The ASAVA acknowledges that much of the material in this manual is based on the publications of the American Animal Hospital Association, “2001 Hospital Standards and Accreditation Manual” and the publication of the Australian Small Animal Veterinary Association Handbook of Hospital Standards, 1998.

Thanks go to the Executive of the ASAVA and the former ASAVA Executive Officer, Ms Jenny Wade for their support and guidance.

Please direct any comments, criticisms or queries in relation to this manual to c/o The Executive Officer, Australian Small Animal Veterinary Association, Unit 40/6 Herbert Street, St. Leonards, NSW 2065.
Standards of Excellence

The standards of the *Australian Small Animal Veterinary Association – Accredited Hospitals Committee (ASAVA – AHC) Manual of Hospital Standards and Accreditation* are the cornerstone of the Australian Small Animal Veterinary Association. These standards represent the ASAVA’s commitment to achieving its mission, namely: to enhance the abilities of veterinarians to provide quality medical care to companion animals; to enable veterinarians to successfully conduct their practices and maintain their facilities with high standards of excellence; and to meet the public's needs as they relate to the delivery of companion animal veterinary medicine.

A committee of ASAVA Executive members and other interested parties contributed to the development of the original manual, with it being further updated in 1998, 2003 and 2011.

The *ASAVA-AHC Manual of Hospital Standards and Accreditation* is periodically reviewed and updated to reflect advances in companion animal health care and medicine and to try to balance the requirements of high quality veterinary care with the practicality and efficiency of a busy hospital.

The format and content of the manual are jointly reviewed and approved by the ASAVA Executive and Accredited Hospitals Committee (AHC).

The current manual has been changed in its presentation in order to try to make the evaluation process easier and to provide greater assistance to the hospital director and staff.

The standards in this manual reflect today’s requirements for an Accredited ASAVA - AHC Hospital. These standards currently represent the highest veterinary hospital standards in Australia. The standards cover BOTH the physical structure of the facility housing the practice as well as the quality of veterinary health care within the practice.
The Role of Hospital Staff in the Accreditation Process

A major benefit of the ASAVA-AHC evaluation program is the involvement of hospital staff in the evaluation process. Staff members should be involved in the thoughtful completion of the accreditation manual, the preparation of the medical records and radiographs for outside evaluation, as well as the preparation of the hospital premises for the on-site inspection.

The ASAVA suggests that as many staff members as possible are involved in the accreditation process. Many hospital directors assign sections of the accreditation manual to key staff members and then compare staff answers to their own. Hospital directors and staff then can plan the necessary steps to achieve compliance.

It is important to complete the preparation check list on page 17 in order to allow adequate time to review hospital operations and make any improvements required to achieve the desired accreditation level.

Key staff members also benefit greatly from participating in the evaluation of their areas of responsibility. This allows them the opportunity to ask questions, exchange ideas, and be recognised for their important role in the veterinary health-care delivery team.

We strongly recommend that the hospital director be actively involved throughout the entire evaluation. However, if a last-minute problem arises for the director, another senior member of the staff must be appointed to respond officially for the practice.

We encourage all newly accrediting hospitals who have any questions about the accreditation process to contact the ASAVA office at asava@ava.com.au to register their interest in becoming accredited, and also to contact the office is there are any ongoing questions specifically related to the manual. The ASAVA office can put applicants in touch with an already accredited hospital who can serve as a reference and also discuss the benefits of accreditation from their perspective. This hospital may be able to provide some additional support throughout your accreditation process. These additional reference sources volunteer to help new applicants and aim to help via email and telephone communication. Whilst such assistance can be provided as outlined above, a successful accreditation is wholly the responsibility of the applicant hospital and its directors, and they must ensure that their hospital procedures, equipment and staffing are at the level as described in this manual. A period of 6 – 12 months is recommended for all correspondence in preparation for submission of the application by the 31st October deadline of each year.
Completing the Manual

An official version of the ASAVA-AHC Manual of Hospital Standards and Accreditation, which includes the self assessment questionnaire, must be completed by the hospital and submitted to the ASAVA prior to the inspection date. The required medical records and radiographs for outside evaluation must be sent to the ASAVA administration office by October 31st for hospitals to be inspected in the following year.

How Long Will the Evaluation Take?

The on-site evaluation will usually take three to four hours to complete. The emphasis of the inspection and time may vary depending on the inspector’s needs and the preparedness of the hospital director.

While all sections of the standards are covered during the visit, the inspector can pay attention to specific areas of interest. The director should communicate the staff's expectations of the on-site visit and need for specific feedback to the inspector, either prior to or at the beginning of the visit.

Disclaimer

While the ASAVA-AHC Standards require members to be in compliance with relevant laws and regulations established by various federal, state and territory governments and agencies, the on-site evaluation of your practice by Inspectors of the scheme is not intended to be a comprehensive review of all such applicable requirements. While we may or may not point out areas of concern or non-compliance with regard to requirements of OHS, DEA, EPA, workers' compensation, or similar agencies, you should not rely on our evaluation as being official with regard to those agencies' requirements. Each member should consult with the appropriate agencies, or with qualified advisors, relative to specific requirements to ensure practice compliance.

Exemptions

The Hospital Accreditation scheme was set up to accredit hospitals that offer services to all small animal species; there are certain situations which allow for an exemption to certain sections of the manual and its requirements due to the nature of the practice encompassing a narrower spectrum of services than seen in general practice. Such facilities applying for accreditation may apply for exemptions to those parts of the manual which are not applicable to their area of practice. This should be communicated with ASAVA office prior to the submission of the relevant records for assessment. Once this has been clarified, and such exemption(s), granted, these finalized details are to be again submitted in due course with the completed manual (having already been accepted by the ASAVA)
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HOW TO USE THIS MANUAL

The ASAVA–AHC Manual of Hospital Standards and Accreditation has been developed to provide guidance to practitioners and support staff to operate high-quality, full-service veterinary hospitals. The ASAVA hopes this manual will encourage study of the standards by both hospital directors and their staff. This manual is to assist you in preparing for your hospital evaluation. The ASAVA - AHC Manual of Hospital Standards and Accreditation addresses requirements in the following areas:

Medical Records  Nursing Care
Surgery  Laboratory Facilities
Dentistry  Emergency Services
Diagnostic Imaging  Housekeeping and Maintenance
Anaesthesiology  Record Keeping
Pharmacy  Continuing Education
Chemotherapeutics

Recommendations

In this manual, the items listed under "Recommendations" may become standards at some point in the future. It is not necessary to comply with "Recommendations."

Each section of the manual is divided into:

Objective (where applicable)
Rationale (where applicable)
Standards in subsections of:

A. Personnel and Procedures
   Training required or other characteristics of who performs a function
   How things are to be done

B. Equipment
   Lists or characteristics of required equipment

C. Structure
   Physical structure
   Required sections or topics in medical records

D. Required Submissions (Diagnostic Imaging and Medical Records only)
Each requirement or standard is listed with two columns of self-assessment boxes on the right side of each page. Review each standard carefully, and then indicate the compliance status of your hospital by checking the appropriate YES/NO box.

For example:

<table>
<thead>
<tr>
<th>Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
</tbody>
</table>

A legible, individual record must be maintained for every patient.

It is strongly advised that newly accrediting hospitals ‘buddy up’ with an existing accredited hospital who will aid them in the accreditation process. A minimum time frame of 6 months is recommended for such correspondence to take place. Please contact the ASAVA via email on asava@ava.com.au so this can be organised via the AHC convenor.
PART A - REGULATIONS AND APPLICATION FORM

REGULATIONS FOR HOSPITAL ACCREDITATION

The purpose of the Australian Small Animal Veterinary Association – Accredited Hospitals Committee is to enhance the abilities of veterinarians to provide quality medical care to companion animals, to successfully conduct practices and maintain their facilities with high standards of excellence, and to meet the public's needs as they relate to companion animals. As such, there are certain requirements that must be met BEFORE being eligible for hospital Accreditation. Please read these regulations carefully and mark compliance or non-compliance where indicated.

Compliance
Yes No

1. The hospital and its staff meet and adhere to the bylaws of the Australian Veterinary Association (AVA) and the standards of the ASAVA.

2. All matters pertaining to the maintenance of ASAVA-AHC standards and all aspects of medical care for patients of the facility are under the control of a veterinarian, duly registered by the state or territory in which the practice is located.

3. The ASAVA-AHC standards were written with the primary goal of providing high-quality veterinary care to companion animals. Accordingly, all decisions which affect the ability of the practice to operate in compliance with the ASAVA-AHC standards are also made only by registered veterinarians. Complete authority and control for all matters relating to the ASAVA-AHC standards and veterinary care are vested solely in the hospital director, who must be a registered veterinarian and a member of the AVA and ASAVA.

4. In cases of practices owned individually or collectively by registered veterinarians (51% ownership or greater), the owner(s) may designate the hospital director(s). Since ownership in these cases is in the control of registered veterinarians, complete veterinary control over all matters pertaining to the hospital standards and medical care is presumed.

5. In those cases in which 51% or greater of the practice is not owned by veterinarians, the owner(s) must submit a certified statement agreeing to vest control over the hospital standards and veterinary care to the hospital director. In the event that control is no longer vested in the hospital director, the hospital director agrees to notify ASAVA-AHC, in writing. Samples of these certified statements appear as Statement A and Statement B. Copies of these statements must be submitted at the time of application for accreditation and at each subsequent evaluation of the facility.

6. While the hospital director may delegate duties and authority to appropriately trained members of the staff, ultimate responsibility for staff actions relative to medical care and the ASAVA-AHC standards remains with the hospital director.
7. Referral of a patient to a specialist, to another veterinarian, or to another facility is often made in the best interest of the patient and the client. Since the decision to refer is a veterinary decision, the decision when to refer and where to refer should be under the direct control of a registered veterinarian.

8. If the directorship of any ASAVA - AHC hospital member changes for any reason, the original and new owners must so notify ASAVA - AHC immediately. In cases of practices owned by non-veterinarian(s), new certified statements (Statements A and B) must be submitted.

9. If the controlling ownership of a hospital member changes for any reason, ASAVA-AHC will be notified immediately. In the case of ownership changing from one non-veterinary owner to another, a new statement agreeing to control by the hospital director must be submitted by the new owner(s) (Statement A). In the event of ownership changing from a veterinary owner to a non-veterinary owner, both the owner's statement (Statement A) and the hospital director's statement (Statement B) must be submitted.

10. Availability, operation, and maintenance authority for all equipment and supplies to support these ASAVA - AHC standards must be under the control of the hospital director. In no event may the owner of an accredited hospital fail to provide or maintain the equipment required, as determined by the hospital director, for compliance with the ASAVA - AHC standards.

11. If the hospital is applying for initial accreditation and in the opinion of any one of the three inspectors, the hospital facility, medical records or radiography are deemed to be unsatisfactory, the directors will be notified together with the reasons for such action.

12. If, after the on-site inspection, minor changes are found to be necessary, the hospital is placed on provisional accreditation subject to the changes being completed by a specified date. Failure to complete the changes to the satisfaction of the inspector or within the specified time frame will cause the provisional accreditation to lapse. The ASAVA - AHC must be notified in writing on the completion of the changes.

13. Before accreditation is completed, the completed changes will be inspected by an inspector or an appointed ASAVA - AHC local director, representing the inspector.

14. If after the on-site inspection the hospital is still found to be inadequate, the inspection fee is forfeited.

15. The accreditation is for a period of four (4) years only. Application for re-accreditation is necessary after this period.

16. If the hospital is applying for re-accreditation, and in the opinion of any two of the inspectors—(hospital, medical records or radiography) the application as submitted is unsatisfactory, the directors will be notified in writing, together with the reasons for such action. In such a case, re-accreditation may be provisional for a specified time, or cancelled.

17. If the hospital is applying for re-accreditation and either the medical records submission or the radiography submission are judged to be of an unsatisfactory standard, but the rest of the on-site hospital inspection is passed, then the hospital will be granted a 12 months provisional re-accreditation.
   The failed part of the submission must be re-presented for inspection within this time and if the resubmission is judged to be of a satisfactory standard then
the hospital will be re-inspected by an inspector or an ASAVA-AHC local
director, representing the inspector, to ensure that the resubmission is a true
reflection of the hospital's current medical records or radiographs. If this is
confirmed then full re-accreditation will be granted. If the resubmission is again
judged to be of an unsatisfactory standard then the provisional re-accreditation
will lapse and the hospital will cease to be accredited.

18. The Executive Committee of the ASAVA reserves the right to alter the
standards and regulations for accreditation at any time, on the
recommendation of the ASAVA-AHC. If the standards and regulations are
altered, no major structural changes will be required to be made by accredited
hospitals to achieve re-accreditation, unless failure to carry out such structural
changes can be shown to seriously compromise patient care. It must be
understood that standards of care and statutory regulatory requirements
change with time and that accreditation standards will change to reflect those
changes.

19. The hospital must maintain at least the standards necessary for initial
accreditation throughout the entire period of accreditation.

20. All hospital directors involved with the small animal component of accredited
hospitals must remain members of the AVA and ASAVA for the duration of
accreditation.

