of the inspector that the images are appropriately identified.
9C-c	Medical Records (MI)	Saved images are stored in an orderly manner away from public access. **Rationale:** The practice has an ethical and professional responsibility to store diagnostic images in a safe and accessible manner. **Guidelines:** The practice must comply with Practice Standards 1s "access to medical records is restricted to authorized personnel"; 5b "medical records must be stored for a minimum of 5 years after the last entry"; and 5h "the privacy of personal information in medical records must be protected". The practice must prove to the satisfaction of the inspector that the saved images are stored in a manner which allows for easy retrieval and protects client confidentiality.

Practice Standard 10 – Vehicles & Equipment

#		Explanation
10		Vehicles & Equipment – Companion Animal Ambulatory & Large Animal Ambulatory
10a	Equipment (MA)	The vehicle and all accessories and compartments are clean, orderly and in good repair. **Rationale:** The vehicle should be professional in appearance and function. Cleanliness, tidiness and safety for the public, staff and patients are priorities. **Guidelines:** The vehicle should be clean and well maintained. Repairs must be performed in a timely manner. The interior of the vehicle and storage compartments must be clean and as dust free as possible. Compartments must be organized to facilitate the easy retrieval of equipment and products.
10b	Equipment (MI)	Equipment is clean, orderly and in good repair. **Rationale:** All equipment must be professional in appearance and function. Cleanliness, function and biosecurity are priorities. **Guidelines:** Equipment and the kits it is carried in must be functional. Everything must be clean.
10c	Equipment (MI)	Refuse is stored in suitable containers. **Rationale:** The vehicle must be professional in appearance and function. Cleanliness and biosecurity are priorities. **Guidelines:** Suitable containers are defined as those that prevent spillage during transport; ideally biohazardous waste is stored in biohazard containers but any closed, hard receptacle is acceptable for transport to the clinic, as appropriate.
10d	Procedure (MI)	Storage and refrigeration of all drugs and biologicals carried in the vehicle are as per manufacturer's directions. **Rationale:** The practice has a professional duty to ensure that all drugs and biologicals are stored and transported as per manufacturer's directions to ensure patient safety and product efficacy. **Guidelines:** Drugs stored and transported in the vehicle must be done so in accordance with label requirements, or with requirements in the current edition of an official compendium (Compendium of Veterinary Products). Products must be protected from freezing or excessively high temperatures and must be stored so that their identity, strength, quality, and purity are not adversely affected.
10e	Structure (MI)	All treatment surfaces are constructed of readily sanitized material **Rationale:** The practice has a responsibility to staff, clients, patients and the public to prevent the risk of disease in animals and people. Biosecurity is a priority. **Guidelines:** Treatment surfaces, e.g. a Bowie box with a slide-out exam table, must be designed to help prevent the spread of disease.
10f	Procedure (MI)	Clean outer garments are available and used for each call. **Rationale:** The practice has a responsibility to staff, clients, patients and the public to prevent the risk of disease in animals and people. Biosecurity is a priority. **Guidelines:** Footwear and clothing are appropriate for the type of call; footwear is cleaned and disinfected between calls for large animal calls.

