



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

APPROVED JANUARY 30, 2026

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A. Introduction

A.1 Application

This by-law applies to all *veterinary practices* that provide veterinary care as articulated in The Veterinary Medical Act.

A.2 Purpose

The PIPS By-law has been endorsed by the membership to maintain a reasonable standard of practice acceptable by the MVMA, to continually improve the quality of veterinary services and premises in Manitoba, and to optimize opportunities for health care in veterinary medicine. This by-law serves to help create a sustainable veterinary community working together to prioritize the health and welfare of animals, people, and the environment.

A.3 Definitions

“Act” means *The Veterinary Medical Act, CCSM c V30*.

“Ambulatory” means a modality of practice where veterinary care is provided where the animal receiving care is normally housed.

“Clinic Staff” means persons employed or contracted to provide veterinary service on behalf of a *veterinary practice*.

“Brick and Mortar” means a modality of practice where veterinary care is provided in a permanent, fixed location.

“By-laws” means the by-laws of the *Council* made under s. 7 of the *Act* and includes the MVMA Code of Ethics.

“CETA” means Canadian Embryo Transfer Association.

“CFIA” means Canadian Food Inspection Agency.

“Council” means the Council of the Manitoba Veterinary Medical Association.

“Dispensing” means the act of a *veterinary professional* preparing and providing a specific prescription medication to a client, based on a veterinarian's order.

“Emergency Drug Kit” means a physical container that must contain the following:

- i. Atropine
- ii. Epinephrine
- iii. Antihistamine
- iv. Calcium gluconate
- v. Corticosteroid
- vi. Furosemide
- vii. Sterile needles and syringes
- viii. I.V. catheters, lines, and parenteral fluids appropriate to the type of practice (not for embryo transfer)
- ix. Dextrose
- x. Opioid reversal appropriate to any opioid used (exception for equine only practice)
- xi. Blood glucose evaluator sticks and glucometer (small animal *ambulatory* only)

“Guidelines” means all legislation, regulations and other authorities containing provisions which govern the practice of veterinary medicine in Manitoba, including but not limited to *The Animal Care Act* (Manitoba), *The Animal Diseases Act* (Manitoba), *The Pharmaceutical Act* (Manitoba) and the *Health of Animals Act* (Canada).

“In-Person Reinspection” means a reinspection conducted by an *Inspector*.

“Inspector” means an *inspector* of the MVMA pursuant to subsection 49(1) of the *Act*.

“Inspector Inspection” means an inspection that is conducted by an *Inspector*.

“Large Animals” means food producing or agricultural species, including horses.

“Member” means an individual who holds a certificate of registration under the *Act*.

“Mobile” means a modality of practice where veterinary care is provided in a self-contained unit, like trailer or large van, where the equipment remains fixed in the unit, but the unit is capable of easy movement.

“MVMA” means the Manitoba Veterinary Medical Association.

“Narcotics and Controlled Drugs” means the controlled substances that are listed in Schedules I to V of the *Controlled Drugs and Substances Act* (Canada).

“Paper Reinspection” means a reinspection wherein the *veterinary practice* provides documentary evidence of compliance with this by-law.

“PIPS” means Practice Inspection Practice Standards by-law.

“Prescribing” means the act of a veterinarian issuing a drug order to be used for a specific animal or group of animals. Prescribing (prescriptions) refers to written prescriptions sent out, or the prescription order for dispensing from the veterinary practice.

“Responsible Veterinarian” means the *member* with an unrestricted license who is appointed by the *veterinary practice* owner(s) to have ultimate authority over the *veterinary practice*. The *Responsible Veterinarian* is required to be appropriately informed with respect to all aspects of the *veterinary practice*. The *Responsible Veterinarian* provides overall guidance to the operation of the *veterinary practice*, ensuring compliance with the *Act*, the *By-laws*, and all *Guidelines*. The *Responsible Veterinarian* is also the overall decision-maker with respect to the operations of the *veterinary practice*. It is the *Responsible Veterinarian’s* duty to sign and verify the accuracy of the *PIPS* documents, to the *MVMA*. The name of the *Responsible Veterinarian* for each *veterinary practice* shall be published by the *MVMA*.

“Small Animal” means domestic pets including fish, birds, reptiles and mammals.

“Small Animal Emergency/Critical Care” means a practice that is fully staffed outside of regular business hours to provide emergency diagnosis and treatment and/or hospitalization of small animals.

A *veterinary practice* that does not hold a *Small Animal Emergency/Critical Care* practice type is also permitted to provide after-hours and urgent care.

“Veterinary Corporation” means a corporation that holds a valid permit in accordance with Part 4.1 of the *Act*.

“Veterinary Practice” means a practice registered with the *MVMA* to provide veterinary services.

“Veterinary Professional” means a veterinarian who holds a valid licence to practice in Manitoba, and/or a veterinary technologist who holds a valid practising registration in Manitoba.

A.4 Other Legislation

All *veterinary practices* in the Province of Manitoba must comply with the Manitoba Veterinary Medical Association Practice Inspection and Practice Standards By-laws as articulated in this document. All *veterinary practices* must also comply with all *Guidelines*, including any applicable municipal, provincial, and federal legislation. In the event of conflict between a legislative requirement and the *MVMA By-laws*, the more restrictive requirement shall prevail.

A.5 Transition Period

- A.5.1 For *veterinary practices* that hold a valid Inspection Certificate as of the effective date of this by-law,:
- i. The *veterinary practice* will continue to abide by the rules set out in **Appendix A: MVMA Practice Inspection and Practice Standards By-laws**, approved January 20, 2023, until the *veterinary practice* undergoes an *Inspector Inspection*.
 - ii. The following sections of Appendix A do not apply:
 1. Introduction
 2. Purpose
 - 2.1 Inspections
 - 2.2. Three Strike Rule
 - 2.3. Penalties for Failing InspectionAll sections referring to Temporary and/or Remote Clinic types
All sections referring to Speciality clinic types
 - iii. In addition to the rules set out in Appendix A, all *veterinary practices* as of the effective date of this by-law, will comply with the following sections of this by-law.
 - A. Introduction in entirety
 - B. Administrative Rules in entirety
 - E. Practice Activities – E.21-Temporary Non-Surgical Clinic and E.22- Temporary Surgical Clinic
- A.5.2 For *veterinary practices* that do not hold a valid Inspection Certificate as of the effective date of this by-law, the *Veterinary practice* must follow the rules set out in this by-law, excluding **Appendix A** in entirety.

B. Administrative Rules

B.1 Practice Certificates

Requirements to Practice

- B.1.1 In order to provide veterinary care, a Practicing Veterinarian *Member(s)* must obtain a Practice Certificate.
- B.1.2 The Practice Certificate will identify the practice modality(s) and practice activity(s) that the *veterinary practice* is entitled to engage in.

Obtaining a Practice Certificate

- B.1.3 To obtain a Practice Certificate, the *veterinary practice* must either:
- i. Open a new *veterinary practice* pursuant to section B.4 of this by-law; or
 - ii. for *veterinary practices* that were established prior to December 20, 2026, undergo an inspection pursuant to section B.3 of this by-law.

Updating Practice Certificate

- B.1.4 A *veterinary practice* that has an existing valid Practice Certificate, must provide the *MVMA* Registrar with at least seven (7) days notice prior to adding additional practice modality(s) and/or commencing practice activity(s).
- B.1.5 A *veterinary practice* must submit the New Practice Modality(s)/Activity(s) Notification Form.

Renewing Practice Certificate

- B.1.6 The Practice Certificate must be renewed each year through the Annual Renewal Process.
- B.1.7 Each year, during a renewal period of no less than 30 days as set by the *MVMA* Registrar, a *veterinary practice* must, through the [Responsible Veterinarian](#) for the *veterinary practice*:
- i. Review and confirm the contact information on file for the *veterinary practice*.
 - ii. Pay a renewal fee, as set by the *MVMA Council*.
 - iii. Confirm that the *veterinary practice* has reviewed the *PIPS* By-law.
 - iv. Confirm their review of any Act, By-law or program updates within the last year (provided by the *MVMA*), or any other material deemed relevant by the *MVMA Council*.
 - v. Provide any other information requested by the Registrar.
- B.1.8 If the *veterinary practice* fails to complete any task outlined in section B.1, the *veterinary practice* must cease practice immediately and may be referred to the Peer Review Committee.

Resources

New Practice Modality(s)/Activity(s) Notification Form

B.2 Appointment of Responsible Veterinarian

- B.2.1 The *veterinary practice* must appoint an unrestricted registered veterinarian to act as the [Responsible Veterinarian](#). A *Responsible Veterinarian* must:
- i. Be registered as a General Veterinarian *Member*.
 - ii. Be familiar with the statutory requirements for operating a *veterinary practice* and ensure that the *veterinary practice* meets all applicable standards of practice.
- B.2.2 The [Responsible Veterinarian](#) does not assume responsibility for the conduct of other *members* working in the *veterinary practice*. Other veterinarians and veterinary technologists remain responsible for ensuring that they meet professional competency and conduct standards.
- B.2.3 A veterinarian will not be eligible to act as a [Responsible Veterinarian](#) if:
- i. The veterinarian is no longer registered as a General Veterinarian *Member*.
 - ii. Conditions or restrictions are placed on the veterinarian's license; or
 - iii. The veterinarian's license is suspended.
- B.2.4 A *veterinary practice* must appoint a new [Responsible Veterinarian](#) within 30 days of the previous *Responsible Veterinarian's* resignation or loss of eligibility, failing which the *veterinary practice* will be prohibited from providing veterinary service until:
- i. A *Responsible Veterinarian* is appointed, and
 - ii. An *Inspector* Inspection is completed.

