



# VETERINARY SURGEONS BOARD OF SOUTH AUSTRALIA

## REQUIREMENTS FOR ACCREDITATION OF A FACILITY AS A VETERINARY HOSPITAL

There is a public expectation that a Veterinary Hospital will offer a higher standard of service than that which is offered by a normal veterinary practice.

A Veterinary Hospital is an establishment where veterinary services are available at all times, and where full facilities are provided for examination, diagnosis, prophylaxis, medical treatment and surgery of animals. It provides where necessary, housing and nursing care on a 24-hour per day basis for medical and surgical cases.

Clients must be advised in writing if no one is on the hospital premises overnight to monitor animals in care.

### A. LEVEL OF CARE:

1. The level of care offered is higher than that offered in normal veterinary practices.
2. A veterinary surgeon must be rostered on duty during all advertised opening hours.
3. As a minimum, a Certificate IV Qualified veterinary nurse must be on the premises during all opening hours.

### B. GENERAL FACILITY:

1. The building and its surrounds must be maintained regularly to present a clean and tidy appearance.
2. Signs must complement the facility and conform to the advertising requirements of the *Veterinary Practice Act 2003* and *Veterinary Practice Regulations 2017*.
3. The name, telephone number, days and hours of attendance, and arrangements for obtaining after hours' service must be on prominent display. Where a separate after hour service is used, an answer phone or diversion service must advise clients how to obtain direct veterinary care. Mobile phone services are acceptable.
4. The building must be solidly constructed with internal walls and floors of impervious materials to allow thorough cleaning and disinfection.
5. All areas must be adequately ventilated to maintain freedom from offensive odours and to maintain appropriate ambient temperatures.
6. A high standard of general maintenance, including insect and vermin control must be maintained throughout the building.
7. The design must enable full control over and constraint of animals at all times to minimise the possibility of escape.
8. There must be adequate general equipment to provide a high standard of service to clients. Equipment must include: a contemporary gaseous anaesthetic machine, some form of anaesthetic monitoring such as a Pulse Oximeter, autoclaving facilities, radiology equipment, adequate equipment to conduct a full clinical examination, ability to achieve routine laboratory results within 24 hours (and desirably in 12 hours or less) in emergency cases within the Adelaide metropolitan area.
9. A public toilet close to or opening off the waiting room should be provided, and any other facilities required to comply with the building standards of the local council.



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10. Sanitary and aesthetic arrangements for the disposal of all wastes and cadavers must be provided, including provision of a freezer for the storage of cadavers.
11. The building must be equipped with sufficient fire extinguishers and designed with alternative exits to allow safe removal of animals, staff and clients in the event of a fire.
12. Accommodation and nursing for medical and surgical cases must be available on a full 24-hour basis. Where continuous nursing care is unavailable after hours, the hospital must be able to refer to a facility that provides continuous nursing care.
13. Adequate floor space must be provided for the separation and efficient function of all activity areas.
14. All equipment must be maintained regularly and serviced in accordance with the manufacturer's instructions.
15. A Maintenance Schedule must be maintained for all equipment. The Maintenance Schedule must identify (at a minimum) all equipment, purchase date, regularity of servicing required, dates of service. A copy of the Maintenance Schedule should be provided to the Inspector.

## **C. RECEPTION AND WAITING:**

1. Areas must be of sufficient size for the volume of business.
2. The Waiting area should be sufficiently comfortable for clients who may be waiting some time for either their animal, or for information about the condition of their animal.

## **D. RECORDS AND CONSENT FORMS:**

1. Adequate medical and surgical records and retrieval systems must be maintained for all patients and the confidentiality of these records must be ensured. An industry standard computerized system must be used so as to maintain the quality of records appropriate for an accredited hospital.
2. Record keeping:
  - Good record keeping practices must be supported in the practice (refer **attached** Annex A including Checklist)
  - Person(s) responsible for record keeping must be clearly defined
  - Person(s) responsible for managing records must have been trained in record keeping
  - Procedures for handling and managing records must be in place including an internal audit process and evidence of evaluation of record keeping as part of staff performance reviews
  - Staff must have been made aware of the record keeping obligations of the practice and demonstrate adequate understanding of the practice software
  - Archived records must be easily retrievable and securely stored to protect against theft, damage or alteration
  - Appropriate disposal methods must be available for the destruction of confidential documents
3. Consent forms are essential for
  - surgery and anaesthesia
  - euthanasia
4. As with any practice, in the event of a complaint, the records must be sufficient to stand alone to justify treatment and procedure and such that any veterinary surgeon could take over management of the case at any time.



