



Manitoba Veterinary Medical Association
Practice Inspection and Practice Standards By-laws

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1.0 Introduction

- 1.1 All veterinary practices in the Province of Manitoba must comply with the Manitoba Veterinary Medical Association Practice Inspection and Practice Standards By-laws as specified in the attached pages. All clinics must further comply with applicable municipal, provincial and federal legislation, including, but not limited to, Acts, By-laws and regulations regarding dangerous goods, narcotics, and pharmaceuticals, waste disposal, and health and safety. In the event that there is a conflict between a requirement of government legislation and MVMA By-laws, the most stringent requirement shall prevail, such that all levels are complied with.
- 1.2 A veterinary hospital/clinic approved to conduct a small animal hospital/clinic in Manitoba shall be given the authority to conduct an ambulatory house call practice for an annual average of less than one animal per month for euthanasia purposes or vaccination purposes, and a onetime opportunity to volunteer for animal related community events. It is the veterinarian's responsibility to carry the appropriate equipment. Hospitals/clinics that provide this service more frequently are required to obtain a Small Animal Ambulatory Practice Inspection Certificate.
- 1.3 A veterinary hospital/clinic approved to conduct a large animal hospital/clinic practice or a large animal ambulatory practice in Manitoba shall be given the authority to conduct a small animal ambulatory house call practice for an annual average of less than one animal per month for euthanasia purposes or vaccination purposes, and a onetime opportunity to volunteer for animal related community events. It is the veterinarian's responsibility to carry the appropriate equipment. Hospitals/clinics that provide this service more frequently are required to obtain a Small Animal Ambulatory Practice Inspection Certificate.
- 1.4 Operators of veterinary clinics must be knowledgeable of and adhere to the various Codes of Practice for the Care and Handling of the relevant animal species as indicated in the Animal Care Act and Regulations (Chapter A84 of the Continuing Consolidation of the Statutes of Manitoba). Stalls must conform in size and maintenance as per the recommended Codes of Practice. It is the responsibility of the sponsoring veterinarian to ensure that all animals located on the premises are under appropriate care.
- 1.5 Temporary certificates will be issued to newly opened, purchased or renovated clinics based on a self inspection and will be effective for six months. Before the temporary certificate expires, a formal clinic inspection is to be done. Self inspection must be complete and received by the MVMA Registrar at least 7 days prior to opening.
- 1.6 Separate Inspection Certificates may be issued to veterinarians providing services at other facilities at the discretion of Council.

2.0 Purpose

The PIPS By-laws have been endorsed by the membership in an effort to maintain within Manitoba a reasonable standard of practice acceptable by the Association, to continually improve the quality of veterinary services and premises in Manitoba, to optimize opportunities for health care in veterinary medicine.

2.1 Inspections

- 2.1.1 Inspection Certificates shall be issued to approved facilities and shall be valid for three (3) years. New Inspection Certificates are required for:
 - i) New practices
 - ii) Failing inspection
- 2.1.2 Fully compliant practices may be allowed to do a single self-assessment inspection on their next regular inspection, with an administrative charge as established by Council. Determination of practices which will be allowed to do a self-assessment will be made by a committee composed of the Inspector, Registrar and the PIPS Coordinator.
- 2.1.3 Veterinarians must declare the types of practice engaged upon at the time of inspection and be inspected on that basis. The MVMA must be notified and a re-inspection must be requested by the veterinarian should he/she choose to offer expanded veterinary services that fall under a new practice type for which he/she was not previously inspected.
- 2.1.4 The Manitoba Veterinary Medical Association may request re-inspection of any veterinary facility based on a substantiated complaint received from any member or non-member of the Association. There may be no notice given prior to any inspections. Inspectors for the PIPS By-laws shall be appointed by the Council of the MVMA. Inspection fees shall be determined by the MVMA Council on an annual basis.

2.2 Three Strike Rule

- 2.2.1 If a practice has failed the practice inspection, and in the opinion of the PIPS inspector or the PIPS committee, the deficiencies will not seriously impair the quality of veterinary medicine being offered to the public, then Temporary Certification may be granted. A letter shall be sent to the practice owner outlining the deficiencies found, requesting that they be rectified within a reasonable length of time (often one to two months). At his/her discretion the PIPS inspector may require written assurance or written proof of compliance or re-inspection.
- 2.2.2 If upon re-inspection the practice fails to pass again, a letter shall be sent to the practice owner outlining the deficiencies that remain unresolved and the deadline for compliance (often one month).

2.2.3 A re-inspection shall be ordered.

If after the third inspection the practice still fails to meet the PIPS standards, the Council may request the veterinarian(s) attend a meeting of Council to show just cause why their Certificate of Inspection should not be rescinded. The Council will consider any additional disciplinary action at that time.

2.3 Penalties for Failing Inspection

2.3.1 Council may:

- i) Issue Temporary Certification for up to 6 months to allow a facility to correct any deficiencies as a result of an inspection.
- ii) Revoke an existing Inspection Certificate or deny an Inspection Certificate to any facility failing an inspection.
- iii) Require a facility to pay all costs associated with an inspection based on a complaint if the complaint is substantiated.

2.3.2 Any failure to comply with the inspection program may result in a complaint being registered with the Peer Review Committee.

2.4 Definitions

For the purposes of administering the Practice Inspection and Practice Standards By-laws, the following definitions shall be used:

1. Clinic

An establishment conducted by a veterinarian at which animals are examined and treated as outpatient.

2. Emergency

Sudden and unexpected occurrence which requires urgent attention.

3. Emergency Service

The facility shall be open and a veterinarian shall normally be available for emergency consultations.

Or

Care in or from the facility during the posted hours of business. The hours of business shall be clearly posted.

4. Event

An organized gathering of animals.

5. Hospital

An establishment conducted by a veterinarian at which animals shall be examined and treated as inpatients or outpatients.

6. Inpatient

An animal, which shall be presented to a hospital for diagnosis and/or treatment and shall require occupancy of a kennel or stall to permit ongoing veterinary procedures.

7. Large Animals

Food producing or agricultural species, including horses.

8. Off-Premises

A location other than an approved facility.

9. On-Call Service

The facility shall be closed but a veterinarian shall be available for emergency consultations or care outside of the posted hours of business. The hours of business shall be clearly posted.

10. Outpatient

An animal, which shall be presented to a hospital, clinic or dispensary for diagnosis and/or treatment but shall not occupy a kennel or stall.

11. Small Animals

Domestic pets including fish, birds, reptiles and mammals.

2.5 Approved Types of Practice

1. Large Animal Hospital/Clinic

A veterinary practice established for the diagnosis and treatment of large animals* only.

2. Large Animal Ambulatory

A veterinary practice established for the diagnosis and treatment of large animals* on an off-premises basis.

3. Large Animal Mobile Clinic

A veterinary practice established for the diagnosis and treatment of large animals in a self contained vehicle capable of providing full veterinary care as set out for a large animal hospital/clinic and remote area clinic practice types established by in the MVMA PIPS bylaws.

4. Small Animal Hospital/Clinic

A veterinary practice established for the diagnosis and treatment of small animals* only.

5. Small Animal Ambulatory

A veterinary practice established for the diagnosis and treatment of small animals* on an off-premises basis.

6. Small Animal Emergency Hospital

A veterinary practice designed to operate outside of regular business hours to provide emergency diagnosis and treatment and/or hospitalization of small animals* only.

7. Small Animal Mobile Clinic

A veterinary practice established for the diagnosis and treatment of small animals in a self contained vehicle capable of providing full veterinary care as set out for a small animal/hospital and remote area clinic practice types established by in the MVMA PIPS bylaws

8. Embryo Transfer Facility

A veterinary practice established to provide embryo transfer services only.

9. Consultative Practice

A veterinary practice established to provide professional consultation only, based on clinical or statistical information available.