B.3 Inspection Process

Inspection Frequency

B.3.1 *Veterinary practices* are required to undergo an *Inspector Inspection* every 5 years at minimum.

Fees

B.3.2 The *Council* will maintain a fee schedule for *veterinary practice* inspections.

Inspection Process

B.3.3 The [Responsible Veterinarian](#) will be notified at least 15 days prior to a scheduled inspection.

B.3.4 The [Responsible Veterinarian](#) will declare the Practice Modality(s) and Practice Activity(s).

B.3.5 The *Inspector* will complete the inspection.

B.3.6 If the *Inspector* finds no deficiencies with the *veterinary practice*, or if any deficiencies are sufficiently addressed at the time of inspection, no further action will be taken.

B.3.7 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.

B.3.8 If the *Inspector* finds deficiencies with the *veterinary practice* that are not sufficiently addressed at the time of inspection, the *Inspector* will order a reinspection.

- i. The *Inspector* will order either a *paper reinspection* or *in-person reinspection*, depending on the level of risk posed by the nature and number of deficiencies. No notice is required for an *In-Person Reinspection*.
- ii. The [Responsible Veterinarian](#) will be responsible for ensuring that any deficiencies are corrected promptly.
- iii. If a deficiency is sufficiently high risk or if a deficiency is not dealt with in a timely manner, the *Inspector* will recommend to the Registrar that the matter be considered for referral to the Peer Review Committee.

Actions Requiring Reinspection (Non-Deficiency Related)

B.3.9 A *veterinary practice* must notify the *MVMA* and undergo an *In-Person* or *Paper reinspection* promptly if any of the following occur:

- i. Major (non-cosmetic) renovations.
- ii. Change of *veterinary practice* location (for *brick and mortar veterinary practices* only).
- iii. Addition of a modality.
- iv. Addition of any practice activities.

Appointment of Inspectors

B.3.10 The *Council* will appoint *Inspectors* to fulfil the duties under the *Act* and this by-law.

B.3.11 The *Council* may develop a policy to guide appointments under this section.

B.4 Opening a Veterinary practice

B.4.1 To open a new *veterinary practice*, a veterinarian must, at least 7 days prior to opening:

- i. Complete an application as prescribed by the Registrar
- ii. Confirm the appointment of a qualified [Responsible Veterinarian](#) for the *veterinary practice*
- iii. Confirm that this by-law has been reviewed, and that prior to inspection any potential deficiencies will be rectified
- iv. Pay any fees as set by the *Council*

B.4.2 Within the six months following the opening of the *veterinary practice*, the *veterinary practice* must undergo an *Inspector Inspection*.

B.5 Closing a Veterinary Practice

Notify Clients

B.5.1 The [Responsible Veterinarian](#) must ensure that current clients are given reasonable notice of the closing of a *veterinary practice* and are provided with referrals to alternate care providers.

Notify MVMA

B.5.2 The [Responsible Veterinarian](#) must notify the *MVMA*, on a form prescribed by the Registrar, of the closure of the *veterinary practice*.

B.5.3 The [Responsible Veterinarian](#) must:

- i. Provide a description of how notice was provided to current clients.
- ii. Provide information about the compliant storage of medical records.
- iii. Provide information about the status and/or disposal of prescription products.
- iv. Provide information about the status of and/or destruction of any controlled substances.
- v. Provide a copy of the controlled drug log (if applicable) for the previous 6 months, including a current “zero” balance.
- vi. Provide a copy of records (invoices, etc) confirming all controlled drug purchases within the previous 6 months.

Medical Records

B.5.4 Prior to the closure of a *veterinary practice*, the *veterinary practice* must ensure that there is a reasonable process in place for former clients to access their medical records.

B.5.5 The closing *veterinary practice* must ensure that 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 a veterinarian of the closing *veterinary practice*, or
- ii. In the possession of another *veterinary practice* that assumes responsibility for the security, integrity and confidentiality of the information.

B.5.6 The *MVMA* will provide information to the public about the location of medical records for closed *veterinary practices*.

Resources

[MVMA Clinics Accepting New Patients Map](#)

[MVMA Find a Veterinary Practice](#)

MVMA Veterinary Practice Closure Form

New Practice Modality(s)/Activity(s) Notification Form

Declaration of Practice Modality(s) and Practice Activity(s)

New Practice Application Form

C. General Practice Rules

C.1 Practice Operations

- C.1.1 Adequate commercial liability insurance shall be carried.
- C.1.2 The following *veterinary practice* information must be provided and may be published by the MVMA:
- i. A fixed mailing address.
 - ii. A listed telephone number which includes an answering service. Acceptable answering services include an answering machine, voice mail, or personal answering service.
 - iii. The name of the [Responsible Veterinarian](#) for the *veterinary practice*.
- C.1.3 The *veterinary practice* shall adhere to the following advertising rules:
- i. No *veterinary practice* shall advertise as a *Small Animal* emergency hospital unless it holds a *Small Animal Emergency/Critical Care* Certificate.
 - ii. Advertisements must be truthful.
- C.1.4 All personnel shall present a neat and clean appearance.
- C.1.5 The course and treatment of all patients shall be determined by the veterinarian.
- C.1.6 Provision shall be made for 24-hour emergency veterinary service (where applicable):
- i. By referring the caller to a staff veterinarian; or
 - ii. By referring the caller to another facility or service.
- C.1.7 [Responsible Veterinarians](#) must be knowledgeable of and adhere to the various Codes of Practice for the care and handling of the relevant animal species referenced in the Animal Care Regulation, Man Reg 126/98 under The Animal Care Act, CCSM c A84.
- C.1.8 The *veterinary practice* must have copies (printed or electronic) of the following, which must be reviewed annually and updated when revised:
- i. Current version of The Veterinary Medical Act
 - ii. Current *By-laws*, including the Code of Ethics and the Practice Standards and Practice Standards *By-laws*
 - iii. Current version of The Animal Care Act (Manitoba)
 - iv. Current version of The Animal Disease Act (Manitoba)
 - v. Current Regulations and Schedule of the Controlled Drug and Substances Act (S.C. 1996, c. 19) (Canada)
 - vi. Compendium of Veterinary Products

- vii. Safety Data Sheets (SDS) must be kept indefinitely even if new updates are received and must be reviewed and updated annually. SDS sheets may be kept online but in an easily accessible file on the computer, preferably on the desktop for immediate access in case of emergency. These items must be available to all staff at all times.
- viii. Food and Drug Act
- ix. Government of Canada Prescription Drug List
- x. Manitoba Veterinary Medical Association Regulatory Policy on Delegation of Veterinary Medical Tasks

Resources

[CVMA Insurance](#)

[Animal Care Act of Manitoba](#)

[Animal Disease Act of Manitoba](#)

[Compendium of Veterinary Products](#)

[Safety Data Sheets Information](#)

[Veterinary Information Network](#)

[Stewardship of Antimicrobials by Veterinarians Initiative \(SAVI\)](#)

[Food and Drug Act](#)

[Government of Canada Prescription Drug List](#)

[Regulations and Schedule of the Controlled Drug and Substances Act](#)

[Manitoba Veterinary Medical Association Regulatory Policy on Delegation of Veterinary Medical Tasks](#)

C.2 Medical Records

- C.2.1 Clear individual records shall be maintained for every patient/herd. Handwritten notes must be legible.
- C.2.2 Medical records must contain the following client information:
 - i. Name, address, and telephone number of client or Legal Land Location or GPS coordinate.
 - ii. If the client is likely to be unavailable while the animal is confined with the *member*, the name, address, and telephone number of a person who may be contacted in case of an emergency.
 - iii. Estimates provided to the client.
 - iv. Invoices and receipts paid by the client.
 - v. It is preferable to keep all 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.
- C.2.3 Medical records must contain the following patient information:
 - i. Patient identification including species, age, and sex.
 - ii. The patient's current weight or body condition score (as appropriate for the species).
 - iii. The vaccination record for the individual animal or herd.
 - iv. The history of the patient.

- v. Clinical examination findings of the patient.
- vi. Laboratory reports including clinical pathology, radiology, histopathology, cardiograms etc., as applicable. Reports, as applicable, are to be issued to the client within 30 days of visit.
- vii. Assessments of the patient.
- viii. Records of the patient's medical or surgical treatments.
- ix. Records of all drugs prescribed, including all information required on the prescription.
- x. Records of all drugs dispensed with all information required on dispensing label.
- xi. Follow-up of assessments including phone conversation summaries.
- xii. 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.
- xiii. Discharge notes and final assessment of patient.
- xiv. Initial or code of the veterinarian responsible for the procedure.
- xv. Anesthetic records.
- xvi. Daily records shall be maintained for hospitalized animals. These records shall include information regarding the required daily veterinary examination, including weekends and holidays.
- xvii. All required consent forms signed on behalf of the patient.
- xviii. Initial or code of the *veterinary professional* responsible for each veterinary task.

Ownership of Medical Records

C.2.4 The client owns the information contained in the medical record.

C.2.5 *Veterinary Professionals* are responsible to maintain and preserve medical records for their patients.