21. All presentation plaques remain the property of the ASAVA and are to be
returned at the request of the Executive Committee of the ASAVA on the
recommendation of the ASAVA-AHC.

22. Any hospital that is refused accreditation or which chooses to withdraw from
the accreditation scheme must immediately cease to use the ASAVA–AHC
logo in any of its publications and literature and must not falsely claim to be an
accredited ASAVA–AHC hospital.

23. Failure to comply with these regulations will lead to loss of accreditation.

24. An appeal against any decision may be made in writing, within 2 months, to the
ASAVA-AHC. The appeal will be considered by a committee comprising 2
inspectors and 1 hospital director, appointed by the ASAVA-AHC. Their decision
will be ratified by the ASAVA-AHC.

25. A further appeal against any decision made as a consequence of an appeal to
the ASAVA-AHC may be made in writing, within 2 months, to the Executive
Committee of the ASAVA. This appeal will be considered by the Executive
Committee and their decision is final.

26. Hospital directors who refuse an evaluation and fail to provide the ASAVA-AHC
committee with a written explanation, or who do not pay the assessed fee will be
referred to the Executive Committee of the ASAVA with a recommendation for
termination of accreditation.
PROCEDURE FOR SUBMISSION OF APPLICATIONS & INSPECTION

1. Please complete ALL details in the application form and evaluation questionnaire and submit the completed manual together with a cheque or EFT for the prescribed amount to:

   The Administration Officer
   ASAVA
   Unit 40, 6 Herbert St St
   Leonards NSW 2065

2. The following must also be submitted:

For submission to hospital inspector/s

- A floor plan of the hospital, including outlines of all major fixtures and fittings.
- Colour photographs of the exterior and of all major interior rooms.
- A copy of the hospital's housekeeping and maintenance manual.
- A copy of the hospital's drug inventory and a sample drug label.
- A copy of the hospital's protocol for cardio-pulmonary resuscitation.
- A list of all major items of medical and surgical equipment including contents of standard surgical kits and number of such kits."
- A copy of the hospital's Isolation Ward protocol.
- A copy of the organisational plan (job manual) for the nursing service.

3. Medical and Radiograph submissions (see below for details)

4. If the medical records and radiology submission are passed and if the application is found to be suitable, the hospital inspector will contact the hospital director to make an appointment for the physical inspection.

5. The inspection is usually done during a normal working day of the hospital and may take from three hours to one day, during which time a director must be free to discuss any details with the inspector. The director does not need to physically accompany the inspector at all times, but should be available to answer any questions.

6. The inspector collates all external examiners reports and makes up the inspection report with recommendations for consideration by the ASAVA-AHC. The Hospital Accreditation Committee considers all reports and either accepts or rejects the inspector’s recommendations. Their decision is ratified by the Executive Committee of the ASAVA.

7. A copy of the final report and the decision is then sent to the hospital directors.

   a) In the case of Committee acceptance, the hospital is notified of accreditation and is notified of any changes and conditions with which it must comply and the date of compliance fulfilment.

   b) In the case of Committee rejection, the hospital is notified and given the reasons for non-compliance and rejection and the opportunity to agree to comply within a future application. If this is a re-inspection, the hospital will be given a time frame in which to agree to rectify the reason for non-compliance, after which any claim to being an accredited hospital should cease forthwith.

8. The accreditation plaque is presented to the successful applicant at the Annual Conference of the ASAVA during the annual dinner and presentation of awards.

9. The newly accredited hospital is featured in the association's journal, the Companion Magazine.
10. The closing date for applications is generally the 31st October for hospitals to be inspected in the following year. This is to allow sufficient time for evaluation of the submissions, inspection, and preparation of the plaque for presentation at the Annual Meeting.
For submission to the Medical Records Inspectors

1. Five (5) sets of original medical records (not re-written records), including at least one of each of the following types of history:
   a) A detailed medical case (eg Diabetes, IMHA, Hyperadrenalcorticism, trauma with extended hospital etc.)
   b) A detailed surgical case
   c) A dental case

2. Medical records must include estimate/consent/admission forms, in-hospital progress notes including cage side charts and fluid balance charts if these are maintained separately from the medical records.

3. Copies of the relevant entry in the anaesthetic log (if kept) or a copy of the anaesthetic charts must be included if these are maintained separately from the medical record.

4. Pathology records should be included if these are maintained separately from the medical record.

5. The medical records assessor has also requested that full details of the patient be included.

The records will be assessed on the quality of the record keeping with the basic criteria being that another veterinarian should be able to take over the case and understand the rationale for any treatment and diagnostic plan and that the records would be adequately defensible in court. A problem oriented approach (eg SOAP, HEAP) is preferred by the records inspectors but is not mandatory.

Record submissions must be submitted as a single paper document or single file clearly marked. (disk or word/pdf file).
For submission to the Radiology Records Inspectors

1. Three (3) sets of radiographs. The sets of radiographs must be:
   a) Thoracic (of any sized dog or a cat)
   b) Abdominal (of a dog or a cat of any size)
   c) Skeletal

2. For each of the three radiographic cases submitted, the following are required:
   a) Radiographs must be selected from clinical cases that were imaged at the facility within the previous 12 months.
   b) Animal clinical details and signalment.
   c) Computer printout or photocopy of relevant medical history pertaining to the radiograph, (not full computer records for life!)
   d) Details of radiographic techniques used.
      i. Film/Screen combination for conventional analogue systems
      ii. Exposure factors.
      iii. Automatic processing maximum requirement.
      iv. Radiographs must have facility and patient identification, date and laterality information that is permanent and consistent.
      v. Radiographs must show proper positioning consistent with the area being radiographed.
      vi. Digital radiographs should be submitted in a DICOM format.

3. X-ray report. A computer printout or photocopy of the radiographic assessment made by you should be included. This should include:
   a) Comments on quality
   b) For each view the radiological findings should be described, both normal and abnormal
   c) For each case there should be a differential diagnosis with a preferred diagnosis, if appropriate.
   d) If further studies are indicated, they should be identified.
4. All films reviewed must show evidence of collimation by having at least two adjoining sides showing unexposed film. It is recommended that all four sides of the films demonstrate evidence of collimation.

5. No parts of the human body should appear on the films as this is an indication of poor radiographic technique and poor occupational health and safety practices.

Record submissions must be submitted as a single paper document or single file clearly marked. (disk or word/pdf file).
APPLICATION FOR HOSPITAL ACCREDITATION

I/We (insert full names of all directors): …………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………………………………………………………………

Wish to apply for accreditation / re-accreditation of (insert hospital name): ……………………………………………………………………………………………………………………………………………………………………………

Address: …………………………………………………………………………………………………………………………………………………………………………………

………………………………………………………………………………………………………………………………………………………………………………

Telephone: (……). …………………………… Fax (……) ………………………………………………………………………………………………………

Email: …………………………………………………………………………………………………………………………………………………………………………………

In making this application, I/we agree to abide by the following conditions of the ASAVA Hospital Accreditation Scheme:

1. All directors of accredited hospitals must remain financial members of the AVA and ASAVA for the duration of accreditation.
2. Accreditation is for a period of four (4) years only. Application for re-accreditation is necessary after this period.
3. Any conditions for accreditation or re-accreditation are to be implemented within the specified time.
4. All findings of the inspectors are subject to written appeal as specified in the regulations above.
5. The Executive Committee of the ASAVA reserves the right to alter the standards and regulations for accreditation at any time.
6. All presentation plaques remain the property of the ASAVA and are to be returned at the request of the Executive Committee of the ASAVA.
7. The hospital must maintain at least the standards necessary for initial accreditation or last re-accreditation throughout the entire period of accreditation.

I/We agree that failure to comply with any of these conditions will lead to loss of accreditation

Signed (Directors): ………………………………………………………………………………………………………………………………………
PREPARATION CHECKLIST FOR ACCREDITATION

(It is suggested that this checklist be removed from the manual and displayed so that all staff involved can monitor the progress of the preparation for evaluation)

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This manual is to assist you in preparing for your hospital evaluation.

Date/time of scheduled evaluation: ......................................................................................

Name of Inspector: ...........................................................................................................

Person assigned to fill outs details and assist on the day of inspection:......................

........................................................................................................................................

Date assigned/completed: ....................................................................................................

Preparation timetable

1. Hospital director has read the *Manual of Hospital Standards and Accreditation*.

2. Director and assigned staff have completed a photocopied first draft of *Manual of Hospital Standards and Accreditation*.

   **Section-by-section review:**
   - Section 1: Medical Records Services
   - Section 2: Examination Facilities
   - Section 3: Pharmacy
   - Section 4: Laboratory
   - Section 5: Diagnostic Imaging
   - Section 6: Anaesthesiology
   - Section 7: Surgery
   - Section 8: Dentistry
   - Section 9: Nursing Care
   - Section 10: Housekeeping and Maintenance
- Section 11: Continuing Education
- Section 12: Emergency Services

Person assigned: ..............................................................................................................

Date assigned/completed: ................................................................................................

3. Final draft of the *Manual of Hospital Standards and Accreditation* has been completed.
   
   YES/NO box in column to right of every standard has been checked.

4. Radiographic studies must be submitted for review.
   All submitted radiographs will be returned.
   
   a) Set of three radiographs selected for submission
   
   b) A photocopy/copy of the radiographic interpretation(s) from the appropriate medical record(s) must accompany the envelope containing the radiographs.
   
   c) All submitted radiographs must be permanently identified (ref. Diagnostic Imaging Section).

5. Medical records selected for submission (including copies of all cage side paper work, anaesthesia and surgery reports, consent forms, discharge forms etc).

6. Director’s (or director’s representative) work session with the inspector has been scheduled (typically 3 to 4 hours).

7. Review of on-site hospital evaluation report and question-answer conference has been scheduled (brief staff meeting is optional).

FULL COMPLETION OF THE ASAVA-AHC HOSPITAL STANDARDS AND ACCREDITATION MANUAL INCLUDING PRIMARY FACILITY INFORMATION WITH THE HOSPITAL DIRECTOR’S SIGNATURE AND ADDITIONAL FACILITY INFORMATION IS REQUIRED FOR ACCREDITATION.
HOSPITAL DETAILS

Primary Facility (Clinic/Hospital) Information

Additional Facility (Clinic/Hospital) Information

Please print or attach a facility business card below

Facility ...........................................................................................................................................

Address ........................................................................................................................................

........................................................................................................................................

City ........................................................................................................................................

State/Territory ......................................................... Postal Code ..................................................

Telephone (……)...................................................... Telephone (……)..................................................

Fax (……).................................................................

Please check category

   Full facility    Satellite

A satellite clinic is a facility that is attendant, subordinate, and dependent upon and proximate to an ASAVA Accredited Hospital and that has common management and/or ownership with an ASAVA Accredited Hospital
Personnel Information

Each director of an Accredited Hospital shall be an ASAVA/AVA Member. A director of an animal hospital is a veterinarian who has a principal medical and administrative responsibility for that facility.

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<td>Name</td>
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<td>Birth date</td>
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<td>Gender: Male</td>
<td>Male</td>
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<td>Female</td>
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<td>Veterinary School</td>
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<td>Degree</td>
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<td>Further Qualifications</td>
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<td>AVA member: Yes</td>
<td>Yes</td>
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<td>No</td>
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<td>ASAVA member: Yes</td>
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<td>Name</td>
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<td>Further Qualifications</td>
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<td>AVA member: Yes</td>
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<td>ASAVA member: Yes</td>
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A hospital associate is all other employed veterinarians associated with a hospital. They shall be appropriately licensed and registered. Associates do not have to be members of the ASAVA.

All Hospital Associate Members must be registered to practice veterinary medicine

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In recognition of the role that hospital administrators play in small animal practice, management associates are non veterinarians or non practicing veterinarians who practice this role.

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Statement A
(COMPLETE ONLY WHEN THERE IS NON-VETERINARIAN OWNERSHIP)
Certified Statement of Owner(s)

...................................................................................................................(name of practice),

...................................................................................................................(address) has applied for accreditation/wishes to apply for re-accreditation as a hospital member in the Australian Small Animal Veterinary Association – Accredited Hospitals Scheme (AHS).

Majority ownership of this practice is held by .................................................................................................

...................................................................................................................name(s) of owner(s)).

The owner(s) of the above named facility designate Dr. ................................................................. (name),
a veterinarian duly registered in the state/territory of ............................................., as the Hospital Director.

Further, the owner(s) agree that all decisions relating to;

(1) The ASAVA–AHC Hospital Standards and Accreditation Manual,

(2) The medical and surgical care of all patients, and

(3) The medical and surgical supplies and equipment employed in care of all patients will be under the complete authority and control of the Hospital Director, Dr. .................................................................

In addition, the owner(s) acknowledge that failure to allow the hospital director control over these matters shall constitute immediate grounds for denial or termination of accreditation in the scheme.

By executing this document, the undersigned represents and warrants that he/she has the complete and full authority to execute this certificate on behalf of the hospital and its owners.

