

ROYAL COLLEGE OF VETERINARY SURGEONS

**RCVS**  
**PRACTICE**  
**STANDARDS**  
**S C H E M E**

**MANUAL**



**BVA**  
British Veterinary Association



BRITISH  
CATTLE  
VETERINARY  
ASSOCIATION



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## RCVS Practice Standards Scheme

The Practice Standards were developed by the RCVS Practice Standards Working Party, which included representatives from the British Veterinary Association (BVA), the British Small Animal Veterinary Association (BSAVA), the British Veterinary Hospital Association (BVHA), the British Equine Veterinary Association (BEVA) and British Cattle Veterinary Association (BCVA) and were approved in principle by RCVS Council on 30th October 2003.

### Tier 1

**RCVS Core Standards (these standards are relevant to all veterinary practices)**

### Tier 2

**Small Animal Standards and Equine Standards - including Veterinary Nursing Practice Training (TP) Standards (subject to additional requirements below), Farm Animal Standards and Small Animal Emergency Clinic Standards.**

### Tier 3

**Veterinary Hospital Standards (Small Animal and Equine)**

These tiers are cumulative and represent the additional standards/guidance necessary in order to achieve accreditation at the different levels.

### Veterinary Nursing Training Practice (TP) Standards

Appendix 1 gives guidance on additional resources to be provided by a Tier 2 practice wishing to apply for accreditation as a Veterinary Nursing Training Practice. Please note that inspection of these resources and assessment of the training capabilities of the practice will be carried out by the VNAC.

✳ Applies to documentary requirements

SA = Small Animal EQ = Equine

FA = Farm Animal ESC = Emergency Service Clinic

## 1 STAFF

### 1.1 Are all the veterinary surgeons employed in the practice registered with the RCVS and covered by Professional Indemnity Insurance?

- \* The inspector will ask to see the RCVS registration numbers of all veterinary surgeons working for the practice in any capacity (including veterinary surgeons from overseas and locums) and a copy of their current professional indemnity insurance certificate.

RCVS registration numbers are listed in The Directory of Veterinary Practices or can be obtained direct from the Royal College of Veterinary Surgeons, Belgravia House, 62-64 Horseferry Road, London, SW1P 2AF  
Tel: 020 7222 2001 or E-mail: membership@rcvs.org.uk

A copy of the professional indemnity insurance policy covering ALL the veterinary surgeons employed must be available. Replacement/locum vets need not be named provided the policy covers them.

Tier 1 ALL

### 1.2 Does the practice provide a written statement of particulars of employment for all employees?

- \* All employers are legally obliged to give their employees a written statement relating to the terms and conditions of their employment within two months of starting work. You may provide the written statement in the form of a letter of engagement and/or written contract.

The law allows you to issue the written statement in instalments but certain key information should be included in a single principal document. These are:

- Names of employer and employee;
- Date when employment began;
- Scale or rate of pay;
- Pay intervals;
- Hours of work – taking into account the Working Time Regulations;
- Holiday entitlement including Public Holidays;
- Job Title;
- Job location.

Instalments added to the principal statement should include:

- Sickness and injury rules;
- Details of pension arrangements. There must be provision for a Stakeholder Pension scheme where there are more than 5 employees;
- Length of notice on both sides;
- Disciplinary rules;
- Grievance procedure.

Tier 1 ALL

The inspector will ask to see draft written statements/contracts for veterinary surgeons, veterinary nurses and all categories of support staff, but will respect their confidentiality.

(Please note that the inspector will not be able to comment on the legal correctness of the contracts/written statements).

The **BVA** provides sample contracts for its members only. They are freely available to download in pdf format from their website: [www.bva.co.uk](http://www.bva.co.uk), or contact the Technical Development Officer at BVA, 7 Mansfield Street, London W1G 9NQ  
Tel: +44 (0) 207 636 6541  
Fax: +44 (0) 207 637 0053

SPVS has a manual of forms available, including contracts and terms and conditions.

A Self Help Guide to Producing a Written Statement is available from ACAS – the Advisory, Conciliation & Arbitration Service – by contacting the National Helpline 0845 7474747 or via website [www.acas.org.uk](http://www.acas.org.uk) or via Head Office - address: ACAS, Brandon House, 180 Borough High Street, London SE1 1LW

An Advisory Booklet “Written statement of employment particulars” (PL 700) is available from most offices of the Employment Service and Job Centres.

The Department of Trade and Industry has a helpline available on 0845 6000925 and a Publications order line on 0870 1502500.

Tier 1 ALL

### 1.3 Does the practice have a written requirement for a professional standard of behaviour, cleanliness and personal appearance to be maintained by all members of the practice at all times? Where applicable, does the practice have a biosecurity policy for entry onto farms/equestrian premises?

- \* The inspector will ask to see the written policy relating to veterinary surgeons, veterinary nurses and all categories of support staff. This may be part of Terms and Conditions of employment, job contracts or a separate Standard Operating Procedure (SOP). This policy is to help portray a professional image and comply with Health and Safety advice.

The practice’s biosecurity policy must include: disinfection of personal protective clothing and equipment, and cleanliness of vehicles.

Tier 2 ALL

### 1.4 Does the practice provide written job descriptions for all veterinary surgeons, nursing and support staff?

- \* The inspector will ask to see examples of each type of job description within the practice and that they are reviewed annually. A job description exists to define the role of the employee within the practice, their areas of responsibility and a clear understanding of their day-to-day duties.

Tier 2 ALL

### 1.5 Does the practice employ adequately trained support staff for the nature of work undertaken and have these members of staff received adequate induction training?

- \* The inspector will ask to see written protocols for staff dealing with members of the public and evidence of adequate training of staff assisting with surgical and other procedures. Where veterinary nurses are carrying out work under Schedule 3 of the Veterinary Surgeons Act 1966, the inspector will require evidence of suitable training and RCVS Veterinary Nursing Listing Numbers.

The inspector will ask to see guidelines for such things as:

- Induction for staff;
- Answering the telephone/greeting clients;
- Appointment procedures and recognition of emergencies;
- Practice policy for home visits, stable/yard visits;
- Complaints procedure;
- Practice arrangements for out-of-hours cover, referrals and second opinions;
- Vaccination, worming and neutering policies (where applicable);
- Prescribing – dispensing policy;
- On Farm/stable yard duties such as clerking at blood tests, taking blood samples, assisting with fertility testing, horse handling;
- Relevant LVI/OV appointments.

Tier 2 ALL

- \* The hospital must employ at least one listed Veterinary Nurse, with responsibility for nursing in the hospital.

The inspector will expect to see the RCVS Veterinary Nursing Listing Numbers.

In the future, Equine Hospitals, will be required to employ at least one listed equine veterinary nurse.

Tier 3 SA

### 1.6 Is there evidence that the veterinary surgeons are undertaking sufficient Continuing Professional Development (CPD) for the work undertaken?

- \* The inspector will ask to see the CPD records of all the veterinary surgeons.
- \* The inspector will ask to see a written policy encouraging CPD for all veterinary surgeons, nurses and clinical support staff as well as the CPD records for all qualified staff to satisfy the RCVS requirements as a minimum. A library with suitable up-to-date reference material must be freely available and include a range of Veterinary Nursing books.

All veterinary surgeons and nurses must undertake at least the minimum CPD recommended by their professional body and records must be kept by the practice. Both veterinary surgeons and veterinary nurses must be encouraged to obtain further professional qualifications.

Incoming referral cases must only be advertised to the public by a holder of suitable qualifications. The disciplines in which referrals are advertised must be listed together with the names of the attending clinician. Where no suitable qualification exists, evidence must be available of further training or experience.

Tier 1 ALL

Tier 2 ALL

Tier 3 SA

The hospital must have at least two Certificate holders, one in surgery, in the veterinary team. Other certificates can be in any discipline that has an equine component. In the future a Diploma (surgery) holder will also be required.

Tier 3 EQ

### 1.7 Does the practice have an equal opportunities policy?

- \* A written policy is required which may be part of the Terms and Conditions of Employment.

Tier 2 ALL

## 2 CLINICAL GOVERNANCE

### 2.1 Does the practice have a system for monitoring and discussing the clinical outcome of cases and for acting on the results?

- \* The inspector will ask to see some system for monitoring and discussing the clinical outcome of some common procedures. This may vary from clinical audit reports to minutes of clinical discussion meetings but inevitably starts with some form of record keeping.

Tier 2 ALL

A recommended starting point would be a record of peri-anaesthetic death rates, rates of post-surgical infection and actions taken.

Defining the “quality” of care or service is very difficult to do, and clinical governance is an accepted method of evaluating performance and where there might be room for improvement.

Regular Morbidity and Mortality meetings should be held to discuss the outcome of clinical cases. Hospitals must be able to produce records of such meetings and demonstrate any changes in procedures as a consequence of any resultant action list. Continued monitoring to assess the effectiveness of any changes must be undertaken.

Tier 3 ALL

Auditing of the standard of hospital procedures is encouraged and may become mandatory in the future.

### 2.2 Does the practice access and use animal health data from the farms under their care?

- \* The inspector will expect to see an example of the use of farm data. This may take the form of animal health plans, farm assurance schemes or computerised stock records for some or all of the practice clients.

Tier 2 FA

### 2.3 Does the practice have an effective means of communication with its clients?

The practice will need to demonstrate the ability to communicate with all, or the majority, of its clients. This could be by means of waiting room notices, newsletters/ brochures, invoice messaging, general mailings, websites or client meetings.

Tier 1 ALL

- \* The practice must hold client training and general meetings on at least an annual basis and the inspector will expect to see evidence of this.

Tier 2 FA

## 2.4 Does the practice monitor client perceptions and feedback?

- \* The practice must have a written complaints policy and must keep a record of complaints received and the responses made. The practice should consider client satisfaction surveys.