Transfer of Medical Records

C.2.6 It is the responsibility of the *veterinary practice* to provide in a timely manner a copy of a medical record when requested by a client.

C.2.7 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).

C.2.8 The veterinarian may charge a reasonable fee for the cost of duplicating and sending the medical record.

Retention of Medical Records

C.2.9 Medical records shall be maintained for at least 5 years and shall be stored in an orderly fashion and readily retrieved.

Electronic Records

C.2.10 If the records are retained in an electronic medium:

- i. The recorded information must be capable of being printed or provided digitally 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.

C.3 Prescriptions

- C.3.1 A Practicing Veterinarian Member may prescribe a prescription product only within the context of a VCPR, and a Practicing Veterinarian Member may not prescribe a prescription product to any individual or animal outside of that relationship.
- C.3.2 All drugs prescribed by a veterinarian must be recorded and contain the following information:
- i. Date
 - ii. Client
 - iii. Animal or group
 - iv. Drug name and strength
 - v. Direction for use: dosage, route, frequency, duration, withdrawal times (food animal related)
 - vi. Quantity
 - vii. Refills
 - viii. Veterinary signature (electronic or manual)
- C.3.3 All veterinary prescriptions shall be valid for a maximum of 12 months from issue.
- C.3.4 If prescription pads are used, they shall be stored away from public view.
- C.3.5 Veterinarians are obligated to follow The Pharmaceutical Act.
- C.3.6 If the *veterinary practice* prescribes for feed additives, the Compendium of Medicating Ingredients Brochures must be accessible.

Resources

[The Compendium of Medicating Ingredients Brochures](#)

[The Pharmaceutical Act Manitoba](#)

C.4 Waste Disposal

- C.4.1 There shall be a satisfactory waste disposal system in place for biomedical and hazardous waste, including sharps, animal carcasses and tissues, and hazardous material, in accordance with applicable laws.
- C.4.2 Refrigerated storage of carcasses or body tissues shall be provided or readily available.
- C.4.3 A biomedical and hazardous waste log shall be kept current on premises to document all waste disposals. 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.

Resources

Template Carcass Log

Biomedical and Biohazard Waste Log

[Transportation of Dangerous Goods Regulations Canada](#)

[Manitoba Hazardous Waste Regulation](#)

[Compliance Guide to Manitoba's Hazardous Waste Legislation](#)

D. Practice Modalities

D.1 Ambulatory

- D.1.1 *Veterinary practices* cannot provide *small animal* surgeries under general anaesthesia on an *ambulatory* basis.
- D.1.2 The vehicle shall be clean, orderly, and in good repair.
- D.1.3 There shall be satisfactory facilities and equipment to clean and disinfect instruments.
- D.1.4 Clean coveralls or outer garments shall be available for each call (*large animal* only).
- D.1.5 Footwear is available that can be cleaned and disinfected on the premises after each professional call (*large animal* only).
- D.1.6 Medications and lab supplies must be stored in the manner dictated by the manufacturer and protected against freezing or excessive heat.
- D.1.7 A veterinary practice who conducts large animal ambulatory activities 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 one-time opportunity to volunteer for animal related community events. It is the veterinarian's responsibility to carry the appropriate equipment. Veterinary practices that provide this service more frequently are required to obtain *small animal* medicine activity type.

D.2 Brick and Mortar

- D.2.1 It is the responsibility of the veterinarian to ensure that all animals located on the premises are under appropriate care.
- D.2.2 Exterior and interior of building and grounds shall be kept clean and free of hazards.
- D.2.3 The 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. Secure and/or self-closing doors and windows to prevent the escape or theft of animals, or theft of drugs
- D.2.4 Instructions for building evacuation and animal handling in case of fire or other emergencies shall be posted and familiar to staff.
- D.2.5 Clean and orderly separate reception area with furnishings in good repair.
- D.2.6 A public restroom shall be presentable, clean and orderly with equipment in good repair.
- D.2.7 Examination and treatment areas shall be clean and orderly with:
 - i. Running water
 - ii. Adequate drainage, if necessary
 - iii. Appropriate cleaning equipment and supplies
 - iv. Impervious surfaces that can be easily cleaned
 - v. Sufficient area for doctor, patient and client

- vi. 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.
- vii. Adequate cupboard space for storage of equipment and cleaning material.

D.2.8 Adequate fire extinguisher(s) shall be available and inspected annually.

D.2.9 A head gate and chute system adequate for restraint of cattle and/or stocks for restraint of horses shall be available (*Large animal* only).

D.2.10 A *brick and mortar* practice 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 one-time opportunity to volunteer for animal related community events. It is the veterinarian's responsibility to carry the appropriate equipment. Veterinary practices that provide this service more frequently are required to obtain an ambulatory modality type.

D.3 Mobile

D.3.1 The facility is to be self-contained (doors and windows can be closed) and secure.

D.3.2 The facility shall be of good construction, with:

- i. Adequate lighting
- ii. Adequate heating
- iii. Adequate ventilation and screening
- iv. Adequate fly and rodent control
- v. Secure and/or self-closing doors and windows to prevent the escape or theft of animals, or theft of drugs

D.3.3 Examination and treatment areas shall be clean and orderly with:

- i. Running water
- ii. Adequate drainage, if necessary
- iii. Appropriate cleaning equipment and supplies
- iv. Impervious surfaces that can be easily cleaned
- v. Sufficient area for doctor, patient and client
- vi. 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.
- vii. Adequate cupboard space for storage of equipment and cleaning material.

D.3.4 Adequate post-operative care is to be provided. This requires the attending veterinarian to remain in the community for a minimum of 6 hours after completion of the last surgical procedure. Following this period, the attending veterinarian or another veterinarian from the *veterinary practice* must be reasonably available for telephone consultation/follow-up for at least 4 weeks following each visit.

D.3.5 The *mobile* practice shall advise the *MVMA* of its normal practice areas. If a new area is added, the *veterinary practice* will notify the *MVMA* prior to providing service in this area. The *MVMA* may publish this information.

D.3.6 Adequate fire extinguisher(s) shall be available and inspected annually.

D.4 Practicing Through another Veterinary Practice

- D.4.1 If one *veterinary practice* (“Lessee”) provides veterinary care on the premises of another established *veterinary practice* (“Lessor”), the Lessee must have a written agreement signed by the [Responsible Veterinarian](#) of both the Lessee and the Lessor that outlines which party will be primarily responsible for meeting each section of this by-law.

E. Practice Activities

E.1 Small Animal Medicine

Background

- E.1.1 A *veterinary practice* must hold this practice activity type if they provide medicine (prevention, diagnosis, and treatment of diseases) to small animals including companion animals, small domestic animals, and exotic pets. All modalities can hold this activity type.
- E.1.2 In order to hold a Small Animal Medicine activity type, a *veterinary practice* must also hold the following activity type:
- i. Clinical Pathology

Equipment

- E.1.3 The following equipment must be easily accessible and well maintained:

- i. [Emergency Drug Kit](#)
- ii. Medications appropriate to the species seen
- iii. Scale appropriate for the species seen
- iv. Restraint devices appropriate to the caseload and type of animals seen
- v. Otoscope
- vi. Ophthalmoscope
- vii. Stethoscope
- viii. Thermometer
- ix. Examination gloves
- x. Sterile needles/syringes
- xi. Sterile IV catheters and fluids in adequate quantities
- xii. Cleaning equipment
- xiii. Bandage materials appropriate for the species seen

Practice Requirements

- E.1.4 Workspace shall be clean and orderly.

Library

- E.1.5 Must have current reference material on medicine for all of the species of animals seen (within the last 1-2 editions).

E.2 Large Animal Medicine

Background

- E.2.1 A *veterinary practice* must hold this practice activity type if they provide medicine (prevention, diagnosis, and treatment of diseases) to large animals including horses, cattle, goats, sheep, and other agricultural species. All modalities can hold this activity type.
- E.2.2 In order to hold a *Large Animal Medicine* activity type, a *veterinary practice* must also hold the following activity type:
- i. Clinical Pathology

Equipment

- E.2.3 The following equipment must be easily accessible and well maintained:
- i. [Emergency Drug Kit](#)
 - ii. Restraint devices appropriate to the caseload and type of animals seen
 - iii. Medications appropriate to the species seen
 - iv. Thermometer
 - v. Stethoscope
 - vi. Ophthalmoscope
 - vii. Appropriate instruments for species seen
 - viii. Portable lighting- headlamp and/or flashlight
 - ix. Examination gloves
 - x. Cleaning equipment
 - xi. Sterile needles, sterile syringes
 - xii. Sterile IV catheters and fluids in adequate quantities
 - xiii. Bandage materials appropriate for the species seen
 - xiv. Clean coveralls or outer garments shall be available for each case
 - xv. Footwear is available that can be cleaned and disinfected between patients

Practice Requirements

- E.2.4 Workspace shall be clean and orderly.

Library

- E.2.5 Must have current reference material on medicine for all the species of animals seen (within the last 1-2 editions).

E.3 Clinical Pathology

Background

- E.3.1 Clinical pathology may be referred to a lab or performed in-house. In order to hold a Clinical Pathology activity type, the veterinary practice must also hold at least one of the following activity types:
- i. Small Animal Medicine
 - ii. Large Animal Medicine

Equipment

E.3.2 When a particular Clinical Pathology service is provided, equipment appropriate to the provision of those services must be available and in routine use, including but not limited to:

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

E.3.3 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.

