

**Accredited**  
Veterinary  
Hospital  
Scheme

## **MANUAL OF HOSPITAL STANDARDS AND ACCREDITATION 2019**

Australian Small Animal Veterinarians (ASAV) acknowledges that much of the material in this manual is based on the publications of the American Animal Hospital Association, "2001 Hospital Standards and Accreditation Manual" and the publication of the ASAVA Handbook of Hospital Standards, 1998.

Thanks go to the Executive of the ASAV for their support and guidance.

Please direct any comments, criticisms or queries in relation to this manual to  
The Accredited Veterinary Hospital Scheme, ASAV, Unit 40/6 Herbert Street, St. Leonards,  
NSW 2065.

# ASAV Accredited Veterinary Hospital Scheme Evaluation

## Standards of Excellence

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

We wish to recognise Dr Roger Clarke for the formation of the ASAV Accredited Veterinary Hospital Scheme and his contribution to the scheme over the years. Dr Clarke was the driving force behind the establishment of the scheme and was an inspector for 3 decades. We also recognise Dr Matthew Retchford for his contribution to a major revision of the current manual several years ago.

A committee of ASAV Executive members and other interested parties contributed to the development of the original manual, with it being updated in 1998, 2003, 2011, 2016, 2017 and 2019.

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

The format and content of the manual are jointly reviewed and approved by the ASAV Executive and the AVHS Advisory Board.

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

The standards in this manual reflect today's requirements for an ASAV Accredited Veterinary Hospital of Excellence. These standards currently represent the highest veterinary hospital standards in Australia. The standards cover BOTH the physical structure of the facility housing the practice as well as the quality of veterinary health care within the practice.

## The Role of Hospital Staff in the Accreditation Process

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

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

It is important to complete the preparation check list on page 15 in order to allow adequate time to review hospital operations and make any improvements required to achieve the desired accreditation level.

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

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

We encourage all newly accrediting hospitals who have any questions about the accreditation process to contact the ASAV office at [asav@ava.com.au](mailto:asav@ava.com.au) to register their interest in becoming accredited, and also to contact the office if there are any ongoing questions specifically related to the manual.

The ASAV office can put applicants in touch with an already accredited hospital who can serve as a reference and also discuss the benefits of accreditation from their perspective. Such a hospital may be able to provide some additional support throughout your accreditation process. These additional reference sources volunteer to help new applicants and aim to help via email and telephone communication.

Whilst such assistance can be provided as outlined above, a successful accreditation is wholly the responsibility of the applicant hospital and its directors, and they must ensure that their hospital procedures, equipment and staffing are at the level as described in this manual. A period of 6 – 12 months is recommended for all correspondence in preparation for submission of the application by the 31<sup>st</sup> October deadline of each year.

## Completing the Manual

An official version of the ASAV - AVHS Manual of Hospital Standards and Accreditation, which includes the self-assessment questionnaire, must be completed by the hospital and submitted to the ASAV along with the required medical records and radiographs for outside evaluation by 31<sup>st</sup> October for hospitals to be inspected in the following year.

## How Long Will the Evaluation Take?

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

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

## Disclaimer

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

## Exemptions

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

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## How to Use this Manual

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

|                                 |                                  |
|---------------------------------|----------------------------------|
| Medical Records                 | Nursing Care and Wards           |
| Examination Facilities          | Housekeeping and Maintenance     |
| Dispensary                      | Library and Continuing Education |
| Laboratory/Pathology Facilities | Emergency Services               |
| Diagnostic Imaging              | Chemotherapeutics and Cytotoxics |
| Anaesthesiology                 | Care for Staff                   |
| Surgery                         | Record Keeping                   |
| Dentistry                       |                                  |

## Recommendations

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

Each section of the manual is divided into:

**Objective** (where applicable)

**Rationale** (where applicable)

**Standards** in subsections of:

### A. Personnel and Procedures

Training required or other characteristics of who performs a function

How things are to be done

### B. Equipment

Lists or characteristics of required equipment

### C. Structure

Physical structure

Required sections or topics in medical records

### D. Required Submissions (Diagnostic Imaging and Medical Records only)

Each requirement or standard is listed with two columns of self-assessment boxes on the right side of each page.

Review each standard carefully, and then indicate the compliance status of your hospital by checking the appropriate YES/NO box.

For example:

#### Compliance

Yes

No

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

It is strongly advised that newly accrediting hospitals communicate with an existing accredited hospital who will aid them in the accreditation process. A minimum time frame of 6 months is recommended for such correspondence to take place.

# PART A - REGULATIONS AND APPLICATION FORM

## REGULATIONS FOR HOSPITAL ACCREDITATION

The purpose of the **ASAV - AVHS** is to enhance the abilities of veterinarians to provide quality medical care to companion animals, to successfully help practices maintain their facilities with high standards of excellence, and to meet the public's needs as they relate to companion animals. As such, there are certain requirements that must be met **BEFORE** being eligible for hospital accreditation. Please read these regulations carefully and mark compliance or non-compliance where indicated.

|  | <u>Compliance</u>        |                          |
|--|--------------------------|--------------------------|
|  | Yes                      | No                       |
| 1. The hospital and its staff meet and adhere to the Code of Professional Conduct and the Constitution of the Australian Veterinary Association (AVA).   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. All matters pertaining to the maintenance of ASAV - AVHS standards and all aspects of medical care for patients of the facility are under the control of a veterinarian, duly registered by the state or territory in which the practice is located.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. The ASAV - AVHS standards were written with the primary goal of providing high-quality veterinary care to companion animals. Accordingly, all decisions which affect the ability of the practice to operate in compliance with the ASAV - AVHS standards are also made only by registered veterinarians. Complete authority and control for all matters relating to the ASAV - AVHS standards and veterinary care are vested solely in <b>the hospital director, who must be a registered veterinarian and a member of the AVA and ASAV.</b>  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. <b>For a practice owned individually or collectively by registered veterinarians</b> (51% ownership or greater), the owner(s), or a senior company representative, may designate the hospital director(s). Since ownership in these cases is in the control of registered veterinarians, complete veterinary control over all matters pertaining to the hospital standards and medical care is presumed.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. <b>For a practice in which 51% or greater of the practice is not owned by veterinarians</b> , the owner(s), or a senior company representative, must submit a certified statement agreeing to vest control over the hospital standards and veterinary care to the hospital director. In the event that control is no longer vested in the hospital director, the hospital director agrees to notify ASAV - AVHS, in writing. Samples of these certified statements appear as Statements A and B. Copies of these statements must be submitted at the time of application for accreditation and at each subsequent evaluation of the facility. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. While the hospital director may delegate duties and authority to appropriately trained members of the staff, ultimate responsibility for staff actions relative to medical care and the ASAV - AVHS standards remains with the hospital director.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Referral of a patient to a specialist, to another veterinarian, or to another facility is often made in the best interest of the patient and the client. Since the decision to refer is a veterinary decision, the decision when to refer and where to refer should be under the direct control of a registered veterinarian.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. If the directorship of any ASAV - AVHS accredited hospital changes for any reason, the original and new owners must so notify ASAV - AVHS immediately. In cases of practices owned by non-veterinarian(s), new certified statements (Statements A and B) must be submitted.   | <input type="checkbox"/> | <input type="checkbox"/> |

Compliance

Yes No

- |     |   |                          |                          |
|-----|---|--------------------------|--------------------------|
| 9.  | If the controlling ownership of a hospital member changes for any reason, ASAV - AVHS will be notified immediately. In the case of ownership changing from one non-veterinary owner to another, a new statement agreeing to control by the hospital director must be submitted by the new owner(s) or a senior company representative (Statement A). In the event of ownership changing from a veterinary owner to a non-veterinary owner, both the owner's statement (Statement A) and the hospital director's statement (Statement B) must be submitted.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. | Availability, operation, and maintenance authority for all equipment and supplies to support these ASAV - AVHS standards must be under the control of the hospital director. In no event may the owner of an accredited hospital fail to provide or maintain the equipment required, as determined by the hospital director, for compliance with the ASAV - AVHS standards.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. | If the hospital is applying for initial accreditation and in the opinion of any one of the three inspectors, the hospital facility, medical records or radiography are deemed to be unsatisfactory, the directors will be notified together with the reasons for such action.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. | If, after the on-site inspection, minor changes are found to be necessary, the hospital is placed on provisional accreditation subject to the changes being completed by a specified date. Failure to complete the changes to the satisfaction of the inspector or within the specified time frame will cause the provisional accreditation to lapse. The ASAV - AVHS must be notified in writing on the completion of the changes.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. | Before accreditation is completed, the completed changes will be inspected by an inspector or an appointed ASAV - AVHS local director, representing the inspector.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. | If after further inspection of the hospital as outlined in point 13 above, deficiencies are still present and deemed to be significant, accreditation will be revoked.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. | The accreditation is for a period of four (4) years only. Application for re-accreditation is necessary after this period.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. | If the hospital is applying for re-accreditation, and in the opinion of any two of the inspectors (hospital, medical records or radiography) the application as submitted is unsatisfactory, the directors will be notified in writing, together with the reasons for such action. In such a case, re-accreditation may be provisional for a specified time, or cancelled.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. | If the hospital is applying for re-accreditation and either the medical records submission or the radiography submission is judged to be of an unsatisfactory standard, but the on-site hospital inspection is passed, then the hospital may be granted a 12-months provisional re-accreditation. The exact time for provisional accreditation is at the discretion of the AVHS convenors. The failed part of the submission must be resubmitted for inspection within this time, and if the resubmission is judged to be of a satisfactory standard then the hospital may be re-inspected by an inspector, or an ASAV - AVHS local director, representing the inspector, to ensure that the resubmission is a true reflection of the hospital's current medical records or radiographs. If this is confirmed, then full reaccreditation will be granted. If the resubmission is again judged to be of an unsatisfactory standard, and if the provisional re-accreditation lapses, the hospital may cease to be accredited. | <input type="checkbox"/> | <input type="checkbox"/> |

Compliance

Yes      No

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 18. The Executive Committee of the ASAV reserves the right to alter the standards and regulations for accreditation at any time. If the standards and regulations are altered, no major structural changes will be required to be made by accredited hospitals to achieve re-accreditation, unless failure to carry out such structural changes can be shown to seriously compromise patient care. It must be understood that standards of care and statutory regulatory requirements change with time and that accreditation standards will change to reflect those changes. | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. The hospital must maintain at least the standards necessary for initial accreditation throughout the entire period of accreditation.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. All veterinary hospital directors involved with the small animal component of accredited hospitals must remain members of the AVA and ASAV for the duration of accreditation.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. All presentation plaques remain the property of the ASAV and are to be returned at the request of the Executive Committee of the ASAV.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Any hospital that is refused accreditation or which chooses to withdraw from the accreditation scheme must immediately cease to use the ASAV - AVHS logo in any of its publications and literature and must not falsely claim to be an ASAV Accredited Veterinary Hospital of Excellence.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Failure to comply with these regulations will lead to loss of accreditation.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. An appeal against any decision may be made in writing, within 2 months, to the ASAV - AVHS. The appeal will be considered by a committee comprising 2 inspectors and 1 hospital director from the AVHS Advisory Board. Their decision will be ratified by the ASAV - AVHS Convenors.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. A further appeal against any decision made as a consequence of an appeal to the ASAV - AVHS may be made in writing, within 2 months, to the Executive Committee of the ASAV. This appeal will be considered by the Executive Committee and their decision is final.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. Hospital directors who refuse an evaluation and fail to provide a written explanation, or who do not pay the assessed fee will be referred to the Executive Committee of the ASAV with a recommendation for termination of accreditation.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. Veterinary hospital director(s) must ensure that their hospital is current with all relevant state registrations, pertinent to them functioning as a veterinary facility, throughout their accreditation period with the ASAV. For the avoidance of doubt, veterinary hospitals located in South Australia must maintain accreditation with the Veterinary Surgeons Board of South Australia as an accredited facility, throughout the period of ASAV accreditation.  | <input type="checkbox"/> | <input type="checkbox"/> |

## COMPLAINTS PROCEDURE

1. Occasionally there are complaints or concerns raised about an existing accredited veterinary hospital. These may be raised by someone working in the industry (veterinarian, veterinary nurse, reception team member) or a member of the public. If someone raises a concern about an ASAV Accredited Veterinary Hospital of Excellence, then the process will be:
  - Concern to be put in writing to the ASAV Executive Officer.
  - Complaints to be reviewed by a review panel consisting of either:
    - 2 x convenors of the scheme, or
    - 1 x convenor and 1 x hospital inspector.
  - The review panel may seek further information from the complainant and also from the hospital veterinary director(s) and/or senior management team; as detailed in their most recent accreditation manual.
  - Convenors to report back to the ASAV Executive Committee about any findings, outcomes or actions taken (including correspondence to the hospital and the complainant).
2. Actions:
  - If the complaint is deemed frivolous then no action to be taken
  - If it is deemed that the complaint may contain areas of concern, then the complaint review committee may seek that the hospital:
    - Provide a written response to the complaint to the review panel
    - Seek that the hospital provides new medical or radiological submissions (a charge will apply)
    - Seek that the hospital has an interim hospital inspection (a reinspection fee will apply)
  - This will then lead to one of the following:
    - Ongoing accreditation
    - Ongoing accreditation but mandatory requirements are to be fulfilled to retain ongoing accreditation within a specified time frame.
    - Seek that the hospital reapplies for a full reaccreditation process (even if this is less than the regular 4 years) or voluntarily steps down from the scheme.
  - All complaints to be tabled at an ASAV Executive Committee meeting for their reference.