Tier 2 ALL

## 3 AVAILABILITY AND PATIENT CARE

### 3.1 Does the practice have adequate arrangements for the provision of 24-hour cover for the relief of pain or suffering of animals?

- \* A veterinary surgeon must, if in practice, make adequate arrangements for the provision of 24 hour emergency cover for all species, including attending away from the practice premises on the rare occasions when in the veterinary surgeon's professional judgement it is deemed necessary. (For further details, refer to RCVS Guide to Professional Conduct: Annex – 24 Hour Emergency Cover Policy Statement).

Tier 1 ALL

The inspector will ask to see the written duty rota or formal written arrangement with an alternative veterinary surgeon/practice and by what means the practice informs clients of the out-of-hours arrangements. It is acceptable for clients' initial contact to be with an automated or remote device such as an answering machine used to give a duty telephone number.

The inspector will ask to see what arrangements are made for the care of in-patients (if applicable) including information given to clients regarding the level of care given. This may include a written duty rota for a nurse or veterinary surgeon on call to regularly attend the practice or for the transfer of in-patients to a more appropriate practice.

The inspector will also ask to see what arrangements are made for surgical emergencies to ascertain that a suitably trained person would be available to assist in the administration of a general anaesthetic.

Tier 2 ALL

Initial direct contact with a mobile telephone is not acceptable, unless a back-up landline is used as well. This would mean that incoming calls to the mobile telephone must be diverted to a landline if the mobile telephone is not answered.

Tier 3 ALL

#### In-patients

- \* A person directly responsible for the nursing care of in-patients must be within the curtilage of the site at all times. There must be a minimum of daily examination of all in-patients by a veterinary surgeon, which should be recorded. There must be residential accommodation or other arrangements so that a veterinary surgeon, veterinary nurse or an adequately trained member of lay staff is present on the premises 24 hours a day, every day of the year. There must be reasonable and secure night-time access from the residential accommodation to the hospital facilities; 24-hour continual nursing attention must be available, if needed, for in-patients, and a veterinary surgeon must be available 24 hours a day to attend in-patients.

Tier 3 SA  
& EQ

## Out-patients

The hospital must make arrangements for the provision of 24hour emergency cover either:

By making a veterinary surgeon available 24 hours a day to attend animals on site;

or

In the case of a SA Hospital, by outsourcing the provision of 24 hour emergency cover to another Tier 3 hospital or to a designated Small Animal Emergency Service Clinic. (ESC) ( See Section 10)

- \* The Inspector will require to see the formal written arrangement entered into between the SA hospital and the Tier 3 practice/ESC.

Tier 3 SA  
& EQ

Tier 3 SA

### 3.2 Are vehicles routinely used for practice business, clean and well maintained and equipped sufficiently to enable basic procedures to be performed at the client's premises?

The contents must be organised in such a way to give the appearance of professionalism and enable the medicines carried to be stored according to the manufacturers' recommendations.

The inspector will view as many vehicles as practicable to be reasonably sure that this standard is met.

Tier 1 ALL

## 4 PREMISES AND OUT-PATIENT FACILITIES

### 4.1 Are the practice premises accessible, well maintained and kept clean?

Some individual judgement is required to assess this standard. The premises must be suitable and adequate for its intended purpose.

The premises must be in good decorative order, clean and well maintained so as to create an atmosphere of clinical cleanliness and efficiency. It is not required to be perfect. The premises must be free of offensive odours, and be kept in an orderly condition. All parts of the premises must be adequately lit and ventilated. The buildings must be maintained at a comfortable temperature. Adequate storage facilities must be provided. The area immediately surrounding the premises must be maintained in a clean and tidy state.

There are different expectations between public and private areas. Chipped paint, cracked tiles or linoleum and water stains on walls or ceilings vary in importance depending on where they occur. For example, flaking paint on a doorframe in a waiting room would not be a cause for failure whereas a heavily dusty operating theatre would not be acceptable. Likewise, a seriously damaged isolation kennel, which allowed for the accumulation of detritus despite thorough cleaning, would be a failure.

In the event that this standard is not met, it is recommended that a list of decorative shortcomings be written down at the time of inspection.

Tier 1 ALL

Tier 2 ALL

The buildings must be constructed of brick, stonework, or other substantial materials. The internal walls and floors of in-patient areas must be impervious so as to permit thorough cleansing and disinfection. The join between the floor and the wall must have a curved finish to aid cleaning, with the coving being carried at least 75mm up the wall. All joints in the flooring material or coving must be impervious and finished flush with the surface.

Some judgement will be required from the inspector in the interpretation of this requirement. Stick on coving is not considered acceptable. Existing hospitals would find it onerous to comply with this at short notice, and reasonable time should be allowed to meet this standard.

Emergency lighting must be provided to allow the hospital to continue to function in the event of a power cut or electrical failure. Additional emergency lighting, to permit the completion of essential tasks such as operative surgery, may be provided by a back-up generator, portable rechargeable lighting units, uninterruptible power supplies or similar devices. Simple torches are not sufficient as emergency backup in operating areas.

Cleaning schedules must be produced and be routinely audited.

Adequate temperature regulation must be available for efficient functioning of the hospital staff and equipment.

There should be adequate backup power supply to enable intra-operative radiography to be performed.

Heating may be required so that the ambient temperature can be maintained above 18 degrees Celsius in the working area of the building. In addition, cooling may be required to avoid working temperatures exceeding 26 degrees Celsius. Maximum/minimum thermometers must be provided and records kept.

This may require air conditioning.

Tier 3 ALL

Tier 3 EQ

Tier 3 SA

#### 4.2 Does the practice provide a waiting room or reception area of adequate size, and with sufficient seating, for the needs of its clients?

The inspector may ask to see the appointment book or enquire about the busiest times to assess if the waiting room or reception area is adequate.

Office and reception facilities must be provided which are easily accessible to clients and staff as appropriate. Sufficient telephone capacity and reception staff must be provided to meet the workload of the practice.

Toilet and washroom facilities must be available to staff and clients, and maintained in a clean and orderly manner. These do not need to be separate facilities.

The waiting area must be designed to encourage adequate separation of dogs and cats and other predator/prey species.

Tier 1 ALL

Tier 2 ALL

Tier 3 SA

#### 4.3 Are any other commercial businesses run from the practice of a relevant and acceptable professional nature?

The display of commercially retailed merchandise within the premises shall be permissible, provided the display is of an acceptably professional nature and of relevant goods.

There must be separate accommodation for hospital patients and animals being groomed. Any boarding or grooming business must be separate from hospital facilities. Public areas (waiting room, reception, public toilets) and staff facilities (rest-room, toilets, offices) may be shared.

Tier 1 ALL

Tier 3 SA

#### 4.4 If consultations are carried out at the premises, does the practice have one or more consulting areas, which provide a clean, hygienic environment for consultations in private?

The consulting area may be used for other purposes, providing that hygiene is not compromised.

There must be an adequate number of examination rooms. The size and number of examination rooms must be sufficient for the workload of the practice. There must be sufficient space for the veterinary surgeon, nurse, patients and client(s). Privacy must be ensured by adequate soundproofing, and must allow complete closure from the public (i.e. doors and windows that close, windows with blinds).

The area used for unloading, loading and examination of large animal patients must be able to be secured to prevent escape of the patient.

A facility for the unloading of emergency cases close to the examination/induction area is essential. A loading ramp must be available in a quiet secure area for non-emergency cases.

Tier 1 ALL

Tier 2 ALL

Tier 2 FA  
& EQ

Tier 3 EQ

#### 4.5 Are the floor and table in the consulting area of a material suitable for thorough cleaning and are there adequate washing and disinfection facilities?

The floor finish must be such as to reduce the chance of the patient slipping and/or falling. Every examination area must have a hand basin available for use by staff and clients either within or immediately adjacent to the consulting area. Adequate disinfection facilities must be provided, including disinfection of instruments used, and this must include in each room safe disposal of sharps, clinical waste and special waste.

There must be a hand basin within each consulting area available for use by staff and clients.

Tier 2 ALL

Tier 3 SA

#### 4.6 Is basic diagnostic and surgical equipment, appropriate to the practice, readily available in the consulting area?

A minimum of a stethoscope, thermometer and ophthalmoscope must be available in the practice, which may be shared between consulting areas.

Tier 1 ALL

A minimum of foot trimming equipment, basic obstetric equipment, flutter valve and basic surgical equipment must also be present in each vehicle.

Tier 2 FA

Stomach tubes, a dental gag and shoe removing/hoof kit must also be available.

Tier 2 EQ

An auroscope, and minor surgical instruments such as scissors and forceps must also be available. An X-ray viewer must be easily available within the out-patient area.

Tier 2 SA

Equipment for the measurement of systolic blood pressure must also be available. This may be measured by oscillometric or Doppler methods.

Tier 3 ALL

Equipment for the measurement of intraocular pressure must be available. This may be measured by Schiottz tonometer or by electronic methods.

Tier 3 SA

Suitably constructed stocks for the restraint of patients are required.

Tier 3 EQ

#### 4.7 Is there adequate ventilation and lighting in the consulting area, as appropriate to the work undertaken?

At least one examination area must be able to be darkened.

Tier 2 ALL

#### 4.8 Does the practice provide weighing scales suitable for accurate weighing of species routinely treated?

Scales must be provided to allow accurate weighing of the full range of species routinely treated. The weight of all patients to be anaesthetised must be routinely recorded.

Tier 2 FA &  
Tier 3 EQ

#### 4.9 Are fee estimates given to clients and updated as necessary?

The inspector will ask to see how fee estimates are generated and what procedures are in place to update and inform clients of ongoing costs.

Tier 2 ALL

#### 4.10 Are itemised invoices available at the request of the client?

Itemised invoices may be produced by computer or manually and must include a breakdown of services, drugs and consumables, VAT and any surcharges.

