

ROYAL COLLEGE OF VETERINARY SURGEONS



**MANUAL**



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Appendix 1 – Veterinary Nursing Training Practice – Additional Resources

## RCVS Practice Standards Scheme

The Practice Standards have been developed by the Practice Standards Group which included representatives from the British Veterinary Association (BVA); the British Small Animal Veterinary Association (BSAVA); the British Veterinary Hospitals Association (BVHA); the British Equine Veterinary Association (BEVA); British Cattle Veterinary Association (BCVA); RCVS Council; the Society of Practising Veterinary Surgeons (SPVS); the Veterinary Practice Management Association (VPMA); the British Association of Veterinary Emergency Clinics (BAVEC); Veterinary Nurses Council and the British Veterinary Nurses Association (BVNA) and were approved in principle by RCVS Council on 5 November 2009.

**CORE STANDARDS** - These standards are relevant to all veterinary practices and reflect mainly legal requirements which must be met in running a veterinary practice, together with guidance as set out in the *RCVS Guide to Professional Conduct*.

**GENERAL PRACTICE** – The following categories are recognised:-

Small Animal, Equine, Farm Animal and Small Animal Emergency Service Clinic

For Small Animal and Equine practices the standards reflect the requirements of a primary care practice which aims to facilitate the achievement of high standards of clinical care, and encompass many of the facilities required for veterinary nurse training (TP) standards.

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

For Farm Animal practices, the standards reflect both the requirements of a primary care practice which promotes the achievement of high standards of clinical care, and also a proactive approach to management, through the use of health planning, client training and communication.

For Small Animal Emergency Service Clinics, the standards reflect the requirements of a designated out-of-hours provider. A Small Animal Emergency Service Clinic must fulfil the requirements for a Small Animal General Practice and the additional requirements set out in section 10.

A General Practice must meet all Core Standards as well as General Practice standards.

**VETERINARY HOSPITAL** - the following categories are recognised:-

Small Animal and Equine

For Small Animal and Equine Veterinary Hospitals, the standards reflect the requirements of a General Practice (above) allied with additional facilities and protocols for the investigation and treatment of more complex cases. A Veterinary Hospital must meet all Core Standards and General Practice Standards, as well as specific Hospital Standards.

## **KEY TO ABBREVIATIONS**

**C = Core Standards**

**GP = General Practice**

**VH = Veterinary Hospital**

ALL = All species

SA = Small Animal

FA = Farm Animal

EQ = Equine

ESC = Emergency Service Clinic

BP = Better Practice

L = Legislative Requirement

GtPC = RCVS Guide to Professional Conduct

++(FA) = Where this symbol appears the Standard is to be met by GP/FA, if applicable



Production of documentary evidence is required

Guidance notes are highlighted in yellow text

## 1 STAFF

C / ALL



- 1.1 All the veterinary surgeons and veterinary nurses working for the practice must be registered with the RCVS and covered by Professional Indemnity Insurance. Suitably Qualified Persons (SQPs) must provide evidence of registration with the Animal Medicines Training Regulatory Authority (AMTRA) appropriate for the product range supplied (L/GtPC)**

The practice must provide the RCVS registration numbers of all veterinary surgeons and veterinary nurses working for the practice in any capacity, as well as a copy of current Professional Indemnity Insurance (covering all vets and veterinary nurses, including locums and veterinary surgeons from overseas).

RCVS registration numbers are listed in The RCVS Directory of Veterinary Practices or can be obtained direct from the Royal College of Veterinary Surgeons, Belgravia House, 62-64 Horseferry Road, London SW1P 2AF  
**T** 020 7222 2001 or **E** [membership@rcvs.org.uk](mailto:membership@rcvs.org.uk) and at [www.rcvs.org.uk/checkregister](http://www.rcvs.org.uk/checkregister).

Registration numbers for RVNs/LVNs can be found at [www.rcvs.org.uk/vnlist](http://www.rcvs.org.uk/vnlist).

A “Veterinary Nurse” means a person whose name is entered in the List of Veterinary Nurses (which incorporates the Register of Veterinary Nurses) maintained by the RCVS. Types of SQP and colour-coding for current IDs can be found on the AMTRA website [www.amtra.org.uk/SQP\\_types.html](http://www.amtra.org.uk/SQP_types.html).

C / ALL



- 1.2 The practice must provide a written statement of the main terms of employment for all employees (L)**

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

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

- Names of employer and employee;
- Date when employment began;
- Scale or rate of pay;

*Continued on following page...*



## 1.2 The practice must provide a written statement of the main terms of employment for all employees (L)

*Continued...*

- Pay intervals;
- Hours of work – taking into account the Working Time Regulations;
- Holiday entitlement, including Public Holidays;
- Job title;
- Job location.

Instalments added to the principal statement should include:

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

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

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

The BVA provides sample contracts for its members only. They are freely available to download in PDF format from their website: [www.bva.co.uk](http://www.bva.co.uk), or contact the Technical Development Officer at BVA: 7 Mansfield Street, London W1G 9NQ T 020 7636 6541 F 020 7637 0053.

*Continued on following page...*



C / ALL



## 1.2 The practice must provide a written statement of the main terms of employment for all employees (L)

*Continued...*

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

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

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

Additional assistance is available from the Department for Business, Enterprise and Regulatory Reform **T** 020 7215 5000; **E** [enquiries@berr.gsi.gov.uk](mailto:enquiries@berr.gsi.gov.uk).

**Please note:** as requirements may change, practices should check with individual organisations that forms/samples supplied are up to date.

C / ALL



## 1.3 The practice must provide written job descriptions for all veterinary surgeons, veterinary nursing and other support staff (L)

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

**C / ALL**

**1.4 The practice must have an equal opportunities policy that is known to all staff (L)**

A written policy is required which may be part of the Terms and Conditions of Employment. See [www.acas.org.uk](http://www.acas.org.uk).

**C / ALL**

**1.5 The practice must have a non-discrimination policy that is known to all staff (L)**

A written policy is required. See [www.acas.org.uk](http://www.acas.org.uk).

**C / ALL**

**1.6 The practice must have written requirements for a professional standard of behaviour, personal hygiene and appearance to be maintained by all members of the practice at all times. A biosecurity policy must also be available (GtPC/BP)**

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

The practice biosecurity policy should include disinfection of personal protective equipment and clothing and cleanliness of vehicles.

## 1.7 The practice must have protocols, known to all relevant staff, for dealing with members of the public (GtPC/BP)

GP / ALL



Written protocols required.

The inspector will ask to see written protocols for staff dealing with members of the public.

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

- Staff induction procedure;
- Client confidentiality;
- Answering the telephone/greeting clients;
- Appointment procedures and recognition of emergencies;
- Practice policy for home, farm, stable, and yard visits;
- Complaints procedure;
- Practice arrangements for out-of-hours cover, referrals and second opinions;
- Practice arrangements for acceptance of incoming referrals;
- Vaccination, parasite control and neutering policies (where applicable);
- Prescribing – dispensing policy;
- Systems/training for those assisting a veterinary surgeon;
- PETS passports, TB testing, exports and other OV activities.

Where veterinary nurses are carrying out work under Schedule 3 of the Veterinary Surgeons Act 1966, the inspector will require evidence of suitable training. Where support staff are required to assist with clinical activities, the inspector will ask to see evidence of suitable training. Evidence may be provided verbally, with the inspector speaking to a cross-section of staff.

**VH / SA**

The hospital must employ at least one Registered/Listed veterinary nurse, with responsibility for nursing in the hospital.

**VH / EQ**

The hospital must employ at least one Registered/Listed equine veterinary nurse.

The aim for the future is that the requirement for employment of Registered/Listed VNs will be extended to GPs. Also, that SA/EQ Hospitals will be required to increase the number of Registered /Listed VNs employed by them.

### 1.8 Veterinary surgeons and veterinary nurses must undertake Continuing Professional Development (CPD) (GtPC)

**C / ALL**

CPD records must be provided for all veterinary surgeons and veterinary nurses in the practice team to satisfy the RCVS requirements as a minimum.

The inspector will ask to see the CPD records of all the veterinary surgeons and veterinary nurses showing the details of CPD undertaken. This must provide evidence that at least the minimum CPD recommended by the RCVS is being undertaken. (It is required that Listed Veterinary Nurses will undertake the same requirements as Registered Veterinary Nurses.)

For veterinary surgeons, the minimum requirement is 105 hours over three years (an average of 35 hours per year). For Registered veterinary nurses the requirement is 45 hours over three years. The practice team includes full-time and part-time employees, as well as locums and others supplying veterinary services on a regular or 'ad hoc' basis.

**GP / ALL**

A written policy encouraging CPD for all veterinary surgeons, veterinary nurses and clinical support staff is required, as well as CPD records for all qualified staff.



Suitable up-to-date reference material must be freely available and accessible to all staff.

The inspector will ask to see a written policy encouraging CPD for all veterinary surgeons, veterinary nurses and clinical support staff.

Up-to-date reference material may be provided from a range of sources (eg books / e-library) provided that they are demonstrable to the Inspector.

While there are no restrictions on the areas of CPD undertaken by individuals it is expected that a significant proportion of CPD will be relevant to the overall types of work undertaken by the both the individual and the practice as a whole.

**VH / EQ**

The hospital must have at least two certificate holders (one with a component covering equine surgery) on the veterinary team. Other certificates may be in any discipline that has an equine component.

It is recognised that where a certificate holder leaves a practice, some time may be required for obtaining a replacement. Evidence should however be provided of the steps taken to ensure continuity in compliance with this standard.

**VH / ALL**

A one-year CPD plan must be provided for the hospital team.

The aim for the future (2015) is that VH/EQs will have one Diplomate in Equine surgery to replace the current Certificate holder; and that VH/SAs will have at least one Certificate holder in a discipline appropriate for the workload of the practice.

**C / ALL**

**1.9 The practice must have in place an annual performance review system for all clinical staff to monitor and plan development (GtPC/BP)**

This would include:

- PDP for newly-graduated veterinary surgeons;
- Developing Schedule 3 skills for veterinary nurses (if appropriate);
- Developing skills for current and new equipment and technology.

It is expected that this would inform training needs and direct future CPD both for individuals and to meet the overall needs of the practice.

It is expected that members of staff will explain to the inspector how developmental needs have been discussed and any issues addressed.