## PROCEDURE FOR SUBMISSION OF APPLICATIONS & INSPECTION

1. Please complete ALL details in the application form and evaluation questionnaire and submit the completed manual via Dropbox®. Please see *Addendum 4* for information on submissions via Dropbox®. Payment can be made via EFT on receipt of invoice. Alternatively, a cheque for the prescribed amount can be forwarded to:  
ASAV Accredited Veterinary Hospital Scheme  
Unit 40, 6 Herbert St  
St. Leonards NSW 2065
2. The following must also be submitted:  
**Medical and Radiograph submissions (see below for details)**  
**For submission to hospital inspector/s**
  - A floor plan of the hospital, including outlines of all major fixtures and fittings.
  - Colour photographs of the exterior and of all major interior rooms.
  - A copy of the hospital's housekeeping and maintenance manuals.
  - A list of drugs in the dispensary.
  - A copy of the hospital's protocol for cardio-pulmonary resuscitation.
  - A list of all major items of medical and surgical equipment, and the contents of standard surgical kits and number of such kits.
  - A copy of the hospital's Isolation Ward protocol.
  - A copy of the organisational plan (job manual) for the nursing service.
3. If the application, including medical and radiology records, is submitted and found to be suitable, the inspector will contact the hospital director to make an appointment for the physical inspection.
4. The inspection is usually done during a normal working day of the hospital and may take from three hours to one day, during which time a director, or their representative, must be free to discuss any details with the inspector. The director does not need to physically accompany the inspector but should be available to answer any questions.
5. The inspector collates the external examiners' reports and makes up the inspection report with recommendations for consideration by the AVHS. The AVHS considers all reports and either accepts or rejects the inspector's recommendations. Their decision is ratified by the Executive Committee of the ASAV.
6. A copy of the final report and the decision is then sent to the hospital directors.
  - a) In the case of AVHS acceptance, the hospital is notified of accreditation and of any changes and conditions with which it must comply and the date of compliance fulfilment.
  - b) In the case of AVHS rejection, the hospital is notified and given the reasons for non-compliance and rejection, and the opportunity to agree to comply within a future application. If this is a re-inspection, the hospital will be given a stipulated time frame to rectify the reason for non-accreditation. If said time elapses without such rectification, the hospital will cease to be accredited forthwith.
7. The accreditation plaque is presented to the successful applicant at the ASAV Annual Conference during the Annual Awards Dinner.
8. Newly accredited hospitals are featured in the ASAV's *Companion* magazine. All accredited hospitals should receive correspondence throughout the year from either the AVHS Convenor, or ASAV office. If directors wish to be part of the AVHS Advisory Group, then they should contact the ASAV office or AVHS Convenor. The AVHS Advisory Group generally meets twice per year, at both the AVA and ASAV conference, with email correspondence as required throughout the year. The ASAV - AVHS is continually evolving, primarily through discussion via the AVHS Advisory Group.
9. The closing date for applications is the 31st October for hospitals to be inspected in the following year. This is to allow sufficient time for evaluation of the submissions, inspection, and preparation of the plaque for presentation at the Annual Awards Dinner.

## FOR SUBMISSION TO THE MEDICAL RECORDS INSPECTORS

|   | <u>Compliance</u>        |                          |
|---|--------------------------|--------------------------|
|   | Yes                      | No                       |
| 1. Five (5) sets of original medical records (not re-written records), including at least one of each of the following types of history:<br>a) A detailed medical case (e.g. Diabetes, IMHA, Hyperadrenocorticism, trauma with extended hospitalisation, etc.)<br>b) A detailed surgical case<br>c) A dental case | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Medical records must include estimate/consent/admission forms, in-hospital progress notes, including cage side charts, fluid balance charts and discharge notes if these are maintained separately from the medical records.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Copies of the relevant entry in the anaesthetic log (if kept) or a copy of the anaesthetic charts must be included if these are maintained separately from the medical record.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Pathology records should be included if these are maintained separately from the medical record.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Include full details of the patient (animal's name, species, breed, age, sex), but redact client details (owner's name, address, telephone number, etc.).  | <input type="checkbox"/> | <input type="checkbox"/> |

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

Record submissions MUST:

- 1) Include a title page detailing:
  - a) Case name and details
  - b) Category (medical, surgical dental etc.)
  - c) Index of records attached (e.g. medical records, consent form, GA record etc.)
- 2) Be submitted as clearly labelled files detailing what each file is: Medical record / Anaesthesia record / etc. (Files to be either MS Word or PDF format).
- 3) Be submitted in chronological order with respect to the days over which they are managed.
- 4) Be only for the particular relevant case at the time, not the animal's entire history
- 5) Medical records can be rejected if the above conditions are not met.

**Where possible, all Medical Record Submissions should be submitted via Dropbox®.**

Please see *Addendum 2* for further guidelines for medical record keeping and submissions.

Please see *Addendum 4* for information on submissions via Dropbox®.

\*Please contact the ASAV office if you wish to see example Medical Record Submissions

## FOR SUBMISSION TO THE RADIOLOGY RECORDS INSPECTORS

### Compliance

Yes No

1. Three (3) sets of radiographic studies. The sets must be:

a) Thoracic (of any sized dog or cat)

 Yes  No

b) Abdominal (of any sized dog or cat)

 Yes  No

c) Skeletal

 Yes  No

Radiographic studies can be of any sized dog or cat but should be representative of the caseload of the practice, e.g. large and small dog, cat.

2. For each of the three radiographic cases submitted, the following are required:

a) Radiographic studies must be selected from clinical cases that were imaged at the facility within the previous 12 months.

 Yes  No

b) Animal clinical details and signalment.

 Yes  No

c) Records of relevant medical history pertaining to the radiograph (not full computer records for life). Include client and animal's name, and animal's species, breed, age and sex, but redact other client details (address, phone numbers, etc.)

 Yes  No

d) The radiographs and history should be submitted electronically via Dropbox® or fully labelled on CD, DVD, SD Card or Thumb Drive

 Yes  No

e) Details of radiographic techniques used.

 Yes  No

- Film/Screen combination for conventional analogue systems
- Exposure factors.
- Automatic processing maximum requirement.
- Radiographic studies must have facility and patient identification, date and laterality information that is permanent and consistent.
- Radiographic studies must show proper positioning consistent with the area being radiographed.
- The X-ray beam should be collimated to the region of interest
- Digital radiographic studies must be submitted in a DICOM format with metadata to be present.

3. X-ray report. A record of the radiographic assessment made by you should be included. The report must be part of the patient's medical records, not written separately for the purpose of submission and must be submitted as a single file clearly marked. This report must include:

a) Comments on quality

 Yes  No

b) The radiological findings should be described, both normal and abnormal

 Yes  No

c) For each case there should be a summary/interpretation of the radiological findings, and a list of differential diagnosis with a preferred diagnosis, if appropriate.

 Yes  No

d) If further studies are indicated, they should be identified within the report.

 Yes  No

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

 Yes  No

**Where possible, all Radiographic Studies should be submitted via Dropbox®.**

Please see *Addendum 3* for further guidelines for radiographic record submissions.

Please see *Addendum 4* for information on submissions via Dropbox®.

\* Please contact the ASAV office if you wish to see example Radiology Record Submissions

## APPLICATION FOR HOSPITAL ACCREDITATION

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

---

---

---

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

---

---

---

Address:

---

---

---

Telephone:

---

Fax:

---

Email:

---

In making this application, I/we agree to abide by the following conditions of the ASAV Accredited Veterinary Hospital Scheme:

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

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

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Signed (Directors)



## PREPARATION CHECKLIST FOR ACCREDITATION

The following check-list may assist in completion of the manual and preparation for the inspection.

|                        | Task  | Person assigned | Date assigned | Date completed |
|------------------------|---|-----------------|---------------|----------------|
| <b>Hospital Manual</b> |   |                 |               |                |
| 1.                     | Hospital director has read the Manual of Hospital Standards and Accreditation   |                 |               |                |
| 2.                     | <b>Section-by-section review:</b>   |                 |               |                |
|                        | Section 1: Medical Records  |                 |               |                |
|                        | Section 2: Examination Facilities   |                 |               |                |
|                        | Section 3: Dispensary   |                 |               |                |
|                        | Section 4: Laboratory/Pathology   |                 |               |                |
|                        | Section 5: Diagnostic Imaging   |                 |               |                |
|                        | Section 6: Anaesthesiology  |                 |               |                |
|                        | Section 7: Surgery  |                 |               |                |
|                        | Section 8: Dentistry  |                 |               |                |
|                        | Section 9: Nursing Care and Wards   |                 |               |                |
|                        | Section 10: Housekeeping and Maintenance  |                 |               |                |
|                        | Section 11: Library and Continuing Education  |                 |               |                |
|                        | Section 12: Emergency Services  |                 |               |                |
|                        | Section 13: Chemotherapeutics and Cytotoxics  |                 |               |                |
|                        | Section 14: Care for Staff  |                 |               |                |
| 3.                     | Director and assigned staff have completed first draft of the Manual  |                 |               |                |
| 4.                     | Director and assigned staff have completed final draft of the Manual<br><br>(All YES / NO / NA boxes have been checked) |                 |               |                |

|                             | Task  | Person assigned | Date assigned | Date completed |
|-----------------------------|---|-----------------|---------------|----------------|
| <b>Radiographic studies</b> |   |                 |               |                |
| 5.                          | a) Three sets of radiographs selected for submission (ensure radiographs are appropriately identified)  |                 |               |                |
|                             | b) Relevant radiographic interpretation(s) retrieved from the medical record(s)   |                 |               |                |
| <b>Medical records</b>      |   |                 |               |                |
| 6.                          | Five sets of medical records selected for submission (including copies of all cage side paper work, anaesthesia and surgery reports, consent forms, discharge forms, etc).  |                 |               |                |
| <b>Subsequent steps</b>     |   |                 |               |                |
| 7.                          | Collation of all above information and submission of application to ASAV - AVHS   |                 |               |                |
| 8.                          | Reports from medical records and radiology inspectors provided to director(s)<br><br>Assign a person if a response is required  |                 |               |                |
| 9.                          | Date set for accreditation visit<br><br>Director (or director's representative) to be available to assist with the inspection visit (typically 3 to 4 hours)  |                 |               |                |
| 10.                         | Report from on-site inspection provided to director(s)<br><br>If a response is required, this should be prepared by one of the directors*<br><br>It is recommended that a general staff briefing is held at this time to advise outcome |                 |               |                |

\* Such response may require alterations to the ASAV MANUAL OF HOSPITAL STANDARDS AND ACCREDITATION as originally submitted

## HOSPITAL DETAILS

### Primary Facility (Clinic/Hospital) Information Additional Facility (Clinic/Hospital) Information

Please fill out below:

Facility:

---

---

Address:

---

---

City:

---

---

State/Territory:

---

Postal Code:

---

Telephone:

---

Telephone:

---

Fax:

---

Email:

---

Please check category: Full Facility

Satellite

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

## PERSONNEL INFORMATION

### Hospital Director

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

| HOSPITAL DIRECTOR                    | HOSPITAL DIRECTOR                    |
|--------------------------------------|--------------------------------------|
| Name:<br><br>_____                   | Name:<br><br>_____                   |
| Veterinary School:<br><br>_____      | Veterinary School:<br><br>_____      |
| Graduation Year:<br><br>_____        | Graduation Year:<br><br>_____        |
| Degree:<br><br>_____                 | Degree:<br><br>_____                 |
| Further qualifications:<br><br>_____ | Further qualifications:<br><br>_____ |
| AVA/ASAV member:        Yes / No     | AVA/ASAV member:        Yes / No     |
| AVA member number:                   | AVA member number:                   |

| HOSPITAL DIRECTOR                    | HOSPITAL DIRECTOR                    |
|--------------------------------------|--------------------------------------|
| Name:<br><br>_____                   | Name:<br><br>_____                   |
| Veterinary School:<br><br>_____      | Veterinary School:<br><br>_____      |
| Graduation Year:<br><br>_____        | Graduation Year:<br><br>_____        |
| Degree:<br><br>_____                 | Degree:<br><br>_____                 |
| Further qualifications:<br><br>_____ | Further qualifications:<br><br>_____ |
| AVA/ASAV member:        Yes / No     | AVA/ASAV member:        Yes / No     |
| AVA member number:                   | AVA member number:                   |

## Hospital Associate

Hospital associates are all other employed veterinarians associated with a hospital. They must be appropriately licensed and registered to practise veterinary medicine. They do not have to be members of the AVA or ASAV.

| HOSPITAL ASSOCIATE                   | HOSPITAL ASSOCIATE                   |
|--------------------------------------|--------------------------------------|
| Name:<br><br>_____                   | Name:<br><br>_____                   |
| Veterinary School:<br><br>_____      | Veterinary School:<br><br>_____      |
| Graduation Year:<br><br>_____        | Graduation Year:<br><br>_____        |
| Degree:<br><br>_____                 | Degree:<br><br>_____                 |
| Further qualifications:<br><br>_____ | Further qualifications:<br><br>_____ |
| AVA member:            Yes / No      | AVA member:            Yes / No      |
| ASAV member:        Yes / No         | ASAV member:        Yes / No         |
| AVA member number:                   | AVA member number:                   |

| HOSPITAL ASSOCIATE                   | HOSPITAL ASSOCIATE                   |
|--------------------------------------|--------------------------------------|
| Name:<br><br>_____                   | Name:<br><br>_____                   |
| Veterinary School:<br><br>_____      | Veterinary School:<br><br>_____      |
| Graduation Year:<br><br>_____        | Graduation Year:<br><br>_____        |
| Degree:<br><br>_____                 | Degree:<br><br>_____                 |
| Further qualifications:<br><br>_____ | Further qualifications:<br><br>_____ |
| AVA member:            Yes / No      | AVA member:            Yes / No      |
| ASAV member:        Yes / No         | ASAV member:        Yes / No         |
| AVA member number:                   | AVA member number:                   |

| HOSPITAL ASSOCIATE               | HOSPITAL ASSOCIATE               |
|----------------------------------|----------------------------------|
| Name:<br>_____                   | Name:<br>_____                   |
| Veterinary School:<br>_____      | Veterinary School:<br>_____      |
| Graduation Year:<br>_____        | Graduation Year:<br>_____        |
| Degree:<br>_____                 | Degree:<br>_____                 |
| Further qualifications:<br>_____ | Further qualifications:<br>_____ |
| AVA member:        Yes / No      | AVA member:        Yes / No      |
| ASAV member:     Yes / No        | ASAV member:     Yes / No        |
| AVA member number:               | AVA member number:               |

| HOSPITAL ASSOCIATE               | HOSPITAL ASSOCIATE               |
|----------------------------------|----------------------------------|
| Name:<br>_____                   | Name:<br>_____                   |
| Veterinary School:<br>_____      | Veterinary School:<br>_____      |
| Graduation Year:<br>_____        | Graduation Year:<br>_____        |
| Degree:<br>_____                 | Degree:<br>_____                 |
| Further qualifications:<br>_____ | Further qualifications:<br>_____ |
| AVA member:        Yes / No      | AVA member:        Yes / No      |
| ASAV member:     Yes / No        | ASAV member:     Yes / No        |
| AVA member number:               | AVA member number:               |

Include more pages if required.