Tier 1 ALL

#### 4.11 Does the practice maintain an efficient system of documenting and filing clinical records? Do the practice records comply with the Data Protection Act?

- \* Where appropriate, records must be maintained for each animal or herd.

The Data Protection Act 1998 (as amended) sets out eight enforceable principles of good practice with which all organisations processing personal data, even if exempt from notification, must comply. These require data to be:

- fairly and lawfully processed;
- processed for limited purposes;
- adequate, relevant and not excessive;
- accurate;
- not kept longer than necessary;
- processed in accordance with individual's rights;
- kept secure;
- not transferred to other countries without adequate protection.

Practices may be exempt from notification if they are processing data only for the following purposes of their own business:

- accounts and records;
- staff administration;
- contacting own clients.

An efficient system of recording, filing, and locating records must be in operation. Records must be maintained so that any veterinary surgeon on coming into the practice may, by reading the record, be able to proceed with the continuity of care of the patient.

Complete records must contain the following information, where applicable:

- Owner identification - name, address, contact telephone numbers;
- Patient identification - name, species, breed, colour, age, sex, radio frequency identification device or tattoo number and weight;
- Dates - of all examinations, investigations, and treatments;
- Clinical information – history and details of clinical examination, investigations, provisional diagnosis and treatments;
- Vaccinations - batch numbers and dates;
- Special considerations – abnormal drug reactions by patient or client, concurrent clinical conditions;
- Repeat prescriptions – authorisation and review date;
- External communications – referrals, lab reports;
- Consent forms and estimates.

There must be facility for easy referral of patients from the branch surgery to the full facilities available at the hospital. The clinical records system must be capable of passing patient records between branches and the hospital.

Tier 1 ALL

Tier 2 SA  
& EQ

Tier 3 ALL

Records must also include the following information: Therapy - therapeutic plan, hospital and out-patient, surgical and medical, all medicines prescribed, their dosage, frequency and/or the duration of treatment.

Tier 3 ALL

#### 4.12 Is there a covered area suitable for farriery?

Tier 3 EQ

## 5 IN-PATIENT FACILITIES

### 5.1 Are animals admitted to the premises for any diagnostic or surgical procedures, and is informed consent sought?

The inspector will want to see evidence that informed consent is sought for all procedures.

Tier 1 ALL

Signed consent forms are required for all procedures including diagnostics, medical treatments, surgery, euthanasia and when a patient is admitted to the care of a veterinary surgeon.

Tier 2 ALL

There must be separate accommodation for hospital patients and animals being groomed or boarded. Any boarding or grooming business must be separate from hospital facilities.

Tier 3 SA

### 5.2 Are the in-patient facilities secure, in good condition and sufficient for the workload of the practice?

The in-patient facilities must be of a suitable size, securable, sturdy, escape proof, without potentially injurious faults and easily cleanable. A range of bedding, feed stuffs and clean fresh water must be available.

Tier 1 ALL

There must be the ability for hospitalisation of the full range of species routinely admitted.

Tier 2 ALL

There must be a range of accommodation of a suitable size for the number and species routinely treated. There must be adequate heating, lighting and ventilation of this area. A suitable range of bedding materials, feeding utensils, and sanitary facilities must be provided. There must be suitable provision for the storage and preparation of food. A range of diets must be available to meet the needs of in-patients and stored appropriately.

The inspector will ask to see the daily surgery log and appointment list to correlate with in-patient facilities available.

Washing and disinfection facilities must be provided for staff.

Equipment that will be in contact with the patients must be chosen to minimise the risk of cross contamination or exacerbation of any clinical condition.

There must be a positive means of identifying the patient while on the premises. This may involve tagging the patient and/or well identified accommodation.

There must be a minimum of six kennels or cages for the hospitalisation of patients. Towels, blankets, or acrylic bedding materials must be provided. The kennels or cages, and their fittings, must be made of non-permeable materials so as to be easily cleaned and disinfected. Where dogs are treated there must be at least one large kennel suitable for a giant breed of dog together with a good range of smaller kennels and cages. At least one cage must be of the walk-in type. There must be no overcrowding. Newspaper alone is not considered a suitable bedding material for overnight stay patients.

There must be the ability to cater for the full range of species treated and species segregation where appropriate. In particular, consideration must be given to separation of prey and predator species.

Feeding equipment must either be disposable or be capable of being sterilised.

Facilities must be provided for the bathing, grooming, and drying of in-patients. Heat pads must be available for in-patients. Dirt trays, absorbent litter and adequate cage space are required for feline overnight in-patients. Sanitary facilities for ambulatory canine in-patients may be provided indoors, under cover or outside within the curtilage of the site. Precautions must be taken to prevent the escape of animals.

An area suitable for neonatal care must be available.

There must be provision for the cooking of fresh food for in-patients. Refrigeration is necessary for storage of fresh foods.

There must be a minimum of 6 stables. Stables must be made of non-permeable, durable material to allow easy cleaning. There must be a stable of suitable size to accommodate a mare and foal.

There must be facilities for adequate, hygienic, safe storage and disposal of bedding.

Ready access to an exercise yard or paddock of suitable size must be provided with safe and well-maintained fencing.

Facilities must be provided for the routine washing, grooming and handling of patients.

Tier 3 SA

Tier 3 EQ

### 5.3 Does the practice provide facilities and adequate nursing staff for the care of in-patients?

- \* The inspector will ask to see all paperwork relating to this requirement for each tier.

The practice must have a written policy for the overnight care of in-patients detailing who is responsible, frequency of checks etc. The owners must be informed of the level of overnight care.

Tier 1 ALL

All hospitalised animals (other than day cases) must have in-patient sheets recording basic husbandry parameters:

- Temperature;
- Pulse;
- Respiration;
- Treatments;
- Food and water intake;
- Urine and faeces output;
- Clinical signs; with timed and initialled entries.

Tier 2 ALL

A person directly responsible for the nursing care of in-patients must be on the premises at all times. There must be a minimum of daily examination of all in-patients by a veterinary surgeon and completion of hospital records.

There must be reasonable and secure night time access from the residential accommodation to the hospital facilities. It is not acceptable for staff members to have to step onto a public highway.

Evidence of the monitoring and up-to-date hospital records will be looked at.

Tier 3 ALL

#### 5.4 Does the practice provide accommodation for the isolation of infectious and zoonotic cases or does the practice have a written policy for dealing with such cases that is known to all members of staff?

- \* The inspector will expect to see a Standard Speaking Procedure (SOP), which details the procedure for isolation and care of infectious cases. Either separate isolation facilities must be provided along with the SOP, or, if such facilities are not available, there must be a detailed SOP for isolation of infectious cases, including barrier-nursing requirements.

The SOP must be displayed in an appropriate place and staff must be trained to implement it. The SOP must include:

- Details of waste disposal;
- Protective clothing to be worn;
- Disinfection of all utensils/equipment and accommodation;
- Designated persons to be responsible;
- Reference to COSHH and Health and Safety information pertaining to the risks of dangerous pathogens and zoonoses.

Tier 1 ALL

The facilities to isolate the full range of species routinely treated must be provided. Current practice accepts the isolation of dogs in cat wards and vice versa; this is unlikely to be acceptable practice in the future. Isolation facilities must have:

- Hand washing facilities;
- Separate air space;
- Ventilation must produce a negative air pressure in the facility to reduce the risk of cross infection;
- Separate drains to avoid cross infection.

Tier 3 SA

Isolation facilities can mean either a special area, which has limited access, or a separate ward. It is recommended that there is a written policy, which details the procedure for isolation and care of cases including barrier-nursing requirements. The written policy must be displayed in an appropriate place and staff must be fully conversant with its contents.

Tier 3 SA

Isolation facilities must be provided.

Tier 3 EQ

**5.5 Does the practice provide a range of intravenous fluids suitable administration sets and catheters for those species routinely treated?**

Intravenous fluids must include blood volume expanders and crystalloids.

Tier 2 SA

There must be the ability to provide close control of fluid replacement by an infusion pump or syringe driver suitable for infusion of high volumes rapidly or low volumes slowly.

Tier 3 SA

Provision must be made for continuous administration of intravenous fluids at an appropriate rate.

Tier 3 EQ

**5.6 Is there adequate equipment to care for critically ill patients of the full range of species routinely treated?**

Facilities must be available for the intensive care of critically ill patients.

Tier 3 SA

This would include the following:

- Intravenous fluid therapy;
- Blood transfusion;
- Oxygen therapy;
- Maintenance of body temperature.

**5.7 Does the practice provide an area that is used for the conduct of surgical procedures?**

This area must have easily cleanable surfaces and a good source of illumination.

Tier 1 ALL

- \* The operating theatre must be available for the conduct of sterile surgery at all times – it must not double up as a consulting room. It must only contain equipment for use in surgical procedures and X-ray equipment. There must be a written procedure for the maintenance of a surgically clean environment. A separate preparation area for the clipping of patients must be provided. There must be an adjustable height operating table.

Tier 2 SA

Facilities for viewing X-rays should also be available.

Tier 2 SA & Tier 3 EQ

The induction of and recovery from general anaesthesia are high risk for both patient and handler. If undertaken, there must be an area that is appropriate for the procedures to be undertaken, bearing in mind patient and handler safety. The induction area can also be the operating area providing surgical cleanliness/sterility is not compromised and is appropriate for the procedure undertaken.

Tier 2 EQ

A suitable and safe system of transporting horses between the operating area and the induction/recovery area (if different) must be available.

Tier 2 EQ

A preparation room must be provided, separate from the operating theatre, for the pre-operative preparation of surgical patients. Scrubbing-up facilities must be provided, with suitable elbow, foot, or electric eye operated taps. The scrubbing-up facilities must be separate from those provided for cleansing and disinfection and adequately screened from the operating table(s).