Practice Standard 11 – Personnel & Care of Animals

#		Explanation
11	Personnel & Care of Animals – Requirements apply to all clinics	
11a	Structure (MI)	Kennels/cages/pens have a method for secure closure. **Rationale:** The practice has an ethical and professional responsibility to ensure the safety of hospitalized patients. **Guidelines:** Secure closure is defined as the ability to ensure that the patient will remain in the kennel/cage/pen even if the patient is actively attempting to escape.
11b	Procedure (MI)	Adequate personnel are on hand to assist in the treatment of all patients. **Rationale:** The practice has an ethical and professional responsibility to ensure the safety, comfort and appropriate care and treatment of all patients. **Guidelines:** The practice must have sufficient staff to ensure that all patients receive adequate care. This includes non-hospitalized patients and patients seen on ambulatory calls. A staff member must be readily available to check on hospitalized patients at all times. A staff member must be immediately available for critically ill patients, or those recovering from anesthesia.
11c	Procedure (MI)	Patients are checked outside of normal clinic hours as required. **Rationale:** The practice has an ethical and professional responsibility to ensure the safety, comfort and appropriate care and treatment of all patients. **Guidelines:** Provision must be made to ensure that patients hospitalized have adequate care outside of normal clinic hours.
11d	Procedure (C)	The course of treatment of all patients is determined by a veterinarian. **Rationale:** The practice must comply with The Veterinarians Act 1987, Section 17 (1) and (2). **Guidelines:** According to *The Veterinarians Act*, only veterinarians may prescribe a course of treatment for a patient. Registered veterinary technologists may perform treatments under the direction of the veterinarian.
11e	Procedure (MI)	Hospitalized animals are examined by a veterinarian at least once daily. **Rationale:** The practice has an ethical and professional responsibility to ensure the safety, comfort and appropriate care and treatment of all hospitalized patients. **Guidelines:** The frequency with which a hospitalized patient is examined will depend upon its condition and must be determined by the veterinarian. Veterinary staff may perform these examinations as frequently as necessary, but the attending veterinarian must perform at least one of these examinations in each 24-hour time period.

#		Explanation
11f	Procedure (MI)	Hospitalized animals are watered and fed an adequate and appropriate diet at least once daily. **Rationale:** The practice has an ethical and professional responsibility to ensure all hospitalized patients receive appropriate nutrition. **Guidelines**: The food must be appropriate to the life stage and health status of the patient. The type of food and frequency of feeding and watering must be determined by a veterinarian.
11g	Structure (MI)	Food, feed and feeding utensils or equipment are stored in clean dry areas. **Rationale:** The practice has an ethical and professional responsibility to ensure all hospitalized patients receive fresh, uncontaminated food and water. **Guidelines:** Patients must be fed appropriate foods that are fresh and uncontaminated. If feeds are removed from their original packaging for storage, it is recommended that the storage container be labelled with the name of the food, the lot number (in case of recall) and expiry date. Feeding and watering equipment is cleaned between patients and stored in a clean and dry area.
11h	Equipment (MI)	An adequate variety and quantity of foods or feeds (including prescription diets) and dishes, tubs or waterers are available to feed and water hospitalized patients. **Rationale:** The practice has an ethical and professional responsibility to ensure all hospitalized patients receive appropriate nutrition. **Guidelines:** Foods available must be appropriate for the type and number of patients expected. There must be feed and water utensils sufficient for expected patient numbers.

#		Explanation
11i	Procedure (C)	Written isolation protocols are required in all clinics and hospitals. **Rationale:** The practice has an ethical and professional responsibility to ensure the safety of patients, clients, personnel and the public. Biosecurity is a priority **Guidelines:** Isolation protocols must be in written form. Ideally they will be Standard Operating Procedures within the practices' Biosecurity program. The isolation protocols must describe the following: 1. All practices must have written isolation protocols for handling contagious patients whether the patient is to be referred or hospitalized. 2. If the patients are hospitalized the protocol must describe the area(s) of the clinic used for isolation and how these areas are physically segregated from other areas. 3. Name of cleaning and disinfectant products; instructions for the storage, dilution and use of the products. 4. The method of decontaminating and disinfecting all areas of the clinic that become contaminated. 5. The method(s) to prevent cross-contamination. 6. Procedures for personnel to change outer clothing and footwear, if required. 7. Procedures for exercising patients, if required.