## Management Associate

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

| MANAGEMENT ASSOCIATE                   | MANAGEMENT ASSOCIATE                   |
|--|--|
| Name: _____                            | Name: _____                            |
| Position/Title: _____                  | Position/Title: _____                  |
| Qualifications: _____<br>_____         | Qualifications: _____<br>_____         |
| Owner of Practice:            Yes / No | Owner of Practice:            Yes / No |
| Associate member of ASAV: Yes / No     | Associate member of ASAV: Yes / No     |

**Statement A**

(COMPLETE ONLY WHEN THERE IS NON-VETERINARIAN OWNERSHIP)

**Certified Statement of Owner(s)**

I/We

\_\_\_\_\_  
(name(s) of owner(s))

of

\_\_\_\_\_  
(practice name),

\_\_\_\_\_  
(address)

has applied for accreditation / wishes to apply for re-accreditation as a hospital member in the ASAV Accredited Veterinary Hospital Scheme.

Majority ownership of this practice is held by

\_\_\_\_\_  
The owner(s) of the above named facility designate/s Dr

\_\_\_\_\_  
a veterinarian duly registered in the state/territory of

\_\_\_\_\_  
as the Hospital Veterinary Director. Further, the owner(s) agree that all decisions relating to;

- 1) The ASAV Manual of Hospital Standards and Accreditation,
- 2) The medical and surgical care of all patients, and
- 3) The medical and surgical supplies and equipment employed in care of all patients will be under the complete authority and control of the Hospital Veterinary Director, Dr

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

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

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

\_\_\_\_\_  
Senior Company Representative (Name and Title)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address



**Statement B**

(COMPLETE ONLY WHEN THERE IS NON-VETERINARIAN OWNERSHIP)

**Certified Statement of Hospital Veterinary Director's Authority**

I, Dr

---

,duly registered to practice veterinary medicine in the State/Territory of

---

,have been designated Hospital Veterinary Director of

---

(practice name)

---

(address)

a prospective ASAV Accredited Veterinary Hospital.

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

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

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

---

Signature

---

Address

**Statement C**

MUST BE COMPLETED SEPARATELY BY EACH VETERINARY DIRECTOR / MANAGER (make additional copies if required)

**Professional CONDUCT Statement**

I, Dr

\_\_\_\_\_  
,duly registered to practice veterinary medicine in the State/Territory of

\_\_\_\_\_  
,have been designated Hospital Veterinary Director of

\_\_\_\_\_  
(practice name)

\_\_\_\_\_  
(address)

\_\_\_\_\_  
a prospective ASAV Accredited Veterinary Hospital.

I declare that in the last 5 years there has been no findings from ANY Australian Veterinary Surgeons Board of any unprofessional conduct or no criminal charges (other than motor vehicle offences) against any of the staff working in the Hospital.

I agree that should any Veterinary Surgeons Board complaint result in a finding of unprofessional conduct or any criminal charge (other than motor vehicle offences) resulting in a guilty verdict that I will notify the ASAV within 14 days and provide evidence about the related matter. An investigation into the event may be required, and evidence supporting any changes that the hospital has adopted as a result of the proceedings will also be required.

The hospitals accreditation may be revoked at the discretion of the ASAV Executive committee if it is deemed that the hospital has not maintained a standard of best practice.

Signature

\_\_\_\_\_

**Statement D**

MUST BE COMPLETED BY VETERINARY DIRECTOR / LICENSEE

**Appointment of Nominated Veterinary Director**

I/We being the undersigned licensee(s)/non-practising directors of the applying veterinary hospital, appoint the following registered veterinary practitioner(s) as the nominated veterinary director(s).

Insert name and email address of each person you are nominating for this role and get s/he to sign, acknowledging their acceptance and that s/he is a current AVA and ASAV member:

| <u>Given names</u> | <u>Family name</u> | <u>Email address</u> | <u>Signature</u> |
|--------------------|--------------------|----------------------|------------------|
|                    |                    |                      |                  |
|                    |                    |                      |                  |
|                    |                    |                      |                  |

In signing this form, I/we understand that the individual(s) that are being nominated as veterinary director(s) must be registered to practice in our local State and an AVA and ASAV member.

---

Name(s) of licensee(s)/non-practising veterinarians

---

Signature(s)

# PART B - HOSPITAL ACCREDITATION EVALUATION QUESTIONNAIRE

## MEDICAL RECORDS

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

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

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

### A. Personnel and Procedures

|   | <u>Compliance</u>        |                          |
|---|--------------------------|--------------------------|
|   | Yes                      | No                       |
| 1. There must be an established system of medical record keeping within the practice.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Each animal must have a separate medical record. However, the medical record for a litter may be recorded either on the dam's record or on a litter record until the individual animals are permanently placed or reach the age of three months.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Medical records must be legible if hand-written records are maintained.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. The patient identification used must follow through all departments on other records (such as radiographs, laboratory reports, and necropsy records).  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Medical records must be kept long enough to comply with state and federal regulations (7 years).   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. The medical staff must record sufficient information in the history and examination portions of the record to justify the tentative diagnosis and to warrant the treatment. A problem oriented approach is preferred.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. No prescribed coding is required, but the hospital director should require meticulous recording of information. Where abbreviations are used, standard use of abbreviations is encouraged.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. The author of all medical record entries must be identified, i.e. name, code number, employee number, or initials.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Each hospital must maintain records in such a fashion that any veterinarian coming into the hospital may, by reading the medical record of a particular patient, be able to proceed with the continuity of care and treatment of this animal.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Admission forms must be used when animals are presented to the hospital for inpatient procedures. A minimum amount of information should include client and patient details, procedures to be performed, and an estimate of costs. Consideration may be given to individual details of consent. | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Admission forms must be considered part of the medical record and maintained with records or be cross referenced if stored elsewhere.   | <input type="checkbox"/> | <input type="checkbox"/> |

## B. Equipment

### Compliance

Yes No

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 1. No particular filing equipment or system is required, but the hospital director must review the medical record filing system for ease of retrieval and cross-referenced information.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. The filing system must be adequate for the case load and for staff use.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. It is a mandatory requirement for all records to be stored on computer. Sufficient numbers of computer terminals must be available. These must be conveniently situated throughout the hospital to facilitate the efficient running of the practice. It is recommended that a multi-user or network facility should be provided with computer terminals situated at reception, in, or accessible from, each consulting room, in the treatment area and in the business office. | <input type="checkbox"/> | <input type="checkbox"/> |

Type of computer and software used:

---

---

Number of terminals:

---

Date of last program upgrade:

---

## C. Structure

### Compliance

Yes No

The structure of the medical record may be either problem oriented or source oriented. The problem-oriented medical record (POMR) format is strongly recommended.

Note: An excellent account of POMR can be found in The Textbook of Veterinary Internal Medicine, Diseases of the Dog and Cat, Ed Stephen J Ettinger, 1<sup>st</sup> edition Chapter 2 page 23, Saunders, Philadelphia 1975.

#### **Minimum requirements:**

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 1. Medical Record  |                          |                          |
| The medical record must clearly reflect the date, initial problem, pertinent history, examination findings, and plan for treatment and care.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Client Information  |                          |                          |
| Each client must be identified properly. The owner's name, address, home, and alternate telephone numbers must be recorded accurately within each patient's medical record. Other useful data may include the name of the person who referred the client or other reason for selecting the facility. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Patient Information   |                          |                          |
| Each patient must be properly identified. The following identification must be recorded accurately on each patient's medical record:   | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"><li>• patient's name (ID number if applicable)</li><li>• species</li><li>• breed</li><li>• date of birth</li><li>• sex</li><li>• colour and/or markings</li></ul>  |                          |                          |

4. Chief Complaint

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

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

5. Medical History

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

6. Physical Examination

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

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

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

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

7. Problem List or Index

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

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

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

8. Diagnostic Reports

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

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

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



14. Dental Records

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

15. Prognosis

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



## EXAMINATION FACILITIES

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

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

### A. Personnel and Procedures

#### Compliance

Yes No

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

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

### B. Equipment

#### Compliance

Yes No

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

2. Minimum equipment in each examination room or convenient to each examination room must include:

- Reflex hammer
- Examination table with a readily sanitised, fluid-impervious surface
- Sterile materials for vaccination and parenteral administration of medications
- Stethoscope
- Scales capable of accurately weighing all patients treated
- Restraint equipment
- Thermometer
- Otoscope
- Ophthalmoscope
- Clippers

Readily available equipment should include:

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

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

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

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

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

### C. Structure

### Compliance

Yes          No

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 1. Examination facilities must be provided.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Examination room(s) must be of adequate size to allow for patient examinations. It is suggested that not less than 8 square metres be allotted for each examination room. There must be sufficient space for doctor, patient, client and assistant.             | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. The room(s) must be clean and professional and should be attractive in appearance.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. The rooms should be convenient to the laboratory and dispensary as well as to the reception area and business office.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. The consulting rooms require lighting which is adequate for most examinations. Additional more intense lighting must be available for intermittent use where necessary. The consulting rooms should be able to be adequately darkened for certain examinations. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Some type of rapid exhaust facility is required to remove any intermittent odours.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Soundproofing, to maintain privacy of consultations, is recommended.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Consideration should be given for additional room for a desk, chair/stool and a computer terminal.  | <input type="checkbox"/> | <input type="checkbox"/> |

## DISPENSARY

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

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

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

### A. Personnel and Procedures

#### Compliance

Yes      No

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

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

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

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

b) Drugs must only be dispensed by a registered veterinary surgeon.

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

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

Responsibility for the pharmaceutical services includes the following:

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

2. Dispensing drugs, chemicals and biologics

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

Labelling must be in accordance with federal and state or territory laws. Each label should be typed or computer printed to ensure legibility and the label should be permanently affixed to the container. The label should contain, at least the following information:

- "Keep Out Of Reach of Children".
- "For Animal Treatment Only" or similar wording as approved.
- Details of the practice - Name, address and telephone number.

- Species and the owner's name. The animal's name is also required.
- The name, strength (if required) of the drug and directions for use.
- The date.
- It is recommended that the prescribing veterinary surgeon be identified.
- The recording and balancing of Schedule 8 drugs should be done weekly as a minimum. If a hospital is part of a group of hospitals, the individual hospital must be accountable for the reconciling of Schedule 8 drugs.

Storage and stability of drugs, chemicals and biologics:

- |     |  |                          |                          |
|-----|--|--------------------------|--------------------------|
| 1.  | Written S8 or Dangerous Drugs logs must not be stored in the locked cabinet/safe used to store those drugs to which they apply.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.  | Each hospital director must ensure that all records comply with federal, state, or territorial regulations. This includes but is not limited to the following: <ul style="list-style-type: none"> <li>• Initial inventory.</li> <li>• Biennial (every two years) inventory.</li> <li>• Balance on hand.</li> </ul>   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.  | Adequate quantities of drugs and supplies must be available at all times.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.  | The hospital director must ensure that all outdated drugs are returned or disposed of in accordance with federal, state, provincial and local regulations.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.  | When dispensing medication, each label must: <ul style="list-style-type: none"> <li>• Be typed or printed (clear tape may be placed over the label to preserve it).</li> <li>• Be permanently affixed to the container.</li> <li>• Include expiration, if appropriate.</li> <li>• Include warning labels, if appropriate.</li> </ul>                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.  | Where the use of child-resistant containers is declined by the client, it must be noted on the patient's medical record.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 7.  | Drugs used for euthanasia procedures must be stored in a locked safe/cabinet. Storage of Pentobarbitone ( <i>Lethabarb® and Valabarb®</i> ) in a locked cabinet/safe attached to the premises is mandatory.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 8.  | The storage of Benzodiazepines in a locked safe is recommended.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.  | Telephone calls changing medications or dosages must be recorded on the patient's chart or record.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. | If clients bring previously dispensed medication to the hospital, these drugs must not be administered unless they can be identified. Orders to administer these medications must be given by the veterinarian in charge of the animal. Any drugs which are not to be used should be stored and returned to the client upon the discharge of the animal from the hospital. | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. | Hazardous medications (e.g. cytotoxic chemotherapeutic medications) must be handled in accordance with federal, state or territory regulations.  | <input type="checkbox"/> | <input type="checkbox"/> |

## B. Equipment

### Compliance

Yes No

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 1. The dispensary should contain adequate shelving for the storage of drugs, chemicals, biologics and related equipment (needles, syringes, vials etc.), shelves for reference books, clean work surfaces for the preparation of drugs, an approved safe for the storage of Schedule 8 drugs and a refrigerator for those drugs and biologics which require refrigeration. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Proper storage of drugs must not allow for any cross-contamination, but it should permit all preparations to be found readily and easily. One of several storage systems may be used: alphabetical, by usage, or by type.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. All dispensed or repackaged medications must be in approved containers and where applicable, child-resistant containers.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. The container must in no way alter the drugs being dispensed and must be moisture resistant.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Current editions of appropriate pharmaceutical and drug text and reference books should be available.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Current antidote information must be readily available for emergency reference in addition to the telephone number of the nearest poison control centre.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. A computer printer must be provided to complete drug labels. Hand written drug labels are not acceptable.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Appropriate safety equipment (e.g. gloves, masks, gowns) must be available for handling noxious or hazardous substances.  | <input type="checkbox"/> | <input type="checkbox"/> |