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5. Minimum expectation is a 'SOAP' style or equivalent detailed work-up (subjective, objective, assessment, plan), and monitoring forms which includes anaesthetics, medications including fluids and assessments.
6. All additional handwritten records such as ward sheets, anaesthetic monitoring sheets etc must be easily legible.
7. The record keeping requirements applicable to Schedule 8 drugs, as required by the *Controlled Substances (Poisons) Regulations 2011* must be adopted in respect of Pentobarbitone.
8. Copies of randomly selected records for 5 cases recently treated by the practice will be evaluated during inspections.

## **E. OFFICE AND LIBRARY:**

1. A business office/reception which is convenient to staff and clients as required must be provided.
2. A library containing reference material covering the range of animals and conditions seen in the hospital's practice must be provided and constantly updated. Material in the Library may include electronic format books, journals or text material, or 'hard copy' material. Included should be subscriptions to at least two current professional journals to assist staff in keeping abreast of current developments in veterinary science.

## **F. EXAMINATION AND CONSULTATION AREA:**

1. The hospital shall have a minimum of two rooms separate from the reception and waiting room for the purpose of conducting examination of animals.
2. The minimum size for each examination / consulting room is 2400 x 2700 cm – i.e. sufficient to allow 2 clients, the animal, veterinarian and a veterinary nurse to be present in the fully equipped examination / consultation room.
3. Each must provide:
  - 3.1 An examination table which can be readily cleaned and disinfected.
  - 3.2 A sink with hot and cold water.
  - 3.3 An examination light in addition to normal room lighting. The examination light may be floor, ceiling or wall mounted, or headmounted illumination. If portable, the examination light must be readily available for use in each consultation room and there must be one for each consultation room on the premises.
  - 3.4 Instrumentation for a competent clinical examination.
  - 3.5 Seating for elderly, disabled or distressed clients.
4. These rooms must not be used for surgical procedures, radiology or in-patient treatment.

## **G. PHARMACY:**

1. A separate area convenient to examination must stock a range of pharmaceuticals consistent with a good standard of practice.
2. Drugs must be stored and dispensed according to the regulations of the *Controlled Substances Act 1984*. All Schedule 8 drugs must be kept in a locked safe in an area not used by members of the public; Schedule 4 (Prescription medications) drugs must be kept in an area out of public access.



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3. Pentobarbitone must be stored in a locked facility affixed to the floor or wall of a building or affixed to the chassis of a vehicle and providing no less security than a 10 mm thick metal safe. The storage facility must remain locked, to prevent access to unauthorised persons, at all times except when it is necessary to open it to carry out a procedure. Keys and combinations to the storage facility must not be accessible to or known by unauthorised persons (e.g. staff other than veterinary surgeons). When transported for use in another location, Pentobarbitone must be stored in a locked receptacle (e.g. a medical bag) in the veterinary surgeon's immediate possession. If the receptacle is necessarily out of the veterinary surgeon's immediate possession for a brief period of time, it must be secured, out of sight and in a lockable facility (e.g. lockable vehicle or cupboard) to prevent unauthorised access.

## H. LABORATORY:

1. Separate facilities should be provided with adequate bench space and equipment for the examination of blood, serum, urine and faecal specimens or, demonstrable access to the usage of professional services in haematology, chemistry, bacteriology, parasitology and pathology if these services are not carried out in the building.
2. Routine laboratory test results must be able to be obtained within 24 hours, and desirably 12 hours or less in respect of emergency cases in the Adelaide metropolitan area.

## I. RADIOLOGY:

1. Equipment capable of producing diagnostic radiographs for the species being radiographed must be available on the premises.
2. An accurate exposure chart for the relevant machine must be readily available.
3. Equipment must be maintained, registered and the operator licensed as required under the *Radiation Protection and Control Act 1982*. Apparatus must be placed and used in a manner that will not constitute a risk to clients, staff or patients, according to the standards laid down by the SA Health Commission.
4. X-ray gloves, aprons, thyroid protectors and other appropriate protective equipment must be worn by all personnel in the room at the time. All staff involved in the radiographing of animals must be monitored for radiation exposure by an approved scheme.
5. A separate darkroom with bench and storage facilities for chemicals required for processing X-rays will be a part of the radiology section, unless a digital system is being utilized. In this latter case, appropriate technology includes equipment for producing a copy other than as viewed on the screen of the X-ray, and an electronic copy of the X-ray.
6. A system of permanent identification of X-rays must be employed.
7. A radiography log must be maintained as required under the *Radiation Protection and Control Act 1982*.
8. There must be a system of filing radiographs so that they can be readily retrieved.
9. Facilities for viewing radiographs should be provided in radiography areas, as well as an area for displaying radiographs to clients in an appropriate area outside the radiography area.