I have read and reviewed the foregoing certified statement and am knowledgeable as to the contents and statements, and that all matters and things set forth are true and accurate. I understand that if the hospital, its owners, or the undersigned have misrepresented or omitted any material facts concerning this certified statement that the hospital, its owners, and the undersigned will be responsible for any consequences, including loss of membership, which result.

.....................................................................................................................(Owner(s))

.....................................................................................................................(Signature)

.....................................................................................................................(Address)
The above and foregoing certificate was subscribed and sworn to before me this ..................................

day of ............................................................................., in the year .....................................................,

by.................................................................................................................(Witness) Justice of the Peace.
Statement B
(COMPLETE ONLY WHEN THERE IS NON-VETERINARIAN OWNERSHIP)

Certified Statement of Hospital Director’s Authority

I, Dr. .........................................................., duly registered to practice veterinary medicine in the state/territory of ...................................................., have been designated Hospital Director of ..........................................................(Practice Name) of ..........................................................(Address), a prospective Accredited Hospital of the Australian Small Animal Veterinary Association

I agree that I have and will exercise complete authority and control over all matters relating to the ASAVA - AHC Manual of Hospital Standards, the medical and surgical care of all patients, and the medical and surgical supplies and equipment employed in all patient care. I further agree that if, at any time while this facility remains a hospital member, control over these matters is no longer vested in me, and I will immediately notify the ASAVA of that fact.

I understand that ASAVA-AHC retains the right to immediately revoke the hospital accreditation of any facility which does not have a registered veterinarian responsible for the matters set forth above.

I have read the foregoing certified statement and I am knowledgeable as to the contents and statements, and that all matters and things set forth are true and correct. I understand that if the hospital or I have misrepresented or omitted any material fact concerning this certified statement that the hospital and I will be responsible for any consequences, including loss of membership (of ASAVA) which result.

.......................................................... (Signature)

..........................................................(Address)

Affidavit

State/territory of ..........................................................

The above and foregoing certificate was subscribed and sworn to before me this ...........................................

day of .........................................................., in the year ..........................................................

by ..........................................................(Witness) Justice of the Peace,
PART B - HOSPITAL ACCREDITATION EVALUATION QUESTIONNAIRE

MEDICAL RECORDS

Objective: A detailed, legible, individual record must be maintained for every patient. This includes all strays and wildlife admitted and treated.

Rationale: Medical records serve as a basis for planning patient care and promote communication among members of the hospital staff. The records furnish documentary evidence of the patient's illness, hospital care, and treatment and serve as a basis for review, study, and evaluation of medical care rendered by the hospital.

Random examples of medical records will be viewed during the inspection.

Compliance
Yes   No

A. Personnel and Procedures

1. There must be an established system of medical record keeping within the practice.

2. Each animal must have a separate medical record. However, the medical record for a litter may be recorded either on the dam's record or on a litter record until the individual animals are permanently placed or reach the age of three months.

3. Medical records must be legible if hand-written records are maintained.

4. The patient identification used must follow through all departments on other records (such as radiographs, laboratory reports, and necropsy records).

5. Medical records must be kept long enough to comply with state and federal regulations (7 years).

6. The medical staff must record sufficient information in the history and examination portions of the record to justify the tentative diagnosis and to warrant the treatment. A Problem Oriented Approach is preferred.

7. No prescribed coding is required, but the hospital director should require meticulous recording of information. Where abbreviations are used, standard use of abbreviations is encouraged.

8. The author of all medical record entries must be identified, i.e. name, code number, employee number, or initials.

9. Each hospital must maintain records in such a fashion that any veterinarian coming into the hospital may, by reading the medical record of a particular patient, be able to proceed with the continuity of care and treatment of this animal.

10. Admission forms must be used when animals are presented to the hospital for inpatient procedures. A minimum amount of information should include client and patient details, procedures to be performed, and an estimate of
costs. Consideration may be given to individual details of consent.

11. Admission forms must be considered part of the medical record and maintained with records or be cross referenced if stored elsewhere.

B. Equipment

1. No particular filing equipment or system is required, but the hospital director must review the medical record filing system for ease of retrieval and cross-referenced information.

2. The filing system must be adequate for the case load and for staff use.

3. It is a mandatory requirement for all records to be stored on computer. Sufficient numbers of computer terminals must be available. These must be conveniently situated throughout the hospital to facilitate the efficient running of the practice. It is recommended that a multi-user or network facility should be provided with computer terminals situated at reception, in, or accessible from, each consulting room, in the treatment area and in the business office.

Type of computer and software used: ..........................................................

..................................................................................................................

..................................................................................................................

Number of terminals: .............................................................................

C. Structure

The structure of the medical record may be either problem oriented or source oriented. The problem-oriented medical record (POMR) format is strongly recommended. An excellent account of POMR can be found in The Textbook of Veterinary Internal Medicine, Diseases of the Dog and Cat, Ed Stephen J Ettinger, 1st edition Chapter 2 page 23, Saunders, Philadelphia 1975.

1. Medical Record

The medical record must clearly reflect the date, initial problem, pertinent history, examination findings, and plan for treatment and care.

2. Patient Information

Each patient must be properly identified. The following identification must be recorded accurately on each patient's medical record:

- patient's name (ID number if applicable)

- species

- breed
3. **Client Information**

Each client must be identified properly. The owner's name, address, home, and alternate telephone numbers must be recorded accurately within each patient's medical record. Other useful data may include the name of the person who referred the client or other reason for selecting the facility.

4. **Chief Complaint**

a) The complaint is a very important part of the medical history and must be included. Observations made by the client about signs exhibited by the patient, that may be important clues to the identification of the illness and its underlying causes, should compose the balance of the history.

b) A problem must not be entered on the record in more specific terms than can be defined by objective data. In other words problems should be stated at the level of understanding at the time they are identified, for example “dog seen straining” – rather than “constipated” until the cause of the straining has been defined. As problems are more accurately defined, this statement can be updated.

5. **Medical History**

A thorough medical history must be documented. There may be several problems present, though the owner may have noticed only that one for which the animal was presented to the veterinarian. It is very important to both problem definition and treatment to acquire and record as complete a medical history as possible. including all previous illnesses, injuries, surgeries, radiographs, vaccinations, laboratory tests, anthelmintics administered, and current medical regimens.

6. **Physical Examination**

a) A report of physical examinations must be made. All patients must be given an appropriate physical examination prior to all medical or surgical procedures. A systematic procedure of examination should be followed. An appropriate examination is recommended prior to the administration of a vaccination.

b) The medical record must clearly reflect provisional diagnoses and rule-outs.

c) Current weight must be recorded in the medical record.

d) The record must accurately reflect the findings (both normal and abnormal) for each system examined.

7. **Problem List or Index**

a) A problem is anything that interferes with the patient's well-being and requires management or further evaluation. This may be a clinical
sign, physiological abnormality, physical finding, abnormal laboratory test result, or a diagnosis.

b) A separate listing of the patient's problems must be maintained and can serve as the index or table of contents for the entire record.

c) Each problem or diagnosis must be listed chronologically and represent the current health status of the animal. In the traditional, source-oriented medical record, this list is called the diagnostic summary index; in the problem-oriented medical record, it is called the problem list.

8. Diagnostic Reports

a) The patient's permanent record must contain a report of all laboratory tests conducted, significant abnormal conditions detected, and results of all biopsy specimen evaluations. These should be linked to the laboratory report using the code used by the relevant laboratory.

b) A summary of diagnostic reports, including histopathological, cytological, and ECG evaluations, must be written on the patient's record, even if they are recorded elsewhere on a separate form.

c) If laboratory reports are recorded on a separate record, they must be dated and linked to the summary on the patient record.

d) A summary of diagnostic imaging evaluations must be noted in the medical record even if they are recorded on a separate form. The summary should include details of the part imaged, special techniques, and a diagnostic record of findings. The record should contain a cross-reference so that the patient's imaging files may be easily located. The practice of filing radiographic films separate from the patient's medical record should be encouraged.

e) It is recommended but not mandatory, that a separate laboratory log be maintained. Such a log should record details of all laboratory tests as they are conducted and/or requested. Details of findings in this log should be linked to a summary in the medical record.

9. Vaccination Record

The vaccination history must be part of the medical record and be easily retrievable. Clients should be given a certificate of vaccination to verify which vaccines have been administered to their pets and the dates of administration. A schedule for the remainder of the vaccination program also should be provided.

10. Consultation

Specialist consultation reports must be summarised in the patient's medical record. The report can also be written on a separate form linked to the patient's record. Relevant details of telephone or on-site consultations with other professionals also must be recorded, showing the consultant, date, and recommendations from the consultation.

11. Progress Notes

a) Records of treatment, both medical and surgical, must minimally reflect all procedures performed in chronological order and in the
context of the medical or surgical problem to which they pertain.

b) The record of medical treatment must include identification of each medication given in the hospital, together with the date, dosage, route of administration (when more than one route is acceptable), frequency, and duration of treatment.

c) All medications dispensed or prescribed must be recorded on the medical record, including directions for use and quantity. Any changes in medications or doses, including changes made by telephone, also must be recorded on the patient's chart or record.

d) Client waivers or deferrals of recommended care must be noted on the progress notes.

e) Client communication, including recall or recheck recommendations made to the client must be noted on the progress notes.

12. Necropsy Reports

If a necropsy is performed, the findings as required by the pathology section of these standards must be placed in the patient's record.

13. Anaesthesia and Surgical Record

a) An accurate summary of all surgical procedures including identity of the surgeon must be kept in the patient's medical record.

b) Anaesthesia and surgery logs are strongly recommended but not mandatory. These may be combined. An accurate summary of the analgesic and anaesthetic agents used and any adverse reactions should be recorded on the patient's medical record.

14. Dental Records

a) A record of all dental procedures must be kept on the patient's medical record or on a separate form attached to the patient's record. The specific tooth (by name, picture, or number) must be listed when corrective measures are taken.

15. Prognosis

In complex or serious cases, following a thorough examination and tentative or definitive diagnosis, the prognosis should be recorded. This is usually recorded as “Good”, “Fair”, “Guarded”, “Grave” or “Hopeless”.
EXAMINATION FACILITIES

Objective: The veterinary hospital shall provide examination facilities in which space, light and dark, diagnostic equipment, means of restraint and trained professional and paraprofessional personnel are adequate to ensure the proper examination of patients.

Consulting rooms are provided for the complete physical examination of patients. They are the rooms in which history taking, physical examination, vaccination and other prophylactic procedures, minor therapy, client education, etc., take place. Admission to the hospital and discharge from the hospital are also functions of the consulting rooms.

A. Personnel and Procedures

The hospital director is responsible for seeing that proper procedures are performed. It is the duty of the hospital director to see that the techniques and methods used by the professional and paraprofessional staff are continually assessed and, where necessary, updated.

A client has the right, ethically and by law, to have animals cared for by a trained and qualified veterinary surgeon. Care of the animals must be the responsibility of a registered veterinarian.

B. Equipment

1. Diagnostic equipment and adequate lighting must be available for proper examination of patients.

2. Minimum equipment in each examination room or convenient to each examination room must include:
   - Reflex hammer
   - Examination table with a readily sanitised, fluid-impervious surface
   - Sterile materials for vaccination and parenteral administration of medications
   - Stethoscope
   - Scales capable of accurately weighing all patients treated
   - Restraint equipment
   - Thermometer
   - Otoscope
   - Ophthalmoscope
   - Clippers
Readily available equipment should include:

- Schirmer tear tests
- Ultraviolet light source
- Fluorescein dye
- Magnifying binocular loupe or Voroscope™

3. Each examination room must be supplied with cleaning materials, disinfectant, disposable towels, and a waste receptacle.

4. To facilitate hand washing between each patient, a sink must be located in or convenient to each examination room.

5. A radiographic viewer must be located in or convenient to each examination room.

6. A rubbish bin with plastic liner must be available for waste disposal. "Sharps" containers should also be available in or adjacent to each consulting room.

C. Structure

1. Examination facilities must be provided.

2. Examination room(s) must be of adequate size to allow for patient examinations. It is suggested that not less than 8 square metres be allotted for each examination room. There must be sufficient space for doctor, patient, client and assistant.

3. The room(s) must be clean and professional and should be attractive in appearance.

4. The rooms should be convenient to the laboratory and dispensary as well as to the reception area and business office.

5. The consulting rooms require lighting which is adequate for most examinations. Additional more intense lighting must be available for intermittent use where necessary. The consulting rooms should be able to be adequately darkened for certain examinations.

6. Some type of rapid exhaust facility is required to remove any intermittent odours.

7. Soundproofing, to maintain privacy of consultations, is suggested.

8. Consideration should be given to additional room for a desk, chair stool, or a computer terminal.
PHARMACY

Objective: Facilities must be provided for storage, safekeeping and use of drugs in accordance with federal and state or territory regulations.

Pharmaceutical services exist to meet the medication needs of patients. The scope of these services shall be consistent with the patients' needs and should include a programme for control and accountability of drugs, chemicals, biologics and related equipment throughout the hospital.

The dispensary is the location in which drugs are stored, kept safe and prepared for use or dispensing. It is the physical centre for the provision of the hospital's pharmaceutical service.