#		Explanation
11j	Structure (MA)	All practices that hospitalize contagious patients that require isolation must have isolation facilities. **Rationale:** The practice has an ethical and professional responsibility to ensure the safety of patients, clients, personnel and the public. Biosecurity is a priority **Guidelines:** An isolation facility is defined as an area or room that can be closed off from the rest of the hospital and has access to an exit that is not part of the normal clinic traffic pattern. The room has dedicated equipment and a sink or method for cleaning the room and equipment.
11A	Personnel & Care of Animals – Companion Animal Clinic	
11A-a	Structure (MI)	Facilities for the proper care and containment of all hospitalized patients are provided (i.e., kennels, runs). **Rationale:** The practice must provide appropriate housing to ensure the safety, comfort and appropriate care and treatment of all patients. **Guidelines:** Animal housing facilities must have sufficient compartments to house the expected number of patients. These compartments must be sized to accommodate expected patient sizes.
11A-b	Structure (MI)	Wards are clean and orderly **Rationale:** Animal housing facilities must be professional in appearance and function. Safety and comfort for the patients and biosecurity are priorities. **Guidelines:** The practice should have General Cleaning protocols, preferably written, which include cleaning protocols for all animal housing areas. These protocols will describe procedures used for cleaning and decontamination of the animal housing; and the name and instructions for use of all cleaning and disinfecting agents. Ideally these SOPs will be part of the practices' Biosecurity Program.
11A-c	Structure (MI)	Each patient has a separate compartment which ensures comfort and adequate ventilation such that odours do not build up. **Rationale:** The practice has an ethical and professional responsibility to ensure the safety, comfort and appropriate care and treatment of all hospitalized patients. **Guidelines:** The compartments must be big enough to allow the patient to stand up, turn around and lie down comfortably. There must be enough air movement through the compartment to provide adequate fresh air to the patient and remove odours.
11A-d	Structure (MI)	Kennels are sturdy enough to prevent cage movement while occupied, 5 of 6 sides of the cage are solid. **Rationale:** The practice has an ethical and professional responsibility to ensure the safety, comfort and appropriate care and treatment of all hospitalized patients. **Guidelines:** If single kennel units are used (e.g. Vari-kennel) they must be secured so animal movement within the kennel will not cause it to wobble or rock.

#		Explanation
11A-e	Structure (MI)	Cages with barred doors have bars no farther apart than 5 cm (2 inches) and must be readily cleaned, disinfected and maintained. **Rationale:** Animal compartments must ensure patient safety. **Guidelines:** Doors must be designed for easy cleaning. Spaces between bars must prevent the animal from getting its head stuck between them.
11A-f	Structure (MI)	There is a method of attaching patient identification to the compartment. **Rationale:** Hospitalized patients must be properly identified at all times. **Guidelines:** There are many acceptable ways of ensuring the patient and its compartment are properly identified. If paper cage cards are used, a system to prevent the animal from damaging the card should be used. A system using numbered compartments and a corresponding white board with compartment numbers and patient identification is acceptable.
11A-g	Equipment (MI)	Litter trays are sufficient for the caseload and number of hospitalized cats. **Rationale:** Safety and comfort for the patients and biosecurity are priorities. **Guidelines:** Each patient should have access to its own litter box. Litter boxes must not be shared among currently hospitalized cases. They must be easily sanitized or disposable.
11A-h	Equipment (MI)	Dishes and utensils used to feed and water patients are easily cleaned and sanitized or are disposable. **Rationale:** The prevention of the spread of disease and biosecurity are priorities. **Guidelines:** Ideally food and water bowls will be stainless steel but plastic in good condition is adequate.
11A-i	Procedure (MI)	Refrigeration for spoilable food is available. **Guidelines:** Ideally the refrigerator used to store animal food should not contain human food or drugs of any kind. If this is impractical, then the refrigerator must be compartmentalized to prevent spillage or cross contamination between the items stored in the fridge. Stored items should be in covered containers or sealed storage bags. The refrigerator must be cleaned regularly and the correct temperature must be maintained and monitored by the use of a thermometer. There must be sufficient refrigerator space to store all items. The refrigerator should not be over packed; cold air must circulate around refrigerated items to keep them properly chilled.