Practice Requirements

E.3.4 A maintenance schedule shall be in place for any automated equipment according to the manufacturer's specifications.

E.3.5 A system of safeguarding expiry of clinical pathology supplies shall be in place.

E.3.6 Laboratory reagents and supplies shall be stored according to manufacturer's specifications.

Spatial Requirements

E.3.7 The clinical Pathology area shall be maintained in a clean and orderly fashion.

Library

E.3.8 Must have current reference material on clinical pathology for the species seen (within the last 1-2 editions).

E.4 Dispensing Prescription Products

Background

E.4.1 A *veterinary practice* must hold this practice activity type if they dispense prescription products, regardless of the modality of the *veterinary practice* or species seen.

E.4.2 This section alone does not permit a *veterinary practice* to dispense or handle *Narcotics and Controlled Drugs*

E.4.3 Prescription products can only be dispensed at the order of a veterinarian.

Equipment

E.4.4 The following equipment must be easily accessible and well maintained:

- i. Examination gloves
- ii. Dispensing containers

- iii. Refrigerator (if using products requiring refrigeration)
- iv. Prescription labels
- v. Pill counter

Practice Requirements

Refills

E.4.5 Refills of prescription medications must be pre-authorized by the veterinarian and documented in the medical record including which drugs are permitted to buy, the quantities with each refill, and the number of refills.

Dispensing Containers

E.4.6 Childproof dispensing containers shall be available and shall be the primary method of dispensing unless not feasible (e.g. in cases of liquids) or otherwise requested by the client.

Labels for Dispensing Prescription Products

E.4.7 In all cases, a generated and affixed dispensing label is required on each dispensed product unit.

E.4.8 Medication that is dispensed in the original manufacturer's packaging will provide the client with only part of the required labelling information. In these cases, a dispensing veterinarian is not required to duplicate information from the manufacturer's label on the veterinary dispensing label.

E.4.9 The following is the minimum information required to be included on a prescription drug label when dispensing for administration by non-*clinic staff* (e.g. clients):

- i. The name, address, and telephone number of the dispensing veterinary clinic.
- ii. The identification of the drug and its strength.
- iii. The signature or initials of the *veterinary professional* dispensing the drug (electronic or manual).
- 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).
- x. The words "For Veterinary Use Only" or "Veterinary Use Only."

E.4.10 Prescription products that are dispensed for administration by the animal owner or employee of the animal owner must undergo a final check by a practicing veterinarian *member* or practicing veterinary technologist *member* to ensure the dispensed prescription contains:

- i. The correct prescription product as per the prescription.
- ii. The correct dosage as per the prescription.
- iii. The correct label that meets the requirements in the Manitoba Veterinary Medical Association Practice Inspection and Practice Standards By-Laws.

Shipping Pharmaceuticals

E.4.11 A *veterinary practice* may ship appropriately prescribed and dispensed pharmaceuticals. Shipping of pharmaceuticals from the distributor or manufacturer directly to a client's place of residence or business, does not constitute appropriate dispensing and is thus not permitted.

Spatial Requirements

E.4.12 Storage, safekeeping, and preparation of drugs shall be in accordance with The Canada Food and Drugs Regulations and as per manufacturer's instructions for use.

E.4.13 The pharmacy area must be a controlled area where the public is not able to access.

E.4.14 If prescription pads are used, they shall be stored away from public view.

E.4.15 Refrigeration must be available for biologics and other drugs requiring refrigeration.

E.4.16 All pharmaceutical products shall be stored as per manufacturer's directions.

E.4.17 Pharmacy area must be clean and orderly.

Library

E.4.18 Must have a current veterinary drug formulary (within the last 1-2 editions).

E.4.19 If the *veterinary practice* dispenses for feed additives, must have the Compendium of Medicating Ingredients Brochures.

Protocols

Expired Drugs

E.4.20 A system of safeguarding pharmaceuticals from expiration shall be in use.

E.4.21 Expired drugs shall be kept separate prior to return to manufacturer or supplier, or suitable disposal.

E.4.22 No person shall give, sell, or offer for sale any product passed its expiry date.

Records

E.4.23 All receipts and invoices for the purchase and/or sale of prescription products must be maintained for 5 years.

E.4.24 Dispensed prescription pads shall be stored with *veterinary practice* records for 5 years. This must be separate from unused prescription pads.

Resources

MVMA Resources

MVMA [Template Pharmacy SOP](#)

MVMA [Template Prescription Refill Request](#)

Health Canada

Is a product a prescription? Please consult with the Veterinary Drug Directorate. An online tool can be found [here](#).

[Compendium of Medicating Ingredients Brochures](#)

E.5 Narcotics and Controlled Drugs

Background

E.5.1 A *veterinary practice* must hold this practice activity type if they prescribe, use, or dispense narcotics and/or controlled drugs, regardless of the modality of the *veterinary practice* or species seen.

Equipment

E.5.2 The following equipment must be easily accessible and well maintained:

- i. An [Emergency Drug Kit](#)
- ii. A stethoscope
- iii. A thermometer
- iv. Sterile needles and syringes, IV catheters, administration sets, and parenteral fluids in adequate quantities
- v. Examination gloves
- vi. Appropriate scales (*Small Animal* only)

Practice Requirements

Storage

E.5.3 Narcotic and controlled drugs shall be stored in a manner that protects them against loss or theft.

Reporting Loss

E.5.4 Loss or theft must be reported to Health Canada, as per the Health Canada Guidance on Reporting Loss of Theft of Controlled Substances and Precursors document.

E.5.5 Any report made to Health Canada under this section must be reported to the *MVMA* within 30 days of such report.

Narcotic and Controlled Drugs Log

E.5.6 A Narcotics and Controlled Drug Log must be maintained in hard copy or in electronic format and must be accurate.

E.5.7 If the records are retained in an electronic format:

- 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.
- iv. The system must be reasonably secure.

E.5.8 All narcotics and controlled drugs in the clinic/hospital must be recorded in the log.

E.5.9 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 (this must be recorded and current).

- vi. All purchase records including receipts and invoices for *narcotics and controlled drugs* must be retained.

E.5.10 Records of dispensing may be maintained on a per-bottle basis for controlled preparations (defined as a controlled drug combined with at least one other medicinally 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).

Reconciliation

E.5.11 All physical *narcotics and controlled drugs* in the *veterinary practice* must be reconciled with the Narcotics and Controlled Drug Log by a Practicing Veterinarian *Member* or Practicing Veterinary Technologist *Member* at least once per month.

E.5.12 The results of the reconciliation are to be recorded in a Reconciliation Report which will include:

- i. The amount of each product that should be remaining as per a review of the Narcotics and Controlled Drug Log, including purchase history.
- ii. The amount of each product remaining, as per the physical inventory count.
- iii. A description of any discrepancies.
- iv. A copy of any loss and/or theft reports made to the *MVMA* and/or Health Canada.

Spatial Requirements

E.5.13 Narcotics and controlled drugs must be stored on a premises under the care and control of the *veterinary practice*.

E.5.14 Narcotics and controlled drugs must be stored in a locked, secure area.

E.5.15 The Narcotics and Controlled Drug Log must be kept separately from the locked drugs.

Drugs

E.5.16 Appropriate reversal drugs are required in sufficient quantities for typical patient. (*Small Animal* only).

Library

E.5.17 Must have a current veterinary drug formulary (within the last 1-2 editions).

Protocols

E.5.18 Each *veterinary practice* must maintain systems that address the following:

- i. How the Narcotics and Controlled Drug Log will be maintained in a compliant manner, including the locations where the controlled substances and log are kept.
- ii. How reconciliations will be administered, including:
 - a. How often they are to be completed (a minimum of monthly).
 - b. Which veterinarian(s) and/or veterinary technologist(s) in the *veterinary practice* are responsible for completing the reconciliation.
 - c. How discrepancies are logged.
 - d. Where reconciliation reports are to be stored.
- iii. How losses are to be reported to the *MVMA* and Health Canada.
- iv. How the *veterinary practice* will destroy/dispose of controlled substances.

Records

- E.5.19 All purchase records including receipts and invoices for *narcotics and controlled drugs* must be maintained for five years.
- E.5.20 The Narcotic and Controlled Drugs Log must be maintained for 5 years.

Resources

[MVMA Template SOP-Controlled Drugs and Narcotics](#)

[MVMA Template Master Register](#)

[MVMA Template Dispensing Register Log](#)

[MVMA Template Narcotic Destruction Sheet](#)

MVMA Loss/Theft Reporting Form

[Health Canada Required Reporting](#)

[Health Canada Guidance on Reporting Loss of Theft of Controlled Substances and Precursors](#)

[Timelines for Health Canada](#)

[Federal Government Handling and destruction of post-consumer returns containing controlled substances \(CS GD-021\)](#)

[College of Pharmacists of Manitoba Narcotic and Controlled Drug Accountability Guidelines](#)

E.6 Vaccine Administration

Background

- E.6.1 A *veterinary practice* must hold this practice activity type if they provide vaccination to animals, regardless of the modality of the *veterinary practice* or species seen.