## 2 CLINICAL GOVERNANCE & COMMUNICATION

### 2.1 The practice must have a system in place for monitoring and discussing the clinical outcome of cases and for acting on the results (BP)

GP / ALL



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

**Note:** This provision will apply to Core Standards once relevant provisions are added to the *Guide to Professional Conduct*.

**For all practices:-** this is a developing area and practices should avail themselves of the skills and information available through individual organisations such as the BCVA, BVHA, BSAVA, BEVA, SPVS, VPMA, BVA.

A recommended starting point would be rates of post-surgical infection and actions taken/ discussion of significant events and resultant action. Significant events could, for example, include unexpected reactions/critical incidents/peri-anaesthetic deaths, but could equally include positive outcomes.

For FA practices, a starting point might be a record of outcomes of operations, unexpected deaths and actions taken.

VH / ALL



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

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

## 2.2 The practice must access and use animal health data from the farms under their care (BP)

GP / FA



Evidence must be available of pro-active farm health management. The inspector will expect to see the use of farm data.

This may take the form of access to Herd Companion, Interherd, CIS (Cattle Information Service) records as well as ready access to farm records, farm-specific advisory notes for some or all of the practice clients.

## 2.3 The practice must have an effective means of communication with its clients (BP)

C / ALL



The practice will need to demonstrate how it communicates with all, or the majority, of its clients.

This could be by means of waiting room notices, newsletters/brochures, invoice messaging, general mailings, emails, websites or client meetings and will include at least opening hours/services provided/contact numbers.

GP / FA



The practice must provide evidence of pro-active communication with clients

- Client training or general meetings to be held at least twice a year;
- Newsletters to clients at least quarterly.

It is acceptable for client training/general meetings to be held jointly with another practice(s). The inspector will expect to see evidence of the meetings/training, for example, the contents of meetings, issues focused upon, as well as a record of the key points discussed.

GP / ALL

The practice must ensure that the public are aware of the identity of the individuals involved in the care of their animals.

It would be acceptable for clients to be made aware of the identity of individuals by such means as badges/picture boards/websites/newsletters. The inspector will check that only Registered and Listed veterinary nurses are identified as 'veterinary nurses'.



2.4 The practice must have a means of monitoring client perceptions and feedback (GtPC/BP)

C / ALL

The practice must have a means of recording and considering client complaints.

GP / ALL



The practice must have a written complaints policy and must keep a record of complaints received and the responses made.

VH / ALL



The practice must have a means of encouraging feedback from clients and acting upon the results of feedback.

### 3 OUT-OF-HOURS PATIENT CARE

#### 3.1 The practice must take steps to provide 24-hour emergency cover for the care of animals of those species treated by the practice during normal working hours (GtPC)

C / ALL



A veterinary surgeon must, if in practice, take steps to provide 24-hour emergency cover for those species treated by the practice during normal working hours, including attending away from the practice premises on the rare occasions when in the veterinary surgeon's professional judgement it is deemed necessary.



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

(Please refer to the Annex to the *Guide* on 24-Hour Emergency Cover for details re Duty of Care regarding Domiciliary Visits; and Attendance away from the Practice.)

While the Annex to the GPC does not specify a distance or time that is acceptable, as each will be influenced by local conditions, when making arrangements for the provision of 24-hour emergency cover, practices should give consideration to these factors. Practices should check carefully that their written contract/agreement with another practice or Accredited Emergency Service Centre (ESC) establishes clearly who is responsible for out-of-hours home visits, on the rare occasions that such visits may be necessary.

GP / FA



24-hour emergency cover must be provided by a veterinary surgeon suitably trained in farm animal practice. A protocol must be available to ensure that back-up is available if required.

Back-up may be by telephone/by personal attendance, as appropriate.

Reliance by a practice on individuals predominantly working in other disciplines would not be considered as meeting the requirement without evidence of ongoing training/levels of training attained.

GP / ALL

The inspector will ask to see what arrangements are made for surgical emergencies to ascertain that a suitably trained person would be available to assist in the administration of a general anaesthetic. (It is recognised that this may not be relevant for FA practices where the use of general anaesthesia would not be commonplace.)

VH / ALL

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

## Out-patients

VH / ALL

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

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

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

The inspector will require to see the formal written arrangement entered into between the SA Hospital and the SA Hospital/ESC.

VH / SA

For a practice to provide out-of-hours emergency cover to a Small Animal Hospital, it must either be another SA Hospital or an accredited ESC under the Practice Standards Scheme (ie it must fulfill all of the GP requirements as well as the additional requirements set out in Section 10 of the Manual). All Hospitals must continue to care for their own in-patients. Accredited ESC status requires at least one on-duty veterinary surgeon to “be on the clinic’s premises at all times during all of the hours of operation of the clinic.” This does not preclude a veterinary surgeon attending off-site in the rare circumstances that this may be necessary. Practices should therefore check carefully that their contract with an ESC establishes clearly who is responsible for out-of-hours home visits, on the rare occasions that such visits may be necessary on clinical or welfare grounds.

## 4 PREMISES AND OUT-PATIENT FACILITIES

**NOTE:** GP requirements set out in sections 4.1/4.2/4.4/4.5/4.7 MARKED ++ (FA) WILL ALSO APPLY TO GP/FA where practice premises (other than administrative offices or drugs and other equipment storage facilities) are provided.

C / ALL

### 4.1 The practice premises must be accessible, well maintained and kept clean (L/BP)

The premises must be suitable and adequate for its intended purpose. Buildings must be heated to fulfill minimum legal requirements (ordinarily 16°C), as appropriate.

GP / SA &  
EQ ++ (FA)



The premises must be in good decorative order, clean and well maintained so as to create an atmosphere of clinical cleanliness and efficiency. The premises must be free of offensive odours, and be kept in an orderly condition. Cleaning Schedules must be produced on a regular basis and be routinely audited. All parts of the premises must be adequately lit and ventilated. Adequate storage facilities must be provided. The area immediately surrounding the premises must be maintained in a clean and tidy state.

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



VH / ALL

The buildings must be constructed of brick, stonework, or other substantive materials. The internal walls and floors of in-patient areas must be impervious so as to permit thorough cleansing and disinfection. The join between the floor and the wall must have a curved finish to aid cleaning, with the coving being carried at least 75mm up the wall. All joints in the flooring material or coving must be impervious and finished flush with the surface. Stick-on coving is not acceptable.

The Standards currently only require coving in “in-patient areas” so that coving in waiting areas, and consulting rooms is not to be insisted on.

**VH / ALL**

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

Both emergency background lighting to enable safe evacuation of the premises and an uninterruptable source of light/power for completing surgery, in the event of a power failure, are required.

If powered lifts are used in equine practices it is essential that emergency power or an alternative mechanical means of lifting is available to ensure the ability to lift/move the patient upon completion of all procedures.

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

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

**VH / EQ**

There should be adequate back-up power supply to enable intraoperative radiography to be performed.

**C / ALL**

#### **4.2 The practice must provide a waiting room or reception area of adequate size, with sufficient seating, for the normal caseload of the practice. Staff must have access to appropriate staff amenities (L/BP)**

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

Appropriate staff amenities should include toilets and handwashing facilities.

Staff refreshments must not be prepared in clinical areas.

GP / SA &  
EQ ++ (FA)

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

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

GP / FA

The inspector will require to be satisfied that arrangements are in place suitable for the workload of the practice for clients to contact the practice, book appointments and arrange visits.

VH / SA

The waiting area must be designed to encourage reasonable separation of dogs, cats and other predator/prey species, and nervous animals.

It is acceptable for these to be available “on request” on an ad hoc basis. No general signposting is required.

Where absolute separation cannot be achieved, a protocol for achieving separation as necessary should be available.

#### 4.3 Any other commercial businesses run from the practice must be of an acceptable professional nature (GtPC)

C / ALL

The display of commercially retailed merchandise within the veterinary premises shall be permissible, provided the display is of an acceptably professional nature and of relevant goods. Medicines must not be available for self-service except those with a category AVM-GSL.

VH / SA

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

#### 4.4 Where consultations are carried out at the premises, the practice must have one or more consulting areas, which provide a clean, hygienic environment for consultations in private (BP)

C / ALL

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

C / SA

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

GP / SA ++  
(FA)

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

GP / EQ ++  
(FA)

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

“Consultation Area” for Farm Animal Practices could, in certain circumstances be the “back of a truck”. However, if animals are being off-loaded (and not examined on-trailer) - the area must be secure. It would be acceptable to tailgate into a building so long as the vehicle was driven right up to the building. If unloading takes place into an open car park, there must be a gate to close off the car park.

GP / EQ

There must be appropriately designed facilities in which detailed examinations of horses, as well as diagnostic procedures such as diagnostic analgesia, radiography, ultrasonography and endoscopy can be performed. An area suitable for trotting and lunging horses must also be available.

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

**Please note:** for GP/EQs the area for trotting and lunging need not be on the practice premises so long as it is available.

VH / EQ

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

A covered area suitable for farriery must be available at the practice.

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

**C / ALL**

#### 4.5 The floor area and table in the consulting area must be made of materials suitable for thorough cleaning and there must be adequate washing and disinfection facilities (BP)

**GP / SA &  
EQ ++**

The floor finish must be such as to reduce the risk of the patient slipping and/or falling. Every examination area must have a hand basin available for use by staff and clients either within or immediately adjacent to the consulting area. Procedures must be in place to minimise cross-infection in clinical areas. Particular attention should be paid to high contact areas such as phones/door-handles/keyboards and clinical equipment used. Each room must have facilities for safe disposal of sharps, hazardous and non-hazardous waste.

**VH / SA**

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

#### 4.6 Basic diagnostic and surgical equipment, appropriate to the practice, must be readily available in the consulting area(s) (BP)

**C / ALL**

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

**C / FA**

At least the following must:

- Be present in each vehicle: stethoscope, thermometer, foot-trimming equipment, basic obstetric equipment, flutter valve and basic surgical equipment, waterproof boots and outer clothing and a means of disinfection after each visit.
- Be otherwise available: sterile operating kits appropriate for the species and procedures generally encountered and in date equipment for the collection and storage of laboratory specimens.

It is accepted that equipment in each vehicle may vary depending on the species treatment, so that, for example, the needs of a poultry practice will differ from a cattle practice. Equipment must be appropriate for the range of species treated by the practice.

**GP / EQ**

Stomach tubes and shoe removing/hoof kit must be available, as well as sterile operating kits for procedures generally encountered and in-date equipment for the collection and storage of laboratory specimens.