A. Personnel and Procedures

Since a registered pharmacist is not employed in most veterinary hospitals, the responsibility for maintaining the pharmaceutical service rests primarily with the director of the hospital or a veterinary surgeon designated by the director to see that adequate supplies are available at all times. The person designated to control the pharmaceutical service should see that outdated (expired) drugs are disposed of properly.

Veterinary nurses can be trained to assist in some of the procedures for maintenance of the dispensary.

Personnel authorised to work in the dispensary must adhere to the following policies which are essential for the safe administration and dispensing of drugs:

a) Drugs must only be administered by, or on the advice of, a registered veterinary surgeon.

b) Drugs must only be dispensed by a registered veterinary surgeon. Paraprofessional personnel may select the medication from the shelves and after checking by the veterinary surgeon, apply the label prepared by the veterinary surgeon or administer the medication, under the supervision of the veterinary surgeon. They may also, under supervision, take drugs from a larger container and place them into containers in dispensable quantities.

c) The veterinary surgeon is responsible for giving any cautionary advice necessary for the medication. The client should be made aware of possible significant adverse drug reactions and the procedure to follow if problems occur.

Responsibility for the pharmaceutical services includes the following:

1. Establishing specifications for the procurement and disposal of all drugs, chemicals, biologics and related equipment.

2. Dispensing drugs, chemicals and biologics. This should be standardised for all areas of the hospital. Great care must be exercised in dispensing drugs for client administration at home. As a minimum each drug should be dispensed in a container which in no way alters the drug being dispensed and which is moisture resistant.

Compliance
Yes  No
Labelling must be in accordance with federal and state or territory laws. Each label should be typed or computer printed to ensure legibility and the label should be permanently affixed to the container. The label should contain, at least the following information:

- "Keep Out Of Reach of Children".
- "For Animal Treatment Only" or similar wording as approved.
- Details of the practice - Name, address and telephone number. The directors’ names are also recommended.
- Species and the owner's name. The animal's name is also recommended.
- The name, strength (if required) of the drug and directions for use.
- The date.
- It is recommended that the prescribing veterinary surgeon be identified.

Storage and stability of drugs, chemicals and biologics:

1. The S8 Dangerous Drugs logs must not be stored in the locked cabinet used to store those drugs to which it applies.

2. Each hospital director must ensure that all records comply with federal, state, or territorial regulations. This includes but is not limited to the following:
   - Initial inventory.
   - Biennial (every two years) inventory.
   - Balance on hand.

3. Adequate quantities of drugs and supplies must be available at all times.

4. The hospital director must ensure that all outdated drugs are returned or disposed of in accordance with federal, state, provincial and local regulations.

5. When dispensing medication, each label must:
   - Be typed or printed (clear tape may be placed over the label to preserve it.)
   - Be permanently affixed to the container.
   - Include expiration, if appropriate.
   - Include warning labels, if appropriate.
6. Where the use of child-resistant containers is declined by the client, it must be noted on the patient's medical record.

7. Drugs used for euthanasia procedures must be stored in a locked cabinet.

8. Telephone calls changing medications or dosages must be recorded on the patient's chart or record.

9. If clients bring previously dispensed medication to the hospital, these drugs must not be administered unless they can be identified. Orders to administer these medications must be given by the veterinarian in charge of the animal. Any drugs which are not to be used should be stored and returned to the client upon the discharge of the animal from the hospital.

10. Hazardous medications (e.g. cytotoxic chemotherapeutic medications) must be handled in accordance with federal and state or territory regulations.

B. Equipment

1. The dispensary should contain adequate shelving for the storage of drugs, chemicals, biologics and related equipment (needles, syringes, vials etc.), shelves for reference books, clean work surfaces for the preparation of drugs, an approved safe for the storage of Schedule 8 drugs and a refrigerator for those drugs and biologics which require refrigeration.

2. Proper storage of drugs must not allow for any cross-contamination, but it should permit all preparations to be found readily and easily. One of several storage systems may be used: alphabetical, by usage, or by type.

3. All dispensed or repackaged medications must be in approved containers and where applicable, child-resistant containers.

4. The container must in no way alter the drugs being dispensed and must be moisture resistant.

5. Drugs kits which are easily portable should be available and maintained for anaesthetic and emergency usage. They should be conveniently located in the hospital but should be stored appropriately (e.g. under lock and key) when a veterinary surgeon is not on the premises.

6. Current editions of appropriate pharmaceutical and drug text and reference books should be available.

7. Current antidote information must be readily available for emergency reference in addition to the telephone number of the nearest poison control centre.

8. A typewriter or computer printer must be provided to complete drug labels. Hand written drug labels are not acceptable.

9. Appropriate safety items must be available for handling noxious or hazardous substances.

C. Structure

The hospital may have a single pharmacy, a central pharmacy, or multiple pharmacy areas located throughout the hospital which are convenient to work areas and inaccessible to clients. The pharmacy areas should be well organised and adequate
in size for their use.

1. Facilities must be provided for storage, safekeeping, and use of drugs in accordance with federal and state or territory regulations.

2. Controlled drugs must be stored in a securely locked, substantially constructed cabinet or safe as required by federal and state or territory regulations.

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### Approved Locked Storage at All Times

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### Locked Storage if Vet Not on Premises

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LABORATORY/PATHOLOGY

Objective: Routine clinical pathology services must be provided in the hospital laboratory or through outside sources.

Rationale: Pathology services are necessary for the proper diagnosis and treatment of many cases. Whether the procedures are performed within or outside the hospital will be determined by the availability of alternative services. Factors such as economics, proximity of the hospital to outside laboratories, and qualifications of such laboratories to handle animal samples have to be considered. In any case, results of life-dependent procedures must be available within 12 hours following sample collection. Results for periodic health monitoring, geriatric examinations, histopathology, and other tests of this nature should be timely. The choice of procedures used with any particular patient is a professional decision.

A. Personnel and Procedures

1. Pathology services available must include the following:
   - Haematology and serology.
   - Blood chemistry analysis.
   - Urinalysis, including urine sediment examination and urolith analysis.
   - Microbiology, culturing, and antibiotic sensitivity.
   - Parasitological examinations (faecal, blood, and skin).
   - Exfoliative cytology.
   - Histology or histopathology.
   - Toxicology.

2. The hospital director is responsible for evaluating the accuracy of tests performed both in and outside the hospital. The director or a practice associate must be fully aware of all techniques used within the hospital in order to train personnel, monitor the performances of non-veterinary personnel, and perform basic tests in emergency situations. If in-house pathology machines are used, they must be subjected to regular control procedures as recommended by the manufacturer to ensure accuracy of the results. A record of control procedures must be kept.

3. Specimen Data

   Each specimen must be identified with the identification of the patient.

4. Necropsy Data

   a) Each necropsy procedure and record thereof must be thorough and detailed.

   b) Tentative diagnosis, where appropriate, must be recorded promptly in
the patient's medical record. The final report must be made a part of this record.

B. Equipment

1. Instrumentation for tests performed on the premises must be adequate. Minimum equipment must include:
   - Microhaematocrit.
   - Microscope (binocular preferred).
   - Clinical centrifuge.
   - Urine refractometer.
   - Refrigerator.
   - Glucometer.
   - Dipsticks for urine assessment.
   - Suitable cytology and microbiology stains.
   - Freezer for storage of bodies and autopsy wastes.
   - Activated Clotting Time (ACT) tubes.

2. If the services of an outside laboratory are not used, the following equipment and necessary supplies must be available in-house:
   - Haemocytometer or electronic cell counter.
   - Incubator, 37° C.
   - Blood chemistry analyser.
   - In-house serology kit(s).

3. Adequate space must be provided for performance of services and proper storage of reagents. Counters should permit efficient handling of specimens while providing permanent space for standard equipment.

4. The countertop must be impervious and stain resistant.

5. A stainless steel sink with garbage disposal and fume hood over the sink is preferred, but not mandatory.

6. There should be adequate lighting in all work areas and extra power outlets on the counter. A separate circuit or special voltage regulator, such as an uninterruptible power supply, is recommended to minimize electrical supply fluctuations.

7. It is recommended but not mandatory that a log or logs be maintained for all laboratory work.
Where an external laboratory log is kept, it must reflect:

1. Data from specimen

2. Date of sample collection.

3. Identity of outside laboratory.

4. Tests required.

5. Date results received.

6. Date summary of results entered in patient record.

8. In House Quality Control Program.

   a) All in-house laboratory services performed must be carried out by competent personnel using approved standard laboratory procedures. The quality control system within the pathology laboratory must be designed to ensure medical reliability of laboratory data.

   b) For in-hospital laboratory procedures, equipment must be operated and evaluated according to the manufacturer's recommendations and have a written protocol of operation.

   c) Reagents required for the operation of serology and biochemistry units must be stored as required by the manufacturer.

   d) A record of the quality control tests and maintenance procedures performed on all laboratory equipment must be maintained. This will be examined at inspection.

   e) Reports of all pathology services and examinations must be made part of the patient's medical record in accordance with Medical Record Standards.
DIAGNOSTIC IMAGING

**Objective:** The hospital must have the capacity to generate quality radiographic images on the premises.

**Rationale:** Diagnostic imaging exists to aid in the accurate diagnosis and evaluation of medical and surgical problems and to assist in determining an appropriate course of management. The hospital must provide diagnostic radiology services at all times whilst meeting all obligations under the Code of Practice for the Safe Use of Ionizing Radiation in Veterinary Radiology and relevant state or territory laws.

The radiology department must have equipment capable of producing radiographs of diagnostic quality. The department must also have safety equipment and must be free from known hazards to patients and personnel. Equipment to permanently identify radiographs and to properly view and store radiographs is required.

A hospital seeking accreditation that routinely performs procedures such as contrast studies or myelography, should submit examples for review by the inspector.

**Radiation Therapy**
If this service is to be provided in the hospital, rather than by referral, it must be done by a licensed operator. The procedures, facility and radiation safety aspects of the operation must be professionally and legally acceptable.

**A. Personnel and Procedures**

**Operation of Equipment**

All radiographic and radiation therapy equipment must be operated only by appropriately licensed personnel or under the direct supervision of such personnel, where appropriate. It is the hospital director’s responsibility to ensure that all personnel are aware of all hazards, actual and potential, and must eliminate or reduce these to the minimum acceptable level for themselves, assisting personnel, other nearby individuals and the patient.

**Radiation Safety**

1. The minimum number of people essential for the procedure should be in the room during exposure and other methods of restraint should be used where possible.

2. All people present during exposure are required to wear protective clothing or be protected by a lead shield. Gloves or equivalent must be used if the hands are within one metre of the primary beam. Hands and arms, even when protected by gloves, must never be in the primary beam.

3. Owners are not to be used to hold their pets or to be in the room during exposure. Pregnant women and anyone under 18 years of age are not allowed in the room during exposure, under any circumstances.

**Personal Radiation Monitoring of Exposure**

1. Dosimeter monitoring of exposure levels must be provided for all personnel working with or near an X-ray generator.

**Compliance**

Yes No
2. The individual badge must be worn near the collar on the outside of the leaded apron or under the leaded apron dependent on the type of monitor used.

3. Records of the results must be maintained indefinitely and be readily available.

4. Exposure results must be communicated to the staff.

5. It is suggested that staff members are made aware of their dose meter reports and are made to sign off on each quarterly report.

Inspections

1. Machines must be licensed / inspected in accordance with federal, state or territory regulations.

2. Licenses / results of inspections must be posted in a visible place in the radiology area.

Processing

1. Processing of radiographs must be by automatic processor unless digital radiography is being utilised

2. Automatic processors must be maintained according to accepted standards. Cleaning of rollers and maintenance cleaning of the tanks must be scheduled according to the manufacturers' advice.

3. Maintenance schedule must be clearly displayed and signed off.

Digital Radiography

Digital radiography (DR) or Computerised Radiography (CR) is ideal. Storage of images should be in DICOM format and abide by accepted standards of labelling and identification. Archival storage of images shall be on remote hard drive or alternative mass storage devices.

Records

The results of all radiographic evaluations must be noted in the patient's medical record, including the part radiographed, any special techniques, and a summary of the radiological findings. Radiographs should be filed, appropriately cross-referenced, separate from the patient's medical record.

Radiograph Identification

Permanent identification of each radiograph is required. This should be done either radiographically or photographically. Minimal radiograph identification must include hospital, owner and patient identification and the date. Positional markers should also be used.

Radiograph Storage and Filing

1. Radiographs of patients are considered to be the property of the veterinary hospital as part of the medical records. A copy of the radiographs must be made available, at the owner's expense, if requested. Retention and proper storage of all radiographs is advisable for legal reasons and for comparative purposes. They must be properly and permanently identified.
and filed for easy retrieval.

2. Hospital personnel should be made aware of the medical and legal importance of proper identification and storage of radiographs.

3. A file containing radiographs of special conditions or good examples of normal structures is of particular value. These radiographs can then be easily retrieved for comparative and demonstration purposes.

Radiography Log

The log facilitates appropriate follow-up radiographs of a particular animal. For legal purposes the log documents particular animal exposures and provides proof of the number of radiographs taken in a year.