Tier 3 ALL

At least one operating theatre of adequate size must be provided and used only for the conduct of surgical operations. Such operating theatres shall not be used for the pre-operative preparation of patients, or for any purpose which, could compromise their use for aseptic surgery.

The operating theatre must be a closed room with no through traffic. There must be no clear view of the interior of the theatre by the general public from outside the premises. Doorways must be sufficiently wide for access into the theatre by trolleys. Orthopaedic operations must be performed as the only procedure in the theatre (at any one time).

Electrosurgery and suction must be available for surgical use. There must be a high standard of surgical asepsis (e.g. surgical masks must be worn during all aseptic procedures). Where possible, all fittings in the theatre must be flush with the walls and ceilings. All personnel must wear scrub suits and hats in the theatre and no outdoor shoes or clothing are allowed. Consideration must be given to the order in which procedures are undertaken, with those most likely to introduce contamination being done last. The next revision will require positive pressure ventilation and filtration of incoming air to reduce the risk of contamination.

The inspector may want to observe a surgical procedure.

A clock with a second hand must be visible from within the operating theatre.

Lighting suitable for the accurate illumination of surgical sites on the patient must be provided in the theatre. This lighting must continue to function in the event of loss of power. An operating lamp must be supplied by an uninterruptible power supply or a generator sufficient to complete a surgical procedure.

There must be a provision for performing intra-operative radiography.

Tier 3 SA

An operating table of adjustable height, and capable of holding the patient in a tilted position, must be provided in the operating theatre.

That there must be a theatre with no more than one operating table may become compulsory. The requirement to pipe supplies of compressed air and anaesthetic gases into the operating theatre from external cylinders may become compulsory.

There must be a provision for performing aseptic intra-operative radiography.

Tier 3 EQ

A tilted table is advised but not compulsory at this stage.

Provision must be made to remove a horse from the operating table in case of winch failure.

## 5.8 If the practice anaesthetises animals, does it have equipment for the administration of oxygen and the safe maintenance of anaesthesia?

Equipment for the administration of oxygen and the safe maintenance of anaesthesia and resuscitation must be appropriate for the species treated.

Tier 1 ALL

There must be adequate facilities for the induction and maintenance of general anaesthesia in the full range of species routinely treated.

Tier 2 ALL

A range of endotracheal tubes must be available. Anaesthetic circuits suitable for the range of patients routinely treated must be provided. Circuits must include a circuit suitable for small patients such as a T piece, a circuit suitable for medium sized patients such as a Lack or a Bain and a circuit suitable for a giant breed of dog such as a circle unit, or a high flow rate mechanism for a non-rebreathing unit. There must be a source of oxygen and emergency oxygen flush with reducing valve, rotameter and vaporiser.

Tier 2 SA

There must be adequate means of resuscitation. A resuscitation pack must always be maintained and be readily available for instant use.

A range of induction and maintenance agents must be stocked to permit anaesthesia of all patients treated. Suitable means of anaesthesia must be available for the high-risk patient. Temperature compensated vaporisers must be used. The use of uncompensated vaporisers is not permitted except when used in-circuit such as in the Stephen's machine.

Tier 3 ALL

There must be adequate primary and reserve supplies of oxygen.

There must be adequate means of supportive therapy under anaesthesia. Facilities for lengthy intermittent positive pressure ventilation must be provided. Equipment must be available for the maintenance of body temperature during anaesthesia and recovery.

## 5.9 Does the practice provide suitable monitoring for anaesthetised patients?

A veterinary surgeon should administer general anaesthesia if the induction dose is either incremental or to effect.

Tier 1 ALL

A member of staff adequately trained in monitoring patients under general anaesthetic must be present throughout the procedure.

- \* A trained member of staff, other than the surgeon, must be present to monitor the patient throughout the general anaesthetic. Anaesthetic charts must be filled in for each patient (except in emergency or for very short procedures). These charts must form part of the clinical records. Also:

Tier 2 SA

- at least one other monitoring device must be available e.g. oesophageal stethoscope, pulse oximeter, capnograph, ECG.
- The charts must include:
  - date;
  - personnel involved;
  - induction agent;
  - maintenance agent;
  - duration of anaesthetic;

- surgical procedure;
- any anaesthetic complications;
- vital signs.

All general anaesthesia must be induced and maintained by an MRCVS. Anaesthetics lasting more than an hour must be adequately monitored by a veterinary surgeon and should include monitored by direct arterial blood pressure measurement and ECG.

Adequate monitoring must include pulse oximetry and/or capnography, blood pressure measurement facility, automated respiration monitoring and oesophageal stethoscope. Staff must be fully trained in the use of monitoring facilities. Records of vital signs and agents employed must be retained. Capnography and continuous ECG may become compulsory.

There must be adequate post-anaesthetic monitoring. An anaesthetic monitoring room or area must be available and records must be maintained until the animal is recovered. Proper ventilation must be provided to limit staff exposure to exhaled gases.

Tier 2 SA

Tier 2 EQ

Tier 3 SA

Tier 3 ALL

### 5.10 Is there a programme of regular care and maintenance of any anaesthetic equipment?

- \* Anaesthetic equipment must be subject to professional maintenance annually, including the cylinder seal, reducing valve, rotameter and oxygen flush. Vaporisers must be labelled with the date of the last inspection.

Tier 1 ALL

### 5.11 Does the practice provide facilities for the scavenging of anaesthetic gases?

Scavenging must comply with current health and safety laws.

Facilities for scavenging include any device or ducting system for the removal of waste gases from the operating area:

- Passive scavenging – by duct to the open air
- Charcoal absorbers – e.g. Aldosorb
- Active scavenging – via a pump and air brake device

Tier 1 ALL

### 5.12 Does the practice carry out monitoring of anaesthetic pollutants in operating areas and are there written records of this?

- \* Written evidence of measurement of personal exposure to anaesthetic monitoring is required. Monitoring must be carried out on an annual basis, or if the nature of the anaesthetic equipment and circuitry is changed.

Tier 1 ALL

Inspectors will check that the readings recorded fall within the current Occupational Exposure Standards for the agent(s) used. These are currently:

10ppm	Halothane
50ppm	Isoflurane
60ppm	Sevoflurane
100ppm	Nitrous oxide

All these values are subject to review and are calculated on an 8-hour Time Weighted Average (TWA) basis.

If a sophisticated active scavenging system is in operation, it must be serviced annually. A test certificate must be available and is an acceptable alternative to personal dosimetry.

Tier 1 ALL

### 5.13 Does the practice have disinfection and/or sterilisation facilities suitable for the work undertaken?

There must be adequate facilities for sterilisation, and a recognised method of sterilisation must be employed.

The practice must provide an autoclave, vacuum or non-vacuum or other recognised sterilisation systems, such as ethylene oxide or dry heat, for the effective sterilisation of instruments and equipment.

Sterile gloves and gowns must be available.

Appropriate external and internal sterility indicators for the system employed must be used to monitor the efficiency of the technique.

Sterile packs must be provided in sufficient quantity to meet the workload of the practice.

Sterile packs must have a date marked on them, and there must be a written practice policy on when re-sterilisation will be required.

Vacuum autoclaves may become compulsory.

Vacuum autoclaves are compulsory.

Tier 1 ALL

Tier 2 ALL

Tier 3 SA

### 5.14 Does the practice provide a range of suitable surgical instruments and suture materials for the work undertaken?

Sterile packs for emergency surgery must be available at all times.

Surgical instruments must be provided for the following types of procedures:

- General;
- Dental;
- Ophthalmic.

Orthopaedic surgery, including facilities for the repair of fractures.

Orthopaedic instrumentation must include arthroscopic and internal fixation equipment.

Tier 2 ALL

Tier 3 ALL

Tier 3 SA

Tier 3 EQ

**5.15 Is there a Written Scheme of Examination for all autoclaves within the practice, performed by a competent engineer, as required under Pressure Systems Safety Regulations 2000, and is the current certificate of inspection available?**

- \* For autoclaves and dental compressors greater than 250 bar litres, a separate Written Scheme of Examination and Certificate of Inspection are required.

A Written Scheme of Examination must be titled as such, and must specify how and when the autoclave(s) must be inspected. Practices must also have a Certificate of Inspection under the regulations. It will be titled Certificate of Inspection under the Pressure Systems Safety Regulations 2000. A service is not necessarily an inspection under the regulations, and a note of the last service is not a written Scheme of Examination.

Tier 1 ALL

**5.16 Does the practice have a dental machine suitable for the mechanical scaling and polishing of teeth, and a range of equipment for tooth extractions?**

If the dental machine has a compressor greater than 250 bar litres it requires a written scheme of examination.

A selection of hand scalers, curettes, periodontal probes, elevators and/or luxators must be available suitable for the range of species to be treated.

The instruments must be sharp and evidence of training of staff in the proper use, sharpening and instrument care must be available. Personal protective equipment should include aprons, face masks, goggles and disposable gloves.

Facilities must be available to mechanically section teeth. Suitable cooling water must be available at the operative site. High speed air driven dental hand pieces are recommended. Rotating diamond disks may be used but are liable to greater risk. Electrically driven hand pieces may be used.

Proper dental records and treatment charts must be maintained. Suitable summaries must be made on the patient main record. Sample charts are available from BVDA and EVDS.

Measures must be employed to reduce aerosol contamination of other areas.

Dentistry must never be performed in surgical theatres. Use of suction tips close to the operating head of scalers and dental hand pieces will dramatically reduce aerosols. Suitably powered air extractors in the dental area will be of assistance. Dental theatres with separate air extraction may be compulsory in the future.

The use of sterilised dental packs for each procedure may become compulsory in the future.