10. Ferret Spay, Neuter and Descending Facility

A facility recognized as an off-premises surgical suite for the sole purpose of spaying, neutering and descending ferrets.

11. Specialty Clinic

A veterinary practice established to provide specialized services on the basis of an off-premises event.

12. Other

A veterinary practice in research, wildlife or other practice types not included above. Practice standards shall be set on an individual basis by the Practice Standards Committee.

*Large Animals - Food producing or agricultural species.

*Small Animals - Domestic pets including fish, birds, reptiles and mammals.

13. Telemedicine

a. A veterinary practice that holds an Inspection Certificate under section 2.1.1 may apply to the Registrar for a Telemedicine Permit.

b. Each veterinary practice that holds a Telemedicine Permit must provide a copy of all telemedicine records to an MVMA Inspector upon request for audit. The veterinary practice must pay a Telemedicine Audit fee for each audit.

2.6 Pharmacy Section

These bylaws are applicable to all practice types.

Please note exceptions at end of this section.

2.6.1 General

2.6.1.1 Prescriptions shall be given only after the establishment of the veterinarian/client/patient relationship (as defined by the MVMA).

2.6.1.2 Expired Drugs:

- i) A system of safeguarding pharmaceuticals for expiry date shall be in use.
- ii) Expired drugs shall be kept separate prior to return to manufacturer, supplier or suitable disposal.
- iii) No person shall give, sell, or offer for sale in a pharmacy any product: the use of which is limited to a prescribed period of time, if that time has passed; or that has an expiry date, if that date has expired.

2.6.1.3 Dispensed drugs (excluding Schedule F, Part II of *The Food and Drugs Act and Regulations*, drugs dispensed as packaged and labeled by the manufacturer) shall be labeled as required.

2.6.1.4 Adequate records (i.e. itemized receipts) shall be kept of all Schedule F, Part I of *The Food and Drugs Act and Regulations*, drugs dispensed.

2.6.1.5 Childproof dispensing containers shall be available and are the primary method of dispensing unless otherwise requested by the client or not a feasible alternative (e.g. liquids).

2.6.1.6 Pharmacy area shall be clean and orderly.

2.6.1.7 Proper medical records, as defined in the MVMA PIPS by-laws, must be maintained in order to provide traceability.

2.6.1.8 If prescription pads are used they shall be stored away from public view.

2.6.1.9 Bulk supplies of drugs are kept in the base unit, and the temporary unit contains drugs sufficient only for the reasonably expected daily need.

2.6.1.10 Storage, safekeeping and preparation of drugs shall be in accordance with *The Canada Food and Drugs Regulations and the Manitoba Pharmaceutical Act*.

2.6.1.11 Refrigeration available for biologics and other drugs requiring refrigeration. All pharmaceutical products shall be stored as per label directions.

2.6.2 Narcotics

2.6.2.1 A Narcotics and Controlled Drug Log must be maintained on hard copy material and be accurate. All controlled drugs and narcotics in the clinic/hospital must be recorded in the log. The Narcotics and Controlled Drug Log must be kept separately from the locked drugs.

2.6.2.2 The Narcotics and Controlled Drug Log must contain the following information:

- i) The date of dispensing.
- ii) The name of the owner of the animal(s) for which the drug was dispensed and the patient identification.
- iii) The name, strength and quantity of the drug dispensed.
- iv) The quantity of drug remaining after dispensing.
- v) The number of unopened bottles of each drug in the clinic/hospital must be recorded and current.

2.6.2.3 Narcotic and controlled drugs shall not be stored on a premise or vehicle not under the control of a veterinarian and be stored in a manner that protects them against loss or theft.

2.6.2.4 A locked area is required for narcotics and Schedule G & H drugs. Any loss or theft must be reported to the Health Protection Branch within 10 days. *The Canadian Food and Drug Act* requires that purchase records for all narcotics and controlled drugs are to be retained on a per dose basis for products containing narcotics or controlled ingredients only. Records of dispensing may be maintained on a per bottle basis for controlled preparations (a controlled drug combined with at least one other medicinal active drug in a therapeutic case) or oral prescription narcotics (for oral use, combining a narcotic drug with at least two other ingredients at a therapeutic dose).

2.6.3 Prescriptions

2.6.3.1 Prescriptions for food producing animals shall contain a warning of the required withdrawal period of the medication.

2.6.3.2 Prescription drugs must be labeled with specific instructions for use, including extra-label use.

2.6.3.3 All veterinary prescriptions shall be valid for a maximum of 12 months from issue and contain the following information:

- i) Date
- ii) Client
- iii) Animal or group
- iv) Drug – including generic name and strength
- v) Direction for use – dosage, route, frequency, duration, withdrawal times
- vi) Quantity

- vii) Refills
- viii) Veterinary signature

2.6.3.4 Veterinarians are obligated to follow *The Pharmaceutical Act* and write a prescription if requested by a client.

2.6.4 Labels for Product Dispensing

2.6.4.1 The following is the minimum information required when dispensing prescription drugs.

2.6.4.2 This system requires a label affixed to the dispensing container that includes the following information. This information must be transcribed to the client file; as per section 3 in the Footnotes. Computer records are acceptable for the client records.

- i) The name, address and telephone number of the veterinary clinic in which the prescription is dispensed.
- ii) The strength of the drug and identification of the drug by its general name in the case of a single entity drug or by trade name in other cases.
- iii) The signature or initials of the person dispensing the drug.
- iv) The date the prescription is dispensed.
- v) The name of the prescriber.
- vi) The name of the owner and the animal (or group identification) for which the drug is dispensed.
- vii) The directions for use as prescribed.
- viii) The quantity of the drug dispensed.
- ix) The withdrawal time for meat or milk (if applicable).

2.6.5 Emergency Drug Kit

Please note: Does not apply to Emergency Clinic, Consultative practice and Specialty practice

2.6.5.1 Emergency drug kit shall be readily available and minimally contain the following (in injectable form where applicable):

- i) atropine
- ii) epinephrine
- iii) calcium gluconate
- iv) corticosteroids
- v) furosemide
- vi) sterile needles and syringes
- vi) I.V. catheters, lines, and parenteral fluids appropriate to the type of practice (not for embryo transfer)
- vii) dextrose
- viii) narcotic reversal appropriate to any narcotic used
- ix) blood glucose evaluator sticks (small animal ambulatory only)

2.6.6 Additions

In addition to the provisions set out for all types of practices:

2.6.6.1 Remote Area Companion Animal Temporary Clinics and Small /Large Animal Mobile Clinics:

The facility shall contain at least one of each of the following:

- i) Analgesics
- ii) Sedatives or tranquilizers
- iii) Agents for induction of local and regional anesthesia
- iv) Anti-inflammatory agents
- v) Antibiotics or antibacterial agents for intramuscular and intravenous administration
- vi) Anti-convulsants
- vii) Emetics and anti-emetics
- viii) Replacement fluids for intravenous administration
- ix) Vaccines
- x) Euthanasia solution

2.7 Practice Operations

2.7.1 General

These by-laws are applicable to all types of practice:

Please note exceptions at end of this section.

2.7.1.1 Phone listings and other forms of legal advertising shall comply with the MVMA By-laws.

2.7.1.1.1 No practice shall advertise as a small animal emergency hospital unless it holds a Small Animal Emergency Hospital Inspection Certificate

2.7.1.2 Adequate commercial liability insurance shall be carried.

2.7.1.3 The practice shall have a fixed mailing address.

2.7.1.4 The practice shall have a listed telephone number and answering service available. Acceptable answering services include an answering machine, cellular phone, voice mail or personal answering service.