An imaging log must be maintained and must include:

- Date.
- Owner and patient identification.
- Area imaged.
- View.
- Species or breed.
- Date of birth or age.
- Time.
- kVp.
- mA.

B. Equipment

1. Loaded cassettes must be stored in a manner to protect them from unintended exposure.

2. Two or more of each size of cassette used should be available. A balanced combination of film and imaging screens must be used. A rare-earth high-speed system is recommended to reduce radiation exposure.

3. Radio-opaque characters must be used to identify right (R) and left (L) sides of the patient.

4. Permanent identification of each image is required and must occur prior to processing. Minimal image identification must include date, patient identification, and hospital identification. Additionally, owner name and patient date of birth or age should be included.

5. Measuring calipers to determine accurately the thickness of the part being radiographed must be used to reduce non-diagnostic exposures.
6. A reliable exposure chart (technique chart) must be available near the X-ray controls and should be used by all personnel.

7. Lead aprons and gloves must be used during exposure. They must be in safe condition and properly cared for to ensure a reasonable life.

8. No hands should be seen on the radiographs. Two aprons and two pairs of gloves are recommended. Leaded thyroid collars (shields) and lead glasses are recommended. All protective apparel must meet federal, state or territory regulations.

9. Proper safelight(s) with lamps of correct wattage must be mounted at the recommended distance from work areas. The colour of safelight filters depends upon the type of films being used.

**Radiograph Machine**

1. The hospital must have the capacity to generate quality radiographic images on the premises.

2. All regulatory agencies require a minimum of 2 mm of aluminium filtration in the X-ray beam. It **must** be within, above, or part of the collimator.

3. The X-ray machine, generator, tube, and tube stand **must** have a capacity which is adequate to produce consistent films of diagnostic quality on patients treated routinely in the hospital.

4. The X-ray table **must** be large enough to accommodate the largest patient seen by the practice positioned for a ventrodorsal view of the pelvis and femurs. Adequate working space around three sides of the table **must** be provided.

5. The radiographic machine must have an adjustable collimator or a series of attachable cones to restrict the size and shape of the primary X-ray beam to the size of the cassette being used.

6. Positioning devices and tie-downs must be provided and should be used when radiographing anesthetised patients so that personnel are not needlessly exposed.

**Radiation Therapy**

If this service is to be provided in-house rather than referred, it must be performed in a competent and safe manner. The procedures, facility, and radiation safety aspects of the operation must be in compliance with federal, state and territory regulations.

**Diagnostic Ultrasonography**

If ultrasonography services are provided, equipment for this alternative imaging modality must be a type that is appropriate for patients imaged. For example, the transducers used are relatively specific for anatomical areas and types of study. It is recommended that the machine used be equipped to record the study as it is being performed.
C. Structure

If digital radiography is not utilised then the darkroom must be light tight and sufficient in size. The light-tight darkroom should be painted a light colour to enhance safelight effectiveness. The darkroom must be adequately ventilated in compliance with federal, state, and territory regulations.

It is desirable to have a separate room devoted to radiography; however, it could serve other purposes provided it is not the major surgery room. It is recommended that the X-ray controls, at least the exposure control device, be located outside the radiographic room proper. The protective barrier effect of the walls and doors should be such that adjacent occupied areas would not receive radiation above recommended levels. Room structure, shielded control booth, or other restrictive barriers must comply with federal, state and territory radiation safety regulations.

D. Required Submissions

For submission to radiology inspectors: 3 sets of radiographs. The sets of radiographs must be:

a) Thoracic (of a cat).

b) Abdominal (of a dog preferably but not absolutely necessary, weighing greater than 30 kg).

c) Skeletal (suitable for Hip Dysplasia Assessment). For each of the three cases submitted, the following are required:

a) Radiographs must be selected from clinical cases that were imaged at the facility.

b) Animal details and signalment.

c) Computer print-out or photocopy of relevant history (not full computer records for life).

Details of radiographic technique should include:

- Film/screen combination.

- Exposure factors.

- Radiographs must have facility and patient identification that is permanent

- Radiographs must show proper positioning and relevant view for the study undertaken.
X-ray Report

A computer printout or photocopy of the radiographic assessment made should be included. This should contain:

- Comments on quality.

- For each view the radiological findings should be described, both normal and abnormal.

- For each case there should be a differential diagnosis with a preferred diagnosis, if appropriate.

- If further studies are indicated, they should be identified.

- All films reviewed must show collimation by showing unexposed film on all four sides of the film.
ANAESTHESIOLOGY

Rationale
Anaesthesia services must include performance of routine pre-anaesthetic physical examinations and exercise of proper safeguards in selection and use of anaesthetics. Although the type of anaesthesia used for each procedure is left to the discretion of the attending veterinarian, the continued study, evaluation, and use of newer and safer anaesthetic agents and equipment is recommended.

Compliance
Yes No

A. Personnel and Procedures

1. Anaesthesia services must be provided.

2. Anaesthesia services must include performance of routine pre-anaesthetic examinations (including laboratory testing where indicated) and exercise of proper safeguards in selection and use of anaesthetics.

3. Anaesthetic agents must be administered by a veterinarian or by persons trained in their administration and then only under supervision of a veterinarian who must be on the premises.

4. It is the direct responsibility of the hospital director to provide support staff anaesthetic safety and training programs and ensure supervision of the programs.

5. Cardiac, respiratory, arterial blood pressure or other electronic monitors should be used. Some method of respiratory monitoring must be used, such as observing chest movements, watching the rebreathing bag, or use of a respiratory monitor.

6. Body temperature maintenance and monitoring is essential during anaesthesia and the recovery phase.

7. If endotracheal tubes are used, they must remain in place during recovery from anaesthesia until appropriate protective reflexes have returned.

8. On what percentage of general anaesthetics are endotracheal tubes used?

.................................................. ..................................................

9. In the event of cardiac arrest, standard procedures for cardiac resuscitation should be followed using drugs and equipment to be found in an emergency cabinet, on a crash cart, or on an emergency tray. Doses and dosages should be printed on all emergency drugs or be readily available in chart form.

10. Anaesthesia charts must be maintained for all general anaesthesia procedures. Generic versions of these charts are readily available. They should record all parameters measured throughout the anaesthesia and be maintained until the patient is extubated and sufficiently regained consciousness. (see addendums)

11. Charts should be maintained with the patient’s hospital record or cross referenced if stored separately.
Attach copy of anaesthesia chart used routinely.

Minimum recorded monitoring parameters are:

- Percentage vapouriser setting.
- Oxygen flow rate.
- Type of circuit used (rebreathing circuit, T-piece, Bain etc).
- Heart rate +/- peripheral pulse
- Respiratory rate and depth.
- Mucus membrane colour and capillary refill time.
- Globe position.
- Oxygen saturation.
- Core body temperature.

Ideally include:

- ECG
- Capnography

12. Every animal needs an individual anaesthesia chart recorded for the entire duration of the anaesthetic.

The anaesthesia chart must contain:

- Date.
- Patient identification.
- Pre-anaesthetic agent/s used and doses used.
- Anaesthetic agent; volume drawn and used.
- Procedure performed.
- Duration of the anaesthetic and duration of the procedure.
- Nature of induction / recovery and any complications.
- Patient pulse and respiration rate recorded every 5 minutes for the duration of the anaesthetic.
13. An admission form for anaesthesia and/or surgery must be available and used in all cases where a general anaesthetic is required.

**Attach copy of admission form.**

**B. Equipment**

1. All equipment needed for the administration of local and general anaesthesia must be readily available and in good repair. Equipment must be available for inspection when the hospital is inspected.

2. The anaesthetic area must have emergency lighting available.

3. The anaesthetic area must contain the following:
   - Pre-anaesthetic agents.

Please detail the pre-anaesthetic agents used:

.................................................................................................................................

.................................................................................................................................

   - Induction anaesthetic agents for intravenous administration.

Please detail the induction agents used:

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   - Anaesthetic and pre-anaesthetic antagonists, as appropriate.
   - Appropriately-sized endotracheal tubes and tube adapters.
   - Antiseptic agent for preparation of the venipuncture site.
   - Sterilised needles and syringes.
   - A stethoscope (oesophageal stethoscope optional).
   - A blanket to retain an animal's body heat.
   - A machine for the administration of gaseous anaesthesia that includes a canister containing a fresh agent to absorb carbon dioxide. Anaesthetic machines should be capable of achieving satisfactory induction and maintenance of anaesthesia in companion animals of all sizes. The anaesthetic machine must be suitable to allow intermittent positive pressure ventilation if required.

Number of anaesthetic machines used .................................................................
The minimum requirements are:

a) An out of circuit, calibrated vaporiser (fully temperature and pressure and flow regulated) - with a circle absorber for larger patients or alternatively a Komarsaroff type in-circuit (non temperature and pressure regulated) vaporiser can be used. For those facilities using an out-of-circuit vaporiser, a T-piece, Bain circuit or equivalent can be used for smaller patients. The equipment must be serviced on a regular basis.

b) Gaseous agent (Isoflurane is minimum requirement) for the induction and maintenance of general anaesthesia.

Please detail the inhalational agent(s) used: ..................................................................................

........................................................................................................................................

c) Medical grade oxygen and nitrous oxide (if utilised) should be piped to the anaesthetic machine in the operating room*.

NB: Trolley mounted or mobile cylinders are not permitted within the operating room. Trolley mounted or mobile cylinders may be utilised in other areas of the hospital (* this stipulation is applicable to newly constructed or newly renovated hospitals only. Existing hospitals may continue to utilize trolley mounted or mobile oxygen and nitrous oxide cylinders within the operating room provided such cylinders are clean and appropriately covered. In certain cases, the inspector may indicate that piped oxygen / nitrous oxide to the operating area should be a condition of re-accreditation).

d) All anaesthetic machines must be fitted with an effective scavenging system to prevent waste gases from entering the room air.

e) A rebreathing bag or similar device for monitoring respiration.

The minimum equipment requirement for anaesthesia monitoring must include the following:

- An electronic respiratory monitor

- Pulse oximetry

- Oesophageal stethoscope

Ideally, routine use of the above plus ECG and End Tidal (ET) C02 (capnograph) is recommended.
4. Support equipment

   a) Emergency medications and equipment required in the event of a cardiac arrest (may be located in the operating room) must be available.

   List resuscitative equipment available: .................................................................................................................................................................................................

   b) Intravenous catheters, administration sets, intravenous fluids and/or other cardiovascular support medications (plasma expanders, whole blood) must be readily available. Intravenous catheters are recommended for every procedure requiring a general anaesthetic. It is also recommended that intravenous fluids be given to all patients who undergo procedures requiring a general anaesthetic of duration greater than 10 minutes. Such fluids should be given for a suitable period of time prior to induction for such procedures.

   List items readily available: .................................................................................................................................................................................................

   c) Some means of assisting ventilation must be readily available during general anaesthesia, either manual or mechanical.

   d) Devices for rapid and accurate measurement of oxygen saturation of haemoglobin (Pulse oximetry), End-tidal carbon dioxide (capnograph), and oxygen tensions are recommended. (Capnography (ETC02 as a monitoring modality will become mandatory in the next re-write of this manual)

   Capnography used?

   Pulse Oximetry used?

   e) A method for the indirect monitoring of arterial blood pressure should be available.

C. Structure

   1. The facility must contain an area for the administration of general anaesthesia.

   2. A recovery area outside the operating room or a recovery room where the patient can be observed closely until appropriate protective reflexes have returned must be available. Observations should occur at frequent intervals until the patient is in sternal recumbency.
Surgery

Objective: A separate room for the performance of aseptic surgical procedures only must be provided (i.e. the operating room).

Surgery - The act of incising living tissue; an operative procedure; and/or a room or facility where an operative procedure is done (i.e. the operating room).

Aseptic Surgery - Surgery performed in ways or by means sufficiently free from micro-organisms so that significant infection or suppuration does not occur.

Minor Surgery - Any surgical intervention that neither penetrates and exposes a body cavity nor produces permanent impairment of physical or physiological function. Examples are superficial wound suturing and cutaneous biopsy.

Major Surgery - Any surgical intervention that penetrates and exposes the body cavity; any procedure that has the potential for producing permanent physical or physiological impairment; and/or any procedure associated with extensive transection or dissection of tissue.

A. Records

All surgical procedures and any untoward sequelae related to the surgery must be recorded on the patient’s medical record.

A surgical log (which may be combined with the anaesthetic log) is recommended.

This log should contain such information as:

- Date
- Client’s name
- Animal identification - name, species, breed, age, sex
- Weight
- Pre-anaesthetic agents, dose and route of administration
- Anaesthetic agents, dose and route of administration
- Induction time and duration of anaesthesia
- Procedure
- Time of commencement and duration of procedure
- Fluid therapy
- Record of any adverse reactions
Consent forms for performing surgery may be attached to the patient's medical record or filed, appropriately cross-referenced and dated, separate from the patient's medical record.

B. Sterilisation

Autoclaving

1. The hospital must have an efficient steam autoclave. This should be used to sterilise articles such as surgical instrument packs, drapes, gowns and ‘disposables’.