**GP / SA ++  
(FA)**

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



**VH / ALL**

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

**VH / SA**

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

**VH / EQ**

Suitably constructed stocks for the restraint of patients are required.

**C / ALL**

#### 4.7 There must be adequate ventilation and lighting in the consulting area, as appropriate to the work undertaken (BP)

**GP / SA &  
EQ ++**

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

**C / ALL**

#### 4.8 The practice must have a means of estimating the weight of species routinely treated (BP)

Charts must be available.

For example, standard weight tables.

**GP / EQ**

Weigh tapes/bands or scales must be provided.

**GP / SA &  
VH / EQ**

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

**C / ALL**

#### 4.9 Likely charges must be discussed with clients and updated as necessary (GtPC)



Discussion should take place with the client covering a range of treatment options and prognoses, and the likely charges (including ancillary or associated charges and likely post-operative care) so as to ensure that the client is in a position to give informed consent. The practice must be able to provide written estimates on request.

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



#### 4.10 Itemised invoices must be available at the request of the client (GtPC)

**C / ALL**

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



#### 4.11 The practice must maintain an efficient system of documenting and filing clinical records and comply with the Data Protection Act (L/GtPC)

**C / ALL**

Where appropriate, records must be maintained for each animal or herd. There must be adequate back-up for computerised records.

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

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

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

- Accounts and records;
- Staff administration;
- Contacting own clients.

Evidence of registration under the provisions of the Data Protection Act (if appropriate) should be provided.

**C / ALL**

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

**GP / ALL**

Complete records must contain the following information, where applicable:

- Owner identification - name, address, contact telephone numbers;
- Patient identification - name, species, breed, colour, age, sex, radio frequency identification device or tattoo number and weight (re FA – individual animal identification may be useful and held by the practice but is not compulsory);
- Dates - of all examinations, investigations, and treatments;
- Clinical information – history and details of clinical examination, investigations, provisional diagnosis and treatments;
- Vaccinations - batch numbers and dates (re FA – All treatments – batch numbers and dates)
- Special considerations – abnormal drug reactions by patient or client, concurrent clinical conditions;
- Repeat prescriptions – authorisation and review date;
- External communications – referrals, lab reports;
- Consent forms and estimates.

Different organisations (eg Veterinary Defence Society/Veterinary Medicines Directorate/ HM Revenue and Customs) will have different requirements for the length of time records should be kept. Practices should check directly with these organisations for up-to-date information.

**VH / ALL**

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

Records must also include therapeutic and nursing plans.

#### **4.12 Vehicles routinely used for practice must be clean and well maintained and equipped sufficiently to enable basic procedures to be performed at the client's premises**

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

There must be clear segregation of clean and contaminated items and protective clothing and safe storage and transport of waste materials, including sharps.

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

5 IN-PATIENT FACILITIES

**NOTE:** ALL GP requirements set out in sections 5.1/5.2/5.3/5.7/5.8 and marked ++(FA) WILL ALSO APPLY TO GP / FA PRACTICES if inpatient facilities are provided).

5.1 When animals are admitted for any diagnostic or surgical procedures, informed consent must be sought (GtPC)

C / ALL

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

For further information, see Annex E to the *Guide to Professional Conduct* 2008 and the Veterinary Defence Society website:  
[www.veterinarydefencesociety.co.uk](http://www.veterinarydefencesociety.co.uk)

GP / SA &  
EQ ++ (FA)



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

“Admitted” means where an animal is in the care of the veterinary surgeon and is outwith the presence of the owner.

5.2 In-patient facilities must be secure, in good condition and sufficient for the workload of the practice (BP)

C / ALL

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

C / SA

Washing and disinfectant facilities must be provided for staff in the in-patient area.

Dirt trays, absorbent litter and adequate cage space are required for feline in-patients. Sanitary facilities for ambulatory canine in-patients must be provided. These may be outside and precautions must be taken to prevent the escape of animals.

Feeding equipment must be disposable or regularly disinfected.

**GP / SA &  
EQ ++ (FA)**

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

**Re: GP/SA** - Suitable cages must be available for day hospitalisation. It is acceptable for patients requiring overnight hospitalisation to be transferred elsewhere, where it is in the interests of the patient.

**Re: GP/EQ** – At least one stable suitable for accommodating horses overnight must be available.

**GP / SA &  
EQ ++ (FA)**

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



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

Washing, disinfection and food storage facilities that are separate from those in the clinical areas, must be provided for staff.

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

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

**GP / SA ++  
(FA)**

Facilities to maintain body temperature (eg heat pads) must be available.

Facilities to provide supplementary oxygen must be available.

**VH / SA**

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

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

Facilities must be provided for the bathing, grooming, and drying of in-patients. Heat pads must be available for in-patients. Sanitary facilities for ambulatory canine patients must be provided indoors, under cover or outside within the site boundary.

Suitable facilities for neonatal care must be provided.

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

**VH / EQ**

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

There must be facilities for adequate, hygienic, safe storage and disposal of bedding. Ready access to an exercise yard or paddock of suitable size must be provided with safe and well-maintained fencing.

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

See section 4.4 GP / EQ – the lunging area referred to may double as the exercise paddock.

### 5.3 The practice must provide facilities and adequate nursing staff for the care of any in-patients (GtPC / BP)

C / ALL



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

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

Practices are encouraged to use Registered/Listed VNs to provide the nursing care of in-patients whenever possible.

GP / SA &  
EQ ++ (FA)

All hospitalised animals (other than short/routine surgical procedures admitted as day cases) must have in-patient sheets recording basic husbandry parameters, with timed and initialled entries.

- Temperature;
- Pulse;
- Respiration;
- Treatments;
- Food and water intake;
- Urine and faeces output;
- Clinical signs;

The inspector will wish to be satisfied that all post-op cases are being monitored until discharged from the premises.



VH / ALL

A person directly responsible for the nursing care of in-patients must be within the curtilage of the site at all times. There must be a minimum of daily examination of all in-patients by a veterinary surgeon, which should be recorded on the hospital records. There must be residential accommodation or other arrangements so that a veterinary surgeon, veterinary nurse or an adequately trained member of lay staff is present on the premises 24 hours a day, every day of the year. There must be reasonable and secure night-time access from the residential accommodation to the hospital facilities (it is not acceptable for staff members to have to step on to a public highway); 24-hour continual nursing attention must be available, if needed, for in-patients, and a veterinary surgeon must be available 24 hours a day to attend in-patients.

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

For hospitals, a veterinary surgeon or other responsible person (not necessarily, but preferably a Listed/Registered VN or enrolled student VN) should be on the premises 24/7 in order to meet public expectations for a hospital. It is not acceptable only to have a presence on the occasions when there are in-patients already in the building.

#### 5.4 The practice must provide separate accommodation for the isolation of infectious and zoonotic cases or have a written policy for dealing with such cases that is known to all members of staff (BP)

C / ALL



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

Staff must be trained to implement the SOP, which must include:

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

Where truly separate and self-contained isolation facilities are not available, there must be a detailed SOP setting out how infectious cases are to be dealt with or referred elsewhere. Sending patients home is insufficient.

VH / SA

A hospital must have the ability to isolate an infectious animal from all other patients.

Isolation facilities must have:

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



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

In ward areas, ventilation could be arranged for air to be drawn from cleaner areas to isolation or contaminated areas and thence extracted from the building. The underlying principle is that the risk of any cross-infection should be minimised, therefore airflow should be from “clean” to “dirty” areas, rather than “dirty” to “clean”.

VH / EQ

Isolation facilities must be provided.

## 5.5 The practice must provide a range of intravenous fluids, suitable administration sets and catheters for those species routinely treated (BP)

GP / SA

Intravenous fluids must include blood volume expanders and crystalloids. There must be the ability to deliver controlled small quantities of intravenous fluids (eg Burettes).

VH / SA

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

VH / EQ

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

The isolation box should be separate from the general-use boxes, and must not be a stable within an American barn set up where the air space is shared. It could possibly be on the end of a row of externally-opening stables but it should open in the opposite direction to the others. It must not share air space with the other boxes (ie walls must extend to the ceiling all round), must not drain into a common area and must be accessible for all purposes (treatment, feeding, mucking out etc) without crossing the general stable or treatment area. There should be separate PPE, tack and mucking-out equipment and access to the box must be restricted to limited personnel who must wear protective clothing. There should ideally be separate handwashing facilities.

5.6 Area used for the conduct of surgical procedures (BP)

C / ALL

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

GP / SA



The operating theatre must be available for the conduct of sterile surgery at all times – it must not double up as a consulting room. It must only contain equipment for use in surgical procedures and X-ray equipment. There must be a written procedure for the maintenance of a surgically clean environment. A separate preparation area for the clipping of patients must be provided. There must be an adjustable-height operating table. Scrub facilities must be separate from ward washing facilities. Lighting suitable for the accurate illumination of surgical sites on the patient must be provided in the theatre.

A separate area for clipping does not mean that a practice has to have a separate room used exclusively for preparation purposes. The clipping area may be situated in a room that has another function; it cannot, however, be in the operating theatre.

An autoclave can be placed in an operating theatre, provided that there is a suitable SOP for maintaining asepsis.

Endotracheal tubes should not be stored on the wall of the operating theatre. Anaesthetic circuits are permissible.

GP / SA ++  
(FA)

A means for displaying radiographs must be available in the theatre.

A laptop or mobile X-ray viewer or digital display screen would be acceptable.

GP / SA ++  
(FA)

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

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

## VH / ALL

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

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

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

Electrosurgery and suction must be available for surgical use. There must be a high standard of surgical asepsis (eg surgical gloves must be worn during all aseptic procedures). All personnel must wear scrub suits and hats in the theatre and no outdoor shoes or clothing are allowed. Consideration must be given to the order in which procedures are undertaken, with those most likely to introduce contamination being done last.

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

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

The inspector may want to observe a surgical procedure.

## VH / EQ



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

A written protocol for maintenance of asepsis should be produced.

**VH / SA**

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

A tilting table is advised but not compulsory at this stage, as long as other means of tilting are available.

**VH / EQ**

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

## 5.7 The practice must have equipment for the administration of oxygen and the safe maintenance of anaesthesia (BP)

**C / ALL**

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

**GP / SA &  
EQ ++ (FA)**

There must be adequate facilities for the induction and maintenance of general anaesthesia in the full range of species routinely treated. Equipment must be available for the maintenance of body temperature during anaesthesia and recovery.