It will become compulsory at the next revision to provide suitable facilities to obtain dental radiographs. This will require the use of intra-oral and non-screen films or digital facilities. Dedicated dental radiography units may become compulsory in the future as these permit dental radiography to be simply performed.

Tier 2 SA

Tier 3 SA

## 6 DIAGNOSTIC EQUIPMENT AND FACILITIES

### 6.1 Does the hospital provide the following equipment?

Electrocardiography (ECG). Recordings must be suitably filed and stored. Use of a remote diagnostic facility is acceptable. Evidence must be provided of training of staff. Reference material must be available.

An ultrasound system capable of providing diagnostic quality images of the full range of species treated. Evidence must be provided of training or CPD for staff. Reference material must be available.

Endoscope(s) of an appropriate quality suitable for the workload of the hospital must be provided.

Endoscopes must be provided to allow diagnostic investigation of the upper and lower digestive tract and upper airway/trachea of appropriate species. Evidence must be provided of training or CPD for staff. Reference material must be available.

Facilities must be available for bone marrow aspiration.

Diagnostic ultrasound will require sector and linear transducers with a frequency range of 2.5 to 7.5 MHz. A recording system for images must be available.

A trot up area, which must be dedicated, level, firm and 25 metres long and a firm area for lunging horses must be available on site. An all-weather exercise area must also be available on site.

Tier 3 ALL

Tier 3 SA

Tier 3 EQ

### 6.2 Does the practice provide X-ray facilities? (if not, go to 7)

There must be X-ray facilities suitable for the range of species routinely treated.

Equine practices must have equipment to X-ray distal limbs.

Radiographic facilities must be suitable and adequate for the needs of the hospital and be readily available at all times.

Evidence must be provided of all diagnostic quality radiographs of all parts of the range of species treated. There must be sufficient provision for the non-human physical restraint of patients during radiography and regular inspection of safety equipment must be recorded. Sufficient means of mechanical restraint must be provided for the range of species treated to ensure that animals are never held.

It must be possible to obtain diagnostic radiographs of the head, the cervical and thoracic spine, the chest, the fore and hind limbs including shoulder, pelvis and stifle in adult horses.

Tier 2 SA

Tier 2 EQ

Tier 3 ALL

Tier 3 SA

Tier 3 EQ

### 6.3 Has suitable and sufficient assessment of the risks of ionising radiation been made for the purpose of identifying the measures to restrict exposures to employees and other persons?

The risk assessment must be sufficient to demonstrate that:

- All hazards with a potential to cause a radiation accident have been identified;
- The nature and magnitude of the risks have been evaluated.

Where the risk assessment shows the existence of a risk of a reasonably foreseeable radiation accident, the radiation employer shall take all reasonable steps to:

- Prevent any such accident;
- Limit the consequences of any such accident;
- Provide employees with such instruction and training as is necessary to restrict their exposure.

Tier 1 ALL

### 6.4 Has the practice appointed a radiation protection advisor (RPA) who meets the HSE statement on competence for RPAs and who possesses appropriate knowledge and experience relevant to veterinary practice?

- \* The inspector will ask to see a letter of appointment of a RPA, including the scope of the activities upon which advice is required. RPAs previously appointed under IRR85 must be reappointed in writing. The inspector will ask to see a copy of the last RPA report and it is recommended that the RPA inspection has been done since January 2000 (when the Ionising Radiation Regulations 1999 came into force). A written record of the RPA's responses must be retained and available for inspection.

Tier 1 ALL

### 6.5 Has the practice appointed a Radiation Protection Supervisor (RPS) in writing?

- \* The RPS must command sufficient authority to permit them to supervise the work so that it is performed in accordance with the local rules and have an adequate understanding of the requirement of the Ionising Radiation Regulations. They must also know what to do in an emergency. The inspector will ask to see a written appointment of one or more suitable RPSAs.

Tier 1 ALL

### 6.6 Has the practice notified the Health and Safety Executive (HSE) of their use of ionising radiations?

Veterinary use of ionising radiations requires prior notification to the HSE at least 28 days before commencing such work for the first time. Where any subsequent changes are made to the work with ionising radiations, which would affect the particulars given in the notification, the changes must be notified to the HSE immediately.

Tier 1 ALL

- \* There is no specific form for notifying HSE but notification must be in writing to the local HSE office and the Inspector will require to see a copy. Notification should include:

- Name and address of Radiation Employer;
- Address of premises where the work is carried out;
- Nature of the business of the employer;
- Category of the source of the ionising radiations;
- Whether or not any source is to be used at premises other than the address of the work premises;
- Dates of notification and commencement of the work activity.

Tier 1 ALL

### 6.7 Is a copy of Guidance Notes for the Safe Use of Ionising Radiations in Veterinary Practice (IRR 1999) available to all members of the practice?

- \* These guidance notes do not seek to give detailed and comprehensive advice on all aspects of the use of ionising radiations in the veterinary profession and the practice must have consulted a RPA.

Tier 1 ALL

### 6.8 Is there a system of personal dose monitoring for all persons entering the controlled area and are records maintained of the doses received for at least two years?

Personal dose meters should normally be worn on the trunk. They must not be left inside a controlled area when not being worn and must be stored away from sources of ionising radiations. They must only be worn by the person to whom they are issued. The arrangements for personal dose monitoring must be made in consultation with the RPA.

Tier 1 ALL

### 6.9 Have written local rules been drawn up in consultation with the RPA and clearly displayed to all staff?

- \* Local rules must be displayed in the X-ray room and MUST contain:

- Name of RPS;
- Controlled area – when and where it exists;
- Dose investigation level;
- Contingency plan;
- Written arrangements.

Local rules should also contain:

- Name, address and telephone number of RPA;
- Duties of RPS;
- How entry to controlled area is restricted;
- Arrangements for maintenance of equipment;

Tier 1 ALL

- Dosimetry arrangements;
- Use, storage and inspection of Personal Protective Equipment (PPE);
- Names of Radiographers;
- Maximum workload (MAS).

Tier 1 ALL

### 6.10 Has a controlled area been designated, adequately described in the local rules, physically demarcated where practical and provided with suitable and sufficient signs and warnings?

A specified room must be provided for radiography. It is desirable but not essential that the room is used solely for radiography. The controlled area should be designated according to the RPA's advice and usually requires a red warning light at each entrance to the X-ray room, which should be wired so as to illuminate automatically while the X-ray machine is connected to the mains.

Tier 1 ALL

### 6.11 Is the X-ray machine serviced annually and is there written evidence of a satisfactory report?

- ✱ The inspector will ask to see the X-ray machine's service records.

Tier 1 ALL

### 6.12 Does the X-ray machine have a functional light beam diaphragm?

The X-ray beam must be collimated so as to leave an area of unexposed film on each edge of the radiograph.

Tier 1 ALL

### 6.13 Is sufficient personal protective equipment provided and examined at regular intervals?

The practice must provide at least one protective apron with a lead equivalence throughout of not less than 0.25mm, and sufficient for all personnel involved, and hand and forearm protectors with a lead equivalence of not less than 0.5mm. When not in use, aprons should be hung over large diameter bars to avoid damage. All protective clothing must be thoroughly examined on an annual basis.

Tier 1 ALL

### 6.14 Are suitable cassettes and positioning aids provided?

A range of foot blocks and cassette holding devices must be available and be used so as to ensure that no part of any person is exposed to the primary beam. Suitable back-up must be provided for digital radiography.

Tier 1 EQ

No animal must be held unless there are clinical reasons why they cannot be restrained by other means. Suitable drugs and equipment for anaesthesia or sedation must be available. Positioning aids such as sand bags, cradles, wedges and ties must be suitable for the range of species routinely treated. A good quality grid must be available. A suitable range of cassettes and screens must be available.

Tier 2 ALL

Screen film combinations to minimise exposure while providing the necessary level of detail must be used. Screens must be kept clean. Measuring callipers, or other suitable devices, must be available to determine accurately the depth of the part being radiographed.

The hospital must be able to perform a range of contrast examinations and a suitable range of contrast material must be available.

Tier 3 ALL

### 6.15 Is there a chart of commonly used exposures available?

- \* A chart of commonly used exposures is more accessible than an X-ray logbook and helps to reduce the number of incorrect exposures.

Tier 1 ALL

### 6.16 Is there a written log of all X-ray exposures, which contains a chronological record of the patient details, date, region radiographed, exposure factors and personnel involved?

- \* This must provide a permanent record of all X-ray exposures and records and identify the persons involved.

Tier 1 ALL

The sole use of self-adhesive labels for the identification of radiographs is not acceptable. The detailed record of X-ray exposures must contain:

- patient identification;
- breed;
- area exposed/view;
- exposure factors;
- type of film/grid/screen;
- date;
- quality of the resultant radiograph;
- names of any personnel present.

Digital radiography is an acceptable alternative and consideration should be given to such technology.

Tier 3 ALL

### 6.17 Are there suitable film processing facilities and are these used and maintained in accordance with the manufacturer's instructions to avoid wasted exposures, and is this area correctly ventilated?

Good film processing techniques are essential to avoid unnecessary exposures. In particular, the development time, temperature and replenishment must be in accordance with the manufacturers instructions.

Automatic processors with automatic replenishment must be employed to develop radiographs instead of manual methods.

Tier 1 ALL

Tier 3 ALL

## 6.18 Are all X-ray chemicals stored safely and disposed of in an appropriate manner by a suitable registered contractor?

- \* Advice of relevant local water authorities must be obtained and recorded unless all material is disposed of by a registered contractor.

Tier 1 ALL

## 7 LABORATORY AND POST-MORTEM FACILITIES

### 7.1 Does the practice provide laboratory facilities and/or refer samples to an external organisation?

- \* If pathological samples are sent to external organisations, a suitable range of containers, envelopes and forms must be available. There must be a SOP for the post and packaging of pathological samples which complies with current packaging instructions.