2. The temperature and pressure generated by this equipment must be sufficient to kill all types of micro-organism, including bacterial spores. Since pressure and temperature gauges may be inaccurate, the efficiency of autoclave equipment must be routinely monitored by the use of standard sterilisation indicators. Such monitors must be placed in the centre of every surgical pack.

3. Autoclaves represent a considerable safety hazard and all personnel should be trained in the correct usage of such equipment. Where required by state or territory legislation, such equipment should be licensed.

Dry Heat Sterilisation is used?

Dry heat may be used for certain items of equipment. The process is slow and very high temperatures must be used.

The hospital must have an acceptable means of monitoring the efficiency of dry heat sterilisation if it is used.

Ethylene Oxide Gas Sterilisation is used?

Ethylene oxide gas may be used to sterilize delicate equipment that may be damaged by either heat or steam.

The hospital must have an acceptable means of monitoring the effectiveness of ethylene oxide sterilization if it is used.

Ethylene oxide is flammable, tissue toxic and possibly mutagenic and carcinogenic. Suitable safety precautions, including effective scavenging, to avoid any health hazards to either patients or hospital personnel must be observed if it is used.

Chemical Sterilisation is used?

Glutaraldehyde is an effective chemical disinfectant that is permitted for special instruments such as endoscopes, which cannot be sterilised with heat or steam.

Use of glutaraldehyde for general sterilisation of instruments is discouraged.
C. Personnel And Procedures

1. Preparation of Patient

A standard, accepted procedure must be used to prepare the patient for surgery.
All personnel assisting in the pre-surgical preparation of the patient must be aware of the danger and sources of bacterial contamination. They must be adequately trained and under the direct supervision of a registered veterinarian.

2. Surgical Attire

Surgical assistants and the surgeon must be properly attired with cap, mask, sterile gown and sterile gloves when major surgery is performed.

Surgeons, surgical assistants, and operating room attendants must wear a surgical cap and mask at all times while in the surgical suite and when a sterile field exists therein. All scalp and facial hair must be completely covered by the cap and mask.

Operating room attendants must remain outside of the sterile field. The sterile field is the area above the sterile drapes on the operating table and adjacent instrument trays. The sterile field extends from the edges of these drapes in a vertical plane to the ceiling.

3. Sterility

Surgical procedures require the use of sterilised instruments, gowns, towels, drapes and gloves as well as clean caps and masks.

Brushes used for scrubbing surgeon's hands must be thoroughly washed and sterilised. Reusable caps and masks should be laundered after each day's use. Disposable caps, masks and scrub brushes may be used if desired.

4. Proper venting of all excess anaesthetic waste gases must be provided in accordance with all federal, state, territory and local govt. regulations.

Scavenging system used?
If so, what system?

5. Surgical instrumentation must be properly cleaned, in good repair, and sufficient in number and variety to match the requirements of the surgical case load.

6. Every patient presented for surgery must have a documented pre-surgical physical examination immediately prior to the procedure. There must be a notation of the findings (both normal and abnormal) for each system examined.
The following factors must be addressed and documented:

- Positive patient identification
- Positive identification of the procedure /s to be performed
- Client consent to the procedure / s to be performed
D. Structure

1. Surgical Preparation Room

Preoperative preparation must be performed outside the operating room. The preparation room should be a separate room convenient to the operating room and well lit. Floors, walls, and counter tops should be of smooth, impervious material which is easily cleaned. This room might double as a laboratory, scrub room, treatment room, or extra examination room.

All equipment for proper preparation techniques must be readily available in the preparation room, including the following:

- Oxygen
- Anaesthetic machine
- Gas scavenger system
- Emergency drugs
- Endotracheal tubes
- Instruments used for intubation
- Clippers with a surgical blade or other accepted means of hair removal
- A vacuum device to remove loose hair clipped from the patient.

2. Operating Room

a) The operating room must be a separate, closed, single-purpose room for the performance of aseptic surgical procedures.

b) An aseptic surgical suite can be located anywhere in the hospital, provided it is convenient to the recovery rooms and the prep room. It must be out of traffic areas.

c) The operating room must be so constructed and equipped that cleanliness can be easily maintained.

d) Flooring must be of an impervious material.

e) Walls must be of a washable, impervious material.

f) Doors must be well fitted and should be wide enough to permit passage of patients.

g) Doors must be kept closed and traffic into the surgical suite kept to a minimum.

h) A viewing window is recommended to reduce the need for support personnel to open the door to see into the room.
i) Windows must have the glass flush mounted to eliminate dust accumulation on window sills.

j) Any built-in cupboards must be flush-mounted with the walls to limit dust accumulation. Any other furniture must be mobile.

k) Sinks are not permitted in the operating room as they create aerosol contamination and can collect dust.

Equipment that must be present in the operating room:

- Surgical light of adequate candle power to illuminate the surgical field, preferably the type of lamp which is completely enclosed to avoid dust accumulation.
- Instrument table(s) constructed of impervious material.
- Surgical table(s) constructed of impervious material.
- Intravenous fluid hanger(s) / stands.
- An anaesthetic machine capable of being able to provide respiratory assistance with a vapouriser(s) compatible with the gaseous anaesthetic agent(s) used.
- A bucket / receptacle of impervious material (kick bucket), preferably mobile.
- A supply of reticulated / piped oxygen (cylinders are not permitted in theatre suite)*
- Battery-operated or provision for alternate power supply / emergency lighting.
- Adequate drugs for emergency use readily available in an accessible emergency box or designated place (may be located in the anaesthetic induction area).
- Thick pads on the surgery table(s) for comfort and alleviation of possible injury to patients. A thermostatically controlled warming pad should be considered.
- Radiographic viewer limited to surgical use. The unit should be mounted flush with the wall where possible, to prevent dust accumulation. If the viewing box is not flush-mounted, it should be mounted in such a way as to be readily cleaned.
- A wall clock.

Suture Materials

An appropriate range of sterile suture materials shall be stored where they are readily accessible to the operating room. The use of cassette type suture materials is not recommended for aseptic procedures.
A unit for delivering sterile surgical suction should be available. This unit should be either electrically or gas driven. If gas driven, the gas should be piped to the suction unit from an external supply. No gas cylinders are permitted within the operating room.* Water driven sink suction units are not permitted in the operating room.

- The operating room should have positive pressure air flow to avoid contamination as much as possible.

(*This stipulation is applicable to newly constructed or newly renovated hospitals only. Existing hospitals may continue to utilise trolley mounted or mobile gas cylinders within the operating room provided such cylinders are clean and appropriately covered. The Inspector may make the provision of piped oxygen/nitrous oxide a condition for future re-accreditation).
DENTISTRY

The veterinary hospital shall provide a dental service that includes prophylaxis and extractions where necessary. Restorative, endodontic and orthodontic procedures need not necessarily be performed in the hospital but appropriate referrals should be offered.

Dental prophylaxis can only be performed properly under general anaesthesia. After scaling and subgingival therapy, it is desirable but not mandatory that teeth be polished.

A. Personnel and Procedures

1. A routine examination of any animal must include examination of the teeth, gums, oral cavity, and any other structures and tissues associated with the teeth.

2. Prophylactic dental services (scaling and polishing) must be provided.

3. Only properly trained personnel may perform dental procedures. Such performance must be in compliance with state or territory registration bodies.
   a) Dentistry should be performed according to the AVDS guidelines and relevant State or Territory laws.
   b) Paraprofessional personnel may only clean teeth supragingivally with hand scalers or an ultrasonic scaler and only under the direct supervision of a veterinary surgeon. Only a veterinary surgeon may clean teeth subgingivally.

4. Personnel operating dental equipment must wear masks, eye protection and gloves, or other protective equipment to prevent nosocomial infection.

5. The decision to extract teeth must be made by the veterinarian and performed by the veterinarian.

6. Dental prophylaxis must not be done in the operating room. Only in the case of oral surgery may the operating room be used for dental work.

7. After scaling, it is recommended teeth be polished using an electric or air-driven, low-speed hand piece. It is recommended that this hand piece operate at 2,000-10,000 RPM.

Records

1. A record of all dental procedures shall be kept on the patient's medical record. The specific tooth by name, picture or number should be listed when pathology exists or when corrective measures are taken.

2. Dental prophylaxis includes the pre- and post-treatment charting of the dentition. The dental chart should include a record of missing teeth, extracted teeth and pre- and post treatment pathology. An assessment of the occlusion should also be noted.

Compliance

Yes  No
B. Equipment

The following are the mandatory minimum requirements for accredited hospitals:

The proper instrumentation for dental work performed within the hospital must be available.

The minimum set of instruments for dental prophylaxis shall include:

- Periodontal probe.
- Selection of scalers for supragingival scaling.
- Selection of curettes for subgingival scaling.
- Dental mirror.

The minimum set of instruments for dental extraction shall include:

- Bone rongeurs.
- Periosteal elevator.
- Dental elevators (2 sizes).
- Apical elevator.
- Extraction forceps.

Periodontal and extraction instruments must be autoclaved between patients.

Mandatory:

- An ultrasonic scaler.
- Dental work station with a high-speed handpiece, low-speed handpiece and triplex syringe.

Other, please state:........................................................................................................................................
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The work station should have an adequate supply of dental burs and prophy cups.

The work station should be used to polish teeth after dental prophylaxis.

Periodontal and extraction equipment are autoclaved between patients.

Anaesthetic, general surgical and X-ray equipment are also essential.
Recommended

Intraoral radiography

Facility

The actual prophylactic procedures must be carried out in a place other than the operating room. No dental prophylaxis must ever be done in the operating room. Only in the case of oral surgery should the operating room be used for dental work.
NURSING CARE AND WARDS

Nursing care covers a broad spectrum of skills from medical and surgical nursing, through infection control and cleanliness to record-keeping and communication. At all times the welfare of the patient must be the prime concern of all personnel providing nursing care. The training and supervision of the paraprofessional and lay personnel are continuing duties of the hospital director or another person assigned this responsibility. A staff room, lounge or designated gathering place for all personnel should be provided. This will enable better communications through staff discussions of cases, practice policies and courses attended, thus resulting in better patient care.

A. Personnel and Procedures

1. Nursing care must be provided.

Nursing care is confined to reception hours?

If so give details of out of hours care provided: ..............................................................

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2. Nursing care includes the provision of diagnostic, pre-surgical, surgical, and recovery procedures as well as custodial care.

3. All patient care provided by the nursing staff must be under the supervision of a veterinarian.

4. All patients must be positively and properly identified (sufficient to differentiate between two like animals) during their hospital stay.

5. Each medication must be entered on the patient’s medical record showing date, name of drug, type, dose, route of administration (when more than one route is acceptable), and frequency of administration.

6. The practice staff must demonstrate humane care of animals. The facility must provide for the care and prevention of animal abuse or neglect of patients.

7. Nursing personnel must ensure that all animals are individually and securely housed.

8. Nursing personnel must be trained to know the proper maintenance of optimum body temperature of all patients and to ensure patients’ comfort and cleanliness. A patient’s urination and defecation should be monitored and recorded when appropriate.

9. Nursing personnel must ensure that water and food is withheld or provided when required. Feeding requirements should be recorded on the patient’s medical record, along with details of the consumption of the food and amount of food consumed by the patient.
10. Nursing personnel must be trained in the proper restraint and handling of patients.

11. Nursing personnel must be trained in the principles of contagious nursing care. Proper hand washing between patients is considered to be the most effective way to prevent cross-contamination, however suitable protective clothing must be provided and changed when appropriate.

12. All nursing personnel must be trained and routinely monitored to ensure that medications are administered in accordance with the directions of the veterinarian.

13. Accurate and complete records must be kept by nursing personnel administering any kind of medication.

14. Assignments must be made so that one person is responsible for the proper observation of each surgical patient.

15. The nursing staff must be familiar with the proper handling and disposal of all waste materials and the cleaning and disinfection of compartments, exercise areas, and runs.

16. If the exterior exercise area cannot be easily cleaned, all faecal waste must be removed promptly.

17. Nursing personnel must be trained in the proper use of oxygen and anaesthetic agents, placement of endotracheal tubes, and correct use of anaesthetic monitoring and resuscitative equipment.

18. Nursing personnel must be capable of setting up and performing an ECG for purposes of patient monitoring or diagnostic testing.

19. Nursing personnel must be trained to assist in the resuscitation of patients and the proper method of handling animals found in a state of shock or respiratory or cardiac collapse.

20. Proper attire must be used for handling animals with contagious diseases. Proper attire includes disposable or easily disinfected gowns, disposable foot coverings or a means of disinfecting footwear, and disposable gloves.

21. All contaminated materials must be double-bagged or decontaminated before removal from the area where a patient with infectious disease is housed or examined.

22. The biomedical waste must be disposed of in accordance with federal, state and territory regulations.

23. Waste Disposal

   a) Rubbish disposal done by:
   
   - Local government service
   - Private service
   - Other, please state:........................................................................................................
b) Bodies, discarded tissues and other infectious wastes disposed by:

- Local government service
- Private service
- Other, please state: 


c) Sharps are handled by:

- Local government service
- Private service
- Other, please state: 


d) Whilst awaiting collection sharps are stored in:

- Approved Sharps containers
- Other, please state: 


24. In a single-purpose isolation room, only the equipment and material for the care and treatment of the current patient(s) within the isolation room may be kept therein.