**GP / SA ++  
(FA)**

A range of endotracheal tubes must be available. Anaesthetic circuits suitable for the range of patients routinely treated must be provided. Circuits must include a circuit suitable for small patients such as a T-piece, a circuit suitable for medium-sized patients, such as a Lack or a Bain, and a circuit suitable for a giant breed of dog such as a circle unit, or a high flow rate mechanism for a non-rebreathing unit. There must be a source of oxygen and emergency oxygen flush with reducing valve, rotameter and vaporiser. Temperature-compensated vaporisers must be used. The use of uncompensated vaporisers is not permitted except when used in-circuit such as in the Stephen's machine.

There must be suitable means of resuscitation. A resuscitation pack must always be maintained and be readily available for instant use, and checked to ensure the contents are in date.

VH / ALL

A range of induction and maintenance agents must be stocked to permit anaesthesia of all patients treated including the high risk patient. There must be adequate primary and reserve supplies of oxygen.

There must be adequate means of supportive therapy under anaesthesia. Facilities for lengthy intermittent positive pressure ventilation must be provided.

Mechanical ventilation is required for EQ Hospitals. It is not, however, a requirement for SA Hospitals. These must be able to provide IPPV for as long as is necessary and must be able to demonstrate to inspectors how this is undertaken safely, whether mechanically or manually.

## 5.8 The practice must provide suitable monitoring for anaesthetised patients (GtPC/BP)

C / ALL

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

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

GP / SA



A trained member of staff, other than the surgeon, must be present to monitor the patient throughout the general anaesthetic. Evidence of suitable training must be provided if the member of staff is not a Listed/Registered veterinary nurse. Anaesthetic charts must be filled in for each patient (except in emergency or for very short procedures (eg cat castrate). These charts must form part of the clinical records. Also:

- At least one other monitoring device must be available eg oesophageal stethoscope, pulse oximeter, capnograph, ECG.
- The charts must include:
  - \* Date;
  - \* Personnel involved;
  - \* Induction agent;
  - \* Maintenance agent;
  - \* Duration of anaesthetic;
  - \* Surgical procedure;
  - \* Any anaesthetic complications;
  - \* Vital signs.

In-house training is acceptable, but must be evidenced to the inspector. The inspector will wish to speak to those put forward as having competency in anaesthetic monitoring.

GP / EQ

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

VH / SA

Monitoring must be available including pulse oximetry and capnography, blood pressure measurement facility, and oesophageal stethoscope. Records of vital signs and agents employed must be retained. Evidence of staff training in the use of monitoring facilities must be provided.

VH / ALL

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

The criteria should not be interpreted to imply that every piece of monitoring equipment is required for every operation. What is required should be based on a risk assessment and will depend on the number and nature of operations performed – practices should ensure that equipment provided is adequate for the work actually undertaken.

## 5.9 There must be a programme of regular care and maintenance of anaesthetic equipment (L/BP)

C / ALL



Anaesthetic equipment must be subject to professional maintenance according to the manufacturers' recommendations. Regular service records must be produced for all anaesthetic equipment.

The inspector will ask staff how equipment is checked before use on a daily basis.

## 5.10 The practice must provide facilities for the scavenging of anaesthetic gases (L)

C / ALL

Scavenging must comply with current health and safety laws.

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

- Passive scavenging – by duct to the open air;
- Charcoal absorbers – eg Aldosorb;
- Active scavenging – via a pump and air break device.

### 5.11 The practice must carry out monitoring of anaesthetic pollutants in operating areas and maintain written records of this (L)



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

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

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

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



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

### 5.12 The practice must have disinfection and/or sterilisation facilities suitable for the work undertaken (GtPC/ BP)

C / ALL

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

The practice must provide an autoclave, vacuum or non-vacuum or other recognised sterilisation systems, for the effective sterilisation of instruments and equipment.

GP / ALL

Sterile gloves and gowns must be available and used where appropriate.

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

External sterility indicators should be employed in all instances; internal and external indicators are necessary in wrapped/bulky packs. (Internal indicators are not required for single instruments/non-bulky packs).



**GP / ALL**

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



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

**VH / EQ**

Vacuum autoclaves are compulsory.

**VH / SA**

Vacuum autoclaves are compulsory for wrapped packs/drapes.

**C / ALL**

### **5.13 The practice must provide a range of suitable surgical instruments and suture materials for the work undertaken (BP)**

**GP / ALL**

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

**VH / ALL**

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

- General;
- Dental;
- Ophthalmic.

**VH / SA**

Orthopaedic surgery, including facilities for the repair of fractures.

**VH / EQ**

Orthopaedic instrumentation must include arthroscopic and internal fixation equipment.

### **5.14 There must be a Written Scheme of Examination for all autoclaves within the practice, as required under Pressure Systems Safety Regulations (2000). A current certificate of inspection must also be available (L)**

**C / ALL**

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

C / ALL



A Written Scheme of Examination must be titled as such, and must specify how and when the autoclave(s) must be inspected. Practices must also have a Certificate of Inspection under the regulations. It will be titled Certificate of Inspection under the Pressure Systems Safety Regulations (2000).

Only pressure vessels over 250 bar litres are covered by the Pressure Systems Safety Regulations (2000). All autoclaves would come into this category and each would require both a written Scheme of Examination and Certificate of Inspection. Dental machines are unlikely to work at such high pressure and so are usually exempt from the provisions.

NB - A service is not necessarily an inspection under the regulations, and a note of the last service is not a written Scheme of Examination. A Written Scheme may be obtainable from the manufacturers.

### 5.15 Provision of dental equipment (GtPC/BP)

C / ALL

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

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

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

C / EQ

A range of angled and straight hand held rasps and a gag must be available.

GP / SA

Facilities must be available to mechanically scale and polish teeth.

Facilities must be available to mechanically section teeth and perform surgical extractions. Suitable cooling water must be available at the operative site. High speed air driven dental hand pieces are recommended. Electrically driven hand pieces may be used.

Suitable facilities for performing rabbit dentistry should be available (Including suitable gags, anaesthesia, rasps). Rabbit incisor teeth should be mechanically trimmed. Clipping the teeth would not be considered acceptable.



Proper dental records and treatment charts must be maintained. Suitable summaries must be made on the patient main record.

GP / SA

Measures must be employed to reduce aerosol contamination of other areas, especially the sterile operating theatre.

VH / SA

Dentistry must never be performed in surgical theatres. Suitably-powered air extractors in the dental area will be of assistance.

The use of sterilised dental packs for each procedure is expected.

Suitable facilities to obtain dental radiographs must be available. This will require the use of intra-oral and non-screen films or digital facilities.

VH / EQ

Motorised dental equipment and evidence of training in their use must be available.

Specific measures to prevent contamination beyond the immediate dental area must be taken. These might include use of suction tips close to the operating head of scalers and dental hand pieces, an extraction fan close to the operating site or ideally a dedicated dental procedure room with negative pressure ventilation.

## 6 DIAGNOSTIC EQUIPMENT AND FACILITIES

### 6.1 The practice must: (BP)

GP / EQ

Provide ultrasonographic equipment capable of acquiring good quality images of the flexor tendons of the distal limbs, superficial structures and per rectum images of the ovaries and uterus.

GP / SA



Provide (or demonstrate an ability to access where necessary) ultrasonic equipment for the full range of species treated.

Evidence must be provided of training or CPD for staff in use of the equipment. Reference material must be available.

VH / SA

Provide an ultrasound system capable of providing diagnostic quality images of the full range of species treated.

Provide electrocardiography equipment producing a recordable trace suitable for taking measurements.

VH / ALL



Electrocardiography Recordings (ECG) must be suitably filed and stored. Use of a remote diagnostic facility is acceptable.

Facilities must be available for bone marrow aspiration.

VH / SA



Endoscopes must be provided to allow diagnostic investigation of the upper and lower digestive tract and upper airway/trachea of appropriate species.

A pair of biopsy forceps must be available.

Evidence must be provided of training or CPD for staff. Reference material must be available. It is recognised that there are few courses for endoscopy. "In-house" training could be provided by one individual in a practice to another. In this case the approach accepted would be that competency should not be purely taken on trust and that more will be expected in the inspection process. The inspector will wish to speak to those put forward as having competency in endoscope use, and depending upon the responses given, for the inspector to decide upon what (if any) further issues might be raised (eg look at what reference material is available, look at evidence of use by reference to clinical cases).

VH / EQ

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

Endoscope(s) of an appropriate quality suitable for the workload of the hospital must be provided. A pair of biopsy forceps must be available.

## 6.2 X-ray facilities (BP)

C / SA / EQ

Evidence must be provided of diagnostic quality radiographs of all parts of the range of species treated. There must be sufficient provision for the non-human physical restraint of SA patients during radiography and regular inspection of safety equipment must be recorded. Sufficient means of mechanical restraint must be provided for the range of species treated. Core SA/EQ practices must be able to demonstrate what system/procedure/protocol is in place if a patient requires an X-ray and this facility is not available within the practice.

GP / SA

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

For an individual premises (branch or main practice) to be accredited as a GP there must be X-ray facilities actually available on site in those premises.

GP / EQ

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

The equipment and a competent radiographer must be readily available at the practice at all times; it cannot be available intermittently through, for example, an external provider.

VH / ALL

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

VH / EQ

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

C / ALL

### 6.3 A suitable and sufficient assessment of the risks of ionising radiation must be made for the purpose of identifying the measures to restrict exposures to employees and other persons (L)

The risk assessment must be sufficient to demonstrate that:

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

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

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

### 6.4 The practice must appoint a radiation protection adviser (RPA) who possesses appropriate knowledge and experience relevant to veterinary practice (L)



The inspector will ask to see an agreement with an RPA, including the scope of the activities upon which advice is required. RPAs previously appointed under IRR85 must be reappointed in writing. The inspector will ask to see a copy of the last RPA report, together with evidence that any recommendations have been complied with.

The precise frequency of visits by an RPA will be discussed and agreed between the RPA and the practice. Material changes in eg equipment or workload must be notified to the RPA, who will decide if a visit is required.

Practices should note that a Certificate of Competency issued to an RPA does not automatically denote experience of veterinary practice and suitable enquiries should be made. A list of the RPA 2000 Certificate holders is available from [www.srp.uk/rpa2000/holdersrpp-doc](http://www.srp.uk/rpa2000/holdersrpp-doc).