Tier 1 ALL

If all samples are referred externally, paragraphs 7.2-7.5 do not apply.

There must be a clinical microscope, and facilities to assess packed cell volume, prepare blood smears, and to measure blood glucose, blood urea concentrations and urine specific gravity.

Tier 2 SA

There must be a clinical microscope and facilities to assess packed cell volume and total protein.

Tier 2 EQ

The reason for requesting these facilities is to ensure that on holidays such as Christmas and New Year the practice is able to perform basic diagnostic procedures.

Tier 2 ALL

Laboratory facilities for routine diagnostic tests must be available at all times. Where laboratory facilities are not provided on site, suitable arrangements must be made to enable laboratory investigations on emergency cases.

Tier 3 SA

Suitable arrangements must be made for the following detailed investigations:

- Biochemistry;
- Haematology;
- Parasitology;
- Bacteriology.

The following equipment must be provided on the premises:

- Binocular microscope with mechanical stage, electric light source and oil immersion facility;
- Centrifuge suitable for PCV, blood separation and urine sedimentation;
- Urinary refractometer;
- Biochemistry analyser to include Creatinine, Urea, Glucose, Total Protein and Calcium;
- Electrolyte analyser.

Laboratory facilities for biochemistry, haematology, parasitology, and bacteriology must be available on the premises at all times.

Tier 3 EQ

## 7.2 Are the laboratory procedures performed in a designated area used specifically for that purpose and is the designated area kept clean and tidy?

The designated area does not have to be a separate room and may be part of the dispensary or the preparation area, for example. However, the designated area/bench must be clearly used only for laboratory purposes.

The laboratory bench shall be made of impervious materials to permit proper cleaning. There must be adequate facilities for washing of hands. There must be adequate facilities for storage of specimens and reagents, including refrigeration, and disposal of waste materials.

Tier 1 ALL

## 7.3 Are all laboratory procedures undertaken by designated persons adequately trained in the tasks performed by them?

- \* A list of persons trained in handling laboratory specimens and in the risks of laboratory work must be kept.

If bacteriology is undertaken on site, adequately qualified staff must be available. The accurate interpretation of bacteriology plates requires staff qualified to HNC in Applied Biology or equivalent standard.

There must be a suitably qualified person in overall charge of the laboratory facilities.

Tier 1 ALL

Tier 3 SA

Tier 3 EQ

## 7.4 Are the results of all laboratory tests stored so as to permit easy retrieval?

- \* Results must be stored either in a loose-leaf file in chronological order or entered directly on to the client record forms.

A complete recording system must be maintained of all tests undertaken in the hospital or by any outside laboratory. A system must be in place to track samples referred to an outside laboratory to ensure results are obtained and communicated promptly to the client.

Tier 1 ALL

Tier 3 ALL

## 7.5 Are there suitable arrangements for quality assurance of practice laboratory tests?

- \* In addition to internal procedures, quality assurance by reference to external laboratories or samples must be routinely undertaken and results documented.

Tier 2 ALL

## 7.6 Are adequate post-mortem facilities or arrangements available?

Post-mortem examinations on site must be performed in an area not concurrently used for clinical work. This may be achieved by performing the examination after clinical work has ceased. An external laboratory may provide facilities. If so, adequate licensed arrangements must be in place for the transport of carcasses for diagnostic quality examination to be performed. Adequate Health and Safety procedures must be in place if post-mortem examinations are conducted on site.

Tier 1 ALL

When conducting post-mortem examinations on primates, birds and reptiles, active filtered air extraction must be available, together with suitable additional adequate protective clothing, and the use of glove boxes or similar, to guard against zoonoses.

Tier 3 ALL

## 8 MEDICINAL PRODUCTS

### 8.1 Are all medicinal products stored in a clean and tidy location in accordance with manufacturer's recommendations and are the batch numbers recorded for medicinal products supplied to food producing animals?

It is recommended that all drugs are stored in accordance with manufacturers' recommendations whether in the practice or in a vehicle. If it is stipulated that the drug be used within a specific time period, it must be labelled with the opening date.

Tier 1 ALL

The pharmacy must be operated in accordance with the rules laid out in the current BVA Code of Practice or alternative appropriate publication. There must be proper monitoring and recording of maximum and minimum temperatures in the refrigerator.

Tier 2 ALL

An adequate supply of medicinal products and materials used in the treatment of patients must be readily available.

At least one member of staff must have completed an appropriate pharmacy course within the last 5 years.

Tier 3 ALL

### 8.2 Is an efficient stock control and stock rotation system in operation and are out-of-date products disposed of according to current legislation?

There must be an efficient stock control system to ensure a continuous supply of all products and removal of out-of-date medicines.

Tier 1 ALL

Pharmaceutical products, veterinary compounds and Prescription Only Medicines (POMs) constitute 'special waste' and therefore out-of-date products must be disposed of in accordance with the Special Waste Regulations 1996.

### 8.3 Are all Schedule 2 Controlled Drugs stored and recorded according to current legislation?

Those practices that do not hold stocks of Schedule 2 Controlled Drugs can answer N/A to this question.

Tier 1 ALL

- \* Schedule 2 Controlled Drugs must be kept in a secure, lockable and immovable receptacle that can only be opened by a veterinary surgeon or a person authorised by him or her. A register of such drugs obtained, supplied and used must be kept in accordance with the Misuse of Drugs Act 1971 (and the Misuse of Drugs Regulations 2001).

Ketamine may be the subject of misuse and, therefore, must be stored in the controlled drugs cabinet and its use recorded in an informal register.

Controlled drugs are regulated by the Misuse of Drugs Act 1971 and the Misuse of Drugs Regulations 2001. These regulations classify such drugs into 5 schedules, numbered in decreasing order of severity of control.

**Schedule 1:** Includes LSD, cannabis, lysergide and other drugs, which are not used medicinally. Possession and supply are prohibited except in accordance with Home Office Authority.

**Schedule 2:** Includes etorphine, morphine, papaveretum, pethidine, diamorphine (heroin), cocaine and amphetamine. Record all purchases and each individual supply (within 24 hours). Registers must be kept for 2 calendar years after the last entry. Drugs must be kept under safe custody (locked secure cabinet), except quinalbarbitone. Drugs may not be destroyed except in the presence of a person authorised by the Secretary of State. Failure to comply with this act can lead to prosecution.

**Schedule 3:** Includes buprenorphine, pentazocine, the barbiturates (e.g. pentobarbitone and phenobarbitone but not quinalbarbitone - now Schedule 2) and others. Buprenorphine, diethylpropion and temazepam must be kept under safe custody (locked secure cabinet); it is advisable that all Schedule 3 drugs are locked away. Retention of invoices for two years is necessary.

**Schedule 4:** Includes butorphanol, most of the benzodiazepines (temazepam is now in Schedule 3) and androgenic and anabolic steroids (e.g. clenbuterol). Exempted from control when used in normal veterinary practice.

**Schedule 5:** Includes preparations (such as several codeine products), which, because of their strength, are exempt from virtually all Controlled Drug requirements other than the retention of invoices for two years.

(Taken from Small Animal Formulary, 4th edition, 2002 (p 4) published by the BSAVA)

Tier 1 ALL

#### 8.4 Are medicines routinely dispensed according to current guidelines?

The inspector may ask to see how the products are dispensed. Guidelines are available in the current BSAVA Small Animal Formulary and the BVA Code of Practice on Medicines (2000).

Child resistant containers must be used unless otherwise requested. Paper or plastic envelopes are unacceptable as the sole container for dispensing of medicinal products.

Tablets and capsules must be dispensed in crush proof and moisture proof containers. Sachets and manufacturers strip or blister pack medicines should be dispensed in paper board cartons or wallets, or paper envelopes.

Paperboard cartons or other rigid containers must be used for sachets and for manufacturers strip or blister packed medicines.

Tier 1 ALL

Tier 3 SA

### 8.5 Are all containers and outer packs dispensed by the practice legibly and indelibly labelled with the following information?

- The name and address of the client;
- The name and address of the veterinary practice;
- The date of dispensing;
- The words “keep out of the reach of children”;
- The words “for animal treatment only” unless the package or container is too small for it to be practicable to do so;
- The words “for external use only” for topical preparations;
- The name and quantity of the product, its strength and directions for use.

Tier 1 ALL

\* The inspector will ask to see a practice label printed out.

Dispensed medicines must be suitably labelled.

In addition to the legal requirements, the container must be labelled with the following:

The name, presentation and amount of the product.

Directions for use;

Precautions relating to the use of the product;

The name of the animal.

Tier 2 ALL

All labels must be mechanically or machine produced. Hand-written labels are not acceptable.

Tier 3 ALL

### 8.6 Does the practice make clients aware that they can request a prescription as an alternative to supply of those medicines by the practice?

\* The RCVS Guide to Professional Conduct 2004 states that:

Veterinary surgeons are encouraged to make their clients aware that veterinary medicines may be obtained on prescription from other suppliers, for example pharmacies, and must not unreasonably refuse to supply prescriptions if clients wish to purchase veterinary medicines from other suppliers. A reasonable charge may be made for prescriptions, which may only be issued for animals under the care of the prescribing veterinary surgeon.

Evidence that prescriptions are offered (e.g. a waiting room sign) and that the correct code of practice for prescription writing is available for all graduates to use (e.g. Formulary) will be checked.

Tier 1 ALL

### 8.7 Are medicines used in accordance with the legislation commonly referred to as the cascade?

The prescribing cascade is contained in the Medicines (Restrictions on the Administration of Veterinary Medicinal Products) Regulations 1994. Where no authorised VMP exists for a condition in a particular species, and in order to avoid unacceptable suffering, veterinary surgeons exercising their clinical judgement may prescribe for one or a small number of animals under their care in

Tier 1 ALL

accordance with the following sequence:

- A veterinary medicine authorised for use in another species, or for a different use in the same species ('off label use');
- A medicine authorised in the UK for human use;
- A medicine to be made up at the time on a one-off basis by a veterinary surgeon or a properly authorised person.