2.7.1.5 Provision shall be made for 24-hour emergency veterinary service (where applicable):

- i) By assignment of veterinarian on premises; (not applicable for ambulatory) or
- ii) By referring the caller to a staff veterinarian; or
- iii) By referring the caller to another facility or service

2.7.1.6 No member shall publish, display, distribute or use, or permit, directly or indirectly, the publication, display, distribution or use of any advertisement, announcement or similar form of communication related to the member's professional services or ancillary services or to a member's association with, or employment by, any person, or thing, except as permitted by the following:

- i) Except as provided in this Part, a member may communicate factual, accurate and verifiable information that a reasonable person would consider relevant in the choice of a veterinarian, including the availability of ancillary services that is not false, misleading or deceptive by the inclusion or omission of any information.
- ii) All advertisements, announcements, displays or similar forms of communication used must be stored in either paper or electronic format by the veterinary clinic/hospital for at least one year.

2.7.2 Additions

In addition to the provisions set out for all types of practices:

2.7.2.1 Temporary Clinic

Where:

“Act” means The Veterinary Medical Act, CCSM, V30;

“Association” means the Manitoba Veterinary Medical Association; “Council” means the council of the Association

“Practicing Veterinarian Member” means an individual whose name is entered in the register pursuant to s. 9(1) of the Act and who currently holds a licence to practice veterinary medicine in Manitoba pursuant to the Act, whether or not that licence is restricted;

“Registrar” means the person appointed pursuant to s. 9(2) of the Act; and,

“Temporary Clinic” means a facility that the Registrar has licensed to operate at a single location on less than 7 whole or part days over a 45-day interval and at which one or more Practicing Veterinarian Members engage in the practice of veterinary medicine;

the Registrar may issue a licence to a Temporary Clinic only if,

- a) the Registrar has received a written application in the form that the Registrar prescribes for a licence for the operation of a Temporary Clinic, together with payment in an amount equal to the licence fee that the Council fixes from time to time;
- b) a Practicing Veterinarian Member who makes application for a licence for the operation of a Temporary Clinic must give an undertaking to the Registrar that the Temporary Clinic that is the subject of the application will operate
 - (i) only at a specified location, and
 - (ii) less than 7 whole or part days during a specified interval that is no more than 45 days;
- c) at the time of application, the Practicing Veterinarian Member who makes application for a licence for the operation of a Temporary Clinic must
 - (i) certify in writing to the Registrar that the Practicing Veterinarian Member is associated with a facility that the Association has licensed as a Small Animal Hospital/Clinic, Small Animal Mobile Clinic, or Small Animal Ambulatory,

within the meaning of Rule 2.5 of these PIPS By-Law, and the Practicing Veterinarian Member intends to practice veterinary medicine through the Temporary Clinic that is the subject of the application; and,

- (ii) demonstrate to the Registrar's satisfaction that the operation of the Temporary Clinic that is the subject of the application would serve and protect the public interest; and,
- d) the Practicing Veterinarian Member who makes the application for the operation of a Temporary Clinic provides written consent for the MVMA to publish any and all information contained on the Temporary Clinic application.

2.7.2.2 Small/Large Animal Mobile Clinics

- a) Adequate post-operative care is provided. This requires the attending veterinarian to remain in the community for a minimum of 12 hours after completion of the last surgical procedure. Following this period, the attending veterinarian or another veterinarian from their practice must be reasonably available for telephone consultation/follow-up for at least 4 weeks following each visit.
- b) There will be a contact person to coordinate appointments and provide contact with the attending veterinarian between visits.
- c) When operating in remote locations, specific location and times of where the mobile clinic will be operating will be provided to the registrar 1 month prior to dates or as soon as reasonably possible, to ensure that mobile clinic is available for inspections and other MVMA enquiries
- d) Specific location and times of where the mobile clinic will be operating do not need to be provided to the registrar if the mobile unit is operating within its regular practice area.

2.8 Facility, Equipment and Supplies

*These by-laws are applicable to all types of practice:
Please note exceptions at end of this section.*

2.8.1 General

- 2.8.1.1 The facility shall be adequately identified.
- 2.8.1.2 Exterior and interior of building and grounds shall be kept clean and free of hazards.
- 2.8.1.3 Snow and ice in winter, garbage and feces at all times shall be removed as efficiently and quickly as possible.
- 2.8.1.4 There shall be adequate exterior lighting at entrances, walkways and parking lots.
- 2.8.1.5 Parking shall be adequate.
- 2.8.1.6. Building shall be of good construction and permanent in nature with:
 - i) Adequate lighting
 - ii) Adequate heating
 - iii) Adequate ventilation and screening

- iv) Adequate fly and rodent control
 - v) Doors and windows shall be secured and/or self-closing to prevent the escape or theft of animals; or theft of drugs
- 2.8.1.7 A separate reception area shall be:
- i) Presentable and free of hazards
 - ii) Clean and orderly with furnishings in good repair
- 2.8.1.8 A public restroom shall be:
- i) Presentable, clean and orderly with equipment in good repair
- 2.8.1.9 Instructions for building evacuation and animal handling in case of fire or other emergencies shall be posted and familiar to staff.
- 2.8.1.10 A separate examination and treatment area shall be clean and orderly with (Not applicable for Consultative or Specialty Clinics):
- i) Running water
 - ii) Adequate drainage
 - iii) Appropriate cleaning equipment and supplies
 - iv) Impervious surfaces (easily cleaned)
Sufficient area for doctor, patient and client
- 2.8.1.11 There shall be adequate cupboard and refrigeration space for storage of drugs, equipment, cleaning materials etc.
- 2.8.1.12 The following equipment shall be owned and in routine use (Not applicable for Consultative or Specialty Clinics):
- i) Thermometer
 - ii) Stethoscope
 - iii) Sterile needles and syringes and IV catheters, administration sets and parenteral fluids in adequate quantities
 - iv) Examination gloves
- 2.8.1.13 There shall be a satisfactory waste disposal system in place including biomedical and hazardous waste disposal in accordance with applicable municipal By-laws and the Footnotes at the end of these By-laws. (Not applicable for Consultative or Specialty Clinics)
- 2.8.1.14 Refuse shall be stored in closed containers. (Not applicable for Consultative or Specialty Clinics)
- 2.8.1.15 Adequate fire extinguisher(s) shall be available and inspected annually.
- 2.8.1.16 Refrigerated storage of carcasses or body tissues shall be provided or readily available. (Not applicable for Consultative or Specialty Clinics)

2.8.2 Additions

2.8.2.1 Small Animal Emergency Hospital

In addition to the provisions set out for all types of practices:

A. Equipment and supplies shall include the following:

- i) Whole blood for transfusion purposes shall be available as either:
 - a) Donor
 - b) Stored whole blood
 - c) Stored whole red blood cells

- ii) Stored frozen plasma shall be available.
- iii) Chest drain equipment;
- iv) ECG oscilloscope monitor and recorder;
- v) A heat source e.g. an incubator or warm water blanket or heat lamp;
- vi) Oxygen cage;
- vii) Pediatric feeding tubes;
- viii) Stomach tubes and pump;
- ix) Suction apparatus and catheters;
- x) Three way stopcocks;
- xi) Tonometer;
- xii) Tracheostomy tubes;
- xiii) Urinary catheters.
- xiv) Ultrasound machine

B) Staffing shall include at least:

- i) One Practicing Veterinarian Member and
- ii) One Practicing Veterinary Technologist Member on the premises during reported business hours.

C) Small Animal Emergency Hospitals must notify the MVMA of their business hours within 2 weeks of this by-law coming into force.

D) The Small Animal Emergency Hospital notify the MVMA within 24 hours of changes to the practice's business hours.

E) The MVMA will advise membership of the change of business hours of a Small Animal Emergency Hospital.