## C. Structure

### Compliance

Yes No

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

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|--|--------------------------|--------------------------|
| 1. Facilities must be provided for storage, safekeeping, and use of drugs in accordance with federal and state or territory regulations. All dispensaries are to be lockable regardless of their federal, state or territory regulations.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Controlled drugs must be stored in a securely locked, substantially constructed cabinet or safe as required by federal and state or territory regulations.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. It is mandatory for all Accredited Hospitals to store S4 medications in locked storage (fridge, cupboard, dispensary) when a veterinarian is not on the premises. Vet nurses, assistants etc are permitted to access S4 drugs when a veterinarian is on the premises (under the direction of a veterinarian).<br>NB: this will exceed the requirements of some States/Territories | <input type="checkbox"/> | <input type="checkbox"/> |

**\* Please note: It is ultimately the responsibility of the veterinarian to ensure they keep abreast of any updates or changes to storage regulations in their State/Territory.**

## LABORATORY/PATHOLOGY

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

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

### A. Personnel and Procedures

#### Compliance

Yes      No

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 1. Pathology services available must include the following:   | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"><li>• Haematology and serology.</li><li>• Blood chemistry analysis.</li><li>• Urinalysis, including urine sediment examination and urolith analysis.</li><li>• Microbiology, culturing, and antibiotic sensitivity.</li><li>• Parasitological examinations (faecal, blood, and skin).</li><li>• Exfoliative cytology.</li><li>• Histology or histopathology.</li><li>• Toxicology.</li></ul>  |                          |                          |
| 2. The hospital director is responsible for evaluating the accuracy of tests performed both in and outside the hospital. The director or a practice associate must be fully aware of all techniques used within the hospital in order to train personnel, monitor the performances of non-veterinary personnel, and perform basic tests in emergency situations. If in-house pathology machines are used, they must be subjected to regular control procedures as recommended by the manufacturer to ensure accuracy of the results. A record of control procedures must be kept. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Specimen Data<br>Each specimen must be identified with the identification of the patient.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Necropsy Data  |                          |                          |
| a) Each necropsy procedure and record thereof must be thorough and detailed.  | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Tentative diagnosis, where appropriate, must be recorded promptly in the patient's medical record. The final report must be made a part of this record.  | <input type="checkbox"/> | <input type="checkbox"/> |

## B. Equipment

### Compliance

Yes      No

1. Instrumentation for tests performed on the premises must be adequate.  
Minimum equipment must include:

- Microhaematocrit.
- Binocular Microscope
- Clinical centrifuge.
- Urine refractometer.
- Refrigerator.
- Glucometer.
- Dipsticks for urine assessment.
- Suitable cytology and microbiology stains.
- Freezer for storage of bodies and autopsy wastes.
- A full range of appropriate specimen tubes and jars for the transport of samples to the laboratory.
- Activated Clotting Time (ACT) tubes.

2. If the services of an outside laboratory are not used, the following equipment and necessary supplies must be available in-house:

- Haemocytometer or electronic cell counter.
- Incubator, 37° C.
- Blood chemistry analyser.
- In-house serology kit(s).

Type and brand of pathology equipment used:

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Date of last equipment service:

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

4. The countertop must be impervious and stain resistant.

- |    |   |                          |                          |
|----|---|--------------------------|--------------------------|
| 5. | A stainless steel sink with garbage disposal and fume hood over the sink is preferred, but not mandatory.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. | There should be adequate lighting in all work areas and extra power outlets on the counter.<br>A separate circuit or special voltage regulator, such as an uninterruptible power supply, is recommended to minimise electrical supply fluctuations for in-house laboratory equipment. | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. | In House Quality Control Program.   |                          |                          |
|    | a) All in-house laboratory services performed must be carried out by competent personnel using approved standard laboratory procedures. The quality control system within the pathology laboratory must be designed to ensure medical reliability of laboratory data.                 | <input type="checkbox"/> | <input type="checkbox"/> |
|    | b) For in-hospital laboratory procedures, equipment must be operated and evaluated according to the manufacturer's recommendations and have a written protocol of operation.  | <input type="checkbox"/> | <input type="checkbox"/> |
|    | c) Reagents required for the operation of serology and biochemistry units must be stored as required by the manufacturer.   | <input type="checkbox"/> | <input type="checkbox"/> |
|    | d) A record of the quality control tests and maintenance procedures performed on all laboratory equipment must be maintained. This will be examined at inspection.  | <input type="checkbox"/> | <input type="checkbox"/> |
|    | e) Reports of all pathology services and examinations must be made part of the patient's medical record in accordance with Medical Record Standards.  | <input type="checkbox"/> | <input type="checkbox"/> |

## DIAGNOSTIC IMAGING

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

**Rationale:** Diagnostic imaging exists to aid in the accurate diagnosis and evaluation of medical and surgical problems and to assist in determining an appropriate course of management.

The hospital must provide diagnostic radiology services at all times whilst meeting all obligations under the Code of Practice and Safety Guide for Radiation in Veterinary Medicine Radiation Protection Series Publication No. 17 (2009). This is available on line and will be further referred to as RPS 17.

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

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

### A. Personnel and Procedures

|  | <u>Compliance</u>        |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
|  | Yes                      | No                       | N/A                      |
| <b>Operation of Equipment</b>  |                          |                          |                          |
| All radiographic and radiation therapy equipment must be operated only by appropriately licensed personnel or under the direct supervision of such personnel, where appropriate. It is the hospital director's responsibility to ensure that all personnel are aware of all hazards, actual and potential, and must eliminate or reduce these to the minimum acceptable level for themselves, assisting personnel, other nearby individuals and the patient. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Radiation Safety</b>  |                          |                          |                          |
| 1. The minimum number of people essential for the procedure should be in the room during exposure and other methods of restraint should be used where possible (refer to RPS 17).  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. All people present during exposure are required to wear protective clothing or be protected by a lead shield. Gloves or equivalent must be used if the hands are within one metre of the primary beam. Hands and arms, even when protected by gloves, must never be in the primary beam (refer to RPS 17).  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Owners are not to be used to hold their pets or to be in the room during exposure. Pregnant women and anyone under 18 years of age are not allowed in the room during exposure, under any circumstances.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Personal Radiation Monitoring of Exposure</b>   |                          |                          |                          |
| 1. Dosimeter monitoring of exposure levels must be provided for all personnel working with or near an X-ray generator.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. The individual badge must be worn near the collar on the outside of the leaded apron or under the leaded apron dependent on the type of monitor used.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Records of the results must be maintained indefinitely and be readily available.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. All staff members shall be made aware of their dose meter reports and are made to sign off on each quarterly report.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|                                      |   | <u>Compliance</u>        |                          |                          |
|--------------------------------------|---|--------------------------|--------------------------|--------------------------|
|                                      |   | Yes                      | No                       | N/A                      |
| <b>Inspections</b>                   |   |                          |                          |                          |
| 1.                                   | Machines must be licensed / inspected in accordance with federal, state or territory regulations.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.                                   | Licenses / results of inspections must be posted in a visible place in the radiology area.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Processing</b>                    |   |                          |                          |                          |
| 1.                                   | Processing of radiographs must be by automatic processor unless digital radiography is being utilised   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.                                   | Automatic processors must be maintained according to accepted standards. Cleaning of rollers and maintenance cleaning of the tanks must be scheduled according to the manufacturers' advice.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.                                   | Maintenance schedule must be clearly displayed and signed off.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Digital Radiography</b>           |   |                          |                          |                          |
|                                      | Digital radiography (DR) or Computerised Radiography (CR) is recommended. Storage of images should be in DICOM format and abide by accepted standards of labelling and identification. Archival storage of images shall be on remote hard drive or alternative mass storage devices.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Records</b>                       |   |                          |                          |                          |
|                                      | The results of all radiographic evaluations must be noted in the patient's medical record, including the part radiographed, any special techniques, and a description of the radiological findings and an interpretation of the findings. Radiographs should be filed, appropriately cross- referenced, separate from the patient's medical record.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Radiograph Identification</b>     |   |                          |                          |                          |
|                                      | Permanent identification of each radiograph is required. Minimal radiograph identification must include hospital, owner and patient identification and the date. Positional markers should also be used.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Radiograph Storage and Filing</b> |   |                          |                          |                          |
| 1.                                   | Radiographs of patients are considered to be the property of the veterinary hospital as part of the medical records. A copy of the radiographs must be made available, at the owner's expense, if requested. Retention and proper storage of all radiographs is advisable for legal reasons and for comparative purposes. They must be properly and permanently identified and filed manually or electronically for easy retrieval. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.                                   | Hospital personnel should be made aware of the medical and legal importance of proper identification and storage of radiographs.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.                                   | A file containing radiographs of special conditions or good examples of normal structures is of particular value. These radiographs can then be easily retrieved for comparative and demonstration purposes. There are also numerous text books available that can be utilised for this purpose.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Compliance**

Yes No N/A

**Radiography Log (required for non-digital radiography systems)**

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

An imaging log must be maintained and must include:

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

**B. Equipment**

**Compliance**

Yes No N/A

**Equipment for non-digital radiography**

1. Loaded cassettes must be stored in a manner to protect them from unintended exposure.
2. Two or more of each size of cassette used should be available. A balanced combination of film and imaging screens must be used. A rare- earth high-speed system is recommended to reduce radiation exposure.
3. If the machine is not already programed for areas of the body exposure, a reliable exposure chart (technique chart) must be available near the X-ray controls and should be used by all personnel.
4. Proper safelight(s) with lamps of correct wattage must be mounted at the recommended distance from work areas. The colour of safelight filters depends upon the type of films being used.

**Equipment for all types of radiology**

1. Radio-opaque characters must be used to identify right (R) and left (L) sides of the patient. These should be added prior to taking the x-ray.
2. Permanent identification of each image is required and must occur prior to processing. Minimal image identification must include date, patient identification, hospital identification, owner name and patient date of birth or age.
3. If the machine is not already programmed for areas of the body, measuring callipers to determine accurately the thickness of the part being radiographed must be used to reduce non-diagnostic exposures and a reliable exposure chart (technique chart) must be available near the X- ray controls and should be used by all personnel (a technique chart may not be necessary where the generator has anatomical preprogramming).

**Compliance**

Yes No N/A

- 4. Lead aprons and gloves must be used during exposure. They must be in safe condition and properly cared for to ensure a reasonable life.
- 5. A warning light at the entrance to the radiographic suite should show when the machine is in use and an audible sound emitted when a radiograph is about to be taken.
- 6. No hands should be seen on the radiographs. Two aprons and two pairs of gloves are recommended. Leaded thyroid collars (shields) and lead glasses are recommended. All protective apparel must meet federal, state or territory regulations.

**X-ray Machine**

- 1. The hospital must have the capacity to generate consistently diagnostic quality radiographic images of all patients routinely treated on the premises.
- 2. All regulatory agencies require a minimum of 2 mm of aluminium filtration in the X-ray beam. It must be within, above, or part of the collimator.
- 3. The X-ray table must be large enough to accommodate the largest patient seen by the practice positioned for a ventrodorsal view of the pelvis and femurs. Adequate working space around three sides of the table must be provided.
- 4. The radiographic machine must have an adjustable collimator to restrict the size and shape of the primary X-ray beam to the size of the cassette being used.
- 5. Positioning devices and tie-downs must be provided and should be used when radiographing anaesthetised patients so that personnel are not needlessly exposed.

Brand name and model of X-ray equipment used:

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Processing details of X-ray equipment used:

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Specifications of X-ray equipment used (e.g: kVA / mA):

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**Compliance**

Yes      No      N/A

Date of last equipment service:

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**Radiation Therapy, Computed Tomography and Magnetic Resonance Imaging**

If any of these services are provided in-house rather than referred, it (they) must be performed in a competent and safe manner. The procedures, facility, and radiation safety aspects of the operation must be in compliance with federal, state and territory regulations.

**Diagnostic Ultrasonography**

If ultrasonography services are provided, equipment must be a type that is appropriate for patients imaged. For example, the transducers used are relatively specific for anatomical areas and types of study. The machine used must be equipped to record the study as it is being performed. Images must be stored on remote hard drive or on a remote mass storage service. The study and the findings should be recorded in the medical records.