## J. SURGICAL:

1. A separate operating theatre must be provided and used exclusively for surgical operations.



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2. A separate treatment/preparation area must be provided near the operating theatre for sterilisation of surgical materials, induction of gaseous anaesthesia, pre-operative preparation of the patient, scrubbing of surgeon's hands, and postoperative recovery in an area where the animals are readily observable.
3. An approved scavenger system must be used whenever gaseous anaesthesia is undertaken. (Approved scavenger systems include active systems using a pump to remove gaseous waste, and a charcoal system. If the latter, the charcoal must be changed according to the manufacturer's recommendations and a separate log of anaesthetic use kept for assessment).
4. Equipment must be provided for oxygen administration and resuscitation of patients.
5. Emergency protocol and commonly used drugs and dose rates must be displayed in the operating theatre.
6. Drugs for resuscitation must be located with each anaesthetic machine, or a mobile emergency resuscitation unit must be readily accessible. (Schedule 8 drugs must not be kept on the mobile emergency resuscitation unit).
7. Provision must exist for the non-chemical sterilisation of surgical instruments and packs.
8. The operating theatre must contain moveable surgical furniture and equipment including surgical light, operating table. A good range of surgical instruments must be provided.
9. Viewing boxes must be provided in or adjacent to surgery areas.

## **K. STAFFING:**

1. The principals of the practice will attempt at all times to provide service and facilities that demonstrate best practice. This can best be achieved by all staff and management acknowledging the benefits of Continuing Professional Development and time should be made available for this.
2. All veterinary staff will undertake the required number of units of Continuing Professional Development.
3. All veterinarians working at the hospital should have a developed CPD plan which may be examined by the Hospital Inspectors
4. Certificate IV Veterinary nurses will also be required to undertake Continuing Professional Development.
5. Continuing Professional Development logs for both veterinarians and Certificate IV nursing staff for the last 3 years must be available for inspection.
6. Regular staff meetings will be held to discuss cases, current information from the Veterinary Surgeons Board of South Australia, clinic policies and procedures, and ways to continually improve conditions for staff and service to clients. During staff meetings, arrangements must be made to ensure that any emergencies that occur during the meetings are catered for.
7. There must be a current manual of Policies and Procedures to cover the most common activities of the practice available to all staff and this must be regularly reviewed.
8. During normal working hours adequately trained staff must be on the premises to provide a personal and telephone service for clients.
9. A registered veterinary surgeon must be rostered on duty during all advertised opening hours. The veterinarian must be on the premises during advertised consultation hours, and available during the remainder of the advertised open hours to allow for emergencies. 'Available' means contactable by telephone – telephone includes mobile phone.
10. It is expected that all nursing staff will strive to achieve Nursing Certificate IV.



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11. In addition to the operating veterinarian, an adequately trained nurse and/or veterinarian must be present at all times during surgery to monitor anaesthesia and assist as required.
12. The staff must maintain a standard of dress, cleanliness, and personal appearance consistent with a clinical atmosphere.

## **L. PATIENT ACCOMMODATION:**

1. Clients must be advised in writing if there is no-one on the premises overnight to monitor animals in care. This may be by way of written advice on the Hospital Admission Form.
2. Animals must be housed in a separate room equipped with adequate lighting, heating, cooling, ventilation and sound proofing.
3. The room should contain sufficient compartments of appropriate size for the animals housed and be constructed of non-permeable materials and fittings that are easily cleaned and disinfected.
4. Appropriate safe cages and facilities must be provided for the housing of animals.
5. An enclosed exercise area should be available for use of dogs that are housed for a day or more (if their condition permits). The exercise area may be indoors or outdoors, and an outdoors area is preferable. If an indoor area, then proper arrangements (i.e. synthetic lawn or similar; drainage) should be provided for toileting. Facilities should also be provided to stimulate for the dog. In addition, if the hospital has a protocol for walking animals in a non-enclosed area (i.e. outside the hospital), then the animal must not be infectious, and it must be adequately restrained.
6. There should be an area for bathing and grooming of in-patients separate and apart from the surgical and examination areas.
7. A separate room must be provided for the isolation of animals suffering from infectious disease. A posted protocol of isolation procedures should be available at all times. The room should contain all the equipment, chemicals and drugs necessary for maintenance of the protocol. When not occupied by such cases, it is acceptable for the area to be used for normal ward functions after adequate sterilization.
8. Animals recovering from surgery must be monitored as clinically appropriate by trained staff and kept in a warm, safe, and easily visible and accessible area. Recovering animals should not be placed directly onto floors (i.e. appropriate bedding/padding must be provided so that the animal is warm, safe and easily visible). There should be a dedicated area if recovering on floors. Occupational Health and Safety requirements should be observed by all staff for all animals in recovery (whether on floors in a dedicated area, or on a table), and particularly for large dogs recovering from surgery. Recovery should not be in areas frequented by the public.

***Approved: March 2012***

***Revised: 1 March 2018 - Requirement D2 amended***

***Revised: 9 August 2018 - Requirements D7 and G3 inserted***

***Revised: 1 April 2020 – Requirement D2 amended***

***Revised: 24 September 2020 – Requirement D2 further amended***