2.8.2.2 Embryo Transfer Facility

In addition to the provisions set out for all types of practices:

The following equipment shall be owned and in routine use:

- i) Embryo recovery, handling and transfer equipment shall be available in adequate quantities.
- ii) Proper embryo washing fluids in sufficient quantity
- iii) Microscope capable of 50 times magnification
- iv) Electronically or manually controlled embryo freezer
- v) Liquid nitrogen tanks

2.8.2.3 Large Animal Hospital/Clinic and Embryo Transfer Facility only

In addition to the provisions set out for all types of practices:

- i) Head gate and chute system adequate for restraint of cattle (required only if doing in-clinic hospital work on cattle).

2.8.2.4 Remote Area Clinic and Small Animal and Large Animal Mobile Clinic

In addition to the provisions set out for all types of practices:

- i) The facility is self-contained (doors and windows can be closed).

- ii) The facility has a separate and distinct entrance directly from the street or if the facility is in a building containing more than one facility, directly from a common lobby, hallway or mall.
- iii) The contents of the mobile unit are organized so that they can be obtained readily for efficient service.
- iv) The equipment and supplies are inspected and passed every three years as part of the PIPS inspection of the mobile clinic practice as listed above.
- v) The following equipment is readily available in the remote clinic for examination of animals:
 - a. Restraint devices
 - c. Fluorescein eye-staining strips or single-dose disposable fluorescein eye drops
 - d. speculum
 - e. Alcohol, antiseptic and disinfectant
 - f. Lubricant
 - g. Disinfectant for the examination table and applicators for the disinfectant
 - h. Small animal scales including a pediatric or postal scale for kittens etc.
- vi) The facility contains one or more treatment areas, which can be used for:
 - a. Providing medical treatment
 - b. Administering general anesthesia
 - c. Performing minor (non-sterile) elective surgery
 - d. Performing veterinary dentistry
 - e. Preparing animals for major elective surgery
 - f. Operating area
- vii) Each treatment area contains:
 - a. A table large enough for treatment of an animal, with a readily sanitized, fluid-impervious surface
 - b. A drained sink with hot and cold running water
- viii) The treatment area contains or has readily available within the facility:
 - a. Electric hair clippers
 - b. Preparations for cleansing skin and other tissue prior to surgery, including a skin cleaning solvent and an antiseptic skin preparation solution
 - c. A tray or container of fresh cold sterilization solution or sterilized packs containing at least one of each of:
 - I. Scalpel handles
 - II. Scissors
 - III. Suture needles
 - IV. Needle drivers
 - V. Thumb forceps
 - VI. Haemostatic forceps
 - d. Sterile gauze sponges
 - e. Absorbable and non-absorbable sterile suture material
 - f. Intravenous stand or equivalent
 - g. Drainage tubes, irrigation solutions and irrigation application supplies
 - h. Cotton, gauze, bandages, tape and splints

- i. Sterile scalpel blades
 - j. Towels
 - k. Smocks, lab coats, or jackets
 - l. Masks and caps
- ix) The Small/Large Animal Mobile and Remote Area Clinic contains a puncture-proof container (sharps container) into which needles, scalpel blades and other objects capable of penetrating skin are discarded. Must be stored pending proper disposal.
 - x) There is evidence of a regular cleaning program at the small/large animal mobile and remote area clinics.
 - xi) There is evidence of a system of orderly and regular waste disposal at the mobile and remote area clinic.
 - xii) The remote unit and small/large animal mobile clinic contains a puncture-proof container (sharps container) into which needles, scalpel blades and other objects capable of penetrating skin are discarded. This container will be brought back to the veterinarian's hospital/clinic for proper disposal.
 - xiii) There is evidence of a regular cleaning program at the remote facility/the small animal and large animal mobile clinic.
 - xiv) There is evidence of a system of orderly and regular waste disposal at the remote unit and/or the small/ large animal mobile clinic.
 - xv) Biological and pathological wastes are disposed of in accordance with generally accepted standards.
 - xvi) Carcasses are disposed of within 24 hours unless frozen.
 - xvii) The facility contains, outside the operating room, an adequate supply of clean linens, stored to minimize contamination from surface contact or airborne sources including:
 - a. Towels
 - b. Smocks, lab coats, aprons or some other combination of them
 - c. Masks and caps.
 - xviii) Dirty laundry is stored separately until cleaned.

2.8.2.5 Remote Area Clinic

In addition to the provisions set out for all types of practices:

The facility has, and appears to have, the practice of veterinary medicine as its primary purpose when the veterinarian is working in the facility.

The equipment and supplies that are taken to the remote community are inspected and passed every three years as part of the PIPS inspection of the Small Animal Hospital/Clinic or Small Animal Ambulatory practice as listed above.

The following equipment is readily available in the remote clinic for examination of animals:

- a) Ophthalmoscope
- b) Otoscope

2.8.2.6 Small animal Hospital/Clinic

In addition to the provisions set out for all types of practices:

- i) Otoscope (for Small Animal Hospital/Clinic only)
- ii) Ophthalmoscope (for Small Animal Hospital/Clinic only)
- iii) Small animal scales, including a pediatric or postal scale (for kittens, hamsters etc) (for Small Animal Hospital/Clinic only)
- iv) Cages, pens, runs and enclosures for domestic small animals (i.e. dogs and cats) shall meet the minimum requirements for Housing and Accommodations of the current *Code of Practice for Canadian Kennel Operations* as published by the Canadian Veterinary Medical Association. In general, cages or pens must be of sufficient size and height to allow each animal to:
 - a) Stand normally to its full height
 - b) Turn around easily
 - c) Move about easily for the purpose of posture adjustments
 - d) Lie down in a fully extended position
 - e) Provide bitches with nursing puppies with an additional 10% space per nursing puppy
 - f) Provide for the social and behavioral needs of the dog
 - g) Exercise for dogs is of prime consideration. If no exercise areas are provided, pen sizes should be adjusted to provide exercise space. Dogs should be exercised a minimum of twice daily if they are medically fit.

2.8.2.7 Large Animal Hospital/Clinic

In addition to the provisions set out for all types of practices:

- i) Head gate and chute system adequate for restraint of cattle (required only if doing in-clinic hospital work on cattle). (For Large Animal Hospital/Clinic and Embryo Transfer Facility only)
- ii) Portable examination light (for large animal hospital only)

2.8.2.8 Large Animal and Small Animal Ambulatory

In addition to the provisions set out for all types of practices:

- i) The vehicle shall be clean, orderly and in good repair.
- ii) There shall be satisfactory facilities and equipment to clean and disinfect instruments.
- iii) The following equipment shall be owned and in routine use:
 - a. Appropriate scales (Small Animal only)
 - b. A pediatric or postal scale for small animals such as hamsters and kittens (Small Animal only)
 - c. Thermometer
 - d. Stethoscope
 - e. Otoscope (Small Animal only)
 - f. Ophthalmoscope (Small Animal only)

- g. Sterile needles, sterile syringes
- h. Sterile IV, catheters and fluids (in adequate quantities)
- i. Examination gloves
- j. Appropriate restraining devices
- k. Clean coveralls or outer garments shall be available for each call. (Large Animal only)
- l. Footwear is available, that can be cleaned and disinfected on the premises after each professional call. (Large Animal only)
- m. Refuse shall be stored in closed containers.
- n. Refrigeration of drugs shall be adequate in the vehicle.
- o. Communication with ambulatory vehicle shall be available (radio, telephone, pager).
- p. There shall be a satisfactory waste disposal system in place including biomedical and hazardous waste disposal in accordance with applicable municipal By-laws and the Footnotes at the end of these Bylaws.

2.8.2.9 Ferret Spay, Neuter, and Descending Facility

In addition to the provisions set out for all types of practices:

- i) small animal scales accurate to the nearest 10 grams

2.9 Clinical Pathology

These bylaws are applicable to all practice types.

Please note exceptions at end of this section.

2.9.1 General

Either A or B shall be followed:

A.