**C. Structure**

**Compliance**

Yes      No      N/A

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

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

## D. Required Submissions

|   |  | <u>Compliance</u>        |                          |                          |
|---|--|--------------------------|--------------------------|--------------------------|
|   |  | Yes                      | No                       | N/A                      |
| For submission to the radiology records inspectors:   |  |                          |                          |                          |
| 1.  | Three (3) sets of radiographic studies. The sets must be:  |                          |                          |                          |
|   | a) Thoracic (of any sized dog or cat)  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | b) Abdominal (of any sized dog or cat)   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | c) Skeletal  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Radiographic studies can be of any sized dog or cat but should be representative of the caseload of the practice e.g. large and small dog, cat. |  |                          |                          |                          |
| For each of the three radiographic cases submitted, the following are required:   |  |                          |                          |                          |
| 2.  |  |                          |                          |                          |
|   | a) Radiographic studies must be selected from clinical cases that were imaged at the facility within the previous 12 months.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | b) Animal clinical details and signalment.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | c) Computer printout or photocopy of relevant medical history pertaining to the radiograph (not full computer records for life).   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | d) The radiographs and history can be submitted, fully labelled on CD, DVD, SD Card or Thumb Drive   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | e) Details of radiographic techniques used.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <ul style="list-style-type: none"> <li>• Film/Screen combination for conventional analogue systems</li> <li>• Exposure factors.</li> <li>• Automatic processing maximum requirement.</li> <li>• Radiographic studies must have facility and patient identification, date and laterality information that is permanent and consistent.</li> <li>• Radiographic studies must show proper positioning consistent with the area being radiographed.</li> <li>• The X-ray beam should be collimated to the region of interest</li> <li>• Digital radiographic studies must be submitted in a DICOM format with metadata to be present.</li> </ul> |                          |                          |                          |
| 3.  | X-ray report. A computer printout or photocopy of the radiographic assessment made by you should be included. The report must be part of the patient's medical records, not written separately for the purpose of submission and must be submitted as a single paper document or single file clearly marked. The report must include:  |                          |                          |                          |
|   | a) Comments on quality   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | b) The radiological findings should be described, both normal and abnormal   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | c) For each case there should be a summary/interpretation of the radiological findings, and a list of differential diagnoses with a preferred diagnosis, if appropriate.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | d) If further studies are indicated, they should be identified within the report.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.  | No parts of the human body should appear on the films as this is an indication of poor radiographic technique and poor occupational health and safety practices.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Where possible, all Radiographic Studies should be submitted via Dropbox®.**

## ANAESTHESIOLOGY

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

**Standards:** Please refer to the [ASAV Standards of Care – Anaesthesia Guidelines for Dogs and Cats](#)

### A. Personnel and Procedures

|   | Compliance               |                          |
|---|--------------------------|--------------------------|
|   | Yes                      | No                       |
| 1. Anaesthesia services must be provided.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Anaesthesia services must include performance of routine pre-anaesthetic examinations (including laboratory testing where indicated) and exercise of proper safeguards in selection and use of anaesthetics.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Anaesthetic agents must be administered by a veterinarian or by persons trained in their administration and then only under supervision of a veterinarian who must be on the premises.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. It is the direct responsibility of the hospital director to provide support staff anaesthetic safety and training programs and ensure supervision of the programs.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Cardiac, respiratory or other electronic monitors should be used. Some method of respiratory monitoring must be used, such as observing chest movements, watching the rebreathing bag and use of a respiratory monitor.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5a. Arterial blood pressure monitoring is mandatory for procedures of 10 minutes or more and recommended for procedures under 10 minutes (at the veterinarian's discretion).  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Body temperature maintenance and monitoring is essential during anaesthesia and the recovery phase.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. If endotracheal tubes are used, they must remain in place during recovery from anaesthesia until appropriate protective reflexes have returned.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. On what percentage of general anaesthetics are endotracheal tubes used?<br><hr/>   |                          |                          |
| 9. In the event of cardiac arrest, standard procedures for cardiac resuscitation should be followed using drugs and equipment to be found in an emergency cabinet, on a crash cart, or on an emergency tray. Doses and dosages should be printed on all emergency drugs and be readily available in chart form. | <input type="checkbox"/> | <input type="checkbox"/> |
| a) As a minimum a crash cart should contain:  | <input type="checkbox"/> | <input type="checkbox"/> |
| • Adrenaline  |                          |                          |
| • Atropine  |                          |                          |
| • Lignocaine  |                          |                          |
| • Diazepam  |                          |                          |
| b) Readily accessible as a minimum should be:   | <input type="checkbox"/> | <input type="checkbox"/> |
| • Calcium Gluconate   |                          |                          |
| • Saline Flushes (pre drawn up / labelled and dated)  |                          |                          |

- Selection of needles / syringes / catheters
- ET tubes
- Laryngoscope
- IV catheter
- Clippers
- Stethoscope
- Oxygen supply and ambu bag
- Intravenous fluids and giving sets
- Selection of suction tubes (including chest tubes) / three way tap
- Urinary Catheters

c) The cart should be sealed so that any access to the cart can be easily noticed, this way ensuring that it is always 'ready to go'.

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

11. Charts should be maintained with the patient's hospital record or cross referenced if stored separately.

**Attach copy of anaesthesia chart used routinely.**

Mandatory monitoring parameters are:

- Capnography
- Blood pressure
- Percentage vapouriser setting.
- Oxygen flow rate.
- Type of circuit used (rebreathing circuit, T-piece, Bain etc).
- Heart rate +/- peripheral pulse
- Respiratory rate and depth.
- Mucous membrane colour and capillary refill time.
- Globe position.

Recommended monitoring parameters are:

- ECG
- MAC of inhaled and expired anaesthetic gas
- Oxygen saturation.
- Core body temperature.

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

The anaesthesia chart must contain:

- Date.
- Patient identification.
- Pre-anaesthetic agent/s used and doses used.
- Anaesthetic agent; volume drawn and used.
- Inhalation agent used
- Procedure performed.
- Duration of the anaesthetic and duration of the procedure.
- Nature of induction / recovery and any complications.
- Patient pulse and respiration rate recorded every 5 minutes for the duration of the anaesthetic.

13. An admission form for anaesthesia and/or surgery must be available and used in all cases where a general anaesthetic is required.

**Attach copy of admission form.**

**B. Equipment**

**Compliance**

**Yes      No**

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 1. All equipment needed for the administration of local and general anaesthesia must be readily available and in good repair. Equipment must be available for inspection when the hospital is inspected. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. The anaesthetic area must have adequate fixed and portable emergency lighting available.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. At times of anaesthesia the anaesthetic area must contain the following:  | <input type="checkbox"/> | <input type="checkbox"/> |

- Pre-anaesthetic agents.

Please detail the pre-anaesthetic agents used:

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- Induction anaesthetic agents for intravenous administration.

Please detail the induction agents used:

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

Type and number of anaesthetic machines used:

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The minimum requirements are:

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

Type and brand name of vapouriser(s) used?

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b) Gaseous agent (Isoflurane is minimum requirement, Halothane, Ether and Chloroform should not be used) for the induction and maintenance of general anaesthesia.

Please detail the inhalational agent(s) used:

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c) Medical grade oxygen should be piped through a fixed manifold within the operating room to the anaesthetic machine. The source of anaesthetic gases needs to be in a well ventilated area distant to the operating room, preferably in a non-public area. A minimum of two cylinders with an appropriate switching device for when one cylinder becomes empty and a warning device should the supply of oxygen become low. If an oxygen generator is used then an emergency supply of oxygen from a cylinder is essential in case of power failure. Nitrous oxide appears to have limited to no benefit for animal patients and the risks to patients and staff outweigh its benefits. If a practice wishes to utilise this gas, it will need to submit a protocol emphasising the reduction in risk to patients and staff.

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

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

Type of scavenging system used?

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- e) A rebreathing bag.
- f) An electronic respiratory monitor
- g) Pulse oximetry
- h) Oesophageal stethoscope

Routine use of the above plus Blood Pressure Monitoring and End Tidal (ET) CO<sub>2</sub> (capnograph) is mandated for procedures over 10 minutes.

4. Support equipment

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

List resuscitative equipment available (if more space is required, please add as an appendix):

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

List items readily available:

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

d) A method for the indirect monitoring of arterial blood pressure must be available.

### C. Structure

#### Compliance

Yes

No

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

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

## SURGERY

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

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

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

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

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

### A. Records

#### Compliance

Yes No

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

A surgical log (which may be combined with the anaesthetic log) is recommended. This log should contain such information as:

- Date
- Client's name
- Animal identification - name, species, breed, age, sex
- Weight
- Pre-anaesthetic agents, dose and route of administration
- Anaesthetic agents, dose and route of administration
- Induction time and duration of anaesthesia
- Procedure
- Time of commencement and duration of procedure
- Fluid therapy
- Record of any adverse reactions

Consent forms for performing surgery may be attached to the patient's medical record or filed, appropriately cross-referenced and dated, separate from the patient's medical record.

### B. Sterilisation

#### Compliance

Yes No

#### **Autoclaving**

1. The hospital must have an efficient steam autoclave. This should be used to sterilise articles such as surgical instrument packs, drapes, gowns and 'disposables'.
2. The temperature and pressure generated by this equipment must be sufficient to kill all types of micro-organism, including bacterial spores. Since pressure and temperature gauges may be inaccurate, the efficiency of autoclave equipment must be routinely monitored by the use of standard sterilisation indicators. Such monitors must be placed in the centre of every surgical pack.

3. **Wrapping of surgical kits for sterilisation:**    
 A double layer of linen, e.g. poly/cotton is **not** an acceptable barrier method as it is not impervious. Linen may be used as the first (internal layer) with the second layer being a synthetic impervious wrap, namely, polypropylene or similar (there are several types of impervious wrapping materials in the industry).

The current recommendation from Standards Australia (AS/NZS 4187:2014 and 2:2019; [www.standards.org.au](http://www.standards.org.au)) for reprocessing of reusable medical devices in health service organisations is one layer of a single-use synthetic wrap for wrapping instrument sets.

When using a single layer, the sterile surgical kit is opened carefully by an assistant ensuring that the outer (non-sterile) surface of the wrap does not make contact with sterile equipment or surgical staff (surgeon and assistants).

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

Maintenance log available?

**Dry Heat Sterilisation is used?**

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

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

**Ethylene Oxide Gas Sterilisation is used?**

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

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

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

**Chemical Sterilisation is used?**

Glutaraldehyde is no longer recommended for chemical disinfection of equipment. Ortho-phthalaldehyde (OPA) is preferred for safety reasons and the shorter activity time required (12 minutes for OPA compared to 20 minutes for glutaraldehyde).

NB: Both of these chemicals are **not** considered to be a sterilant or “cold sterilisation” but are “high level instrument-grade disinfectants”, with some sporicidal activity with 10 hours contact time.

**C. Personnel and Procedures**

Compliance  
 Yes No

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



## 2. Surgical Attire

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

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

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

## 3. Sterility

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

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

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

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

The following factors must be addressed and documented:

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

## D. Structure

Compliance  
Yes      No

### 1. Surgical Preparation Room

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

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

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

## 2. Operating Room

- a) The operating room must be a separate, closed, single-purpose room for the performance of aseptic surgical procedures with only one entrance/exit.
- b) An aseptic surgical suite can be located anywhere in the hospital, provided it is convenient to the recovery rooms and the prep room. It must be out of traffic areas.
- c) The operating room must be so constructed and equipped that cleanliness can be easily maintained.
- d) Flooring must be of an impervious material.
- e) Walls must be of a washable, impervious material.
- f) Doors must be well fitted and should be wide enough to permit passage of patients.
- g) Doors must be kept closed and traffic into the surgical suite kept to a minimum.
- h) A viewing window is recommended to reduce the need for support personnel to open the door to see into the room.
- i) Windows must have the glass flush mounted to eliminate dust accumulation on window sills.
- j) Any built-in cupboards must be flush-mounted with the walls to limit dust accumulation. Any other furniture must be mobile.
- k) Sinks are not permitted in the operating room as they create aerosol contamination and can collect dust.
- l) There must be a cleaning protocol sufficiently detailed to ensure that all surfaces within the operating room are free from dust / dirt and contamination. Horizontal surfaces can collect dust, which is not acceptable, so specific attention needs to be paid to these during the cleaning process.
- Equipment that must be present in the operating room:
- Surgical light of adequate candle power to illuminate the surgical field, preferably the type of lamp which is completely enclosed to avoid dust accumulation.
  - Instrument table(s) constructed of impervious material.
  - Surgical table(s) constructed of impervious material.
  - Intravenous fluid hanger(s) / stands.
  - An anaesthetic machine capable of being able to provide respiratory assistance with a vapouriser(s) compatible with the gaseous anaesthetic agent(s) used.
  - A bucket / receptacle of impervious material (kick bucket), preferably mobile.
  - A supply of reticulated / piped oxygen (cylinders are not permitted in theatre suite)
  - Oxygen cylinders supplying reticulated oxygen need to be located away from publicly accessible space, are duplicated with an audible low pressure warning. If there is an oxygen generator used to provide the reticulated oxygen then a spare cylinder should be available in the case of a power failure.
  - Fixed and portable emergency lighting.
  - Adequate drugs for emergency use readily available in an accessible emergency box or designated place (may be located in the anaesthetic induction area).
  - Thick pads may be used on the surgery table(s) for comfort and alleviation of possible injury to patients may be used. A thermostatically controlled warming method should be considered.
  - Where there is a dedicated radiographic viewer or computer monitor limited to surgical use, the unit should be mounted flush with the wall where possible, to prevent dust accumulation. If the device is not flush-mounted, it should be mounted in such a way as to be readily cleaned. Alternatively, a

portable viewer such as an iPad, tablet or laptop needs to be available to view radiographs or ultrasound images during a surgical procedure.

- A wall clock.
- Suture Materials. An appropriate range of sterile suture materials shall be stored where they are readily accessible to the operating room. Cassette type suture materials are not to be used.
- Surgical Suction. A unit for delivering sterile surgical suction should be available. This unit should be either electrically or gas driven. If gas driven, the gas should be piped to the suction unit from an external supply. No gas cylinders are permitted within the operating room. Water driven sink suction units are not permitted in the operating room.
- The operating room should have positive pressure air flow to avoid contamination as much as possible.
- X-Ray detectable swabs are recommended.

## DENTISTRY

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

Dental prophylaxis can only be performed properly under general anaesthesia. After scaling and subgingival therapy, teeth should be polished.

### A. Personnel and Procedures

|  | <u>Compliance</u>        |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
|  | Yes                      | No                       | N/A                      |
| 1. A routine examination of any animal must include examination of the teeth, gums, oral cavity, and any other structures and tissues associated with the teeth.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Prophylactic dental services (scaling and polishing) must be provided.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Only properly trained personnel may perform dental procedures. Such performance must be in compliance with state or territory registration bodies.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| a) Dentistry should be performed according to the <a href="#">AVDS guidelines</a> and relevant State or Territory laws.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Paraprofessional personnel may only clean teeth supragingivally with hand scalers. If an ultrasonic scaler is used, then only under the direct supervision of a veterinarian.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Personnel operating dental equipment must wear masks, eye protection and gloves, or other protective equipment to prevent nosocomial infection.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. The decision to extract teeth must be made by the veterinarian and performed by the veterinarian.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Dental prophylaxis must not be done in the operating room. Only in the case of oral surgery may the operating room be used for dental work.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. After scaling, teeth should be polished using an electric or air-driven, low-speed hand piece. It is recommended that this hand piece operate at 2,000-10,000 RPM.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Records</b>   |                          |                          |                          |
| 1. A record of all dental procedures shall be kept on the patient's medical record. The specific tooth by name, picture or number should be listed when pathology exists or when corrective measures are taken.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Dental prophylaxis includes the pre- and post-treatment charting of the dentition. The dental chart should include a record of missing teeth, extracted teeth and pre- and post-treatment pathology. An assessment of the occlusion should also be noted. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



## NURSING CARE AND WARDS

Nursing care covers a broad spectrum of skills from medical and surgical nursing, through infection control and cleanliness to record-keeping and communication. At all times the welfare of the patient must be the prime concern of all personnel providing nursing care.