Equipment

- E.6.2 The following equipment must be easily accessible and well maintained:
- i. A stethoscope
 - ii. A thermometer
 - iii. Sterile needles and syringes, IV catheters, administration sets, and parenteral fluids in adequate quantities
 - iv. Examination gloves
 - v. A refrigerator or vaccine chiller

Drugs

- E.6.3 The following drugs are required:
- i. Vaccines: core vaccines for species covered
 - ii. Injectable steroid

- iii. Injectable antihistamine
- iv. IV fluids
- v. Injectable epinephrine

Library

- E.6.4 Must have current reference material on medicine for all of the species of animals seen (within the last 1-2 editions).
- E.6.5 Must have a current veterinary drug formulary (within the last 1-2 editions).

E.7 Euthanasia

Background

- E.7.1 A *veterinary practice* must hold this practice activity type if they provide euthanasia to animals, regardless of the modality of the *veterinary practice* or species seen.
- E.7.2 If using narcotics and controlled drugs, the *veterinary practice* must hold a Narcotics and Controlled Drugs activity type.
- E.7.3 If not using narcotics and controlled drugs, regardless of method, the *veterinary practice* must abide by the CVMA guidelines.

Equipment

- E.7.4 The following equipment must be easily accessible and well maintained:
 - i. A stethoscope
 - ii. Sterile needles, syringes, and IV catheters
 - iii. Examination gloves

Library

- E.7.5 Must have a current veterinary drug formulary (within the last 1-2 editions).

Records

- E.7.6 The *veterinary practice* must obtain a signed euthanasia consent form and maintain in the patient's medical record (*Small animal* only).

Resources

[MVMA Template Euthanasia Consent Form](#)

[CVMA Position Statement Euthanasia](#)

[CVMA Guidance for Veterinarians on Euthanasia Methods that Do Not Include Pentobarbital Sodium](#)

[AVMA Guidelines for the Euthanasia of Animals](#)

E.8 Anatomical Pathology

Background

- E.8.1 A *veterinary practice* must hold this practice activity type if they examine animal tissues, organs, and bodily structures to diagnose diseases, determine causes of illness or death, and support clinical decision-making. This activity type applies to all modalities of *veterinary practice* and species type.

Equipment

E.8.2 The following equipment must be easily accessible and well maintained:

- i. Post-mortem specific tools appropriate to the species
- ii. Laboratory sampling and submission materials, such as sterile containers and appropriate fixing solutions like formaldehyde or isopropyl alcohol
- iii. Appropriate PPE

Practice Requirements

E.8.3 Adequate separation and sanitation of necropsy instruments from other instrumentation.

Spatial Requirements

E.8.4 If necropsies are performed in a *brick and mortar* practice or *mobile* practice, the facility must contain an area that can be used for the performance of necropsy that is easily sanitized.

E.8.5 The necropsy area does not need to be a separate room.

Library

E.8.6 Must have current reference material on pathology for all the species of animals seen (within the last 1-2 editions).

Resources

Template Carcass Log

Biomedical and Biohazard Waste Log

E.9 Radiology

Background

E.9.1 A *veterinary practice* must hold this practice activity type if they utilize radiology, including conventional radiography, digital radiography, dental radiography, computed tomography. This activity type applies to all modalities of *veterinary practice* and species type.

Equipment

E.9.2 The following equipment must be in use, well maintained, and in sufficient quantities for all persons involved in the x-raying of an animal:

- i. Collimator
- ii. Protective apron
- iii. Protective gloves with cuff
- iv. Thyroid protector
- v. One dosimeter per staff involved in radiographs
- vi. Cassette Holder

Measurement Tools/Charts

- vii. Calipers or a measuring tape to measure body thickness (if required by the machine)
- viii. A technique chart calibrated for each diagnostic x-ray machine indicating the MAS, K_{ap} and focal distance for specific body areas and thicknesses (if not already programmed by the machine)

Film Development

- ix. Exhaust fan
- x. Radiography viewer
- xi. Screens and cassettes

Practice Requirements

Taking radiographs

- E.9.3 Radiographs shall be of diagnostic quality.
- E.9.4 Monitoring badges, aprons, thyroid protectors, gloves and other protective equipment as needed must be worn by all persons in the room when x-rays are taken.
- E.9.5 Direct contact with the radiographic beam is prohibited.
- E.9.6 Radiographs shall be permanently labelled with the clinic name, the date, patient identification, and patient orientation (left or right).

Storage of Radiographs

- E.9.7 Radiographs shall be stored in a manner which preserves their quality and allows for ready retrieval.
- E.9.8 If digital radiographs are being used, a backup copy of x-rays must be made:
 - i. weekly.
 - ii. every 50 x-rays (whichever is more frequent).

Maintenance of Radiology Machine and Protective Equipment

- E.9.9 The radiology machine and all required protective equipment shall be inspected for safety at least every 36 months by a qualified independent safety inspector.
- E.9.10 Dosimeters (monitoring badges) must be maintained.

Film Development

- E.9.11 Radiographic solutions shall be maintained/replenished according to the manufacturer's instructions to ensure optimal image quality.

Portable Digital Radiography Machine

- E.9.12 Portable diagnostic imaging equipment used in non-shield environments must comply with the following operational protocols:
 - i. The operator must always be able to accurately determine the direction of the primary beam and any object in its path (laser or light).
 - ii. The operator must always be able to determine the extent of collimation of the beam.
 - iii. X-ray cassettes shall not be held directly by hands, gloved or ungloved, during exposures.
 - iv. Any persons assisting with restraining an animal must not be in any part of the beam during the process of x-raying and must be adequately protected (apron, gloves, thyroid protector). It is recommended that extra protective aprons and thyroid protectors be available for such situations.
 - v. All persons involved in the x-raying of an animal must be adequately protected (apron, gloves, thyroid protector).

Dental Radiography Machine

- E.9.13 Dental diagnostic imaging equipment must comply with the following operational protocols:

- i. The operator must always be able to accurately determine the direction of the primary beam and any object in its path. The primary beam of the dental X-ray device must not be directed towards any personnel or the public unless appropriate shielding intercepting the primary beam is in place.
- ii. The operation of dental X-ray equipment shall be controlled from the control panel/remote in a properly shielded area. In special circumstances, where the operator is required to control the capturing of images while at the side of the patient, protective equipment must be worn.
- iii. Except for those persons whose presence is essential, all persons must leave the room when the irradiation is carried out. If personnel are unable to leave the room, personnel must, at all times, keep as far away from the X-ray beam as practicable. If personnel are not initiating the X-ray exposures from an adequately shielded location, then a minimum distance of 2 m must be maintained between the operator and the intra-oral X-ray source. In addition, the position of the operator must not be in the path of the primary X-ray beam.
- iv. The intra-oral dental image receptor shall be fixed in position, whenever possible, otherwise it shall be held by personnel using a holding device (such as forceps) and wearing protective equipment (aprons, thyroid protector, and gloves) and be positioned to avoid the X-ray beam.

Spatial Requirements

E.9.14 Radiology is separate from the room where *Small Animal* surgery is performed.

E.9.15 The *veterinary practice* must ensure that there is appropriate shielding.

E.9.16 If a conventional film is used, a functional exhaust fan must be present in the room used for x-ray developing.

Library

E.9.17 Must have current reference material on radiology for all the species of animals seen (within the last 1-2 editions).

E.9.18 A current copy of provincial radiology regulations shall be posted in the x-ray area.

Records

E.9.19 The *veterinary practice* must maintain the following records:

- i. A Cancer Care Manitoba registration number available for inspection at all times.
- ii. An inspection report from a qualified, independent inspector for each radiograph unit dated within last 36 months.
- iii. An inspection report for all protective equipment dated within last 36 months.
- iv. Dosimeter (monitoring badges) exposure sheets shall be kept on file by the *veterinary practice* for at least 5 years.

E.9.20 If a Conventional (Non-Digital) X-Ray is used a maintenance schedule shall be in evidence for replenishing radiographic solutions.

Recommendation

- The use of goggles is recommended. [The Radiation Protection Act 26\(3\)](#) The function of the protective equipment is to keep exposure to ionizing radiation as low as is reasonably practicable given the circumstances of the procedure being performed and may include, without limitation, a lead apron, lead thyroid shield or protective eyewear.

- [International Commission on Radiological Protection \(ICRP\) \(Publication 118 ICRP Statement on Tissue Reactions and Early and Late Effects of Radiation in Normal Tissues and Organs- Threshold Doses for Tissues Reactions in a Radiation Protection Context](#) (Pages 293-302)
- Radiation protection of the eye lens in medical workers—basis and impact of the ICRP recommendations, [Br J Radiol. April 2016; 89\(1060\): 20151034.](#)

Resources

MVMA Resources

MVMA [Template Radiology SOP](#)

Handsfree X-Rays

Hands-free radiographic techniques are strongly encouraged whenever possible.

<https://handsfreexrays.com/>

Federal and Provincial Guidance

Dental x-rays must conform to [Safety Code 30](#). This code provides helpful guidance on federal legislation related to x-ray use.

Health Canada - [Radiation in Veterinary Medicine](#)

This resource offers information on radiation safety and details about the National Dosimetry Services.

National Dosimetry Services

Health Canada operates the National Dosimetry Services program.

For more information, visit [Health Canada - National Dosimetry Services](#)

Cancer Care Manitoba Resources

All new *veterinary practices*, new builds, and renovations must report to [Cancer Care Manitoba](#).