## 6.5 The practice must appoint a Radiation Protection Supervisor (RPS) in writing (L)



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

See [www.hse.gov.uk](http://www.hse.gov.uk) for more information on the role of the RPS.

## 6.6 The practice must notify the Health and Safety Executive (HSE) of their use of ionising radiations (L)



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

In the absence of a copy of the letter sent by the practice to HSE (and for practices in business for a number of years and without any formal documents) the practice should telephone the HSE and obtain confirmation that they are registered, and make a telephone note of the name of the individual with whom they have spoken, date etc. There is no specific form for notifying HSE but notification must be in writing to the local HSE office and the inspector will require to see a copy. Notification should include:

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

**6.7 A copy of Guidance Notes for the Safe Use of Ionising Radiations in Veterinary Practice (IRR 1999) must be available to all members of the practice (BP)**

**C / ALL**



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

Copies are available from the BVA.

**6.8 There must be a system of personal dose monitoring for all persons entering the controlled area as agreed with the appointed RPA. Records must be maintained of the doses received for at least two years (L)**

**C / ALL**



The arrangements for personal dose monitoring must be made in consultation with the RPA.

Any personal dose meters should normally be worn on the trunk. They must not be left inside a controlled area when not being worn and must be stored away from sources of ionising radiations and extremes of temperature. They must only be worn by the person to whom they are issued.

**6.9 Written local rules must be approved by the RPA and clearly displayed to all staff (L)**

**C / ALL**



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

- Name of RPS;
- Controlled area – when and where it exists;
- Dose investigation level;
- Contingency plan;
- Written arrangements;
- Name, address and telephone number of RPA;
- Duties of RPS;
- How entry to controlled area is restricted;
- Arrangements for maintenance of equipment
- Dosimetry arrangements;
- Use, storage and inspection of Personal Protective Equipment (PPE).



C / ALL



Clinical staff involved with radiography must sign to indicate that they have read and understood the local rules. Separate local rules must be agreed with the RPA in respect of any separate dental X-ray equipment.

**6.10 A controlled area must be designated in accordance with advice from the RPA. It must also be adequately described in the local rules, physically demarcated where practical and provided with suitable and sufficient signs and warnings, all in accordance with the RPA's advice (L)**

C / ALL

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

C / ALL



**6.11 The X-ray machine must be serviced annually and there must be written evidence of a satisfactory report (L)**

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

**6.12 The X-ray machine must have a functional light beam diaphragm (BP)**

C / ALL

The X-ray beam must be collimated so as to leave a margin of unexposed film on all edges of the radiograph.

### 6.13 Sufficient personal protective equipment must be provided and examined at regular intervals (L)

C / ALL

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

Personal protective equipment may not be required where a practice confirms that:

- Animals are never held; and
- There are no circumstances where staff enter the controlled area when the x-ray machine is switched on; and
- The isolation switch for the machine is located out with the controlled area; and
- The practice provides written confirmation from their RPA that the situation is acceptable.

### 6.14 Suitable cassettes and positioning aids must be provided (L/BP)

C / EQ

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

C / SA

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

GP / SA

A good quality grid must be available. A suitable range of cassettes, screens or digital alternatives must be available.

VH / ALL

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

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

A range of grids suitable for species routinely treated should be available. This should include a grid and cassette of at least 30cm x 40cm. The underlying principle is that x-rays of a large dog's chest may be taken in one picture to avoid errors in two frames.

### 6.15 A chart of commonly used exposures must be available (BP)

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



### 6.16 A record of all X-ray exposures, which contains a chronological record of the patient details, date, region radiographed, exposure factors and personnel involved must be available/easily retrievable (L/BP)

C / ALL

This must provide a permanent record of all X-ray exposures and records and identify the persons involved. Suitable back-up must be provided for the electronic files produced by digital radiography.

GP / ALL

The detailed record of X-ray exposures must contain:

- Patient identification;
- Breed;
- Area exposed/view;
- Exposure factors;
- Type of film/grid/screen;
- Date;
- Quality of the resultant radiograph;
- Names of any personnel present.

Original x-ray plates should be retained or scanned and kept in computerised form.

VH / ALL

The sole use of self-adhesive labels for the identification of radiographs is not acceptable. Radiographs should be identified at the time of the exposure.

### 6.17 There must be suitable film processing facilities (used and maintained in accordance with the manufacturer's instructions to avoid wasted exposures). The film processing area must be ventilated (L/BP)

C / ALL

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

**VH / ALL**

Unless digital radiography is in use, automatic processors with automatic replenishment must be employed to develop radiographs instead of manual methods.

### 6.18 All X-ray chemicals must be stored safely and disposed of in an appropriate manner (L)

**C / ALL**

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

Silver traps may be used in accordance with guidance/approval from the relevant local water authority.

## 7 LABORATORY AND POST-MORTEM FACILITIES

### 7.1 Provision of laboratory facilities and/or referral of samples to an external organisation (L/BP)

C / ALL



Where pathological samples are sent to external organisations, a suitable range of containers, envelopes and forms must be available. There must be an SOP for the post and packaging of pathological samples which complies with current packaging regulations.

GP / SA

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

GP / EQ

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

VH / SA

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

Suitable arrangements must be made for the following detailed investigations:

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

The following equipment must be provided on the premises:

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

VH / EQ

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

The reason for requesting these facilities is to ensure that the practice is able to perform basic diagnostic procedures at all times.

## 7.2 The laboratory procedures must be performed in a clean and tidy designated area used specifically for that purpose (BP)

C / ALL

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

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

## 7.3 All laboratory procedures must be undertaken by designated persons who are suitably trained in the tasks performed by them (BP)

C / ALL



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

GP / EQ



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

VH / ALL



If bacteriology is undertaken on site, adequately qualified staff must be available. The accurate interpretation of bacteriology plates requires staff qualified to HNC in Applied Biology or equivalent standard. There must be a nominated person in overall charge of the laboratory facilities.

## 7.4 The results of all laboratory tests must be stored so as to permit easy retrieval (BP)

C / ALL

Data must be stored safely in an easily retrievable form.

The inspector will expect to see evidence of storage of results.

GP / ALL



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

## 7.5 There must be suitable arrangements for quality control (QC) and assurance of automated practice laboratory tests (BP)

GP / ALL



In addition to internal QC procedures, quality assurance by reference of internal samples to external laboratories or internal analysis of external samples must be routinely undertaken and results documented.

The inspector will expect to see results of the external quality assurance.

The frequency of external quality assurance testing should be related to the number of tests undertaken. It is expected that this will be at least quarterly.

## 7.6 Adequate post-mortem facilities must be available or other arrangements made (BP)

C / ALL

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

When conducting post-mortem examinations full consideration must be given to the health and safety issues associated with primates, birds and reptiles. Adequate risk assessment and protocols need to be undertaken and consideration must be given to the use of active filtered air extraction and the provision of suitable additional adequate protective clothing, and the use of glove boxes or similar, to guard against zoonoses.

When making arrangements for a post-mortem examination the practice must ensure that clients are made aware of the level of procedure being undertaken, ie whether or not it will involve a full pathological examination, as well as the costs involved.

## 8 MEDICINAL PRODUCTS

### 8.1 All medicinal products must be stored in a clean and tidy location in accordance with manufacturers' recommendations and appropriate records kept (L)



A record of premises and other places where medicines are stored or kept must be available.

All medicines should be stored in accordance with manufacturers' recommendations whether in the practice or in a vehicle. If it is stipulated that a medicine be used within a specific time period, it must be labelled with the opening date, once broached.

Accurate records of POM-V and POM-VPS medicines received and supplied must be kept.

Records of medicines administered to food-producing animals must include batch numbers; in the case of a product for a non-food-producing animal, this need only be recorded either on the date of receipt of the batch or the date a veterinary medicinal product from the batch is first supplied.

Under the Veterinary Medicines Regulations (VMRs), it is necessary for a record to be kept at a practice's main premises of all premises and other places where medicines are stored. This could, for example, be homes where medicines are kept for on-call purposes and practice cars. The Record may be in any form, provided that it is accessible to the inspector.

C / ALL





There should be additional records of medicines administered to food producing animals under the Cascade as detailed in Part 3 of the VMRs.



The pharmacy must be operated in accordance with the rules laid out in the current BVA Code of Practice or alternative appropriate publication. Monitoring of temperatures wherever medicines are stored must be undertaken (including consulting rooms and prep rooms). There must be proper monitoring and recording of maximum and minimum temperatures in the refrigerator and pharmacy, and where temperatures have been recorded outwith the appropriate ranges, there must be evidence of an action plan to remedy such deviations, and to deal with affected medicines. Consideration should be given to the use of alarms to indicate when temperatures stray out of set parameters. An adequate supply of medicines and materials used in the treatment of patients must be readily available.

If maximum and minimum temperature recordings are being taken wherever medicines are stored it is not necessary to take additional recordings of ambient temperatures.

Data loggers and maximum/minimum thermometers will provide constant monitoring. However, for those without an alarm to warn of temperature deviations, and for maximum/minimum thermometers, checks are required to be made daily and the inspector will ask to see written records, produced on a weekly basis, showing the results for the week.

VH / ALL



At least one member of staff must have completed an appropriate pharmacy course, (for example, BSAVA Dispensing Course) within the last five years.

## 8.2 There must be an efficient stock control and stock rotation system in operation. Out-of-date medicines must be disposed of according to current legislation (L)

There must be an efficient stock control system to ensure a continuous supply of all medicines and removal of out-of-date medicines. At least once a year a detailed audit should be carried out and incoming and outgoing medicines reconciled with medicines held in stock and any discrepancies recorded.



**A practice must be able to demonstrate to the inspector the ability to carry out a detailed audit as clarified by the VMD; in addition, the inspector will ask to see a full audit and reconciliation of all Schedule 2 controlled drugs (ie the Register - see 8.3 below – and the balance of drugs in stock).**

Medicines should be disposed of in accordance with the relevant regulations.

See VMD's clarification note on record keeping [www.vmd.gov.uk/General/VMR/VMG07notes.htm](http://www.vmd.gov.uk/General/VMR/VMG07notes.htm).

This indicates that a system linking incoming and outgoing transactions with stock held, for example, may provide an ongoing running total which, with the addition of a periodic physical stock count to verify the stock held, may meet the audit requirement.

Where an annual or more frequent stock take, which includes the main features set out above, is carried out for any reason such as, for example, tax purposes, the VMD would consider that the “detailed audit” requirement is being met.