The training and supervision of the paraprofessional and lay personnel are continuing duties of the hospital director or another person assigned this responsibility. A staff room, lounge or designated gathering place for all personnel should be provided. This will enable better communications through staff discussions of cases, practice policies and courses attended, thus resulting in better patient care.

### A. Personnel and Procedures

#### Compliance

Yes No

1. Nursing care must be provided.

Nursing care is confined to reception hours?

If so give details of out of hours care provided:

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

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

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

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

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

7. Nursing personnel must ensure that all animals are individually and securely housed. NB: Sometimes owners request that housemates are housed together. This should be allowed.

8. Nursing personnel must be trained to know the proper maintenance of optimum body temperature of all patients and to ensure patients' comfort and cleanliness.

9. A patient's urination and defecation should be monitored and recorded when appropriate.

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

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 11. Nursing personnel must be trained in the proper restraint and handling of patients.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Nursing personnel must be trained in the principles of contagious nursing care. Proper hand washing between patients is considered to be the most effective way to prevent cross-contamination, however suitable protective clothing must be provided and changed when appropriate. | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. All nursing personnel must be trained and routinely monitored to ensure that medications are administered in accordance with the directions of the veterinarian.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Assignments must be made so that one person is responsible for the proper observation of each surgical patient.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. The nursing staff must be familiar with the proper handling and disposal of all waste materials and the cleaning and disinfection of compartments, exercise areas, and runs.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. If the exterior exercise area cannot be easily cleaned, all faecal waste must be removed promptly   | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Nursing personnel must be trained in the proper use of oxygen and anaesthetic agents, placement of endotracheal tubes, and correct use of anaesthetic monitoring and resuscitative equipment.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Nursing personnel must be capable of setting up and performing an ECG for purposes of patient monitoring or diagnostic testing.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Nursing personnel must be trained to assist in the resuscitation of patients and the proper method of handling animals found in a state of shock or respiratory or cardiac collapse   | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Proper attire must be used for handling animals with contagious diseases. Proper attire includes disposable or easily disinfected gowns, disposable foot coverings or a means of disinfecting footwear, and disposable gloves.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. All contaminated materials must be double-bagged or decontaminated before removal from the area where a patient with infectious disease is housed or examined.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. The biomedical waste must be disposed of in accordance with federal, state and territory regulations.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Waste Disposal  |                          |                          |
| a) Rubbish disposal done by:  |                          |                          |
| • Local government service  | <input type="checkbox"/> | <input type="checkbox"/> |
| • Private service   | <input type="checkbox"/> | <input type="checkbox"/> |
| • Other, please state:  |                          |                          |
| _____   |                          |                          |
| _____   |                          |                          |
| _____   |                          |                          |
| _____   |                          |                          |

b) Bodies, discarded tissues and other infectious wastes disposed by:

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

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c) Sharps are handled by:

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

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d) Whilst awaiting collection sharps are stored in:

- Approved Sharps containers
- Other, please state:

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- 24. Nursing personnel must be trained in the proper establishment, monitoring, and administration of fluid therapy. This includes operation, priming and maintenance of intravenous fluid pumps.
- 25. When and if animals with contagious diseases are hospitalised, they must be housed in a separate, single-purpose isolation room. Following the use of a room for the isolation of animals with contagious diseases, all surfaces and cages must be thoroughly disinfected and all contaminated materials must be disposed of in accordance with federal, state and territory regulations for waste disposal.
- 26. In a single-purpose isolation room, only the equipment and material for the care and treatment of the current patient(s) within the isolation room may be kept therein.
- 27. Traffic in the isolation room must be restricted to the care of contagious patients.
- 28. When this room is not housing contagious patients, it may be used for other purposes if the room is sanitised in accordance with recognised procedures.

## B. Equipment

### Compliance

Yes No

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 1. A means by which an oxygen-enriched environment can be created must be in evidence within the facility.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. The hospital must provide all equipment deemed necessary for improving safety, comfort, and quality of life for patients. Cage racks or other suitable means for preventing decubital ulcers must be available. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. A controlled means of maintaining body temperature is required  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. A means of accurately delivering intravenous fluid requirements, such as paediatric burettes and fluid infusion pumps must be available.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. ECG (preferably with printout capabilities) and respiratory monitors must be available on premises for monitoring critical patients.  | <input type="checkbox"/> | <input type="checkbox"/> |

## C. Structure

### Compliance

Yes No

#### Number of wards:

General

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Dog

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Cat

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Isolation

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Surgical

---

ICU

---

Recovery

---

Other?

---

#### Total number of animal compartments:

Cat

---

Dog (M)

---

Dog (L)

---

Walk-ins/Runs

---

Boarding Cat

---

Boarding Dog

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- |    |   |                          |                          |
|----|---|--------------------------|--------------------------|
| 1. | Lighting, which is adequate to allow patient observation, must be provided.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | There are no specific ward requirements; however, all animal holding areas must be secure, escape-proof, and easily cleaned.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | Runs and/or exercise areas must be available, maintainable, secure, escape-proof, and adequate in relation to the normal case load.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | The facility must provide cages and/or runs that are large enough to permit the largest patient admitted to the facility to turn about freely and to easily stand, sit, and lie in a comfortable, normal position.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | All runs should be sloped and individually drained to prevent cross-contamination. If a common trough exists within the runs themselves, it must be covered to reduce biohazard risk and must be easy to keep clean and fresh underneath this cover. A common trough placed outside the runs does not need to be covered. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. | Concrete floors and runs must be well-sealed, clean, and in good repair.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. | Cage doors and run gates must be clean and in good repair. All cages and runs must be constructed in such a way that contamination and contact from one animal to the next is controlled at all times.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. | The partitions between the runs must be of solid construction and impervious material to a minimum height of 48 inches above the finished floor. Nose-to-nose contact above the partitions can be prevented by not housing large-breed dogs in adjacent runs.   | <input type="checkbox"/> | <input type="checkbox"/> |

**Highly Recommended (not mandatory)**

- |    |  |                          |                          |
|----|--|--------------------------|--------------------------|
| 1. | A job description should delineate functions, responsibilities, and desired qualifications for each position of nursing service. | <input type="checkbox"/> | <input type="checkbox"/> |
|----|--|--------------------------|--------------------------|

**Intensive Care Ward**

**Structure**

- |    |   |                          |                          |
|----|---|--------------------------|--------------------------|
| 1. | An intensive care facility must be provided to enable the extra observation and care necessary for these cases. The intensive care facility may be a separate ward or area or combined with an anaesthetic recovery area. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | The intensive care facility must be situated in the hospital such that direct visualisation or audio-visual monitoring of the patients from the main working areas is possible.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | Strict attention must be given to temperature control in this area.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | Soundproofing, ventilation, lighting and drainage requirements are as in the general ward.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | As in the general ward a separate compartment must be available for each animal.  | <input type="checkbox"/> | <input type="checkbox"/> |

## Equipment

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

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## Isolation Ward

### Structure

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|---|--------------------------|--------------------------|
| 1. Provision of a separate isolation ward to house contagious cases is mandatory. When not housing specific contagious cases, it may be used for other purposes provided proper disinfection procedures are adhered to.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. The isolation ward must be situated in the hospital removed from the main flow of traffic.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Soundproofing and lighting requirements are as in the general ward.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Ventilation requirements are as in the general ward with the added requirement that the exhaust facility be such that recirculation of air, from the isolation ward to other parts of the hospital, does not occur.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. When and if animals with contagious diseases are hospitalised, the isolation room must have a negative air flow system in place. All air should be exhausted to the outside of the facility (no return air is permitted). 15-20 room air changes per hour are suggested. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Strict attention must be given to temperature control in this area.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Compartments, walls, floors and ceiling must be made of impervious material, capable of being disinfected.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Drainage and refuse removal from the Isolation ward must be such that there can be no contamination of other parts of the hospital or any public areas.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. There must be a specific written protocol regarding the handling of animals with contagious disease with particular respect to disinfection of hands, clothing and footwear, disposal of contaminated materials and general disinfection of the patient and the ward.    | <input type="checkbox"/> | <input type="checkbox"/> |

### Please provide a copy of protocol with submission

### Equipment

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 1. Isolation ward must contain facilities for the washing of hands and be supplied with suitable hand disinfectant and disposable towels. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Bedding, food and water receptacles must be disposable or capable of being sterilised.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. A separate set of cleaning equipment must be maintained for the isolation ward.  | <input type="checkbox"/> | <input type="checkbox"/> |

### Fire Prevention and Safety

- 1. Written instructions for staff, clients and patient evacuation are posted
- 2. Patient evacuation must never compromise human safety
- 3. Evacuation plans must denote an assembly area or areas for staff.
- 4. Employee training must include fire safety and fire prevention procedures.
- 5. Emergency services phone numbers are displayed
- 6. Fire extinguishers and equipment are provided,    
please supply details:

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- 7. Fire extinguishers are checked by the appropriate authority

## HOUSEKEEPING AND MAINTENANCE

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

### A. Personnel and Procedures

#### Compliance

Yes No

#### Housekeeping Place

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

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

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

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

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

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

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

- Walls
- Ceilings
- Windows
- Floors and carpets
- Furniture and draperies
- Fixtures, including light and plumbing fixtures
- Equipment and appliances

When was the hospital last painted?

Interior?

---

Exterior?

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How often is the hospital painted?

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- |     |  |                          |                          |
|-----|--|--------------------------|--------------------------|
| 4.  | The entire hospital must be free of persistent offensive odours.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.  | Reception area displays (e.g. brochures, retail items, pictures) must be neat and orderly.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.  | All cleaning supplies must be used in accordance with manufacturers' instructions and in compliance with federal, state and territory regulations.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 7.  | Safety data sheets on chemicals used should be included in staff manual or housekeeping manual.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 8.  | Furnishings must be properly maintained and conveniently arranged in order to be pleasing to the client and conducive to the patient's comfort.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.  | All fixtures, furnishings and equipment must be maintained free from excessive wear and in good repair.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. | Linens must be stored in such a way as to minimise contamination from surface contact or airborne sources.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. | All contaminated linens, supplies and materials must be disposed of or decontaminated before leaving the area where a contagious patient is housed or examined. Containers with materials from contagious patients must be identified as potentially infectious. | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. | Soiled or contaminated linens must be handled in such a way as to prevent cross-contamination of other areas of the hospital.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. | Cleaning equipment must be thoroughly cleaned and properly stored when not in use.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. | Equipment and supplies must be stored off the floor to promote a sanitary environment.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. | Storage areas, basements and attics must be clean, well-organised and adequate in size.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. | Taps and drains must be inspected regularly and maintained in proper working order.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. | Tanks containing compressed gases must be securely fastened to prevent falling or tipping.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. | Compressed gas tank valves, regulators, lines and washers must be checked periodically for leakage.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. | Mechanical systems throughout the hospital must be maintained in accordance with written preventative maintenance programs.  | <input type="checkbox"/> | <input type="checkbox"/> |

- |                          |   |                          |                          |
|--------------------------|---|--------------------------|--------------------------|
| 20.                      | All hospitals must provide adequate emergency lighting. The hospital's battery-operated lights or alternate power source must be maintained on a regular basis. If flashlights are used, they must be maintained on a regular basis.                              | <input type="checkbox"/> | <input type="checkbox"/> |
| 21.                      | An adequate number of smoke or heat detectors must be in place, operable and maintained. The number and location must be in accordance with manufacturers' recommendations.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 22.                      | Intrusion alarms and temperature alarms (where warranted) are recommended.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 23.                      | Ventilation and heating systems and air conditioning and heating equipment must be installed in accordance with applicable codes and appropriate standards.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 24.                      | The ventilation system must ensure that a controlled and regularly filtered air supply is provided in critical areas, such as the surgical suite, preparation areas, special care units and ward areas.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 25.                      | Water must be safe for use by employees, patients and clients. When water is obtained from a source other than a public water supply, it must be tested periodically and treated as necessary in accordance with federal, state, territory and local regulations. | <input type="checkbox"/> | <input type="checkbox"/> |
| <br>                     |   |                          |                          |
| <b>Building Exterior</b> |   |                          |                          |
| 1.                       | Grounds surrounding an animal hospital must be neat, attractive and in safe condition at all times.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.                       | Lawns, flowers, and plantings must be regularly cut, watered and trimmed.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.                       | Rubbish, papers and faecal material from animals must be picked up from lawns, sidewalks and parking areas on a daily schedule.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.                       | Parking must be area appropriate in size, sealed and in good repair, properly marked and kerbed and illuminated for safety  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.                       | Signage must be of a professional appearance and in good repair.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.                       | Exterior lighting must be in good taste and useful in identifying the facility.   | <input type="checkbox"/> | <input type="checkbox"/> |





## EMERGENCY SERVICES

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

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

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

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

### A. Personnel and Procedures

#### Compliance

Yes No

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 1. Every accredited ASAV hospital must have a procedure by which a sick or injured animal may be assessed and either treated or referred to an appropriate facility.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Emergency services or referral to an appropriate facility must be available 24 hours a day.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Emergency services must be adequate to ensure the treatment of the patient within 30 minutes.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. A medical record shall be kept for every animal, including strays and wildlife, received by the emergency service, both in hours and out of hours.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. When a patient is transferred for emergency services, a copy or summary of the medical record must either accompany the patient or be transmitted by telephone, facsimile or e-mail ahead of the patient's arrival at the referral veterinarian. A record of this transmission of medical records should be made in the patient record. | <input type="checkbox"/> | <input type="checkbox"/> |

## B. Equipment

### Compliance

Yes      No

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 1. The hospital must be equipped appropriately to deal with all reasonably expected emergencies.                     | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. There must be basic equipment and supplies available for assessment, treatment and monitoring of emergency cases. | <input type="checkbox"/> | <input type="checkbox"/> |