The inspector will wish to see evidence that off-label medicines are clearly identified to owners who give informed consent for their use. Written forms for signature would be expected. The inspector would not expect to find that human generic preparations were being used other than under Amelia 8 which allows for the welfare of animals to be a primary consideration in the choice of treatment.

Tier 1 ALL

### 8.8 Are medicines prescribed only to animals under the care of a veterinary surgeon?

Tier 1 ALL

### 8.9 Does the practice have access to information from a veterinary poisons unit?

- \* Evidence of a current contract should be provided or the SOP must show how to access the information in an emergency.

Tier 2 ALL

### 8.10 Are SARSS report forms available in the practice?

- \* Adverse reactions in humans or animals to medicinal products should be reported promptly to the Veterinary Medicines Directorate and to the manufacturer.

Tier 1 ALL

## 9 SAFETY PROCEDURES

### 9.1 Has the practice set out its policy for Health and Safety?

- \* Under the Health & Safety at Work Act 1974, employers are required to have a policy setting out how they ensure that risks to Health & Safety to employees, contractors and customers are kept as low as is reasonably practical.

Where five or more people are employed, this policy must be set down in writing. Such a written policy must include:

- A statement of general policy;
- Delegated responsibilities for dealing with specific areas (e.g. equipment, substances, training, first aid, fire, reporting of accidents etc);
- General instructions to staff arising out of the significant findings of the risk assessments.

Such a document must aim to be concise, pointing the reader to more detailed guidance where necessary.

Tier 1 ALL

## 9.2 Has the practice undertaken assessments of risk to Health & Safety?

The Management of Health & Safety at Work Regulations 1999 requires employers and the self-employed to identify:

- The hazards arising from their work;
- Who could be affected by those hazards;
- The measures to control the risk of those hazards causing harm.

The measures identified by the risk assessment will include the need to comply with other regulations (e.g. Ionising Radiations) as well as those to deal with specific hazards not covered by regulations (e.g. the hazardous behaviour of animals). They must, in order of priority, seek to:

- Eliminate the hazard (e.g. substitute a disinfectant containing glutaraldehyde with a less hazardous one);
- Physically control access to the hazard (e.g. prevent entry into areas where ionising radiations are being used);
- Provide information, instruction, training and supervision to ensure people work in a safe manner (e.g. SOPs, safety signs, local rules, proper training);
- Consider if personal protective equipment needs to be provided (e.g. face masks or goggles).

Where five or more people are employed these significant findings of the risk assessment must be recorded (often as an attachment to the Health & Safety policy).

Risk assessments for the employment of young persons (under 18 years of age) are required.

A Risk Assessment assessing whether the practice premises does or is liable to contain asbestos, any risk arising there from, and action taken to manage risk, may be required (Control of Asbestos at Work Regulations 2002).

## 9.3 Does the practice have arrangements for communicating with employees about issues that may affect their Health & Safety?

Employers have a legal duty to consult with their employees regarding Health & Safety. This should include:

- The regular circulation of the Health & Safety policy amongst staff, including the significant findings of risk assessments;
- The regular circulation of the results of any monitoring of Health & Safety standards in the work place and action for their improvement.

- \* The inspector will ask to see evidence that staff have free access to the practice Health & Safety policy, risk assessments and its regular (annual) updates. This evidence will require staff to sign and date policies and reviews to confirm they have been read.

**9.4 Does the practice have a Health & Safety law poster published in October 1999 displayed for all staff to see?**

**Tier 1 ALL**

**9.5 Has the practice appointed in writing a Safety Officer/Health & Safety Representative amongst the staff?**

- \* As part of the practice arrangements for communicating with employees about issues that may affect their Health & Safety, a Safety Officer/Health & Safety Representative must be appointed and have drawn up a written list of duties.

**Tier 1 ALL**

**9.6 Has the practice assessed the risks from the activities or work areas commonly found in veterinary work?**

The main hazards listed below must have been considered and Local Rules formulated:

- Cleanliness/Tidiness;
- Disinfection;
- Restraint of Animals;
- Manual Handling & Lifting of Weights;
- Slips/trips/falls;
- Veterinary Medicines/pharmaceuticals;
- Anaesthetic gases;
- Proper use of work equipment:
  - Display Screen equipment
  - Office electrical equipment
  - Portable electrical appliances
  - Autoclave
  - Dental Machine
  - X-ray machine
  - Anaesthetic equipment
  - Laboratory equipment;
- Laboratory procedures;
- Dental procedures using mechanical scaling;
- Security of staff;
- Dealing with members of the public;
- Protective clothing;
- First aid and reporting of accidents;
- Disposal of sharps, clinical, pharmaceutical, chemical and special waste;
- Infectious disease/biological agents;
- Zoonoses.

**Tier 1 ALL**

These rules must be displayed or have been drawn to the attention of all members of staff and regularly reviewed.

A stretcher or trolley must be provided for the safe transportation of heavy animals.

Proper safety precautions must be taken for staff on duty at night. An appropriate protocol for dealing with night-time callers must be in place. Emergency panic buttons or other suitable means must be installed to enable staff to call for immediate assistance when necessary.

An appropriate area out of sight of the general public must be available for the safe euthanasia of horses.

Tier 1 ALL

Tier 3 SA

Tier 3 EQ

### 9.7 Has the practice undertaken a thorough assessment of the risks arising from the use of veterinary medicines and hazardous substances within the practice?

- \* The risk to Health & Safety from veterinary medicines and other substances has to be assessed under the Control Of Substances Hazardous to Health Regulations 2002 (COSHH). There is wide variation in risk – many are low to medium risk but there are some substances in veterinary practice, which pose a very serious risk to health.

Implementing measures to control the exposure to low or medium risk substances can be adequately achieved when they are assessed by their therapeutic group/type/route of administration etc. The practice can set out standard measures to control exposures, for example:

- Injectable anaesthetics;
- Pour-on anthelmintics;
- Steroidal compounds;
- Antibiotics.

Within these groups, practices must identify any specific medicines or substances that could have longer-term health risks, such as allergies eg. penicillin or sensitivities eg. latex.

Specific and detailed assessments and the resulting measures to control exposure must be made for high-risk substances such as:

- Any hormones;
- Oil-based vaccines;
- Cytotoxic drugs;
- Gluteraldehyde disinfectants;
- Micotil (tilmicosin).

Tier 1 ALL

**9.8 Has the practice appointed in writing a Fire Officer, and drawn up a written list of the practice Fire Officer's duties? Has a Fire Risk Assessment been drawn up?**

- \* The inspector will ask to see a list of the practice Fire Officer's duties and the Fire Risk Assessment, including procedures for raising the alarm and evacuation.

**Tier 1 ALL**

Smoking must not be permitted in the working areas of the hospital.

**Tier 3 ALL**

Pressurised gas cylinders must be stored securely outside the building unless authorised by a fire officer. Stocks of explosives or inflammable agents must be stored in locked metal cupboards.

Smoke detectors must be placed in the residential accommodation. Smoke detectors, which provide a warning in the residential accommodation, must be installed in the kennel area.

**9.9 Is there a service contract for the annual servicing of fire extinguishers and alarms?**

- \* The inspector will ask to see annual service records.

**Tier 1 ALL**

**9.10 Does the practice have an accident book and do all staff know where it is located?**

- \* An accident book is required by law and must meet the requirements of the Data Protection Act. It must record the following;
  - date and time of accident or occurrence;
  - full name and address of the person involved and the injury or condition suffered;
  - where the accident or occurrence happened;
  - a brief description of the circumstances;
  - in the case of a reportable disease: the date of diagnosis, the occupation of the person concerned and the name or nature of the disease.

**Tier 1 ALL**

This information must be kept for at least 3 years. All staff must know where it is located.

### 9.11 Does the practice have a procedure for the Reporting of Injuries, Diseases and Dangerous Occurrences as required by RIDDOR regulations 1995.

- \* Any injury, accident or work-related illness which keeps an employee off work or unable to do their normal job for more than three days must be reported to the Incident Contact Centre (ICC) within 10 days. The Incident Contact centre is the single point of contact for all incidents in the UK. Incidents can be reported by Telephone 0845 3009923  
Fax 0845 3009924  
Post to ICC, Caerphilly Business Park, Caerphilly, CF83 3GG (HSE)

Tier 1 ALL

### 9.12 Is there a suitably stocked first-aid box, as required under the Health and Safety (First Aid) Regulations 1981, and has a person or persons been appointed to take charge should someone fall ill or be injured, and to restock the first-aid box as required?

There must be an appointed person to take charge should someone fall ill or be injured, and to restock the first-aid box. A second person must be appointed to take charge if the first appointee is off duty.

There is no standard list of items to be included in the first-aid box, although there is a suggested minimum:

- A leaflet giving general guidance on first-aid
- 20 individually wrapped sterile adhesive dressings
- 2 sterile eye pads
- 4 individually wrapped triangular bandages
- 6 safety pins
- medium sized individually wrapped sterile unmedicated wound dressings
- 2 large sterile individually wrapped unmedicated wound dressings
- 1 pair of disposable gloves.
- Tablets or medicines should not be kept in the first-aid box.

The inspector will ask to see the first-aid box and will check that the contents are in date.

Tier 1 ALL

### 9.13 Does the practice have Employers' Liability Compulsory insurance, and is the certificate displayed for all members of staff to see?

- \* The inspector will check that the certificate is suitably displayed.

Tier 1 ALL

### 9.14 Does the practice have public liability insurance?

- \* The inspector will ask to see the insurance certificate or policy.