C / ALL

### 8.3 If Controlled Drugs are kept, these must be stored and recorded according to current legislation (L)

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

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

For information on the requirements on a CD Register, see the BVA Code of Practice on Medicines/The BSAVA Guide to Medicines.



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

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

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

**Schedule 4:** Includes most of the benzodiazepines (temazepam is now in Schedule 3) and androgenic and anabolic steroids (eg clenbuterol).

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



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

The inspector will ask to see the Controlled Drugs cabinet and registers (a register should be kept for each controlled drug) and prescriptions against which supplies of Controlled Drugs of Schedule 2 and 3 have been made, to confirm in particular that:

- Appropriate records are kept;
- That any out-of-date Controlled Drugs have been destroyed by an authorised person;
- For supplies of Controlled Drugs of Schedules 2 and 3, against other veterinary surgeon's prescriptions;
  - \* The prescriptions have been retained at least two years;
  - \* The date on which the supply was made is marked on the retained prescriptions;
  - \* The supply of Controlled Drugs was made within 28 days of the appropriate date on the prescription (also for supplies of Controlled Drugs of Schedule 4);
  - \* The name of the person who collected the controlled drugs is recorded in the Controlled Drugs Register (for Controlled drugs of Schedule 2 only).

The requirements for entries for the informal ketamine register are the same as for the Register (though the entries need not be signed). It is expected that running totals will be kept and checks against stock carried out at least weekly.

## 8.4 Medicines must be prescribed and supplied according to current guidelines (L)

POM-V and POM-VPS medicines may be prescribed and supplied by a veterinary surgeon. Alternatively, medicines may be prescribed and a prescription written by a veterinary surgeon and the supply made by another veterinary surgeon (or a pharmacist) on the authority of that prescription.

### PRESCRIBING GENERALLY

- A veterinary surgeon who prescribes a POM-V medicine must first carry out a clinical assessment of the animal and the animal must be under his or her care (See *RCVS Guide to Professional Conduct* Part 2H for guidance).
- A veterinary surgeon who prescribes a POM-V or POM-VPS medicine must be satisfied that the person who will use the product will do so safely, and intends to use it for the purpose for which it is authorised.

### PRESCRIBING WITHOUT SUPPLYING

If a veterinary surgeon prescribes by written prescription (for supply by another veterinary surgeon or a pharmacist), in addition to the requirements for prescribing generally, he, or she must:

- Each time he or she prescribes the medicine advise on its safe administration and as necessary on any warnings or contra-indications on the label or package leaflet;
- Not prescribe more than the minimum amount required for the treatment (see exemptions in Schedule 3 paragraph 7 of the VMRs).

### PRESCRIBING WITH SUPPLY

If a veterinary surgeon supplies a POM-V or POM-VPS medicine, in addition to the requirements for prescribing generally they must:

- Advise on its safe administration and, as necessary, on any warnings or contra-indications on the label, package leaflet;
- Not supply more than the minimum amount required for the treatment (see exemptions in Schedule 3 paragraph 7 of the VMRs).

[A Suitably Qualified Person (SQP) under the Veterinary Medicines Regulations is under similar requirements for the prescription and supply of POM-VPS medicines.]

## C / ALL

### SUPPLY IN THE ABSENCE OF THE VETERINARY SURGEON

Having prescribed a POM-V or POM-VPS medicines, if the veterinary surgeon is not present when the medicine is handed over, they must:

- Authorise each transaction individually before the medicine is supplied;
- Be satisfied that the person handing it over is competent so to do.

A veterinary surgeon could meet the requirement to authorise each transaction by:

- Handing over a medicine personally following a consultation, or instructing a fellow member of staff to supply the medicine;
- Making a note on a client's records that repeat prescriptions could be supplied to the client;
- A member of staff taking a call from a client and putting a medicine aside for the veterinary surgeon to authorise before being supplied;
- In the case of a client unexpectedly coming into the practice, by a phone call to the veterinary surgeon to authorise the supply.



### SUPPLY OF NFA-VPS MEDICINES BY A VETERINARY SURGEON OR SQP

If a veterinary surgeon or SQP supplies an NFA-VPS they must:

- Be satisfied that the person who will use the medicine will do so safely, and intends to use it for the purpose for which it is authorised;
- Each time the medicine is supplied, advise on its safe administration and on any warnings or contra-indications on the label, package leaflet;
- Not supply more than the minimum amount required for the treatment (see exemptions in Schedule 3, paragraph 7 of the VMRs).

The inspector will ask to see appropriate protocols, certificate records and/or a random sample of clinical records for evidence of compliance with all these requirements. Re SQPs, the inspector will ask to see SOP for procedures for supplying POM-VPS/NFA-VPS.

### SHEEP DIP



In the case of supply of sheep dips, the customer/user must provide a certificate of competence in the safe use of sheep dips and must be provided with two pairs of gloves with every product prescribed and supplied, as well as a laminated notice. Sheep dip certificate numbers must be retained for at least three years.

## 8.5 All containers and outer packs must be dispensed by the practice legibly and indelibly labelled with the following information (L/BP)

### MEDICINES OTHER THAN POM-Vs

All such medicines supplied by the practice must be labelled in accordance with the VMRs. Generally, such medicines must be supplied in a container (with labelling) specified in the marketing authorisation for the medicine. It is advised that, in addition, such medicines are labelled with the name and address of the practice supplying the medicine.

For supply under the Cascade see below.

### POM-V

All POM-V medicines supplied by the practice must be labelled with the following information:

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

### MEDICINE SUPPLIED FOR USE UNDER THE CASCADE

Medicines for supply under the Cascade, must include the following additional information:

- Identification of the animal or group of animals;
- Name of the veterinary surgeon who has prescribed the product.

And, unless already specified on the manufacturer’s packaging:

- Any special precautions;
- The expiry date;

- Any necessary warnings for the user, target species, administration or disposal of the product.



The inspector will ask to see a practice label produced and evidence that medicines for supply are labelled appropriately.

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

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

C / ALL

VH / ALL

All labels must be mechanically or machine produced. Handwritten labels are not acceptable.

### 8.6 Practices must make clients aware that they can request a prescription (L)



Veterinary surgeons must:

- Ensure clients are able to obtain prescriptions, as appropriate (a veterinary surgeon may prescribe a medicine of category Prescription Only Medicine, Veterinarian, [POM-V] only following a clinical assessment of an animal under his or her care; a prescription may not be appropriate if the animal is an in-patient or immediate treatment is necessary);
- Subject to any legal restrictions, ensure there is adequate provision on information on medicine prices, including the current prices for the ten relevant veterinary medicinal products most commonly prescribed during a recent and typical three-month period, to provide clients with a fair and representative illustration of the practice's medicines prices;
- Provide the price of any relevant veterinary medicinal product stocked or sold, to clients or other legitimate enquirers making reasonable requests;
- If requested, inform clients of the price of any medicine to be prescribed or dispensed;
- Where possible and relevant, inform clients of the frequency and charges regarding further examinations of animals requiring repeat prescriptions;

The inspector will ask to see evidence that the practice complies with this guidance and that the correct code of practice for prescription writing is available for veterinary surgeons.

C / ALL

**C / ALL**

- Provide clients with an invoice that distinguishes the price of relevant veterinary medicinal products from other charges and, where practicable, provide clients with an invoice that distinguishes the price of individual relevant veterinary medicinal products;
- Advise clients, by means of a large and prominently displayed sign or signs (in the waiting room or other appropriate area), with reference to the following:
  - \* “Prescriptions are available from this practice.
  - \* “You may obtain Prescription Only Medicines, Category V, (POM-Vs) from your veterinary surgeon OR ask for a prescription and obtain these medicines from another veterinary surgeon or a pharmacy.
  - \* “Your veterinary surgeon may prescribe POM-Vs only for animals under their care.
  - \* “A prescription may not be appropriate if your animal is an in-patient or immediate treatment is necessary.
  - \* “You will be informed, on request, of the price of any medicine that may be dispensed for your animal.
  - \* “The general policy of this practice is to re-assess an animal requiring repeat prescriptions every [xx] months, but this may vary with individual circumstances. The standard charge for a re-examination is £[xx].
  - \* “The current prices for the ten POM-Vs most commonly prescribed or supplied during [xx] (a typical three-month period were:
    - \* “[The ten drugs and prices listed];
    - \* “Further information on the prices of medicines is available on request.”
- Provide new clients with a written version of the information set out in the sign or signs referred to above, which may be set out in a practice leaflet or client letter or terms of business document.
- On a continuing basis, take reasonable steps to ensure that all clients are provided with a written version of the information set out in the sign or signs referred to above, which may be set out in a practice leaflet or client letter

Precise wording need not be followed, but all points should be covered in the sign.

The Prescription Notice/List of Top Ten Drugs must be placed in a prominent position. The Inspector will expect that any notice will be at least A4 size, and clearly visible.

Reasonable steps may include a combination of practice leaflets, client letters, information on practice websites



## 8.7 Medicines must be used in accordance with the legislation commonly referred to as “the Cascade” (L)

C / ALL



The prescribing Cascade is contained in the Medicines (Restrictions on the Administration of Veterinary Medicinal Products) Regulations 2004. If there is no suitable authorised veterinary medicinal product in the United Kingdom for a condition in a particular species, in order to avoid unacceptable suffering veterinary surgeons may exercise their clinical judgement according to the “Cascade”, whereby they select in the following order:

- A veterinary medicinal product authorised in the United Kingdom for use with another animal species, or for another condition in the same species;
- If, and only if, there is no such product that is suitable, either:
  - \* A medicinal product authorised in the United Kingdom for human use or
  - \* A veterinary medicinal product not authorised in the United Kingdom but authorised in another European Member State for use with any animal species (in the case of a food-producing animal, it must be a food-producing species) (see Special Import Certificate VMD Guidance Note 7);
- If, and only if, there is no such product that is suitable, a veterinary medicinal product prepared extemporaneously by a pharmacist, a veterinary surgeon or a person holding a manufacturing authorisation authorising the manufacture of that type of product;
- If a veterinary surgeon considers that there is not a suitable veterinary medicinal product authorised in the UK or another EU Members state to treat a condition then it is possible to apply for a Special Treatment Certificate (STC) to import a suitable authorised product from outside the UK. A STC will not be issued if a suitable product is authorised and available in the UK or in another EU Member State.