2.9.1.1 When Clinical Pathology services are provided, equipment appropriate to the provision of these services must be available and in routine use. Clinical Pathology services include:

- i) Microscope with oil immersion
- ii) Centrifuge for blood vials and microhematocrit
- iii) Equipment for fecal flotation
- iv) Urinalysis sticks
- v) Refractometer
- vi) Refrigeration for diagnostic samples
- vii) Blood glucose evaluator (sticks or machine)
- viii) Laboratory sampling and submission materials

There shall be equipment present for the collection and transportation of specimens and appropriate documentation shall be in use.

Or
B.

2.9.1.2 Where clinical pathology analysis is conducted by off-premises laboratory services, proper equipment shall be present for the collection and transportation of specimens and appropriate documentation shall be in use.

2.9.2. Additions

2.9.2.3 Hospital/Clinic and Small/Large Animal Mobile Clinic Consultative/Ferret Practice:

In addition to the provisions set out for all types of practices:

If necropsies are performed from the mobile clinic, there shall be adequate separation and sanitation of necropsy instruments from other instrumentation.

2.9.2.4 Remote Area Companion Animal Temporary Clinic and Small/Large Animal Mobile Clinic:

In addition to the provisions set out for all types of practices:

2.9.2.5 All clinical pathology analysis shall be conducted by off-premises laboratory services. Proper equipment shall be present for the collection and transportation of specimens and appropriate documentation shall be in use.

2.9.2.6 If laboratory services are not provided from the Remote or Small/Large Animal Mobile clinic location, the Remote or Mobile unit contains equipment suitable for the collection of the specimens needed for the following procedures:

- i) Hematology
- ii). Biochemistry
- iii) Immunology
- iv) Cytology
- v) Microbiology
- vi) Histopathology
- vii) Parasitology

2.9.2.7 If necropsies are performed, the facility must contain an area that can be used for the performance of necropsy.

- i) The necropsy area is constructed of readily sanitized, fluid-impervious material
- ii) The necropsy area contains or has readily available knives, scalpels, scissors, bone cutters or saws, forceps

2.9.2.8 Small Animal Emergency Hospitals must:

- a) meet the requirements as articulated in section 2.9.1 A.
- b) Have the diagnostic ability to determine coagulation times.

2.10 Radiology

These bylaws are applicable to all practice types.

Please note exceptions at end of this section.

2.10.1 General

*These bylaws are applicable to all practice types.
Please note exceptions at end of this section.*

2.10.1.1 RADIOLOGY

1. Either A or B shall be followed:
 - A. Radiographic cases shall be referred to another facility;
- OR
- B. Diagnostic radiography shall be provided on premises. If provided on premises, then:
 - 1) Radiology is separate from the room where small animal surgery is performed.
 - 2) The equipment shall be registered with Cancer Care Manitoba. Please record registration number: _____
 - 3) The x-ray machine and all required protective x-ray equipment listed in VII below shall have been inspected for safety at least every 36 months by a qualified independent safety inspector.
 - 4) Copy of provincial radiology regulations shall be posted in the x-ray area.
 - 5) Calipers or a measuring tape to measure body thickness.
 - 6) Technique charts, one calibrated for each diagnostic x-ray machine that indicate the MAS, kV and focal distance for specific body areas and thickness.
 - 7) Protective equipment includes:
 - a) Collimator
 - b) Protective apron
 - c) Protective gloves with cuff
 - d) Thyroid protector
 - e) Monitoring badges are worn and sent in regularly for analysis
 - f) Monitoring badges exposure sheets shall be kept on file
 - 8) Radiographs shall be permanently labeled with the clinic name, the date, patient identification and patient orientation.
 - 9) Radiographs shall be stored in a manner which preserves their quality and allows for ready retrieval. If digital radiographs are being used, a regular system for back up must be in place and used on a regular basis.
 - 10) Radiographic log shall be maintained which includes:
 - a) Owner/patient identification
 - b) Date
 - 11) A maintenance schedule shall be in evidence for replenishing radiographic solutions.
(Not applicable for digital radiology)
 - 12) A functional exhaust fan must be present in the room which is used for x-ray developing.
(Not applicable for digital radiology)
 - 13) A radiography viewer shall be easily accessible. (Not applicable for digital radiology)
 - 14) Screens and cassettes shall be free from defects which interfere with interpretation.
(Maybe applicable for digital radiology)
 - 15) Radiographs shall be of diagnostic quality.

2.10.1.2 Portable X-Ray Machines

If a portable X-Ray machine is used it must comply with the above standards.

2.10.1.3 Portable diagnostic imaging equipment used in non-shield environments such as from ambulatory/mobile facilities, must be capable of providing the following operational protocols:

- a) The operator must always be able to accurately determine the direction of the primary beam and what may be in its path.
- b) X-ray cassettes must never be held directly by hands, gloved or ungloved, during exposures, therefore a special plate holder shall be part of the equipment and used.
- c) Any persons assisting with restraining the animal must not be in any part of the beam during the process of x-raying. It is recommended that extra protective aprons and thyroid protectors be available for such situations.
- d) A minimum of three (3) thyroid protectors and protective aprons must be available if required, (i.e. one for operator, one for handler of animal; and one for handler of x-ray plate.)

2.10.1.4 Small/Large Animal Mobile Clinic

In addition to the provisions set out for all types of practices

It is recommended that the mobile clinic facility contain a diagnostic x-ray machine.

2.10.1.5 Small Animal Emergency Hospital Additions

In addition to the provisions set out for all types of practices

2.10.1.5.1 Small Animal Emergency Hospitals must have all radiology equipment as articulated in section 2.10.1.1.B.

2.11 Personnel and Care of animals

2.11.1 General

For Clarification: These bylaws are applicable to all practice types.

Please note exceptions at end of this section.

- 2.11.1.1 Practice shall be directed and supervised by a registered veterinarian.
- 2.11.1.2 All personnel shall present a neat and clean appearance.
- 2.11.1.3 Course of treatment of all patients shall be determined by a veterinarian.
- 2.11.1.4 Patients shall be checked at night as required.
- 2.11.1.5 Hospitalized patients shall be provided with overnight care until stabilization of post-surgical or critically ill patients has occurred.
- 2.11.1.6 Hospitalized animals shall be examined by a veterinarian at least once daily including holidays and weekends.
- 2.11.1.7 Hospitalized animals shall be watered and fed an adequate diet as needed.

- 2.11.1.8 Proper bedding shall be available.
- 2.11.1.9 Stalls shall be cleaned daily.
- 2.11.1.10 Scours or isolation pens shall be available and separate from commonly used areas.

2.11.2 Additions

2.11.2.1 Small Animal Hospital and Clinic and Small Animal Mobile Clinic
In addition to the provisions set out for all types of practices:

- 2.11.2.2 Facilities for the proper care and containment of all hospitalized patients shall be provided (i.e. kennels, runs)
- 2.11.2.3 An isolation pen contained in a room separate from the regular kennel area shall be required.
- 2.11.2.4 Wards shall be clean and orderly.
- 2.11.2.5 Floors shall be of water impervious material and easily cleaned and disinfected.
- 2.11.2.6 Lighting shall be adequate.
- 2.11.2.7 Ventilation shall be adequate.
- 2.11.2.8. Each patient shall have a separate compartment which ensures comfort and adequate ventilation.
- 2.11.2.9 Kennels/cages shall have a method for securely fastening them closed.
- 2.11.2.10 Kennels shall be sturdy enough to prevent cage movement while occupied, five out of six sides of the cage shall be solid and of water impervious material that shall be readily cleaned, disinfected and maintained.
- 2.11.2.11 Cages with barred doors have bars no farther apart than 2 inches and must be readily cleaned, disinfected and maintained.
- 2.11.2.12 There shall be a method of attaching patient identification to the compartment including the owner's name, the patient and the problem or procedure to be carried out.
- 2.11.2.13 Litter trays shall be sufficient for the caseload of cats.
 - i) They shall not be shared between currently hospitalized cases
 - ii) They shall be disposable or readily sanitized
- 2.11.2.14 Bags of feed and feeding utensils shall be stored in clean, dry areas.
- 2.11.2.15 An adequate variety and quantity of foods (including prescription diets) and dishes shall be available to feed and water hospitalized patients.
- 2.11.2.16 The dishes and utensils shall be easily cleaned and sanitized or disposable.
- 2.11.2.17 Refrigeration for perishable foods shall be available.
- 2.11.2.18 Adequate exercise shall be provided for hospitalized patients.
- 2.11.2.20 Adequate personnel shall be on hand to assist in the treatment of outpatients and inpatients.
- 2.11.2.21 Hospitalized animals shall be examined by a veterinarian at least once daily, including weekends and holidays.