25. Nursing personnel must be trained in the proper establishment, monitoring, and administration of fluid therapy. This includes operation, priming and maintenance of intravenous fluid pumps.

26. When and if animals with contagious diseases are hospitalised, they must be housed in a separate, single-purpose isolation room. Following the use of a room for the isolation of animals with contagious diseases, all surfaces and cages must be thoroughly disinfected and all contaminated materials must be disposed of in accordance with federal, state and territory regulations for waste disposal.

27. Traffic in the isolation room must be restricted to the care of contagious patients.

28. When this room is not housing contagious patients, it may be used for other purposes if the room is sanitised in accordance with recognised procedures.

B. Equipment

1. A means by which an oxygen-enriched environment can be created **must** be in evidence within the facility.

2. Hospitals must have on-site access to an ECG

3. The hospital should provide all equipment deemed necessary for improving safety, comfort, and quality of life for patients. Cage racks or other suitable means for preventing decubital ulcers should be available.
4. A controlled means of maintaining body temperature is required

5. A means of accurately delivering intravenous fluid requirements, such as paediatric burettes and fluid infusion pumps must be available.

6. ECG (preferably with printout capabilities) and respiratory monitors must be available on premises for monitoring critical patients.

C. Structure

Number of wards: .................................................................

General: ..............................................................................

Dog: ...................................................................................

Cat: ....................................................................................

Isolation: ..............................................................................

Surgical: ............................................................................... 

ICU: .....................................................................................

Recovery: ............................................................................... 

Other?: ...................................................................................

Total number of animal compartments:

Cat: .......................................................................................

Dog (M) ................................................................................. 

Dog (L) ................................................................................ 

Walk-ins/Runs: .........................................................................

Boarding Cat: ...........................................................................

Boarding Dog: ............................................................................

1. Lighting, which is adequate to allow patient observation, must be provided.

2. There are no specific ward requirements; however, all animal holding areas must be secure, escape-proof, and easily cleaned.

3. Runs and/or exercise areas must be available, maintainable, secure, escape-proof, and adequate in relation to the normal case load.

4. The facility must provide cages and/or runs that are large enough to permit the largest patient admitted to the facility to turn about freely and to easily stand, sit, and lie in a comfortable, normal position.
5. All cages and runs must be escape-proof and easy to keep clean.

6. All runs should be sloped and individually drained to prevent cross-contamination. If drained by a common trough, the trough must be covered and easy to keep clean and fresh.

7. Concrete floors and runs must be well-sealed, clean, and in good repair.

8. Cage doors and run gates must be clean and in good repair. All cages and runs must be constructed in such a way that contamination and contact from one animal to the next is controlled at all times.

9. The partitions between the runs must be of solid construction and impervious material to a minimum height of 48 inches above the finished floor. Nose-to-nose contact above the partitions can be prevented by not housing large-breed dogs in adjacent runs.

Highly Recommended (not mandatory)

1. A job description should delineate functions, responsibilities, and desired qualifications for each position of nursing service.

Intensive Care Ward

Structure

1. An intensive care facility must be provided to enable the extra observation and care necessary for these cases. The intensive care facility may be a separate ward or area, or combined with an anaesthetic recovery area.

2. The intensive care facility must be situated in the hospital such that direct visualisation or audio-visual monitoring of the patients from the main working areas is possible.

3. Strict attention must be given to temperature control in this area.

4. Soundproofing, ventilation, lighting and drainage requirements are as in the general ward.

5. As in the general ward a separate compartment must be available for each animal.

Equipment

1. Such equipment and supplies as are necessary to properly observe and care for these cases must be available in, or readily accessible from, the intensive care facility. List equipment used to monitor critical patients.
Isolation Ward

Structure

1. Provision of a separate isolation ward to house contagious cases is mandatory. When not housing specific contagious cases, it may be used for other purposes provided proper disinfection procedures are adhered to.

2. The isolation ward must be situated in the hospital removed from the main flow of traffic.

3. Soundproofing and lighting requirements are as in the general ward.

4. Ventilation requirements are as in the general ward with the added requirement that the exhaust facility be such that recirculation of air, from the isolation ward to other parts of the hospital, does not occur.

5. When and if animals with contagious diseases are hospitalised, the isolation room must have a negative air flow system in place. All air should be exhausted to the outside of the facility (no return air is permitted). 15-20 room air changes per hour are suggested.

6. Strict attention must be given to temperature control in this area.

7. Compartments, walls, floors and ceiling must be made of impervious material, capable of being disinfected.

8. Drainage and refuse removal from the Isolation ward must be such that there can be no contamination of other parts of the hospital or any public areas.

9. There must be a specific written protocol regarding the handling of animals with contagious disease with particular respect to disinfection of hands, clothing and footwear, disposal of contaminated materials and general disinfection of the patient and the ward.

Please provide a copy of protocol with submission

Equipment

1. Isolation ward must contain facilities for the washing of hands and be supplied with suitable hand disinfectant and disposable towels.

2. Bedding, food and water receptacles must be disposable or capable of being sterilised.

3. A separate set of cleaning equipment must be maintained for the isolation ward.

Fire Prevention and Safety

1. Written instructions for staff, clients and patient evacuation are posted

2. Patient evacuation must never compromise human safety

3. Evacuation plans must denote an assembly area or areas for staff.
4. Employee training must include fire safety and fire prevention procedures.

5. Emergency services phone numbers are displayed

6. Fire extinguishers and equipment are provided, please supply details:

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7. Fire extinguishers are checked by the appropriate authority
HOUSEKEEPING AND MAINTENANCE

Rationale: The housekeeping goal is to maintain an environment that is safe for the patients, clients and employees. There must be a written housekeeping and maintenance programme (check lists at a minimum). This program must provide maximum disease control throughout the hospital.

Compliance
Yes No

A. Personnel and Procedures

1. Housekeeping Plan

A written housekeeping and maintenance manual must be available. This manual should be kept up to date. It should describe the objectives of the housekeeping and maintenance programme, the responsibilities of personnel and the details of daily, weekly and monthly housekeeping and maintenance tasks. The manual should explain every task in detail and sequence.

The staff must be aware of the written housekeeping program and practice standards.

Please include a copy of the hospital's housekeeping and maintenance manual.

The housekeeping manual or check list must include the following details:

- Mechanical equipment maintenance and cleaning, such as vents, air conditioning and fans.
- Window washing, ceiling cleaning.
- Wall cleaning care and carpet cleaning.
- Furniture dusting, washing and/or polishing.
- Plumbing maintenance.
- Upholstery and drapery cleaning.
- Garbage removal from animal and employee areas.
- Light fixture cleaning and electrical maintenance.
- Disinfection and sanitation.
- Replacement of worn or unsafe equipment, furniture and floor covering.
- Description of the cleaning job.
• Detailed procedures for daily, weekly and monthly housekeeping tasks.

• Personnel responsible for the fulfilment of these responsibilities.

2. Personnel responsible for the supervision of housekeeping must have a basic knowledge of health care and sanitation, including the principles of bacteriology, chemistry, and related sciences as they apply to disease control and prevention.

3. The facility and staff must present a professional appearance. The following must be in clean and good repair:

• Walls.

• Ceilings.

• Windows.

• Floors and carpets.

• Furniture and draperies.

• Fixtures, including light and plumbing fixtures.

• Equipment and appliances.

When was the hospital last painted?

Interior? ........................................................................................................................................

Exterior? ........................................................................................................................................

How often is the hospital painted? .................................................................................................

4. The entire hospital must be free of persistent offensive odours.

5. Reception area displays (e.g., brochures, retail items, pictures) must be neat and orderly.

6. All cleaning supplies must be used in accordance with manufacturers’ instructions and in compliance with federal, state and territory regulations.

7. Safety data sheets on chemicals used should be included in staff manual or housekeeping manual.

8. Furnishings must be properly maintained and conveniently arranged in order to be pleasing to the client and conducive to the patient’s comfort.

9. All fixtures, furnishings and equipment must be maintained free from excessive wear and in good repair.
10. Linens must be stored in such a way as to minimize contamination from surface contact or airborne sources.

11. All contaminated linens, supplies and materials must be disposed of or decontaminated before leaving the area where a contagious patient is housed or examined. Containers with materials from contagious patients must be identified as potentially infectious.

12. Soiled or contaminated linens must be handled in such a way as to prevent cross-contamination of other areas of the hospital.

13. Cleaning equipment must be thoroughly cleaned and properly stored when not in use.

14. Equipment and supplies must be stored off the floor to promote a sanitary environment.

15. Storage areas, basements and attics must be clean, well organised and adequate in size.

16. Taps and drains must be inspected regularly and maintained in proper working order.

17. Tanks containing compressed gases must be securely fastened to prevent falling or tipping.

18. Compressed gas tank valves, regulators, lines and washers must be checked periodically for leakage.

19. Mechanical systems throughout the hospital must be maintained in accordance with written preventative maintenance programs.

20. All hospitals must provide adequate emergency lighting. The hospital's battery-operated lights or alternate power source must be maintained on a regular basis. If flashlights are used, they must be maintained on a regular basis.

21. An adequate number of smoke or heat detectors must be in place, operable and maintained. The number and location must be in accordance with manufacturers' recommendations.

22. Intrusion alarms and temperature alarms (where warranted) are recommended.

23. Ventilation and heating systems and air conditioning and heating equipment must be installed in accordance with applicable codes and appropriate standards.

24. The ventilation system must ensure that a controlled and regularly filtered air supply is provided in critical areas, such as the surgical suite, preparation areas, special care units and ward areas.

25. Water must be safe for use by employees, patients and clients. When water is obtained from a source other than a public water supply, it must be tested periodically and treated as necessary in accordance with federal, state, territory and local regulations.
Building Exterior

1. Grounds surrounding an animal hospital must be neat, attractive and in safe condition at all times.

2. Lawns, flowers, and plantings must be regularly cut, watered and trimmed.

3. Rubbish, papers and faecal material from animals must be picked up from lawns, sidewalks and parking areas on a daily schedule.

4. Parking area appropriate in size

5. Sealed and in good repair

6. Properly marked and kerbed

7. Illuminated for safety

8. Well kept and clean

9. Signage must be of a professional appearance and in good repair.

10. Exterior lighting **must** be in good taste and useful in identifying the facility.
LIBRARY & CONTINUING EDUCATION

Objective: The library must contain current textbooks, journals, conference proceedings and other printed materials appropriate to the needs of the staff. Audio visual and computer-based reference material may also be available.

The most recent journals and the latest references on subjects relative to the activities of the hospital must be available in an organised manner.

All reference material within the hospital library should be updated continually.

Best practice veterinary medicine and surgery requires that all staff are kept up to date with current best practice information. Hospitals should be able to demonstrate ongoing strategic learning strategies for every staff member. All new staff should have an induction program that helps them to assimilate in their new workplace similar to the 'new graduate friendly' practice scheme. All staff should have an annual performance review which includes goal setting and identification of training required, with this information to be documented.

Compliance

Yes No

A. Personnel and Procedures

1. The professional and paraprofessional personnel should follow an organised plan of educational self-improvement and information dissemination. Continuing education requirements must be met for applicable state or territory regulations.

B. Equipment

1. The professional library must include current books, periodicals and other multimedia materials appropriate to the needs of the staff.

2. Adequate shelves for the orderly storage of books and periodicals must be provided.

3. It is recommended that the library be conveniently located so that hospital staff can enter, quickly refer to relevant literature, and return to their work. The library should offer seating and writing surfaces for more leisurely research.

4. It is recommended that all continuing education be documented.

List all journals subscribed to by your hospital:

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List audio or visual resources acquired or studied in the last three years:

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List other books in the library deemed to be important:

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EMERGENCY SERVICES

Objective: Emergency services (professional diagnosis and emergency treatment) must be provided and must be readily available at all times.

While a veterinary hospital need not be open to the public at all times, professional personnel must always be available to ensure assessment and treatment of emergency cases within a reasonable length of time. Professional or paraprofessional personnel must also be available to ensure adequate monitoring and treatment of any hospital patients.

The hospital must have a protocol that ensures that sick or injured animals can be assessed, monitored and treated on a 24-hourly basis. The protocol should ensure assessment of the animal within 30 minutes of the client initiating contact if this is necessary for the welfare of the animal.

The out of hours emergency service may be organised in various ways such as: the assignment of hospital staff, co-operative arrangements with other hospitals/clinics or by referral to an emergency centre. Similar arrangements for the monitoring and treatment of hospital patients are also satisfactory.

A. Personnel and Procedures

1. Every accredited ASAVA hospital must have a procedure by which a sick or injured animal may be assessed and either treated or referred to an appropriate facility.

2. Emergency services or referral to an appropriate facility must be available 24 hours a day.

3. Emergency services must be adequate to ensure the treatment of the patient within 30 minutes.

4. A medical record shall be kept for every animal, including strays and wildlife, received by the emergency service, both in hours and out of hours.