All resuscitative equipment and supplies must be available, including:

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

## CHEMOTHERAPEUTICS AND CYTOTOXICS

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

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

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

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

### A. Personnel and Procedures

|   | <u>Compliance</u>        |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
|   | Yes                      | No                       | N/A                      |
| 1. The responsibility for safety, management and prescribing of all chemotherapeutics and cytotoxic drugs rests primarily with the director of the hospital or a veterinary surgeon designated by the director.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Veterinary nurses can be trained to assist in some of the procedures for administration and prescribed use of these medications.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Drugs must only be dispensed by a registered veterinary surgeon.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Drugs must be administered in accordance with best occupational health and safety policies   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Medical records must include a copy of the treatment protocol being followed; including timings of doses administered, doses administered, rationale for use of drug/protocol, patients' weights and any possible or actual adverse reactions.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. The veterinarian responsible for the cytotoxic chemotherapy service should be trained in the following aspects:  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| a) Establishing specifications for the procurement and disposal of all chemotherapeutic and cytotoxic drugs, chemicals, biologics and related equipment.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Dispensing drugs, chemicals and biologics. This should be standardised for all areas of the hospital. Great care must be exercised in dispensing drugs for client administration at home. As a minimum each drug should be dispensed in a container which in no way alters the drug being dispensed and which is moisture resistant. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Labelling must be in accordance with Commonwealth and/or State or Territory laws (see Dispensary Section).</b>   |                          |                          |                          |
| c) Advising about actions, adverse reactions and contraindications for the use of all drugs, chemicals and biologics used in or dispensed by the hospital.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Storage and stability of chemotherapeutic and cytotoxic drugs</b>  |                          |                          |                          |
| 1. Storage and handling of these drugs must be in accordance with the manufacturers' recommendations and relevant federal, state and territory regulations.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. It is strongly recommended that injectable chemotherapeutic agents be ordered by individualised doses or aliquots from pharmacy companies that provide this service in the correct dose aliquots required for each treatment to avoid unnecessary handling of these chemicals.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## B. Equipment

|   | <u>Compliance</u>        |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
|   | Yes                      | No                       | N/A                      |
| 1. The dispensary should maintain separate storage area for these drugs, chemicals, biologics and related equipment (needles, syringes, vials etc.).  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. A refrigerator for those drugs which require refrigeration is required. Storage of refrigerated cytotoxic drugs should be separate from non- cytotoxic drugs and food.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. All dispensed or repackaged medications must be in approved containers and where applicable, child-resistant containers.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. The container must in no way alter the drugs being dispensed and must be moisture resistant.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Drugs kits which are easily portable should be available and maintained for chemotherapeutic and cytotoxic drug usage.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. A typewriter or computer printer must be provided to complete drug labels. Hand written drug labels are not acceptable.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Appropriate safety items must be available for handling these hazardous substances.<br>These should include: <ul style="list-style-type: none"><li>• Approved spill kits</li><li>• Appropriate gloves</li><li>• Impervious gowns</li><li>• Splash glasses/goggles</li><li>• Approved masks or respirators</li><li>• Adequate ventilation</li></ul> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## C. Structure

|  | <u>Compliance</u>        |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
|  | Yes                      | No                       | N/A                      |
| (See Dispensary Section)   |                          |                          |                          |
| 1. Facilities must be provided for storage, safekeeping, and use of chemotherapeutics and cytotoxic drugs in accordance with federal, state and territory regulations. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Controlled drugs must be stored in a securely locked, substantially constructed room, cabinet or safe as required by federal, state and territory regulations.      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Administration of these compounds should be in a designated area separate to working areas of the hospital, away from public access and with adequate ventilation.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. If decanting of injectable medications occurs then this must be performed in accordance with federal, state and territory regulations.                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## CARE FOR STAFF

An accredited hospital should not only meet minimum standards for the facility but also how they manage and care for their staff.

### A. Personnel and Procedures

#### Compliance

Yes No

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 1. Evidence of regular reviews with veterinarians and support staff | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Up to date HR folders  | <input type="checkbox"/> | <input type="checkbox"/> |
| • Evidence of job descriptions, policy manuals, staff manuals       |                          |                          |
| • Staff retention plan  |                          |                          |
| 3. Evidence of regular staff meetings                               | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. An accredited hospital should have a separate room for staff     | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Workplace Health and Safety folders, including:                  | <input type="checkbox"/> | <input type="checkbox"/> |
| • Current first aid officers  |                          |                          |
| • A current mental health first aider                               |                          |                          |
| 6. Internal and external CPD records of staff                       | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Communication with clients                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| • Facebook  |                          |                          |
| • Website,  |                          |                          |
| • Email   |                          |                          |
| • SMS   |                          |                          |
| • Handouts  |                          |                          |
| • Other: Please specify   |                          |                          |
| 8. Evidence of community altruism                                   | <input type="checkbox"/> | <input type="checkbox"/> |

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## ADDENDUM 1: Records

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

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

### Example 1: SOAP Consult template

|   |
|---|
| <p><b>Chief complaint / Reason:</b></p> <p><b>Subjective / History:</b><br/>Last well<br/>Last ate<br/>Med Hx:<br/>Diet:<br/>Vacc/ Worming:<br/>Companions:<br/>Environment:</p> <p><b>Objective:</b>      Tmm    CRT HR   FP   AmtP      RR</p> <p>Systems:<br/>CV:<br/>Resp/Chest:<br/>U/G:<br/>GIT:<br/>Neuro:<br/>M/S:<br/>Integ:<br/>Ophth:<br/>Otic:<br/>Other findings:</p> <p><b>Assessment / Problems identified:</b><br/><b>Plan:</b> Plan of treatment / diagnosis for each identified problem</p> <p><b>Treatment:</b> Treatment given</p> <p><b>Progress notes:</b><br/><i>These should be added with the time and initials of the person performing the treatment. They can be a shortened form of the problem oriented approach.</i></p> |
|---|

An example:

|  |
|--|
| <p><b>Chief complaint/ Reason:</b> <i>Collapse</i></p> <p><b>History:</b> Last well <i>Few hours ago was fine and playing in garden.</i><br/>Last ate <i>Breakfast this am. Dry food.</i><br/>Med Hx: <i>None.</i><br/>Diet: <i>Commercial dog foods- euk, Good-Os.</i><br/>Vacc/Worming: <i>+ve</i><br/>Companions: <i>None, kids</i><br/>Environment: <i>Confined to yard, no access to toxins.</i></p> <p><i>Dog was mucking around in garden with kids and family, Gardening etc. Noticed that Gypsy retched a few times and then appeared to be staggy and fell over. Thought had had heart attack. Now can't walk at all. 20 minutes ago only.</i></p> <p><b>Subjective:</b> <i>Carried in by owners. Weak, subdued.</i></p> <p><b>Objective:</b> T 37.8 MM <i>ppink/mauve CRT1-2s HR160 = FP AmtP +ve, weak CV: tachy Resp/Chest: harsh resps all fields. RR 28 U/G: NAD GIT: Neuro: Depressed, owners say much improved in past 20 minutes. M/S: Placed on floor and can stand. Appears now relatively BAR. Walking around and sniffing. Integ: ? mb small amt swelling on lip appearing. No stingers found. Ophth: NAD Otic: NAD</i></p> <p><b>Assessment/Problems identified:</b><br/><i>Acute collapse, emesis/retching Spontaneous/rapid recovery</i><br/><input type="checkbox"/> <i>suspect insect bite/ Bee sting reaction</i><br/><i>DDx Snake bite. Other HS reaction.</i></p> <p><b>Plan:</b> <i>Discussed with owner- owner thinks may have been playing with something in grass and certain not a snake. Observe in waiting room for 20 minutes or so, Home, Watch closely for next few hours. Owners advised that may develop facial swelling etc. Any concerns return.</i></p> <p><b>Treatment:</b> <i>Inj Chlorpheniramine 1 mg SQ</i></p> <p><i>Or Snakes seen in area recently. Advise admission for few hours obs. If any signs, ACT, (+/- SVDK etc etc)</i></p> |
|--|

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

Similarly, many commonly used words or phrases can be saved and used as templates.

**Chief complaint/ Reason:** *collapse*

**History:** Last well: *Two days ago.*

Last ate: *Breakfast 2 days ago*

Med Hx: *None.*

Diet: *Commercial dog foods - "Home brand", Scraps etc what family eats. No recent change in diet. Occasional bones.*

Vacc/ Worming: *Not recent*

Companions: *younger puppy, kids*

Environment: *confined to yard, no access to toxins, compost bin.*

*Started vomiting occasionally Friday night. Initially just ? last meal. V sev times over Sunday, watery/froth. Every time tried to drink. Not interested in food Saturday or Sunday. Little loose motion passed Saturday pm. Nothing since. Very depressed, lethargic.*

*Overnight vomited several times, small amt blood present, seems very depressed and uncomfortable. Yelped when lifted in car.*

*Urinating??*

**Subjective:** *Ambulatory, weak, subdued.*

**Objective:** T 39.8 MM *pink/red* CRT 1s HR 160 = FP AmtP +ve, weak

CV: *tachy*

Resp/Chest: *NAD.* RR 28

U/G:

GI: *Very painful on palpation, anterior abd. ? Bloating feeling.*

Neuro: *Depressed,*

M/S: *NAD*

Integ: *skin tenting- marginal.(3+%)*

Ophth: *NAD*

Otic: *NAD*

**Assessment/Problems identified:**

*Vomition 2 days*

*Pyrexia*

*Dehydration.*

*Abdominal pain*

*Overweight female*

*???urine*

*ddx FB, pancreatitis, renal disease, peritonitis, hepatitis, etc*

**Plan:** *Admit for blood tests, Ivs, Rx, pending lab results, for suspect pancreatitis*

**Treatment:** *20# catheter, start LRS @ 20 ml/kg for 6 hrs, then 10 ml/kg for 12 hours (see treatment sheets for details)*

*Collect EDTA/Lith.hep/smears - lab.*

*In-house: PCV/TP/BG/Azo - 49% / TP 86g/L/ 3.3mmol/l/*

*>12mmo/L Collect Urine sample: SG, Dipstik, etc etc*

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*Blood results:(CVDL) Ref number 12345*

*Suggests Acute pancreatitis. Add summary of abnormal results and pertinent info. Etc etc*

**Plan: Client communication:** *Spoke to owners, advised that suspect acute pancreatitis, discussed pancreatitis and possible outcomes and problems, discussed ex.lap and J tube etc etc. Owner keen to avoid surgery and high costs if possible. Try conservative care ats.*

**Treatment:**

*Rx Buprenorphine q 8 hrs.*

*Rx Cef xx mg q 8 hrs*

*Radiograph Abd +/- U/S*

*NPO, Check urine production*

*Etc etc (see treatment sheets for details)*



## ADDENDUM 2: Medical Record Guidelines

The computerised medical records need to be accurate and reflect any treatment the patient is receiving and all pertinent medical notes about the case are reflected in the medical record. Where cageside side notes are used, they may be very detailed (nursing notes about feeding / types of food offered, amount of time spent, technique used to encourage eating, TLC provided, description of any physio performed, etc, etc) giving information which is useful and very important on the day, but are often not important for the ongoing management of the case.

The computer records need to contain all the necessary information so that a colleague can look at the medical records (either the next day or in 2 months time) and tell what is/was happening with the case without having to go back and look at the paper cage side cards.

Some options and suggestions for medical records are outlined below, acknowledging that there is no 'one size fits all' approach for every hospital. What works great for one hospital may be impractical for another:

### **1. Computerised SOAP formats with transcribed nursing notes chronologically written to files.**

Some Veterinary management programs automatically record a time whenever an entry is made, which makes ongoing chronological addition of observations/treatments easy. Where this is not the case, it may be easier to have a separate 'nursing' section at the bottom of the daily computer record, separate from the 'Veterinarian SOAP records. Not every piece of nursing information needs to be transcribed – useful information includes what meds are given, dose and time, when they are due, catheters placed, removed, intravenous fluids commenced, stopped, total volumes Infused, admission and discharge times. Ins and outs might be included if they are of particular importance. Care needs to be given such that entries do not contain extraneous, unwanted information – i.e. keeping things simple. All entries are initialled since many people may be involved in managing a particular medical case - each entry takes very little time to add, questions and queries can be clearly directed to the appropriate person, and at the end of a given 'day/night/24 hour period', a complete record is present without the need for someone to sift through the cageside charts and transcribe the relevant information - this is of particular importance when transferring cases to other hospitals, such as Emergency facilities, for ongoing care.

### **2. Computerised SOAP formats with cageside records scanned and attached to daily treatment consult records.**

At the end of each treatment period, the cageside treatment charts are scanned and attached to the patient file. This would be suitable if it were easy to access both daily computer records and the scanned cageside records to get the full picture.

### **3. Computer records with no cageside paper records.**

Everything is recorded similar to 1 above. This works particularly well where the Practice Management System (PMS) records a time automatically whenever the consult is altered. Disadvantages include possibility of inclusion of extraneous unwanted information making records overly long and complicated. Other disadvantages may be present where cases are particularly complicated involving multiple intravenous therapies – CRIs and different fluid types given concurrently.

### **4. A quick daily summary at the top of each record/consult/24hour period.**

Concise summary of when the current disease started, current problem list, what drugs are being used, when patient admitted, when they expect to be discharged. By stating this, any clinician taking on the case can quickly see and know what's going on with having to troll through cageside charts and reading through all the patient history. This may be particularly helpful where the SOAP/HEAP format is substituted/modified for ongoing hospitalised medical cases being treated continuously over a number of days.