[Shielding Information and Approval Resource](#)

[Registration Form](#)

[Approved Caution Signage](#)

[Radiation Protection Services](#)

When to Contact Cancer Care Manitoba

Veterinarians must contact Cancer Care Manitoba for:

- New x-ray equipment registration
- Change of ownership or relocation

- Shielding requirements for x-ray facilities (fee-for-service basis)
- Compliance inspections (fee-for-service based on resource capabilities)
- Radiation doses and limits, including pregnancy considerations
- X-ray monitor (TLD badge) information

Contact Information:

Phone: (204) 787-4145

Fax: (204) 775-1684

E.10 Embryo Transfer

Background

E.10.1 A *veterinary practice* must hold this practice activity type if they perform embryo transfers, regardless of whether or not the specimen is shipped. This activity type applies to all modalities of *veterinary practice* and species type.

Equipment

E.10.2 The following equipment must be easily accessible and well maintained:

- i. Embryo recovery, handling, and transfer equipment in adequate quantities
- ii. Proper embryo washing fluids in sufficient quantity
- iii. Microscope capable of 50 times magnification
- iv. Liquid nitrogen tanks
- v. Sterile equipment (instruments and drapes) for at least two procedures shall be on hand at all times

Library

E.10.3 Must have current reference material on reproductive biology and endocrinology (within the last 1-2 editions).

E.10.4 Must have current reference material on theriogenology (within the last 1-2 editions).

Records

E.10.5 In addition to the medical records requirements listed in Section C.2 of this by-law, records must be maintained for the following:

- i. The donor and recipient animals' records must contain:
 - a. Identification of patient including breed and age.
 - b. Identification of sires used.
 - c. Detailed super ovulation schedule including drugs used and lot numbers.
 - d. Number of embryos produced by donor.
 - e. Identification of embryos corresponding to the International Embryo Transfer Society standardized system.

- ii. Detailed records shall be kept on frozen embryo inventory.
- iii. Weekly records monitoring the nitrogen levels in embryo storage tanks.
- iv. Proof of accreditation from *CFIA* if exporting embryos.
- v. All *CETA* embryo certificates.

E.11 Small Animal Inpatient Care

Background

E.11.1 A *veterinary practice* must hold this practice type if the *veterinary practice* provides service to *small animals* and allows the owner to leave the *brick and mortar* and *mobile* practice while the animal remains.

E.11.2 In order to hold a Small Animal Inpatient Care activity type, a veterinary practice must also hold the following activity type:

- i. Small Animal Medicine

Equipment

E.11.3 The following equipment must be easily accessible and well maintained:

- i. [Emergency Drug Kit.](#)
- ii. Proper bedding shall be available.
- iii. Kennels, cages or pens.
 - a. Must be of sufficient quantity for the volume of patients.
 - b. Must be of a sufficient size and height to allow each animal to:
 - 1) Stand normally to its full height.
 - 2) Turn around easily.
 - 3) Move about easily for the purpose of posture adjustments.
 - 4) Lie down in a fully extended position.
 - 5) Provide nursing animals with an additional 10% space per nursing offspring.
 - 6) Provide for the social and behavioral/physiological needs of the animal.
 - c. Shall have flooring that is of water impervious material and easily cleaned and disinfected.
 - e. Shall have adequate lighting.
 - f. Shall have adequate ventilation.
 - g. Shall have a separate compartment for each individual patient.
 - h. Shall have a method for securely fastening each compartment closed.
 - i. 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.
 - j. Any barred doors shall have bars no farther apart than 2 inches and must be easily cleaned, disinfected and maintained.

- k. Shall have 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.
- iv. Litter trays shall be sufficient for the caseload of cats.
 - a. They shall not be shared between currently hospitalized cases.
 - b. They shall be disposable or readily sanitized.
- v. If animal runs are present:
 - a. Walls and floors shall be of water impervious material and properly drained.
 - b. Partitions shall be solid to a minimum of 6 feet high between runs; otherwise, no two animals shall occupy adjacent runs at the same time.

Practice Requirements

- E.11.4 Adequate exercise shall be provided for hospitalized patients.
- E.11.5 Patients shall be monitored at night as required.
- E.11.6 Hospitalized patients shall be provided with overnight care until the stabilization of post-surgical or critically ill patients has occurred or they are transferred to another facility.
- E.11.7 Hospitalized animals shall be examined by a veterinarian at least once daily including holidays and weekends.
- E.11.8 Hospitalized animals shall be watered and fed an adequate diet as needed.
- E.11.9 Kennels shall be cleaned daily.

Spatial Requirements

- E.11.10 Isolation area(s) shall be available and separate from commonly used areas.

E.12 Large Animal Inpatient Care

Background

- E.12.1 A *veterinary practice* must hold this practice type if the *veterinary practice* provides service to *large animals* and allows the owner to leave the *brick and mortar* practice while the animal remains.
- E.12.2 In order to hold a Large Animal Inpatient Care activity type, a *veterinary practice* must also hold the following activity type:
 - i. Large Animal Medicine

Equipment

- E.12.3 The following equipment must be easily accessible and well maintained:
 - i. [Emergency Drug Kit.](#)
 - ii. Stalls, pens, or cages.
 - a. Must be of sufficient quantity for the volume of patients.
 - b. Must be easily cleaned, disinfected, maintained, and in good repair.
 - c. Must be of a sufficient size and height to allow each animal to:
 - 1) Stand normally to its full height.

- 2) Turn around easily.
 - 3) Move about easily for the purpose of posture adjustments.
 - 4) Lie down in a fully extended position.
 - 5) Provide for the social and behavioral/physiological needs of the animal.
 - 6) Pens should be located and constructed to avoid direct contact between animals or animal wastes.
- d. Shall have flooring that is of water impervious material and easily cleaned and disinfected.
 - e. Shall have adequate lighting.
 - f. Shall have adequate ventilation.
 - g. Shall have a separate compartment for each individual patient.
 - h. Shall have a method for securely fastening each compartment closed.
 - i. Shall have 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.

Practice Requirements

- E.12.4 Adequate facilities for procedures for the types of species seen (this may include chutes, stocks, and tilt tables).
- E.12.5 Adequate exercise shall be provided for hospitalized patients.
- E.12.6 Patients shall be monitored at night as required.
- E.12.7 Hospitalized patients shall be provided with overnight care until the stabilization of post surgical or critically ill patients has occurred or they are transferred to another facility.
- E.12.8 Hospitalized animals shall be examined by a veterinarian at least once daily including holidays and weekends.
- E.12.9 Hospitalized animals shall be watered and fed an adequate diet as needed.
- E.12.10 Proper bedding shall be available.
- E.12.11 Stalls, pens or cages shall be cleaned daily.

Spatial Requirements

- E.12.12 Isolation area(s) shall be available and separate from commonly used areas.

E.13 Small Animal Emergency/Critical Care

Background

- E.13.1 A *veterinary practice* must hold this practice activity type if they operate while fully staffed outside of regular business hours to provide emergency diagnosis and treatment and/or hospitalization of small animals. This activity type applies to all species type. Must be *brick and mortar* modality.
- E.13.2 No *veterinary practice* shall advertise as a *Small Animal* emergency hospital unless it holds a *Small Animal Emergency/Critical Care* Certificate.
- E.13.3 In order to hold a *Small Animal Emergency/Critical Care* activity type, a *veterinary practice* must also hold the following activity types:

- i. Euthanasia
- ii. Radiology
- iii. *Small Animal* Surgery under Local Anaesthesia
- iv. Surgery under General Anaesthesia
- v. *Small Animal* Inpatient Care

Equipment

E.13.4 Any *veterinary practice* advertising emergency/critical care for *Small Animals* must have the following equipment:

- i. Ultrasound
- ii. Whole blood for transfusion purposes as either:
 - a. Donor
 - b. Stored whole blood
 - c. Stored whole red blood cells
- iii. Stored frozen plasma
- iv. Chest drain equipment
- v. Monitoring equipment including
 - a. ECG oscilloscope monitor and recorder
 - b. SpO₂
 - c. Blood pressure
 - d. Capnograph
- vi. A heat source (e.g. an incubator or warm water blanket or heat lamp)
- vii. Oxygen cage
- viii. Pediatric feeding tubes
- ix. Stomach tubes and pump
- x. Suction apparatus and catheters
- xi. Tonometer
- xii. Tracheostomy tubes
- xiii. Urinary catheters

Practice Requirements

E.13.5 The *veterinary practice* must have the ability to determine coagulation times.

E.13.6 Staffing shall include at least one of the following during reported working hours:

- i. One veterinarian; and
- ii. One veterinary technologist.

E.13.7 The practice must notify the *MVMA* within 24 hours if there is a change to business hours. The *MVMA* will advise the membership of the change to business hours.

Spatial Requirements

E.13.8 Must be *brick and mortar* modality.

Library

E.13.9 Must have current reference material on emergency medicine for all the species of animals seen (within the last 1-2 editions).

Records

E.13.10 Discharge forms shall be completed in duplicate with one copy for medical records and one for the client.

E.13.11 A copy or fax or email of the medical record must be sent to the primary care veterinarian within three days of discharge.

E.14 General Anaesthesia

Background

E.14.1 A *veterinary practice* must hold this practice activity type if they use the controlled, drug induced (gas or injectable) state of unconsciousness, analgesia, and muscle relaxation to perform procedures. This activity type applies to all species type and is limited to *brick and mortar, large animal* ambulatory and *small animal* mobile modalities.