Tier 1 ALL

**9.15 Is there a written programme of formal visual inspection of electrical equipment within the practice, as required under the Electricity at Work Regulations 1989 and provision for Safe installation and maintenance of gas appliances (Gas Safety Installation & Use) Regulations 1998.**

- \* The practice must have a written programme for the inspection and testing of all its electrical equipment. For the electrical installation in the building, the frequency of the inspection (by a competent person) should be as directed by that competent person, but in any event should be carried out no less than every 5 years. A formal visual inspection of portable appliances, cables and leads, should be carried out at least annually, with a combined inspection and test recommended every 2 years. Advice should however be sought from a competent person regarding the appropriate frequency for combined inspection and test as this will depend upon the individual circumstances of a practice. Equipment should be labelled with the date of inspection, failed equipment must not be used and repaired equipment must be tested before use. Residual Current Devices are required for any equipment used in wet conditions.
- \* All gas appliances require an annual gas safety inspection and should have a certificate issued by a Corgi registered engineer.

Tier 1 ALL

**9.16 Is non-clinical waste collected separately from other waste, stored hygienically, and disposed of in an appropriate manner by a suitable registered contractor?**

The inspector will check that there are appropriate facilities for the collection of non-clinical waste (from a place of work is trade waste), clinical waste, sharps and special waste. The same or different contractors may collect the different types of waste. This also applies to Q 9.17 – 9.19.

Tier 1 ALL

**9.17 Is clinical waste collected separately from other waste, stored hygienically, and disposed of in an appropriate manner by a suitable registered contractor?**

- \* See under question 9.16

Tier 1 ALL

**9.18 Is pharmaceutical waste collected separately from other waste, stored hygienically and disposed of in an appropriate manner by a suitable registered contractor?**

Pharmaceutical waste is classed as special waste, and has to be collected separately from other clinical waste. There are still some grey areas of what is covered by pharmaceutical waste, but it includes the following:

- Prescription-only medicines;
- Any part-full bottles or part-used ampoules;
- Out-of-date medicines;
- Discarded chemicals;
- Cytotoxic products.

The inspector will check that special waste is being collected and disposed of by a registered contractor.

Responsibility for pharmaceutical waste remains with the veterinary surgeon (the producer) until it is disposed of correctly. Collection requires completion of a six-part form, which documents and traces the waste from producer through carrier to incineration. The waste contractor will often provide the documentation. In addition, pre-notification is needed, with each collection, to inform the local authority that this waste is being collected. Pharmaceutical waste must be treated separately by the carrier; if the carrier does not differentiate between pharmaceutical and other clinical waste, it is advisable to document this for your own benefit.

Tier 1 ALL

**9.19 Are sharps placed directly in an approved container, and disposed of in an appropriate manner by a suitable registered contractor?**

The sharps must be collected in an approved container, which can be sealed and which has a handle. Unofficial containers, such as used tablet pots, are not acceptable.

Tier 1 ALL

**9.20 Does the practice have facilities for the hygienic storage of cadavers, such that there is minimal deterioration prior to collection?**

- \* The inspector will check that the practice has suitable facilities for the hygienic storage of cadavers. In most cases, this will mean the provision of a freezer, but some practices may have daily collections, which would mean that cool storage would be sufficient.

Tier 1 ALL

### 9.21 Does the practice have written arrangements for the disposal of cadavers with a suitable registered contractor?

Under the Environment Protection (Duty of Care) Regulations 1991, the practice has to make sure that:

- the practice keeps a record of the waste for 2 years;
- a registered waste carrier collects the waste;
- the waste gets taken to a licensed or authorised facility suitable for that particular waste.

Both the waste carrier and the licensed facility must be registered with The Environment Agency.

Tier 1 ALL

### 9.22 Has the Practice carried out an examination/test of all lifting equipment (eg hydraulic operating tables/overhead gantry cranes for lifting anaesthetised horses) prior to use and thereafter had the equipment inspected regularly

The Lifting Operations & Lifting Equipment Regulations 1998 require that lifting equipment is :

- Sufficiently strong, stable and suitable for its proposed use;
- Positioned or installed to prevent risk of injury;
- Visibly marked with appropriate information for safe use;

And that lifting operations are planned and supervised and carried out by competent operators.

- \* Lifting equipment should be examined prior to first use and thereafter inspected regularly in accordance with recommendations of a competent person who shall issue a certificate of inspection and report of any action required.

Tier 1 EQ  
& FA

### 9.23 Has the practice passed inspection by a Duty Firearms Officer in respect of any firearms/tranquilliser and dart guns held at the practice for the purpose of euthanasia/tranquillisation of large animals and have individual veterinary surgeons been issued with the relevant firearms certificate?

The Inspector will ask to see the original firearms certificate(s).

Tier 1 FA  
& EQ

## 10 Emergency Service Clinics (ESC)

A practice fulfilling the following requirements IN ADDITION to all Tier 2 Small Animal Standards may be accredited as a Small Animal Emergency Service Clinic (ESC) and provide 24 hour emergency cover to a Tier 3 SA hospital .

### 10.1 Staff

All staff must be provided with guidance notes on emergency practice policies before commencement of work . There must be formal evidence of induction of staff at the outset of their employment.

More than one third of CPD must be directed at Emergency and Critical Care.

### 10.2 Clinical Governance

At least one full time Veterinary Surgeon must be employed who shall have overall responsibility for all professional matters within the clinic.

At least one full time listed Veterinary Nurse must be employed by each ESC, whose primary role is the responsibility for the nursing and clinical care of the clinic's patients and who shall be directly involved in such care.

At least one on-duty Veterinary Surgeon, directly responsible for the care of in-patients and any new admissions or out of hours appointments must be on the clinic's premises at all times during all of the hours of operation of the clinic.

In addition to the Veterinary Surgeon, at least one other on duty member of staff whose role is the active involvement in nursing and medical care of patients must be on the premises during all the hours of operation of the clinic.

At least one of the members of staff of on the premises during its hours of operation must be awake at all times in order to provide inpatient monitoring and treatment.

Any on-duty staff member on a 'rest break' must at all times be readily available for active duty during the hours of operation of the clinic.

- \* A written agreement must be entered into with client practices which includes a written policy on surgical complications of client practice cases.
- \* There must be a written policy on answering the telephone, including how to answer call outs, transport concerns and fee estimates.

There must be an animal ambulance service or agreement with a local animal transport company for animals to be brought to the clinic.

A dedicated land based telephone line for the emergency service must be provided.

### 10.3 Premises and Out-patient Facilities

Emergency lighting must be provided to allow the ESC to continue to function in the event of a power cut or electrical failure. Additional emergency lighting to permit the completion of essential tasks such as operative surgery, may be provided by back-up generator, portable rechargeable lighting units, uninterruptible power supplies or similar devices. Simple torches are not sufficient as emergency back-up in operating areas.

## 10.4 In-patient Facilities

An area suitable for neonatal care must be available.

The facilities to isolate the full range of species routinely treated must be available. Current practice accepts the isolation of dogs in cat wards and vice versa: this is unlikely to be acceptable practice in the future. Isolation facilities must have:

- Separate air space;
- Ventilation must produce a negative air pressure in the facility to reduce the risk of cross infection;
- Hand washing facilities;
- Separate drains to avoid cross infection.

Isolation facilities can mean either a special area, which has limited access, or a separate ward. It is recommended that there is a written policy which details the procedure for isolation and care of cases including barrier nursing requirements. The written policy must be displayed in an appropriate place and staff must be fully conversant with its contents.

There must be an ability to provide close control of fluid replacement by an infusion pump or syringe driver suitable for infusion of high volumes rapidly or low volumes slowly.

Facilities must be available for the intensive care of critically ill patients, to include:

- Intravenous fluid therapy;
- Blood transfusion;
- Oxygen therapy;
- Maintenance of body temperature

Electrosurgery and suction must be available for surgical use and a clock with a second hand must be visible from within the operating area.

There must be adequate primary and reserve supplies of oxygen.

## 10.5 Diagnostic Equipment and Facilities

The following equipment must be available on site;

- Electrocardiography (ECG). Recordings must be suitably filed and stored.
- Ultrasound system, capable of providing diagnostic quality images of the full range of species treated.
- Endoscopes of an appropriate quality suitable for the workload of the clinic.

## 10.6 Laboratory Facilities

Laboratory facilities for routine diagnostic tests must be available at all times. This must include electrolytes and blood gases, biochemistry and haematology.

## APPENDIX 1

Additional resources to be provided by Tier 2 & 3 practices wishing to apply for accreditation as a Veterinary Nursing TP.

### In-patient Facilities

There must be a minimum of six kennels or cages for the hospitalisation of patients.

SA

### Clinical Governance

Relevant Caseload for completion of training portfolio by Student VNs

Minimum Caseload requirements include: #

- 100 small animal cases/consultations per week;
- 20 general anaesthetic cases per week;
- 10 radiographic exposures per week;
- Level 3 students – 10% of time or one half day per week to be spent on each of radiography (including positioning, processing), and biochemistry (including blood chemistry);
- 10 cases/consultations per week;
- 10 radiographic exposures per week.

SA

EQ

### Diagnostic Equipment & Facilities

The practice must have either

- A full range of endoscopes of appropriate quality;
- or
- An ultrasound system capable of providing diagnostic quality images,

And must provide SVNs with access to whichever equipment is not on site through secondment to another practice/hospital

SA &amp; EQ

### Laboratory Facilities

Laboratory facilities for routine diagnostic tests must be available and the following equipment provided on the premises:

- Centrifuge & centrifuge tubes;
- Haemocrit;
- Haemocytometer;
- Glass slides;
- Stains for blood films and bacteriology;
- Blood biochemistry analyser.

SA &amp; EQ

**Footnote:** # The figures are for guidance only and may vary depending upon the range of cases and number of students in training.