**5. Cageside treatment charts, when used, need to have all relevant including, but not is exhaustive of:**

- TPR assessments and times performed.
- Medications given, dosage and time, with indications of when the next dose is due. Ideally, the Generic name of the drug is used as this is universally known by Veterinary/Medical practitioners. Short hand is fine e.g. *7am Metronidazole 200mg PO, next due 3pm [staff initials]*.
- All 'ins and outs' – i.e. urine, defaecation, waking - time performed and by whom. What is fed and when and by whom. Other relevant information/Special instructions regarding food and water. *Eg 12pm U+, F-BAR [staff initials]*.
- Catheter sizes, where placed, what time and by whom e.g. *7pm 22G ivc placed LF cephalic and LRS commenced @ 200ml/hr (AC/LS ) [ e.g. of staff initials]*.
- Fluid rates, types of fluids given, and total volumes infused over a given time, upon removal of catheter, or discharge with giving set wrapped in place etc. e.g. *8pm Ivfs disconnected, TVI 920ml, extension set wrapped in place, discharged [staff initials]*.
- Admission and discharge times, by whom and what instructions were given.
- Premedications given, what time and what doses. It is recommended that individual premedication doses are tailored for each patient e.g. *0.3ml ACP 2mg/ml, 0.6ml Methadone 10mg/ml s/c @ 9am [staff initials]*.

**6. Advantages of transcribing pertinent cageside information immediately to computerised records:**

- When done immediately, this takes little time to do, and if all staff responsible for patient care perform this task, then, by the end of the day, a 'complete' medical record is present, rather than a hurried transcription by one person which invariably leads to omissions and inaccuracies.
- By initialling these entries, any queries of what was done and when can be addressed with the staff member concerned, and with absolute clarity.
- By adding entries as they are done, a chronological medical record is performed with ease. This is especially important when referring onto overnight emergency centres for ongoing care, who might otherwise need to read both computerised and cageside records in order to get the 'complete picture' - best to have one set of records detailing everything.
- A veterinarian taking on a case the following day will have a simpler task reading one complete file compared to having to go through both records, neither of which are complete on their own.
- A clinician can check a patient's ongoing status (whether it be checking that medications have actually been given by a particular time, or a particular test has been performed) via any computer terminal throughout the hospital during their shift rather than having to physically go to the cage, get the cageside records and read them.

The above are only suggestions, and have been included in the manual as an aid for hospitals going through the accreditation process, and as a response to enquiries for such guidelines to be given.

## ADDENDUM 3: How to Write a Radiology Report

Cathy Beck FANZCVSc (Radiology)

The Radiology Report forms part of your medicolegal record. The report should be a clear statement of the projections evaluated, their quality, with a concise description of the radiographic findings. The findings are then summarised in the radiographic interpretation or conclusion. This is followed by a rank order list of the possible differential diagnoses and recommendations of further tests or treatments. Thus the report should be presented in a number of sections:

### Projections and Quality

The radiology report within your medical records should list the projections provided, including any techniques used, for example contrast studies.

A comment should then be made on radiographic technique and quality – including a comment on: positioning, exposure and collimation and state if any artefacts are present. A method for remembering these aspects is the PLACE system:

- P Positioning
- L Labelling i.e. is the film correctly labelled with patient details and left and right labels, prior to processing
- A Artefacts- are any present, if so list
- C Collimation
- E Exposure

### Radiographic Description

In this section you describe your radiographic findings. Radiologic findings include consideration of the Roentgen signs such as size, shape, opacity, number and position of organs. Avoid using the term “there appears to be” if something actually is. The radiographic signs must be described leaving the interpretation of the signs to the next section of the report. For a lesion in a distal radius of a large dog for example describe lysis, the pattern of periosteal new bone production and so on.

**Radiographic Interpretation or Conclusion:**

This is where you state the interpretation of your findings e.g. “aggressive bone lesion within the distal radius”. This is not the place to introduce new information; it is a summary of your findings. You must provide an interpretation of each abnormality you described in your description.

**Differential diagnoses:**

List the differential diagnoses for each abnormality in a rank order of most to least likely, for example with the aggressive bone lesion in the distal radius: primary bone neoplasia is most likely such as osteosarcoma, chondrosarcoma; fibrosarcoma; haemangiosarcoma, less likely osteomyelitis.

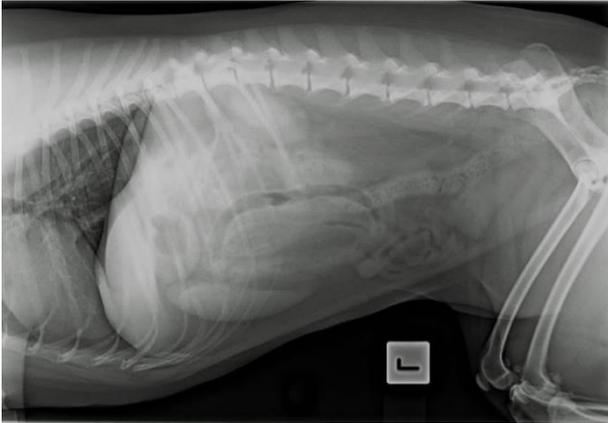
### Further recommendations

The recommendations depend on the case being discussed; it may involve further imaging or sampling. For example for the aggressive bone lesion within the distal radius further imaging is recommended: a three view thorax to assess for the presence of pulmonary metastases, and further tests: a bone biopsy for the definitive diagnosis.

## An Example Report

2 yo FS JRT "Susie"

Presented for intermittent vomiting



### Projections and quality

Left laterally recumbent and ventrodorsal radiographs of the abdomen

Positioning is good, maybe stretch hind limbs further caudally, exposure good.

(patient ID has been removed for the purposes of client confidentiality for this example)

### Radiographic Description

There is good intraabdominal serosal detail. The stomach contains gas and fluid but is not distended. The small intestines contain gas and fluid. There is one gas filled loop within the mid abdomen measuring 12mm in diameter on the lateral projection which is 1.4 times the height of L5 vertebral body ( $>1.6 \times$  L5 vertebral body is suggestive of mechanical obstruction). On the VD projection, there are several irregularly margined curvilinear fragmented gas lucencies and the gas filled loop is again noted. The colon contains granular faeces. The liver, spleen left and right kidneys and urinary bladder are normal. There are eight lumbar vertebrae. There are no further osseous abnormalities. The portion of the thorax that is seen is normal.

### Radiographic Interpretation

Focal small intestinal distension ddx ileus - functional or mechanical.

Eight lumbar vertebrae – anatomic variation.

An abdominal ultrasound is recommended for further evaluation to rule in/out a SI obstruction

Do not be overwhelmed by this task - just describe what you see.

### Good references include

*BSAVA Manual of Canine and Feline Radiography and Radiology*

By McConnell F and Holloway A

BSAVA 2014

This is the updated version of the BSAVA Manual of Diagnostic Imaging

*Radiography of the Dog and Cat: Guide to making and interpreting radiographs*

By Muhlbauer MC and Kneller SK

Wiley Blackwell 2013

I think you will find this a useful resource. It is a well written overview of radiography and radiology with some lovely quotes

*Textbook of Veterinary Diagnostic Radiology 6<sup>th</sup> ed*

Thrall DE. Saunders Elsevier 20012

Always useful

[www.veterinaryradiology.net](http://www.veterinaryradiology.net)

A fantastic site for the teaching and learning of veterinary diagnostic imaging.



AUSTRALIAN  
SMALL ANIMAL  
VETERINARIANS

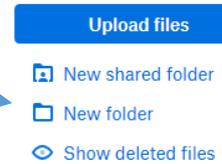
## ADDENDUM 4: Submissions via Dropbox®

How to upload your manual and submissions, including DICOM images, to Dropbox® via the website

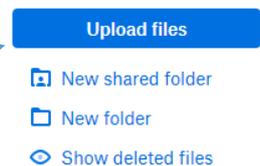
1. Log in to Dropbox® (or open an account) at [www.dropbox.com](http://www.dropbox.com).

2. Create folders/sub-folders following the below structure:

- Main folder - hospital name.
  - Accreditation manual: Folder contains the completed (electronic or scanned) copy of the manual.
  - Medical record submission: Folder contains the over view document about the medical cases.
    - Folder - Case 1
    - Folder - Case 2
    - Folder - Case 3
    - Folder - Case 4
    - Folder - Case 5
  - Radiograph submission:
    - Folder - Case 1
    - Folder - Case 2
    - Folder - Case 3
  - Additional information:
    - Hospital floor plan
    - Colour photos
    - Hospital housekeeping and maintenance manual
    - CPR protocol
    - Major equipment list
    - Isolation ward protocol
    - Other



3. Upload your documents and DICOM images to the corresponding folder. Open the folder/sub-folder and then select 'Upload files'.



4. Share your files with the ASAV office. From the Dropbox® home screen select your "Main folder – Hospital name" by ticking the box to the left of the folder name. Now select 'Share'.



Enter the email address [asavoffice@ava.com.au](mailto:asavoffice@ava.com.au) and click on the share button.

The ASAV office will now be sent an invitation to access your files. Please also send a follow-up email to [asavoffice@ava.com.au](mailto:asavoffice@ava.com.au) to ensure your Dropbox® invitation has been received.



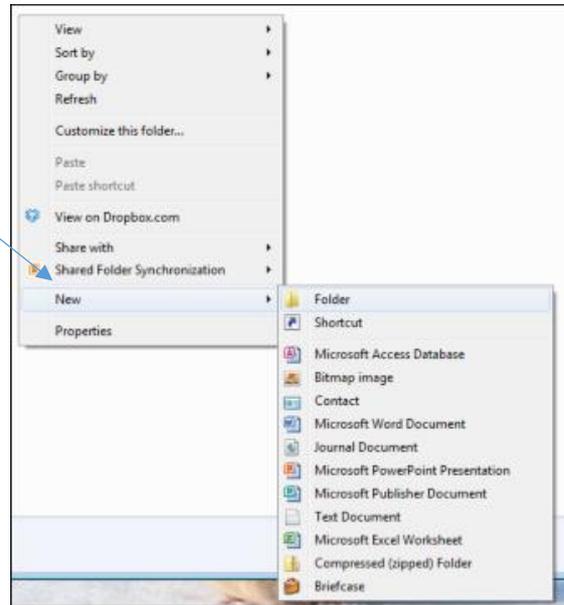
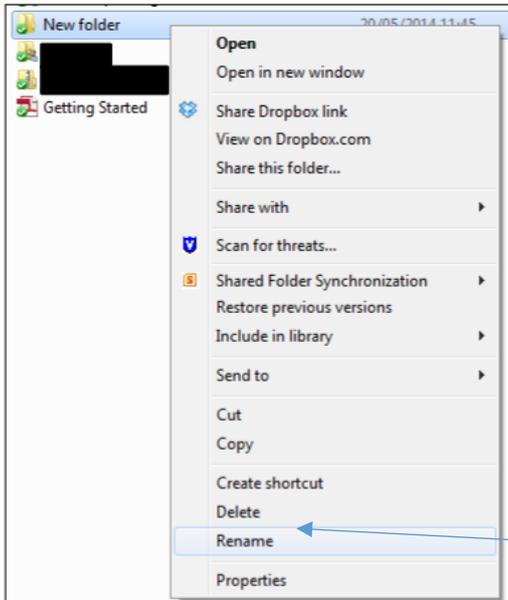
How to upload your manual and submissions, including DICOM images, to Dropbox© via the link on your desktop.

1. Open your Dropbox© by clicking on this icon.



2. Create new folders/sub-folders.

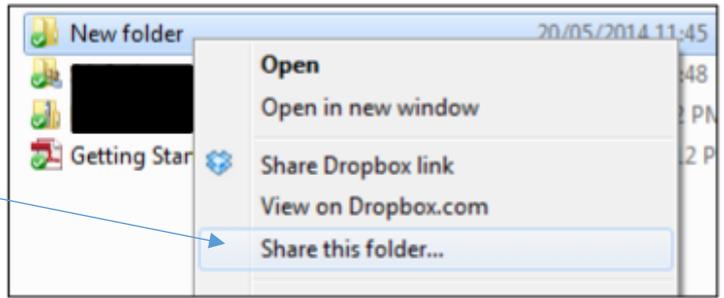
Right-click and go to NEW > FOLDER.



Right-click on New Folder and click RENAME. Rename your folder and subsequent folders/sub-folders following the structure below:

- Main folder - hospital name.
  - Accreditation manual: Folder contains the completed (electronic or scanned) copy of the manual.
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    - Folder - Case 1
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  - Radiograph submission:
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    - Folder - Case 3
  - Additional information:
    - Hospital floor plan
    - Colour photos
    - Hospital housekeeping and maintenance manual
    - CPR protocol
    - Major equipment list
    - Isolation ward protocol
    - Other

**3. Upload.** Copy and paste your documents and DICOM images to the corresponding folder in the Dropbox®. Once all the files are in the correct folders and there is a green tick next to the folder icon, right-click on the “Main folder – Hospital name” and click SHARE THIS FOLDER. This will open up the Dropbox® on the internet.

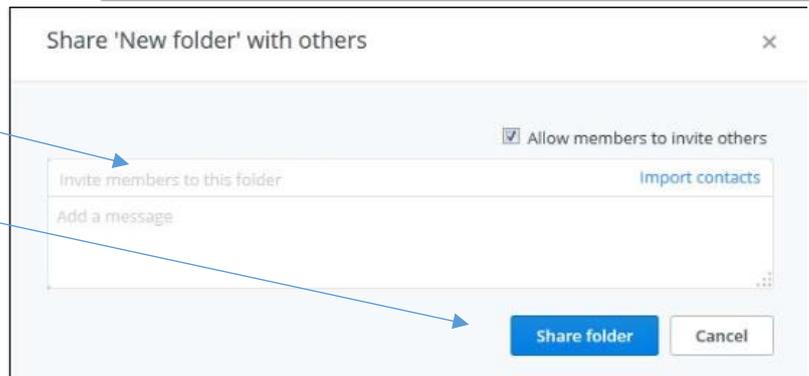


**4. Share** your files with the ASAV office.

Invite members to this folder = please type in [asavoffice@ava.com.au](mailto:asavoffice@ava.com.au)

Click SHARE FOLDER

The documents and DICOM images will be uploaded to the Dropbox® and we can download them when they are ready.



The ASAV office will now be sent an invitation to access your files. Please also send a follow-up email to [asavoffice@ava.com.au](mailto:asavoffice@ava.com.au) to ensure your Dropbox® invitation has been received.