E.14.2 In order to hold a General Anaesthesia activity type, the *veterinary practice* must also hold the following activity types:

- i. Narcotic and Controlled Drugs
- ii. Small Animal Medicine and/or Large Animal Medicine

Equipment

E.14.3 The following equipment must be easily accessible and well maintained:

- i. [Emergency drug kit](#)
- ii. Anesthetic machine with rebreathing and non-rebreathing circuits and scavenging system (not required for *Large Animal*)
- iii. Endotracheal tubes of appropriate size for species seen (if using gas anesthesia)
- iv. Lubricant
- v. If using a mechanical oxygen concentrator, the *veterinary practice* must have at least one oxygen tank available in case of power outage/mechanical failure
- vi. Monitoring equipment including stethoscope and in *small animal* pulse oximetry
- vii. Equipment for the alleviation of hypothermia (not required for *Large Animal*)

Practice Requirements

E.14.4 A procedure must be in place for monitoring recovering patients, including a safe recovery area.

E.14.5 The anesthetic machine and all required anesthetic equipment, shall be in good working order and be inspected on a yearly basis by a qualified independent safety inspector (if applicable).

- E.14.6 If a mechanical oxygen concentrator is in use, it shall be in good working order and be inspected on a yearly basis by a qualified independent safety inspector.
- E.14.7 If using a gas anaesthesia machine, it shall be vented to the exterior of the building or scavenged with a charcoal canister.

Library

- E.14.8 Must have current reference material on general anaesthesia for all species seen (within the last 1-2 editions).

Records

- E.14.9 The *veterinary practice* must obtain a signed anaesthesia/surgery consent form and maintain in the patient's medical record (*small animal* only).
- E.14.10 The *veterinary practice* must maintain the following records, if applicable:
- i. the current annual anesthetic machine inspection report.
 - ii. the current annual mechanical oxygen concentrator inspection report.

Recommendation

- It is recommended that *large animal* practices obtain a signed anaesthesia/surgery consent form and maintain in the patient's medical record.

Resources

Anaesthetic/Surgical Consent Form

E.15 Small Animal Surgery under Local Anaesthesia

Background

- E.15.1 A *veterinary practice* must hold this practice activity type if they perform minor surgical procedures using localized anesthetic agents to numb a specific area of the body while the animal remains conscious or sedated. This activity type is limited to *brick and mortar* and mobile modalities. Applies to all *small animal* species types.
- E.15.2 In order to hold a *Small Animal Surgery Under Local Anaesthesia* activity type, the *veterinary practice* must also hold the following activity type:
- i. Small Animal Medicine

Equipment

- E.15.3 The following equipment must be easily accessible and well maintained:
- i. Equipment for the alleviation of hypothermia
 - ii. Surgical attire including sterile gloves
 - iii. Cleaning equipment including an autoclave and/or gas sterilization unit, class 4 sterility indicators (to be used in all sterile packs)
 - iv. Sterile suture material with current dating
 - v. Sterile surgical equipment
 - vi. Sterile drapes

- vii. Gauze

Practice Requirements

E.15.4 If cold sterilization is utilized, the *veterinary practice*:

- i. Must maintain a log of maintenance.
- ii. Must change the cold sterile immediately if it is soiled.
- iii. Individuals using cold sterilization solutions must follow the manufacturer's instructions for maintenance schedule.

Cleaning/Sterilizing

E.15.5 A procedure for cleaning the surgical room and equipment must be in place.

E.15.6 An autoclave and/or gas sterilization shall be used to prepare surgical packs.

E.15.7 Surgery packs shall be double wrapped and considered sterile for 90 days or sealed in sterile pouches and considered sterile for 6 months. Double wrapped items must be wrapped twice, independently of each other.

E.15.8 Surgical packs shall be marked with the date of sterilization or expiry and the name or initials of the person who carried out the pack sterilization.

E.15.9 Surgical equipment shall be stored in a neat and orderly fashion.

Preparation

E.15.10 A procedure for the surgical preparation of the patient shall be in place. Where surgical suites are being used, veterinary professionals must not perform the clipping and initial preparation in the surgical suite.

E.15.11 Storage and disposal of sharps and biologic materials shall be done appropriately.

Drugs

E.15.12 A *veterinary practice* offering surgery under local anaesthesia must have the following:

- i. Appropriate pain control and sedation.
- ii. Local anesthetic agent.

Library

E.15.13 Must have current reference material on *small animal* surgery for all the species of animals seen (within the last 1-2 editions).

Protocols

E.15.14 A system of safeguarding the sterility of instruments and suture material shall be in use.

Records

E.15.15 The *veterinary practice* must obtain a signed anaesthesia/surgery consent form and maintain in the patient's medical record.

Resources

Anaesthesia/surgery consent form

E.16 Large Animal Surgery under Local Anaesthesia

Background

- E.16.1 A *veterinary practice* must hold this practice activity type if they perform minor surgical procedures using localized anesthetic agents to numb a specific area of the body while the animal remains conscious or sedated. This activity type applies to all modalities of *veterinary practice* and *large animal species* type.
- E.16.2 In order to hold a *Large Animal Surgery Under Local Anaesthesia* activity type, the *veterinary practice* must also hold the following activity types:
- i. Large Animal Medicine

Equipment

- E.16.3 The following equipment must be easily accessible and well maintained:
- i. Restraining devices appropriate for species seen
 - ii. Appropriate instruments for species seen
 - iii. Portable lighting- headlamp and/or flashlight
 - iv. Surgical attire including sterile gloves
 - v. Cleaning equipment including an autoclave and/or gas sterilization unit, class 4 sterility indicators (to be used in all sterile packs)
 - vi. Sterile suture material with current dating
 - vii. Sterile drapes
 - viii. Gauze

Practice Requirements

- E.16.4 Adequate facilities if procedures are in clinic (this may include chutes, stocks, and tilt tables)
- E.16.5 If cold sterilization is utilized, the *veterinary practice*:
- i. Must maintain a log of maintenance.
 - ii. Must change the cold sterile immediately if it is soiled.
 - iii. Individuals using cold sterilization solutions must follow the manufacturer's instructions for maintenance schedule.

Cleaning/Sterilizing

- E.16.6 An autoclave and/or gas sterilization shall be used to prepare surgical packs.
- E.16.7 Surgery packs shall be double wrapped and considered sterile for 90 days or sealed in sterile pouches and considered sterile for 6 months. Double wrapped items must be wrapped twice, independently of each other.
- E.16.8 Surgical packs shall be marked with the date of sterilization or expiry and the name or initials of the person who carried out the pack sterilization.
- E.16.9 Surgical equipment must be stored in a neat and orderly fashion.

Preparation

- E.16.10 A procedure for preparing the patient/surgical site shall be in place.
- E.16.11 Storage and disposal of sharps and biologic materials shall be done appropriately.

Drugs

E.16.12 A *veterinary practice* offering surgery under local anaesthesia must have the following:

- i. Sedation
- ii. Local anesthetics

Library

E.16.13 Must have current reference material on *large animal* surgery (within the last 1-2 editions).

Resources

Anaesthesia/surgery consent form

E.17 Surgery under General Anaesthesia

Background

E.17.1 A veterinary practice must hold this practice activity type if they perform surgical procedures while the patient is under general anaesthesia. This activity type applies to all species type and is limited to *brick and mortar*, *large animal* ambulatory and *small animal* mobile modalities.

E.17.2 In order to hold a Surgery under General Anaesthesia activity type, the veterinary practice must also hold the following activity types:

- i. General Anaesthesia

Equipment

E.17.3 The following equipment must be easily accessible and well maintained:

- i. Surgical attire including caps, masks, sterile gowns, sterile gloves
- ii. Sterilizing equipment including: an autoclave and/or gas sterilization unit, class 4 sterility indicators (to be used in all sterile packs)
- iii. Adequate lighting, including emergency lighting in *brick and mortar* and *mobile* practices.
- iv. Portable lighting (headlamp and/or flashlight)
- v. Sterile suture material with current dating
- vi. Sterile surgical equipment
- vii. Gauze
- viii. Adequate skin drapes and/or laparotomy drapes (used to exclude unprepared areas of skin and, where practical, cover the tabletop from side to side)
- ix. Parenteral fluids, catheters, fluid lines, fluid bags
- x. Ability to check hematocrit and total protein

Practice Requirements

E.17.4 For *small animal*, a dedicated surgical suite with a dedicated surgical table; both must be easily sanitized.

E.17.5 Only supplies and equipment used during surgery can be stored in the surgical suite.

E.17.6 For *large animal*, adequate facilities must be available, this may include chutes, stocks, and tilt tables.

E.17.7 If cold sterilization is utilized, the *veterinary practice*:

- i. Must maintain a log of maintenance.
- ii. Must change the cold sterile immediately if it is soiled.
- iii. Individuals using cold sterilization solutions must follow the manufacturer's instructions for maintenance schedule.

Cleaning/Sterilizing

E.17.8 An autoclave and/or gas sterilization shall be used to prepare surgical packs.

E.17.9 Surgery packs shall be double wrapped and considered sterile for 90 days or sealed in sterile pouches and considered sterile for 6 months. Double wrapped items must be wrapped twice, independently of each other.

E.17.10 Surgical packs shall be marked with the date of sterilization or expiry and the name or initials of the person who carried out the pack sterilization.

E.17.11 Surgical equipment must be stored in a neat and orderly fashion.