Small Animal Hospital/Clinic

- 2.11.2.19 Runs:
 - i) Walls and floors shall be of water impervious material properly drained and easily closed

- ii) Partitions shall be solid to a minimum of 6 feet high between runs or no two animals occupy adjacent runs at the same time.

2.11.3.1 Remote clinic and Small/Large Animal Mobile Clinics

In addition to the provisions set out for all types of practices:

2.11.3.2 i) Adequate post-operative care is provided. This requires the attending veterinarian to remain in the community for a minimum of 12 hours after completion of the last surgical procedure. Following this period, the attending veterinarian or another veterinarian from their practice must be reasonably available for telephone consultation/follow-up for at least 4 weeks following each visit.

ii) Exercise for dogs is of prime consideration. If no exercise areas are provided, pen sizes should be adjusted to provide exercise space. Dogs should be exercised a minimum a minimum of twice daily if they are medically fit.

2.11.4.1 Embryo Transfer

In addition to the provisions set out for all types of practices:

Provision shall be made for 24-hour emergency veterinary service:

- i) By assignment of veterinarian on premises; or
- ii) By referring the caller to a staff veterinarian; or
- iii) By referring the caller to another facility or service

2.11.5.1 Ferret

In addition to the provisions set out for all types of practices:

- i) Pre-surgical and post- surgical examinations shall be performed by the Veterinarian on the day o\ of the surgery
- ii) There shall be evidence that overnight care shall be provided until stabilization of post surgical patients have occurred

2.12 Surgery

These by-laws are applicable to all practice types.

Please note additions at the end if this section.

2.12.1 General

2.12.1.1 Aseptic technique shall be followed for surgical procedures in a separate single purpose room.

2.12.1.2 Standard surgical preparation involves shaving hair, three skin scrubs using a disinfectant soap and a final skin preparation with alcohol and/or disinfectant solution. These preparatory procedures must be performed outside of the surgical area.

2.12.1.3 The following equipment shall be in use for major surgical procedures (defined as thoracic, orthopedic, abdominal procedures and soft tissue procedures of greater than 15 minutes duration):

- i) Caps
- ii) Masks

- iii) Sterile gowns
- iv) Sterile gloves
- v) Sterile instruments
- vi) Sterile towels
- vii) Sterile drapes
- viii) Sterile suture material (current dating)

2.12.1.4 An autoclave and or gas sterilization shall be in use to prepare sterile packs.

2.12.1.5 Sterility indicators shall be present inside the wrapping drapes of each surgical pack.

2.12.1.6 Surgery packs shall be double-wrapped and stale dated 90 days or sealed in steri-wraps and stale-dated six months. Double wrapped items including other surgical supplies must be wrapped twice, independently of each other. The date marked can be either date of expiry or preparation.

2.12.1.7 Laparotomy drapes shall be utilized to exclude unprepared areas of skin and where practical, cover the tabletop from side to side.

2.12.1.8 Adequate skin drapes shall be available for use as required.

2.12.1.9 Gas anesthesia shall be readily available for use in all surgical procedures and include:

- i) An anesthetic machine
- ii) Oxygen supply
- iii) Positive ventilation equipment
- iv) Endotracheal tubes with intact cuffs sized appropriate to each animal anesthetized

2.12.1.10 The gas anesthesia machine shall be vented to the exterior of the building.

2.12.1.11 The anesthetic machine and all required anesthetic equipment, including all that is listed above, shall be in good working order and be inspected on a yearly basis by a qualified independent safety inspector.

2.12.1.12 If halothane is used as a gas anesthetic, the scavenging system must be an active system.

2.12.1.13 An emergency lighting source that turns on automatically in the event of a power failure must be available in the treatment and surgery area and positioned such that the treatment and surgery area/table are illuminated.

2.12.1.14 Flashlights shall be available.

2.12.1.15 Equipment in cold sterilization shall be available for non-sterile procedures. A maintenance schedule shall be in evidence for cold sterilant.

2.12.1.16 Equipment for the alleviation of hypothermia during surgery and post-operative recovery shall be used and disinfected or changed between patients.

2.12.1.17 A recovery area shall be provided where a patient may be frequently observed following anesthesia. (Need not be separate from animal compartments).

2.12.1.18 Parenteral fluids shall be readily available.

2.12.1.19 All surgical equipment shall be kept neat, orderly and in good condition.

2.12.2 Additions

2.12.2.1 Small Animal Hospital/Clinic, Ferret, Remote Clinic and Small Animal Mobile Clinic

In addition to the provisions set out for all types of practices:

2.12.2.2 The surgery room shall be maintained in a clean and orderly fashion. This room shall consist of walls, floors and doors constructed of solid impervious material that can be easily sanitized. The surgical room shall not be used for storage purposes. Only equipment used during surgeries shall be kept in the surgery room. This must be kept to a minimum and must be able to be sanitized.

2.12.2.3 The sole x-ray viewer shall not be located in the surgery room.

2.12.2.4 A surgery table shall be provided that can be readily sanitized.

2.12.2.5 Large Animal Hospital/Clinic, Large Animal Ambulatory, Large Animal Mobile Clinic and Embryo Transfer

In addition to the provisions set out for all types of practices:

2.12.2.6 Sterile equipment (instruments and drapes) for at least two surgeries shall be on hand at all times.

2.12.2.7 Remote Area Companion Animal Temporary Clinic and Small/Large Animal Mobile Clinic:

In addition to the provisions set out for all types of practices:

2.12.2.8 The anesthesia area has emergency lighting in case of a power failure (at least two powerful flashlights).

2.12.2.9 The anesthesia area contains or has readily available within the facility:

- i) Pre-anesthetic agents
- ii) Induction anesthetic agents for intravenous administration
- iii) If narcotics are used, a narcotic antagonist
- iv) A machine for the administration of gaseous anesthesia that includes a canister containing a fresh agent to absorb carbon dioxide that has been inspected within the past 12 months
- v) Gaseous agent for the induction and maintenance of general anesthesia
- vi) A cylinder of compressed medical oxygen
- vii) A gas scavenging system that must be vented to the exterior of the building. A passive system may be utilized. The veterinarian is responsible for ensuring that the ventilation of the area is sufficient to minimize air contamination and to ensure the safety of personnel. If halothane is used as a gas anesthetic the scavenging system must be an active system.
- viii) Blankets or towels to retain an animal's body heat

2.12.2.10 The operating room contains:

- i) A surgical table with a readily sanitized, fluid-impervious surface, or an impervious surface or a sanitary, fluid-impervious material to cover the surface of a table to be used for surgery
- ii) An insulating pad to reduce heat loss from the animal's body to the surface of the operating table. This must be either disinfected or changed between patients
- iii) Sufficient overhead light

- iv) Emergency lighting equipment that permits completion of any usually scheduled surgical procedures in the event of a power failure
- v) Sterile absorbable and non-absorbable sterile suture material, instruments, gowns, towels, drapes, gloves, gauze sponges, needles and scalpel blades
- vi) An instrument table or tray with a readily sanitized surface
- vii) A garbage disposal container with a readily sanitized, fluid-impervious interior or a disposable fluid-impervious liner
- viii) Sufficient surgical packs for the reasonably expected case load, each of which:
 - a) Must be double wrapped and stale dated 90 days or sealed in sterile packs and stale dated 6 months. Double thickness is not satisfactory. The items, including other surgical supplies, must be wrapped twice, independently of each other.
 - b) Must display the date of sterilization and the name or initials of the person who carried out the sterilization.
 - c) Must include at least two individual packs containing the following sterilized instruments:
 1. Scissors
 2. Two thumb forceps
 3. Four towel clamps
 4. Scalpel handle
 5. Four haemostatic forceps
 6. Needle driver
 - d) Must include an internal sterility monitor inside packs.