The inspector will wish to see evidence that off-label medicines are clearly identified to owners who give informed consent for their use. Written forms for signature are expected. Human generic preparations must not be used other than under Veterinary Medicines Guidance Note 15 (VMG15) which allows for the welfare of animals to be a primary consideration in the choice of treatment.

It is not acceptable to use an all embracing “general” lifelong consent for any and all off-label products that might be given to any animal, though it would be acceptable where there is a specific ongoing condition requiring off-label drugs for a lifelong consent form to be used. Similarly in the case of eg exotics where there are no licensed products available, this would be acceptable. The inspector will ask to see completed off-label forms – not just that a stock of blank forms is held.

Records of products administered to food-producing animals under the cascade should contain the following information, going back five years:

- The date the veterinary surgeon examined the animals;
- The name and address of the owner;
- The identification and the number of animals treated;
- The result of the veterinary surgeon's clinical assessment;
- The trade name of the product if there is one;

### 8.8 The practice must have access to advice from a service providing veterinary specific advice on management of poisons (BP).

GP / ALL



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

- The manufacturer's batch number; shown on the product, if there is one;
- The name and quantity of the active substances;
- The doses administered or supplied;
- The duration of treatment; and,
- The withdrawal period.

Where a whole herd/flock is treated with a medicine, it may be acceptable to record 'whole herd' or 'whole flock' and not every individual animal's number.

### 8.9 A practice must be able to access SARSS report forms (L)

C / ALL



Adverse reactions in humans or animals to medicinal products must be reported promptly to the Veterinary Medicines Directorate and/or to the manufacturer. A protocol is required that recognises when the use of SARSS forms is necessary. Completed copies should be retained and form part of the clinical records.

It is not necessary to have a formal annual contract. An SOP to show how information is being assessed, for example, via websites on a 'pay-as-you-go' basis would be acceptable.

The inspector will ask to see the protocol so as to be satisfied that the practice will be able to recognise any adverse reactions and also ask the practice about the frequency of reporting. If there have been any such reports, the inspector will ask to see copies.

C / ALL



### 8.10 The practice must have a Wholesale Dealers Authorisation (WDA) if over 5% of the Veterinary Medicinal Products annual turnover is from wholesale trade

The inspector will ask to see a copy of any WDA and evidence that Veterinary Medicinal Products are supplied only to approved businesses (WDA holder, veterinary surgeon, SQP, pharmacist).

## 9 SAFETY PROCEDURES

C / ALL



### 9.1 The practice must set out its policy for Health and Safety (L)

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

Where five or more people are employed (even if this is only temporarily) this policy must be set down in writing. Such a written policy must include:

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

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

The law applies when people are at work so will also apply to farm/equine practitioners working mainly from vehicles but also from home, and where locums are used. Employers have duties to ensure the health and safety of their employees and this includes situations where work is carried out at, or from, home.

Veterinary surgeons who are self-employed also have duties towards their own health and safety and that of third parties (eg their family/locum) therefore, health and safety requirements do apply in this situation (it would be unacceptable for a home-based veterinary surgeon, for example, to store veterinary drugs in a domestic cabinet with other medication intended for the family: suitable storage would be required). Equipment used at home for work purposes also needs to comply with health and safety regulations and would be subject to maintenance and testing.

C / ALL

### 9.2 The practice must undertake Health & Safety risk assessments (L)

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

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

This includes employees, part-time staff, trainees, clients, contractors and others who may be affected by work activities.

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

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



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



Risks from the activities of work areas commonly found in veterinary work should be assessed, and local rules formulated.

Activities/work areas to be considered would include both physical and psychological health, for example:

- Cleanliness/tidiness;
- Disinfection;
- Handling and restraint of animals (including the use of on farm facilities);
- Manual handling and lifting of weights (with particular reference to aids for moving heavy/paraplegic animals);
- Slips/trips/falls;
- Veterinary medicines/pharmaceuticals;
- Anaesthetic gases;
- Injection procedures (risk of self-injection);
- Risk to pregnant workers;
- Risk of work related stress;
- Proper use of work equipment:
  - \* Display screen equipment;
  - \* Office electrical equipment;
  - \* Portable electrical appliances;
  - \* Autoclave;
  - \* Dental machine;
  - \* X-ray machine;

Risk assessments must still be undertaken and policies formulated even where a practice has five or less employees, but these do not have to be in written form, although this is encouraged in all cases. Where a practice with five or fewer employees has no written risk assessment, it should be able to explain the assessments undertaken to the inspector.

Please note: these are examples only and practices should refer to the HSE for further information/consideration to be given to specific matters that may affect their individual practices.

**C / ALL**

- Anaesthetic equipment;
- \* Laboratory equipment;
- Laboratory procedures;
- Dental procedures using mechanical scaling;
- Security of staff, including provisions for lone/night working;
- Dealing with members of the public;
- Personal protective equipment;
- First aid, recording and reporting of accidents;
- Disposal of sharps, clinical, pharmaceutical, chemical and other waste (including safe handling of spillages/leakages, broken and unwanted containers);
- Infectious disease/biological agents;
- Zoonoses; (eg fungal - ringworm; bacterial - salmonella; viral - birdflu)
- Working at height;
- Water supplies/air-conditioning maintenance;
- Transport and storage and use of gas cylinders;
- Vehicles and driving for work
- Risk assessments for the employment of young persons (under 18 years of age) are required;
- A Risk Assessment assessing whether the practice premises does, or is liable to, contain asbestos, any risk arising therefrom and action taken to manage risk, may be required (Control of Asbestos at Work Regulations 2002 & 2006).

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

Proper safety precautions must be taken for staff on duty at night. An appropriate protocol for dealing with night-time callers must be in place. Suitable means must be available to enable staff to call for immediate assistance when necessary.

In addition to undertaking risk assessments for storage and transport of drugs and firearms, other veterinary aspects of working out of a vehicle, such as bio-security and waste disposal also need to be considered.

Other considerations should include: is the person a competent driver/appropriately licensed for the vehicle they will drive? Are they aware of the employer's policy on work-related road safety? This list is not exhaustive and would equally apply to small animal practices providing vehicles to staff members.

Under the 2006 Regulations, owners and tenants with leases that include responsibility for building maintenance must carry out a survey to locate asbestos containing materials and record their condition, which can then be used to assess risks and decide what action is required. (See HSE leaflet INOG223 (rev 3).)

### 9.3 The practice must make arrangements to consult with staff on matters of Health & Safety (L)

C / ALL

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

- The regular circulation of the Health & Safety policy amongst staff, including the significant findings of risk assessments;
- The regular circulation of the results of any monitoring of Health & Safety standards in the work place and action for their improvement;
- Not only giving information to employees but also listening and taking into account what they say before making any health and safety decisions.



The inspector will ask to see evidence that staff have free access to the practice Health & Safety policy, risk assessments and its regular updates. This evidence will require staff to sign and date policies and reviews to confirm they have been read. Updates may be annual or more frequently if hazards/risks change.

Consulting employees on health and safety matters is a legal requirement and is more than simply having health and safety documents on site for staff to refer to and is very important in creating and maintaining a safe and healthy working environment. Through consultation, an employer should motivate staff and make them aware of health and safety issues. This helps to improve efficiency and reduce the number of accidents and work-related illnesses. Consultation with employees must be carried out on matters to do with their health and safety at work including:

- Any change which may substantially affect their health and safety at work ie in procedures, equipment or ways of working;
- Changes to an employer's arrangements for getting competent people to help him or her satisfy health and safety laws;
- Information must be given to employees on the likely dangers arising from their work, measures to reduce or eliminate these risks and how they should deal with these risks; and,
- Information on planned health and safety training and any health and safety consequences in introducing new technology.

C / ALL



**9.4 The practice must have a completed Health & Safety law poster, which is displayed for all staff to see (L)**

Practices should note that an updated poster was introduced with effect from April 2009. However, the 'old' version issued in 1999 remains valid until April 2014. As an alternative to a poster a practice may give its workers a pocket card (as approved by HSE). (The 'old' leaflet also remains valid until April 2014.)

C / ALL



**9.5 The practice must have appointed, in writing, a Safety Officer/Health & Safety Representative amongst the staff (L)**

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

C / ALL

**9.6 The practice must have undertaken a thorough assessment of the risks arising from the use of veterinary medicines substances hazardous to health within the practice (L)**



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

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

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

Safety data-sheets are not legally required for veterinary medicines and many medicine companies do not produce them. Practices should therefore ensure that they have access to the current version of either the Summary of Products Characteristics (SPC) or a data-sheet for each authorised medicine used or stored in the practice. Copies of the current NOAH Compendium of Data Sheets are acceptable to fulfill this requirement for those medicine companies that participate. See [www.vmd.gov.uk/ProductInformationDatabase/Default.aspx](http://www.vmd.gov.uk/ProductInformationDatabase/Default.aspx) (for veterinary SPC) and [www.emc.medicines.org.uk](http://www.emc.medicines.org.uk) (for non-veterinary SPCs).

It should be noted that the lists mentioned are not exhaustive and practices should consider their own individual medicine/substance usage.

C / ALL

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

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

- Any hormones;
- Oil-based vaccines;
- Cytotoxic drugs;
- Gluteraldehyde disinfectants;
- Micotil (tilmicosin);
- Large animal Immobilon (etorphine);
- Zoonoses

### 9.7 The practice must have appointed, in writing, a Fire Officer, and drawn up a written list of the practice Fire Officer's duties. A Fire Risk Assessment must have been drawn up (L)

The responsible person (eg employer, owner, occupier) must carry out a fire safety risk assessment and implement appropriate fire precautionary and protection measures, and maintain a fire management plan. For guidance, see: [www.communities.gov.uk/fire/firesafety/firesafetylaw/aboutguides](http://www.communities.gov.uk/fire/firesafety/firesafetylaw/aboutguides).

C / ALL



The inspector will ask to see a list of the practice Fire Officer's duties and the Fire Risk Assessment, including procedures for raising the alarm and evacuation. Where gas/oxygen cylinders are being transported in practice vehicles, a 2kg dry powder fire extinguisher is required in the vehicle. Evidence should be provided of suitable hazard training.

Hazard Training is any suitable instructions given to the user. A risk assessment by a competent person, with instructions on this given to any staff carrying cylinders would be sufficient.



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

Best practice is to store cylinders of oxygen and flammable gases outside in the open air, which allows vapours to be dispersed effectively. Storage outside should be secure.