#		Explanation
11A-j	Procedure-Minor	Adequate exercise is provided for hospitalized dogs (assuming such is not contraindicated by condition). Dogs are given at least two walks outdoors per day or are released into an exercise yard or an area greater than 1.4 m^2 (15 $feet^2$**);** feces are removed between occupancies by different animals. **Rationale:** The practice has an ethical and professional responsibility to ensure the safety, comfort and well-being of canine patients. **Guidelines:** Dogs must be double leashed or restrained in a manner that prevents easy escape.
11A-k	Structure (MI)	If runs (can be indoor or outdoor) are available, they must: 1. Have walls and floors that are of water impermeable material properly drained and easily cleaned 2. Have partitions that are solid to a minimum of 1.2 m (4 feet) high between runs if patients are kept in adjoined runs for time beyond that required for exercise. 3. Be covered adequately to keep animals contained, as well as protected from weather. **Rationale:** The practice has an ethical and professional responsibility to ensure the safety, comfort and well-being of hospitalized patients. Cleanliness and biosecurity are priorities.
11B	Personnel & Care of Animals – Large Animal Clinic	
11B-a	Procedure (MI)	Proper bedding is available for hospitalized animals. **Rationale:** The practice has an ethical and professional responsibility to ensure the comfort of hospitalized patients. **Guidelines:** If bedding is not stored at the veterinary facility it must be readily available at all times from a nearby location.
11B-b	Procedure (MI)	Stalls are cleaned daily. **Rationale:** The practice has an ethical and professional responsibility to ensure the safety, comfort and well-being of hospitalized patients. Cleanliness and biosecurity are priorities. **Guidelines:** The practice should have General Cleaning protocols, preferably written, which include cleaning protocols for all animal housing areas. These protocols will describe procedures used for cleaning and decontamination of the animal housing; and the name and instructions for use of all cleaning and disinfecting agents. Ideally these SOPs will be part of the practices' Biosecurity Program.
11B-c	Structure (MI)	Loading, unloading, and restraint facilities and pens are designed to minimize the chance of injury or escape of animals or injury to people. **Rationale:** The practice has an ethical and professional responsibility to ensure the safety of patients, clients and personnel. **Guidelines:** An escape plan must be in place prior to use of such facilities.

Practice Standard 12 – Library

#		Explanation
12		Library – requirements apply to all practices **Description:** Every practice must have a current and readily available library. The library will consist of two parts. The **first** will be a selection of veterinary reference texts, suitable to the services offered by the practice and the types of animals it has as patients. The **second** will consist of copies of regulatory documents that govern veterinary practice in the province of Saskatchewan, and the Compendium of Veterinary Products.
12a	Procedure (MA)	The practice library must contain current veterinary reference texts or online sources for each of the species or classes of animals with which the practice is professionally involved and which cover the following subjects: a. Internal Medicine b. Clinical Pathology c. Surgery d. Diagnostic Imaging (textbook material must be available for each branch of imaging applicable in the practice i.e. radiology, ultrasound, CT, MRI) e. Anesthesia and Pain Management f. Drug Formulary **Rationale**: Every practice must have current and readily available textbooks. Textbooks must be current to provide the updated information that is needed in our evolving and dynamic profession. In addition, texts and websites provide reliable, peer reviewed, referenced and edited factual information rather than opinions. **Guidelines:** A current text is defined as having a publication date within the last 10 years. Readily available means that the textbook material is always available to all staff at any time. It may be sourced through the Internet (aka www), it must be searchable by index or table of contents and not solely searchable by a search engine. All required library texts shall be on hard copy or readily and promptly accessible computer storage. **Guidelines:** Textbooks may be specific for species or class of animal (e.g. small animal medicine), or comprehensive for all or a number of species (e.g. drug formulary). They may also be either subject specific (e.g. small animal medicine) or subject comprehensive (e.g. equine medicine and surgery). See Recommended Textbook List in the Veterinary Resource Binder.

#		Explanation
12b		The library must contain current copies of the following or demonstrate access to the documents online. a. SVMA bylaws and practice standards b. *The Veterinarians Act,1987* of Saskatchewan c. Saskatchewan *Biomedical Waste Management Guidelines* d. Prescribing, Dispensing, Compounding and Selling Pharmaceuticals Operational Policies e. Compendium of Veterinary Products **Rationale:** Every practice member should be familiar with and must comply with the regulations that govern veterinary practice in Saskatchewan. All practice members must have access to the Compendium of Veterinary Products. The Compendium contains product details about biologicals, drug manufacturer, labeling and storage information. This information is important to ensure the correct storage, use and disposal of veterinary products, thereby protecting the public and practice members alike. **Guidelines:** The regulations and Compendium must be available for reference to all practice members. Because it is not critical to have immediate access to the information contained in the regulations and Compendium, access to these by means of the Internet is acceptable. They are available to members on the SVMA website. If website access is used, online access to the regulations and Compendium must be demonstrated to the satisfaction of the inspector.