2.12.2.11 The Remote Unit/Small Animal and Large Animal Mobile Clinic contains an area where an animal may be observed easily while recovering from the anesthesia and the immediate effects of the surgery.

2.12.2.12 If the member elects to provide dentistry from the remote unit, the remote unit must contain:

- i) Dental scaling instruments or devices
- ii) Elevators
- iii) Tooth extractors
- iv) Gauze sponges
- v) Absorbable and non-absorbable sterile suture material
- vi) A drained sink with hot and cold running water

2.12.2.13 Small Animal Mobile clinic

In addition to the provisions set out for all types of practices:

A gas scavenging system must be utilized.

2.13 Medical Records

2.13.1 Special Note: The by-law allowing herd records to be left on farm has been removed. The veterinarian must maintain the original records and a copy can be left on farm. These by-laws are applicable to all practice types. Please note additions at the end of this section.

2.13.1.1 Clear and legible individual records shall be maintained for every patient.

Records contain:

2.13.1.2 Name, address and telephone number of client or Legal Land Location or GPS coordinate.

2.13.1.3 If the client is likely to be absent from his or her address while the animal is confined with the member, the name, address and telephone number of a person to be contacted in case of an emergency.

2.13.1.4 Patient identification including species, age and sex

2.13.1.5 The patient's current weight (appropriate for the species) for or body condition score

2.13.1.6 Present history and clinical examination findings of the patient

2.13.1.7 Vaccination record for individual animal or herd

2.13.1.8 Laboratory reports including clinical pathology, radiology, histopathology, cardiograms etc. as applicable

2.13.1.9 Assessment of the patient

2.13.1.10 Record of the patient's medical or surgical treatments including drugs prescribed or dispensed, strength, dosage, quantity etc.

2.13.1.11 Follow-up of assessments including phone conversation summaries

2.13.1.12 A note of any professional advice given regarding the animal and an indication of when and to whom the advice was given if other than the client.

2.13.1.13 Discharge notes and final assessment of patients

2.13.1.14 Initial or code of the veterinarian responsible for the procedure

2.13.1.15 Anesthetic records are part of the medical records

2.13.1.16 While the client owns the information contained in medical records, it is the veterinarian who is responsible legally for their veracity and physically for their preservation. When requested, it is the duty of a veterinarian to make available to a client within a timely manner, the information contained in the medical records pertaining to the health of the client's animals. The veterinarian may request of the client recuperation of reasonable costs associated with the retrieval and duplication of records.

2.13.1.17 For records that are not easily duplicated (such as hard copy x-ray images), the veterinarian should normally transfer these directly to the referral veterinarian, unless extraordinary circumstances preclude this arrangement (such as a client who is moving overseas).

2.13.1.18 A member who ceases to practice in Manitoba shall ensure that former clients have reasonable and timely access to their medical records for a minimum of three years by retaining medical records within the province, either:

- i) In the possession of the veterinarian, or
- ii) In the possession of another member who assumes responsibility for security, integrity and confidentiality of the information.

2.13.1.19 If the records are transferred outside the practice, then a notice shall be placed in the local newspaper, and copied to the MVMA, indicating who will retain the records and when the transfer will take place.

2.13.1.20 Records of prescribed drugs must follow the standard set in the Pharmacy section of PIPS.

2.13.1.21 Every veterinarian who dispenses a drug pursuant to a prescription shall ensure that the following information is included on the animal/owner file:

- i) The name, address and telephone number of the veterinary clinic in which the prescription is dispensed.
- ii) The strength of the drug and identification of the drug by its general name in the case of a single entity drug or by trade name in other cases.
- iii) The signature or initials of the person dispensing the drug.
- iv) The date the prescription is dispensed.
- v) The name of the prescriber.
- vi) The name of the owner and the animal (or group identification) for which the drug is dispensed.
- vii) The directions for use as prescribed.
- viii) The quantity of the drug dispensed.
- ix) The withdrawal time for meat or milk (if applicable).

2.13.1.22 Reports, as applicable, are issued to client within 30 days of visit.

2.13.1.23 Records shall be maintained for at least 5 years and shall be stored in an orderly fashion and readily retrieved

2.13.1.24 Euthanasia and surgery forms shall be available.

2.13.1.25 Daily records shall be maintained for hospitalized animals. These records shall include information regarding veterinary examination which is required at least once daily, including weekends and holidays.

2.13.1.26 It is preferable to keep all of the records for each client in one file. If the records are kept in different locations, a cross-referencing system, which allows for prompt retrieval and intra-or inter-facility use shall be available

2.13.1.27 If the records are retained in an electronic medium:

- i) The recorded information must be capable of being printed promptly
- ii) Any changes in the recorded information must be clearly indicated as changes
- iii) There must be a regular back-up plan and practice

2.13.2 Additions

2.13.2.1 Emergency Clinic and Small/Large Animal Mobile Clinic

In addition to the provisions set out for all types of practices:

2.13.2.2 Medical record document parameters to allow accurate and quick assessment of trends in critical patients

2.13.2.3 Discharge forms shall be in duplicate. Copies for medical records and the client.

2.13.2.4 A copy or fax or email is to be sent to the primary care veterinarian within three days of discharge.

2.13.2.5 Remote Area Companion Animal Temporary Clinic and Small/Large Animal Mobile Clinic

In addition to the provisions set out for all types of practices:

2.13.2.6 The facility contains “consent to surgery” forms for execution by clients and there is evidence that the forms are used and maintained in the animal’s clinical record.

2.13.2.7 Remote Area Companion Animal Temporary Clinic

In addition to the provisions set out for all types of practices:

2.13.2.8 These forms must contain a statement that the procedure is being performed in a remote facility that has not been inspected on site by the MVMA.

2.13.2.9 Embryo Transfer

In addition to the provisions set out for all types of practices:

2.13.2.10 Adequate, readily retrievable records shall be maintained on all cases. Records of donor and recipient animals contain:

- i) Client’s name address and telephone number
- ii) Identification of patient includes breed and age
- iii) History
- iv) Identification of sires used
- v) Detailed super ovulation schedule including drugs used and lot number
- vi) Number of embryos produced by donor
- vii) Identification of embryos corresponds to the International Embryo Transfer Society standardized system

2.13.2.11 Detailed records shall be kept on frozen embryo inventory.

2.13.2.12 A current record system exists for the weekly monitoring of nitrogen levels in embryo storage tanks.

2.13.2.13 If exporting embryos proper accreditation from Agriculture Canada shall be in place.

2.13.2.14 All CETA embryo certificates shall be available.

2.14 Library Section

These bylaws are applicable to all practice types.

Please note additional requirements at the end of this section.