If storage has to be located within a building, an adequate level of ventilation should be provided either by mechanical ventilation or the presence of a sufficient size and number of permanent openings. Flammable gases, such as LPG, if stored inside, may only be stored in purpose-built compartments or buildings with fire-resistant walls and explosion relief. Only limited quantities should be stored and should not be placed under stairs, near waiting rooms or compressors.

Risk assessments should be undertaken to take into account compatibility of substances stored and the suitability of the arrangements made.

Smoke detectors must be placed in the residential accommodation.

VH / SA

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

## 9.8 There must be evidence of the annual servicing of fire extinguishers and alarms (L)

C / ALL



The inspector will ask to see annual service records.

## 9.9 The practice must have an accident book, and all staff must know where it is located (L)

C / ALL



An accident book is required by law and must meet the requirements of the Data Protection Act. It must record the following:

- Date and time of accident or occurrence;
- Full name and address of the person involved and the injury or condition suffered;
- Where the accident or occurrence happened;
- A brief description of the circumstances;
- In the case of a reportable disease, the date of diagnosis, the occupation of the person concerned and the name or nature of the disease.

Records should be removed and stored securely and information kept for at least three years.

## 9.10 The practice must have a procedure for the Reporting of Injuries, Diseases and Dangerous Occurrences as required by RIDDOR regulations 1995 (L)

C / ALL



Any injury, accident or work-related illness which keeps an employee off work or unable to do their normal job for more than three days must be reported to the Incident Contact Centre (ICC) within 10 days. The Incident Contact Centre is the single point of contact for all incidents in the UK.

The duty to report falls on employers and the self-employed and those on control of premises, and covers everyone at work and non-workers such as visitors, members of the public. Examples of what should be reported include: death; major injuries such as broken arm/leg, poisoning, electrical shock, amputation injury; any injury where a person is away from work and unable to do their normal job for more than three days; certain cases of work related disease.

Incidents can be reported by:

**T** 0845 3009923

**F** 0845 3009924

Post to ICC, Caerphilly Business Park, Caerphilly CF83 3GG (HSE) or via the internet at [www.riddor.gov.uk](http://www.riddor.gov.uk).

**9.11 There must be a suitably stocked first-aid box, as required under the Health and Safety (First Aid) Regulations 1981, and a person or persons must have been appointed to take charge should someone fall ill or be injured, and to restock the first-aid box as required (L)**

**C / ALL**

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

A first aid box is required for each practice vehicle.

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

- A leaflet giving general guidance on first-aid;
- 20 individually wrapped sterile adhesive dressings (plasters);
- Two sterile eye pads;
- Four individually wrapped triangular bandages;
- Six safety pins;
- Medium-sized individually wrapped sterile unmedicated wound dressings;
- Two large sterile individually wrapped unmedicated wound dressings;
- One pair of disposable gloves;
- Tablets or medicines should not be kept in the first-aid box.

The inspector will ask to see the first-aid box, the list of contents and will check that the contents are in date and checked regularly.

An 'Appointed Person' is an individual nominated by their employer to take charge when someone is injured or falls ill. Their responsibilities include looking after the first aid equipment, eg restocking the first aid box and calling an ambulance. Appointed persons should not administer first aid unless trained to do so.

Note: Nomination of an appointed person is a minimum requirement, but practices should consider if an appointment of more than one person is necessary or if a first aider should be appointed. (A first aider is someone who has undergone a training course in administering first aid and holds a current first aid at work certificate (these are time-limited to three years). A first aider can undertake the duties of an appointed person.)

For further guidance, see HSE leaflet INDG214 (rev 1).

**C / ALL**

**9.12 The practice must have Employers' Liability Insurance. The certificate must be displayed for all members of staff to see (L)**

The inspector will check that the certificate is suitably displayed.

**C / ALL**

**9.13 The practice must have Public Liability Insurance (L)**

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

**9.14 There must be a written programme of formal visual inspection of electrical equipment within the practice, as required under the Electricity at Work Regulations 1989 and provision for safe installation and maintenance of gas appliances (Gas Safety Installation & Use) Regulations 1998 (L)**

**C / ALL**

The practice must have a written programme for the inspection and testing of all its electrical equipment. For the electrical installation in the building, the frequency of the inspection (by a competent person) should be as directed by that competent person. A formal visual inspection of portable appliances, cables and leads, should be carried out at least annually, with a combined inspection and test recommended every two years. Advice should, however, be sought from a competent person regarding the appropriate frequency for combined inspection and test as this will depend upon the individual circumstances of a practice. Equipment should be labelled with the date of inspection, failed equipment must not be used and repaired equipment must be tested before use. Residual Current Devices are required for any equipment used in wet conditions.

All gas appliances require to be maintained in a safe condition. Advice should be sought from a suitably qualified person regarding an ongoing programme of examination.

The inspector will ask to see copies of service/ maintenance records.

Practices are referred also to their own insurers for any requirements imposed by them.

### 9.15 Hazardous (special\*) waste must be appropriately segregated, safely stored and disposed of by a suitably permitted waste contractor

C / ALL



The inspector will ask to see evidence of:

- A contract with a permitted waste contractor(s);
- Policies and practice to segregate waste into appropriate streams and to store it hygienically;
- Consignment notes for hazardous waste disposal, which form the basis of a hazardous waste register for those practices in England and Wales;
- Hazardous waste registration for those premises in England and Wales that produce more than 200kg(\*\*) of hazardous waste per annum.

\*hazardous waste is referred to as special waste in Scotland

\*\* under consultation, may be increased to 500kg

For both hazardous and non-hazardous waste, practices may wish to refer to the BVA Good Practice Guide to Handling Veterinary Waste for guidance. However, local variations exist and practices should consult the Environmental Agency or their own local waste management authority for information.

### 9.16 Non-hazardous (non-special\*) waste must be appropriately segregated, safely stored and disposed of by a suitably permitted waste contractor

C / ALL



The inspector will ask to see evidence of:

- A contract with a permitted waste contractor(s);
- Policies and practice to segregate waste into appropriate streams;
- Waste transfer notes for non-hazardous waste disposal.

\*Non-hazardous waste is referred to as non-special waste in Scotland

**9.17 The practice must be aware of The Lifting Operations & Lifting Equipment Regulations 1998 and must carry out the necessary examination/testing of any equipment covered by the Regulations prior to use and thereafter have the equipment inspected regularly (L)**

The Regulations require that lifting equipment is:

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

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

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

An example of equipment covered by the Regulations is overhead gantry cranes for lifting anaesthetised horses. It is unlikely that height-adjustable operating tables for use with small animals where no 'lifting' as such takes place, will be covered.

**9.18 The practice must pass inspection by a Duty Firearms Officer in respect of any firearms/tranquillizer and dart guns held at the practice for the purpose of euthanasia/tranquillization of animals. Individual veterinary surgeons must have been issued with the relevant firearms certificate (L)**

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

## 10 EMERGENCY SERVICE CLINICS

### 10.1 Staff

GP / ESC



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



A one-year CPD plan must be provided for the ESC team.

A full-time veterinary surgeon must be employed by each ESC premises who shall have overall responsibility for all professional matters within the clinic.

A full-time Registered/Listed veterinary nurse must be employed by each ESC premises, whose primary role is the responsibility for the nursing and clinical care of the clinic's patients and who shall be directly involved in such care.

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

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

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



A written agreement must be entered into with client practices which includes a written policy on surgical complications of client practice cases and daily reporting of clinical records back to the client's practice.



There must be a written policy on answering the telephone, including how to answer call outs, transport concerns and fee estimates.



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

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

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

The aim for the future is that ESCs will be required to increase the number of Registered/Listed veterinary nurses employed by them.

(Please refer to the Annex to the Guide on 24-hour emergency cover for details re Duty of Care regarding Domiciliary Visits; and Attendance away from the Practice).

While the Annex to the GtPC does not specify a distance or time that is acceptable, as each will be influenced by local conditions, when making arrangements for the provision of 24-hour emergency cover, practices should give consideration to these factors. Practices should check carefully that their written contract/agreement with another practice or Accredited Emergency Service Centre (ESC) establishes clearly who is responsible for out-of-hours home visits, on the rare occasions that such visits may be necessary.

## 10.2 Clinical governance



The ESC must have a system in place for monitoring and discussing the clinical outcomes of cases and acting upon the results. It is expected that outcomes will be actively followed up with daytime practices/clients.

It is recognised that the ESC's case-load will differ from that of a SA GP/VH practice.

## 10.3 Premises and out-patient facilities

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

(See Guidance – SAVH Standard 4.1)

## 10.4 In-patient facilities

Suitable facilities for neonatal care must be provided.

An ESC must have the ability to isolate an infectious animal from all other patients. Isolation facilities must have:

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



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



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

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

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

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

There must be adequate primary and reserve supplies of oxygen.

### 10.5 Suitable monitoring of anaesthetised patients

Monitoring must be available, including pulse oximetry and capnography, blood pressure measurement facility, and oesophageal stethoscope. Records of vital signs and agents employed must be retained. Evidence of staff training in the use of monitoring facilities must be provided.

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

The criteria should not be interpreted to imply that every piece of monitoring equipment is required for every operation. What is required should be based on a risk assessment and will depend on the number and nature of operations performed – practices should ensure that equipment provided is adequate for the work actually undertaken.

### 10.6 Diagnostic equipment and facilities



The following equipment must be available on site:

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

Evidence must be provided of training or CPD for staff in use of all equipment. Reference material must be available.

## 10.7 Laboratory facilities

Laboratory facilities for routine diagnostic tests must be available at all times.

Suitable arrangements must be made for the following detailed investigations:

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

The following equipment must be provided on the premises:

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

## APPENDIX 1

Additional resources to be provided by GP-level practices wishing to apply for accreditation as a Veterinary Nursing TP.

### In-patient facilities

GP / SA

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

### Clinical governance

GP / SA

Relevant caseload for completion of training portfolio by Student VNs.

Minimum caseload requirements include:

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

(The figures are for guidance only and may vary depending upon the range of cases and number of students in training.)

GP / EQ

### Diagnostic equipment and facilities

GP / SA &  
EQ

The practice must have either:

- A range of endoscopes of appropriate quality;
- or
- An ultrasound system capable of providing diagnostic quality images, and must provide SVNs with access to whichever equipment is not on site through secondment to another practice/hospital.

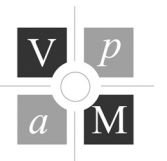
## Laboratory facilities

GP / SA &  
EQ

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

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





February 2010