Preparation

E.17.12 A procedure for the surgical preparation of the patient shall be in place. Where surgical suites are being used, veterinary professionals must not perform the clipping and initial preparation in the surgical suite.

Surgery

E.17.13 All animals undergoing surgery must have oxygen access either by mask or intubation (excluding *large animal*)

Post-Op

E.17.14 A procedure must be in place for monitoring recovering patients.

E.17.15 Storage and disposal of sharps and biologic materials shall be done appropriately.

Library

E.17.16 Must have current reference material on surgery for all the species of animals seen (within the last 1-2 editions).

Records

E.17.17 *Small animal veterinary practices* must obtain a signed anaesthesia/surgery consent form and maintain in the patient's medical record.

Recommendation

- It is recommended that *large animal* practices obtain a signed anaesthesia/surgery consent form and maintain in the patient's medical record.

Resources

Anaesthesia/surgery consent form

E.18 Small Animal Orthopaedic Surgery

Background

E.18.1 A *veterinary practice* must hold this practice activity type if they perform the surgical correction of musculoskeletal conditions in small animals. This activity type applies to all species type and is limited to *brick and mortar* and mobile modalities.

E.18.2 In order to hold a *Small Animal* Orthopaedics activity type, the veterinary practice must also hold the following activity types:

- i. Surgery under General Anaesthesia
- ii. Radiology

Equipment

E.18.3 Appropriate orthopaedic equipment for the procedures being performed must be available.

Library

E.18.4 Must have current reference material on *small animal* orthopaedics (within the last 1-2 editions).

E.19 Small Animal Dentistry

Background

E.19.1 A veterinary practice must hold this practice activity type if they perform the prevention, diagnosis, and treatment of oral and dental diseases in small animals. This activity type applies to all species type and is limited to *brick and mortar* and *mobile* modalities.

E.19.2 In order to hold a Small Animal Dentistry activity type, the veterinary practice must also hold the following activity types:

- i. Small Animal Surgery under General Anaesthesia

Equipment

E.19.3 The following equipment must be easily accessible and well maintained:

- i. Dental scaling instruments or devices
- ii. Dental elevators
- iii. Tooth extractors
- iv. A drained sink with hot and cold running water
- v. All dental instruments appropriate for species seen (including exotics)

Spatial Requirements

E.19.4 The dentistry area shall be maintained in a clean and orderly fashion. It must be separate from the surgery area.

Library

E.19.5 Must have reference material on *small animal* dentistry (within the last 1-2 editions).

Records

E.19.6 *Veterinary Practices* who do not use dental radiography must obtain a signed informed consent waiver stating the lack of dental radiography and the potential negative outcomes. This document shall be maintained in the patient's medical record.

Resources

Lack of Dental Radiography Consent Form

E.20 Large Animal Dentistry

Background

- E.20.1 A veterinary practice must hold this practice activity type if they perform the prevention, diagnosis, and treatment of oral and dental disorders in large animals. This activity type applies to all modalities.
- E.20.2 In order to hold a Large Animal Dentistry activity type, the veterinary practice must also hold the following activity types:
- i. Large Animal Medicine

Equipment

- E.20.3 Teeth floating equipment is required, including:
- i. Speculum
 - ii. Elevators
 - iii. Light source
 - iv. Floats
 - v. Extractors

Practice Requirements

- E.20.4 Tools must be in good condition and must be cleaned after use.

Spatial Requirements

- E.20.5 An area must be provided that ensures the safety for all involved, including the patient, during the procedure.

Drugs

- E.20.6 Appropriate drugs for sedation must be available.

Library

- E.20.7 Must have current reference material on *large animal* dentistry (within the last 1-2 editions).

E.21 Temporary Non-Surgical Clinic

Background

- E.21.1 A temporary non-surgical clinic is a practice activity that provides temporary non-surgical services, such as vaccine clinics and preventative health, in a single physical location on seven (7) or fewer whole or partial days over a 45-day interval. The physical location is not inspected by *MVMA PIPS Inspectors*.
- E.21.2 A temporary non-surgical clinic must hold the activity types according to services rendered (ex vaccine administration, small animal medicine).

Notification to the MVMA:

- E.21.3 The practice must advise the *MVMA* Registrar, on a form approved by the *MVMA* Registrar, as to the location(s) and date(s) of the temporary non-surgical clinic.
- E.21.4 At the time of application, the [responsible veterinarian](#) who applies for a licence for the operation of a temporary surgical clinic must:
- i. certify in writing to the Registrar that the Practicing Veterinarian Member is associated with a PIPs inspected clinic and the Practicing Veterinarian Member intends to practice veterinary medicine through the Temporary Clinic that is the subject of the application.

- 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.

E.21.5 The *veterinary practice* must pay a fee to host a temporary non-surgical clinic as set by the *MVMA Council*.

E.21.6 The *MVMA* may publish some or all information provided regarding the temporary non-surgical clinic.

Equipment

E.21.7 Must have 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.

Spatial Requirements

E.21.8 The facility has, and appears to have, the practice of veterinary medicine as its primary purpose when the veterinarian is working in the facility.

E.21.9 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.

Protocols

E.21.10 Must have a regular disinfection protocol between patients, including hand washing.

E.21.11 There must be a system of orderly and regular waste disposal.

E.22 Temporary Surgical Clinic

Background

E.22.1 A Temporary surgical clinic is a practice activity that provides temporary elective surgical services in a single physical location on seven (7) or fewer whole or partial days over a 45-day interval. The physical location is not inspected by *MVMA PIPS* Inspectors.

E.22.2 In order to hold a Temporary Surgical Clinic activity type, the *veterinary practice* must also hold the following activity type:

- i. Surgery under General Anaesthesia

Equipment

E.22.3 Each Temporary Surgical Clinic is required to maintain the appropriate equipment at the temporary surgical clinic location during the course of the Temporary Surgical Clinic. All equipment used for Temporary Surgical Clinics must be made available for inspection by *MVMA PIPS inspectors*.

E.22.4 Reliable oxygen source must be available. One tank must be available in case of power outage/mechanical failure if oxygen concentrators are being used. An oxygen tank is not required if the Temporary Surgical Clinic is held in a community that is being accessed by airplane.

Practice Requirements

E.22.5 There must be a surgical area for the patient(s) that is limited to the public. The following must be in place for surgical procedures:

- i. A procedure for cleaning the surgical area and instruments.
- ii. A procedure for transporting equipment to and from the home practice in a safe manner.
- iii. Sterile surgery packs.

- iv. Surgical equipment must be stored in a neat and orderly fashion.
- v. A procedure for preparing the patient/surgical site shall be in place. Clipping and prepping may be done in the same location as the surgical area.
- vi. Proper medical and surgery notes shall be made for every patient.
- vii. Equipment for airway access and oxygen delivery must be available for every patient.
- viii. A procedure must be in place for monitoring recovering patients.
- ix. Storage and disposal of sharps and biological materials shall be done appropriately.

E.22.6 The following must be in place for anaesthesia-related procedures.

- i. 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.
- ii. A leak test and/or safety test procedure must be done on each anesthetic machine after transportation, before it is connected to a patient.

Notification to the MVMA:

E.22.7 The *veterinary practice* must advise the *MVMA Registrar* on a form approved by the *MVMA Registrar*, as to the location(s) and date(s) of the temporary surgical clinic.

E.22.8 The *veterinary practice* must pay a fee to host a temporary surgical clinic as set by the *MVMA Council*.

E.22.9 At the time of application, the [responsible veterinarian](#) who applies for a licence for the operation of a temporary surgical clinic must:

- i. certify in writing to the Registrar that the Practicing Veterinarian Member is associated with a PIPs inspected clinic and the Practicing Veterinarian Member intends to practice veterinary medicine through the Temporary Clinic that is the subject of the application.
- 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.

E.22.10 The *MVMA* may publish some or all information provided in the Temporary Surgical Clinic Notification Form.

Spatial Requirements

E.22.11 The facility is self-contained (doors and windows can be closed).

E.22.12 The facility has, and appears to have, the practice of veterinary medicine as its primary purpose when the veterinarian is working in the facility.

E.22.13 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.

E.22.14 The practice 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.

E.22.15 Regular disinfection program between patients, including hand washing.

E.22.16 There must be a system of orderly and regular waste disposal.

Drugs

E.22.17 The following drugs must be available:

- i. Appropriate analgesics
- ii. [Emergency drug kit](#)
- iii. Induction agents
- iv. Anesthetic agents
- v. Sedatives
- vi. Reversals
- vii. Injectable steroids
- viii. Injectable anti-emetics
- ix. Injectable local anesthetic agents

Library

E.22.18 A current veterinary drug formulary (within the last 1-2 editions).

Records

E.22.19 The *veterinary practice* must obtain a signed anaesthesia/surgery consent form and maintain in the patient's medical record.

E.22.20 Temporary surgical clinics must obtain a signed informed consent waiver informing the client that the procedure is being performed in a facility that has not been inspected by the *MVMA inspector*. This document shall be maintained in the patient's medical record.

Resources

Informed Consent Waiver – Non-Inspected Temporary Surgical Clinic

Temporary Surgical Clinic Notification Form

F. Appendix A: Manitoba Veterinary Medical Association Practice Inspection and Practice Standards By-laws-approved January 20, 2023



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

APPROVED JANUARY 20, 2023

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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

- 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. 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