Library Guiding Principles

The reference library available at the Veterinary Practice (VP) must be relevant to both the type of veterinary medicine being conducted at that VP and the species of animals that are cared for by the VP. It is important for patient care that the veterinarians and veterinary technologists at the VP have prompt access to current, relevant and peer-reviewed medical information. **This information can be in the form of printed material, electronic storage format or via the internet. VIN¹ (veterinary information network) deemed to be an acceptable reference source.** At the time of inspection, members should be able to demonstrate the ability to access this information. It is the responsibility of the practice that all staff have access to the required reference material that they may require.

Facility and Equipment

The Reference Library must include:

1. A current drug formulary (printed or electronic) relevant to the species cared for at the VP and medicines dispensed².
2. One current (within the last 1-2 editions) veterinary reference textbook (printed or electronic) on each of the major subject areas practiced at the VP (e.g. these may include but are not restricted to depending on the type of practice - internal medicine, surgery, radiology, emergency medicine, dentistry, anesthesia, clinical pathology, theriogenology, reproductive endocrinology etc.)
3. Includes adequate subscriptions to professional journals (at least two referred journals). The Canadian Veterinary Journal (CVJ) and Canadian Journal of Veterinary Research (CJVR) meet the requirements and currently go to all Canadian Veterinary Medical Association (CVMA) members.

¹ Veterinary Information Network, Inc. <https://www.vin.com/vin/>

² Medically important antimicrobials and the CMIB <http://inspection.gc.ca/animals/feeds/antimicrobials-in-animals/mia-and-the-cmib/eng/1521554359053/1521554359444>

4. Includes copies (printed or electronic) of the following which must be reviewed annually and updated when revised:
 - a. Current The Veterinary Medical Act of Manitoba
 - b. Current MVMA By-laws
 - c. Current MVMA Code of Ethics
 - d. Current MVMA Practice Standards and Practice Standards By-laws
 - e. The Animal Care Act (Manitoba), Current
 - f. The Animal Disease Act (Manitoba) Current
 - g. Current Regulations and Schedule of the Controlled Drug and Substances Act (S.C. 1996, c. 19)³ (Canada)
 - h. Current Schedule F, G, and H of the Food and Drug Act (R.S.C., 1985, c. F-27)⁴ (Canada)
 - i. Compendium of Veterinary Products⁵
 - j. Material Safety Data Sheets (MSDS)
 - MSDS sheets must be kept indefinitely even if new updates are received and must be reviewed and updated annually. MSDS sheets may be kept online but in an easily accessible file on the computer, preferably on the desktop for immediate access in an emergency. These items must always be available to all staff at any time.
5. All required library items shall be in hard copy and/or readily accessible on the computer (in the absence of internet access).

Additional Requirements:

1. Embryo Transfer Facility
 - In addition to 1 - 5 above:
 - Reproductive Biology and Endocrinology
 - Theriogenology
2. Large Animal Hospital/Clinic and Large Animal Ambulatory
 - In addition to 1-5 above
 - Compendium of Medicating Ingredients Brochures (If prescribing for feed additives. Only electronic version is current.)
3. Specialty Clinic
 - Does not require library as they work out of an inspected facility

³ <https://laws-lois.justice.gc.ca/eng/acts/C-38.8/>

⁴ <https://laws-lois.justice.gc.ca/eng/acts/F-27/page-15.html>

⁵ CVP-Canadian edition <http://www.bioagrimix.com/compendium>

FOOTNOTES:

1. Acceptable answering services include an answering machine, cellular phone, voice mail or personal answering service.
2. Pens should be located and constructed to avoid direct contact between animals or animal wastes. See recommended Code of Practice for the Care and Handling of Farm Animals, Agriculture Canada Publications, for respective species.
3. RECORDS

Every veterinarian who dispenses a drug pursuant to a prescription shall ensure that the following information is included on the animal/owner file.

 - I. The name of the owner and the animal (or group identification) for whom the drug is dispensed and the address of the owner.
 - II. The name, strength (where applicable) and quantity of the prescribed drug.
 - III. The directions for use, as prescribed.
 - IV. The name and address of the prescriber.
 - V. The signature or initials of the person dispensing the prescription.
 - VI. The date on which the drug is dispensed.
 - VII. The withdrawal time for meat or milk. (If applicable)
 - VIII. The number of repeats allowed and the number of repeats filled.
4. The Canadian Council of Ministers of Environment (CCME) have recently published guidelines that promote uniform waste management practices for medical and veterinary facilities in order to ensure minimum national standards for Biomedical Waste Management in Canada. The following guidelines on municipal By-laws for management of biomedical and hazardous wastes shall be adhered to by members of the MVMA:

Type
<p>Disposal Method Recommended:</p> <p>1. All animal anatomical waste - consisting of tissues, organs, body parts and carcasses but excluding teeth, hair and nails. Incinerated or buried at approved land fill sites or collected and disposed of by an approved waste management facility. Wastes at landfills must be covered by a minimum of 1 metre of soil and at least 100 metres away from a water source in accordance with the Provincial Environment Act.</p>
<p>2. All animal non-anatomical waste, micro-biological wastes and sharps: Consisting of items saturated with blood or body fluids excluding urine or feces; Lab cultures, stocks or specimens of micro-organisms, live or attenuated vaccines; Human or animal cell cultures used in research and lab material that has come into contact with these; Clinical and laboratory material consisting of needles, syringes, blades or lab glass capable of causing punctures or cuts.</p> <p>Autoclaved and disposed of in landfills or incinerated or collected and disposed of by an approved waste management facility.</p>
<p>3. X-ray fixer, X-ray films, formaldehyde, other laboratory chemical wastes, drugs. Collection and disposal by licensed hazardous waste management facility or detoxified on premises in such a way as to reduce effluent contamination to below hazardous waste standards.</p>
<p>4. Office and hospital supplies. Routine waste disposal.</p>

A biomedical and hazardous waste log shall be kept current on premises to document all waste disposals of these types. The log shall record dates, volumes, type of wastes, methods of disposal and carrier. The log shall be readily available for the inspector's review.

Certain pathogenic organisms are strictly regulated as to their handling and transport. Recommendations for transportation of dangerous goods can be accessed at Transport Canada's Transport Dangerous Goods website at: <http://www.tc.gc.ca/tdg/menu.htm>.

Clients who use syringes and needles at home should be asked to bring them to the clinic for disposal. Winnipeg By-laws require that sharps be handled and disposed of by a licensed biomedical waste disposal agent. Some animal cremation companies are licensed for this purpose. Outside of Winnipeg, it is recommended that, where possible, a licensed biomedical waste disposal agent be used to transport and dispose of sharps. If this is not possible, sharps may be transported in quantities of 5 kg or 5 litres or less (in any one vehicle at one time), in a container that prevents escape of the contents. Arrangements can often be made with a local hospital for incineration of sharps.

5. Standard surgical preparation involves shaving hair, three skin scrubs using a disinfectant soap and a final skin preparation with alcohol and/or disinfectant solution. These preparatory procedures must be performed outside of the surgical area.
6. All microbiological and clinic pathology submissions may be sent in Type 1B except specimens containing regulated organisms (Type 1B packaging plus documentation) or cultures of regulated organisms (Type 1A packaging). Refer to Transport Canada's Transportation of Hazardous Goods website for more details: <http://www.tc.gc.ca/tdg/menu.htm>.
7. Outdated drugs should be returned to the manufacturer when possible.
8. Veterinarians must adhere to the requirements defining the veterinarian/client/patient relationship necessary for dispensing of prescription drugs as defined in the MVMA By-laws.

PRACTICE OWNER UNDERTAKING

As Owner of, or as a representative for all of the Owners (including myself) of _____ (name of clinic), I hereby undertake to correct any deficiencies noted at the time of this inspection within the time period specified by the Registrar; AND continue, after such corrections have been made, to maintain complete compliance with the Practice Inspection and Practice Standards By-laws throughout the interim period to the time of the next inspection of the clinic.

Practice Owner Signature

Date

Name of Signatory

Signature of Inspector