5. When a patient is transferred for emergency services, a copy or summary of the medical record must either accompany the patient or be transmitted by telephone, facsimile or e-mail ahead of the patient’s arrival at the referral veterinarian. A record of this transmission of medical records should be made in the patient record.

B. Equipment

1. The hospital must be equipped appropriately to deal with all reasonably expected emergencies.

2. There must be basic equipment and supplies available for assessment, treatment and monitoring of emergency cases.

All resuscitative equipment and supplies must be available, including:

- Those used for endotracheal intubation and tracheotomy tube placement for animals of various sizes.
- A source of oxygen adaptable to continuous oxygen delivery
- Air viva or AMBU bag.
- All equipment necessary for parenteral fluid administration including fluid infusion pumps
- Adequate disposables such as chest drains, 3 way taps, catheters, etc.
- Suction.
- Warming pads.
- Equipment for gastric lavage and enemas
- Standard drugs.
- Parenteral fluids, plasma substitutes and surgical supplies must be on hand for immediate use in case of life-threatening problems.
CHEMOTHERAPEUTICS AND CYTOTOXICS

Objective: If chemotherapeutic and cytotoxic drugs are routinely utilised or prescribed, the hospital must ensure it complies with the occupational health and safety requirements of relevant federal, state and territory legislation.

Suitable facilities must be provided for safe storage and use of cytotoxic drugs in accordance with federal and state or territory regulations.

The hospital must have a protocol for control and accountability of chemotherapeutics and cytotoxics and disposal of unused drugs, chemicals, biologics and contaminated equipment.

A copy of the relevant federal, state or territory regulations or act must be maintained and be available for inspection at all times.

A. Personnel and Procedures

1. The responsibility for safety, management and prescribing of all chemotherapeutics and cytotoxic drugs rests primarily with the director of the hospital or a veterinary surgeon designated by the director.

2. Veterinary nurses can be trained to assist in some of the procedures for administration and prescribed use of these medications.

3. Personnel authorised to work in the dispensary must adhere to the following policies which are essential for the safe administration and dispensing of drugs:
   a) Drugs must only be administered by a registered veterinary surgeon.
   b) Drugs must only be dispensed by a registered veterinary surgeon.
   c) Paraprofessional personnel may select the medication from the shelves and after checking by the veterinary surgeon apply the label prepared by the veterinary surgeon or administer the medication, under the direct supervision of the veterinary surgeon.
   d) Drugs must be administered in accordance with best occupational health and safety policies.
   e) The veterinary surgeon is responsible for giving any cautionary advice necessary for the medication. The client should be made aware of possible significant, adverse drug reactions and the correct procedure to follow if problems occur.

4. Medical records must include a copy of the treatment protocol being followed; including timings of doses administered, doses administered, rationale for use of drug/protocol, patients' weights and any possible or actual adverse reactions.

5. The person responsible for the cytotoxic chemotherapy service should be trained in the following aspects:
a) Establishing specifications for the procurement and disposal of all chemotherapeutic and cytotoxic drugs, chemicals, biologics and related equipment.

b) Dispensing drugs, chemicals and biologics. This should be standardised for all areas of the hospital. Great care must be exercised in dispensing drugs for client administration at home. As a minimum each drug should be dispensed in a container which in no way alters the drug being dispensed and which is moisture resistant.

i. Labelling must be in accordance with Commonwealth and/or State or Territory laws. (see Pharmacy Section)

c) Advising about actions, adverse reactions and contraindications for the use of all drugs, chemicals and biologics used in or dispensed by the hospital.

Storage and stability of chemotherapeutic and cytotoxic drugs.

1. Storage and handling of these drugs must be in accordance with the manufacturers' recommendations and relevant federal, state and territory regulations.

2. It is strongly recommended that injectable chemotherapeutic agents be ordered by individualised doses or aliquots from pharmacy companies that provide this service in the correct dose aliquots required for each treatment to avoid unnecessary handling of these chemicals.

3. Dispensing of medication (See Pharmacy Section).

a) The hospital director must ensure that all drugs are returned or disposed of in accordance with federal, state, territory regulations for the disposal of cytotoxics.

B. Equipment

1. The dispensary should maintain separate storage area for these drugs, chemicals, biologics and related equipment (needles, syringes, vials etc.).

2. A refrigerator for those drugs which require refrigeration is required. Storage of refrigerated cytotoxic drugs should be separate from non-cytotoxic drugs and food.

3. All dispensed or repackaged medications must be in approved containers and where applicable, child-resistant containers.

4. The container must in no way alter the drugs being dispensed and must be moisture resistant.

5. Drugs kits which are easily portable should be available and maintained for chemotherapeutic and cytotoxic drug usage.

6. A typewriter or computer printer must be provided to complete drug labels. Hand written drug labels are not acceptable.

7. Appropriate safety items must be available for handling these hazardous substances.
These should include:

- Approved spill kits.
- Appropriate gloves.
- Impervious gowns.
- Splash glasses/goggles.
- Approved masks or respirators.
- Adequate ventilation.

C. Structure

(See Pharmacy Section)

1. Facilities must be provided for storage, safekeeping, and use of chemotherapeutics and cytotoxic drugs in accordance with federal, state and territory regulations.

2. Controlled drugs must be stored in a securely locked, substantially constructed room, cabinet or safe as required by federal, state and territory regulations.

3. Administration of these compounds should be in a designated area separate to working areas of the hospital, away from public access and with adequate ventilation.

4. If decanting of injectable medications occurs then this must be performed in accordance with federal, state and territory regulations.
ADDENDUM 1: Records

With computer programs being utilised by most clinics it is suggested that a standard consultation set-up is used that lists systems and prompts the recording of information in a standardised format. A comment is made against each prompt if relevant. With the majority of current veterinary programs it is very easy to set up a template for such standard consultations or even procedures that can be applied to each consultation. Some programs however, are limited to the number of lines it will allow (e.g. Dos VetAid, limits you to 10 lines) however, this can form the basis for a good start to each consultation record.

Other programs e.g. RxWorks allow the use of pre-formatted templates. An example of such a SOAP set-up is below. One can have a number of pre-set versions of the below example to satisfy more routine consultations i.e. New Puppy Vaccination Consult, Annual Vaccination Consult, Post-op Consultation, etc.

Example 1: SOAP Consult template

Chief complaint / Reason:
Subjective / History:
  Last well
  Last ate
  Med Hx:
  Diet:
  Vacc/ Worming:
  Companions:
  Environment:

Objective: Tmm CRT HR FP AmtP RR
  Systems:
  CV:
  Resp/Chest:
  U/G:
  GIT:
  Neuro:
  M/S:
  Integ:
  Ophth:
  Otic:
  Other findings:

Assessment / Problems identified:
Plan: Plan of treatment / diagnosis for each identified problem

Treatment: Treatment given

Progress notes:
These should be added with the time and initials of the person performing the treatment. They can be a shortened form of the problem oriented approach.
Chief complaint/ Reason: collapse

History:
- Last well few hours ago was fine and playing in garden.
- Last ate Breakfast this am. Dry food.
- Med Hx: None.
- Diet: Commercial dog foods- euk, Good-Os.
- Vacc/ Worming: +ve
- Companions: None, kids
- Environment: confined to yard, no access to toxins.
  Dog was mucking around in garden with kids and family, Gardening etc.
  Noticed that Gypsy retched a few times and then appeared to be staggery and fell over. Thought had had heart attack. Now can't walk at all. 20 minutes ago only.

Subjective: Carried in by owners. weak, subdued.
Objective: T 37.8 MM ppink/mauve CRT 1-2s HR 160 = FP AmtP +ve, weak
- CV: tachy
- Resp/Chest: harsh resps all fields. RR 28
- U/G: NAD
- GIT:
  - Neuro: Depressed, owners say much improved in past 20 minutes.
  - M/S: Placed on floor and can stand. Appears now relatively BAR. Walking around and sniffing.
  - Integ: ? mb small amt swelling on lip appearing. No stingers found.
  - Ophth: NAD
  - Otic: NAD

Assessment/Problems identified:
- Acute collapse,
- emesis/retching
- Spontaneous/rapid recovery
- suspect insect bite/ Bee sting reaction
- DDx Snake bite. Other HS reaction.

Plan: Discussed with owner- owner thinks may have been playing with something in grass and certain not a snake. Observe in waiting room for 20 minutes or so, Home, Watch closely for next few hours. Owners advised that may develop facial swelling etc. Any concerns return.

Treatment: Inj Chlorpheniramine 1 mg SQ

Or Snakes seen in area recently. Advise admission for few hours obs. If any signs, ACT, (+/- SVDK etc etc)

Some computer programs allow the full consultations like this example above to be saved as a “procedure”. This “procedure” can then be applied to a similar consultation and the details changed to suit the individual case. In the space of a few seconds a complete new and suitably detailed record can be generated for a new case. Many such “procedures” can be saved and used in many “routine” or “formulaic” consultations e.g. FLUTDS cases, vaccination, dog spey, GDV cases, etc.
Similarly, many commonly used words or phrases can be saved and used as templates.

<table>
<thead>
<tr>
<th><strong>Chief complaint/ Reason:</strong></th>
<th>Collapse</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>History:</strong></td>
<td></td>
</tr>
<tr>
<td>Last well</td>
<td>Two days ago.</td>
</tr>
<tr>
<td>Last ate</td>
<td>Breakfast 2 days ago</td>
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<tr>
<td>Med Hx:</td>
<td>None.</td>
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<tr>
<td>Vacc/ Worming:</td>
<td>Not recent</td>
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<tr>
<td>Companions:</td>
<td>younger puppy, kids</td>
</tr>
<tr>
<td>Environment:</td>
<td>confined to yard, no access to toxins, compost bin. Started vomiting occasionally Friday night. Initially just ? last meal. V sev times over Sunday, watery/froth. Every time tried to drink. Not interested in food Saturday or Sunday. Little loose motion passed Saturday pm. Nothing since. Very depressed, lethargic. Over night vomited several times, small amt blood present, seems very depressed and uncomfortable. Yelled when lifted in car. Urinating??</td>
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<tr>
<td><strong>Subjective:</strong></td>
<td>Ambulatory, weak, subdued.</td>
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<tr>
<td><strong>Objective:</strong></td>
<td>T 39.8 MM pink/red CRT 1s HR 160 = FP AmtP +ve, weak</td>
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<tr>
<td>CV</td>
<td>tachy</td>
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<tr>
<td>Resp/Chest:</td>
<td>NAD.</td>
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<tr>
<td>U/G:</td>
<td>RR 28</td>
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<tr>
<td>Neuro:</td>
<td>Depressed,</td>
</tr>
<tr>
<td>M/S:</td>
<td>NAD</td>
</tr>
<tr>
<td>Integ:</td>
<td>skin tenting- marginal.(3+%)</td>
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<tr>
<td>Ophth:</td>
<td>NAD</td>
</tr>
<tr>
<td>Otic:</td>
<td>NAD</td>
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<tr>
<td><strong>Assessment/Problems identified:</strong></td>
<td></td>
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<tr>
<td>Vomition – 2 days</td>
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<tr>
<td>Pyrexia</td>
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<td>Dehydration.</td>
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<td>Abdominal pain</td>
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<td>Overweight female</td>
<td></td>
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<tr>
<td>??urine</td>
<td></td>
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<tr>
<td>ddx FB, pancreatitis, renal disease, peritonitis, hepatitis, etc</td>
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<tr>
<td><strong>Plan:</strong></td>
<td>Admit for blood tests, Ivfs, Rx, pending lab results, for suspect pancreatitis</td>
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<tr>
<td><strong>Treatment:</strong></td>
<td>20# catheter, start LRS @ 20 ml/kg for 6 hrs, then 10 ml/kg for 12 hours (see treatment sheets for details)</td>
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<tr>
<td>Collect EDTA/Lith. hep/smears – lab.</td>
<td></td>
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<tr>
<td>In-house: PCV/TP/BG/Azo – 49% / TP 86g/L/ 3.3mmol/l / &gt;12mmo/L</td>
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<tr>
<td>Collect Urine sample: SG, Dipstik, etc etc etc</td>
<td></td>
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<tr>
<td>Blood results:(CVDL) Ref number 12345</td>
<td></td>
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<tr>
<td>Suggests Acute pancreatitis. Add summary of abnormal results and pertinent info. Etc etc</td>
<td></td>
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<tr>
<td><strong>Plan: Client communication:</strong></td>
<td>Spoke to owners, advised that suspect acute pancreatitis, discussed pancreatitis and possible outcomes and problems, discussed ex.lap and J tube etc etc. Owner keen to avoid surgery and high costs if possible. Try conservative care ats.</td>
</tr>
<tr>
<td><strong>Treatment:</strong></td>
<td>Rx Buprenorphine q 8 hrs.</td>
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<td>Rx Cef xx mg q 8 hrs</td>
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<tr>
<td>Radiograph Abd +/- U/S</td>
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<td>NPO, Check urine production</td>
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<tr>
<td>Etc etc (see treatment sheets for details)</td>
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</tbody>
</table>