



VETERINARY MEDICAL BOARD:
Hospital Standards Self-Evaluation Checklist

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Introduction

The Hospital Standards Self-Evaluation Checklist was developed by the Veterinary Medical Board (Board) and its Multidisciplinary Advisory Committee with input from the public and profession in order to assist Hospital Directors' review of minimum standards to achieve compliance with the law. The Board strongly recommends involvement of the entire staff in a team effort to become familiar with and maintain the minimum standards of practice.

Authority and Requirement to Inspect

The Board has the authority to inspect veterinary hospitals under the Business and Professions Code (BPC) and the California Code of Regulations, Title 16, Division 20 (CCR). Please reference the Appendix for specific BPC and CCR authority sections. Additionally, every veterinary hospital is required to be in compliance with the minimum standards required by law at all times.

The Inspection Program

The Board has two types of inspections: random routine inspections and complaint initiated inspections. Inspections are performed in a similar manner and all items on the Inspection Report are inspected in both types of inspections. However, during a complaint initiated inspection particular attention may be directed toward a specific issue, and/or a Division of Investigation investigator may accompany the inspector to perform interviews. Licensed veterinarians and registered veterinary technicians in good standing may be hospital inspectors, and are required to successfully complete a thorough training program as well as participate in periodic updates. If you are interested in becoming an inspector, contact the Board.

The Inspection

Once the inspection is complete the inspector will go over the report with the managing licensee or designated representative. Part of the Inspection Report is dedicated to identifying deficiencies, listing individual corrections, listing what items are required to be submitted to demonstrate compliance (e.g. pictures, receipts, written narratives, photocopies, etc.), and discussing their correction to meet the minimum standards requirements. The inspector may also have educational materials available to help with the correction of certain issues. Questions are encouraged so the managing licensee and/or staff are clear on each issue. The hospital inspectors are professionals and represent the Board and are expected to treat veterinarians, staff members, and the facility in a professional manner at all times.

Throughout the Hospital Standards Self-Evaluation Checklist, objectives are cited and examples for compliance are given. These examples are merely suggestions and a starting point to help the veterinary hospital meet minimum standards requirements. **Examples cited are neither prescriptive nor the only way individual veterinary hospitals may meet minimum standards requirements.**



General

1. After Hours Referral/Hospital Closure

Objective(s)

- Visible, obvious posted sign (at the entrance) with telephone number and location where after hours veterinary care is available.
- Notify the public via answering machine or service when premise will be reopened and where pre-arranged veterinary care is available.
- Full disclosure prior to rendering services if NO after hours emergency care is available.

Example(s) of Compliance

- After hours care posted visible on sign outside primary entrance.

CCR section 2030(e)

(e) When a veterinary premises is closed, a sign shall be posted at the entrance with a telephone number and location where pre-arranged veterinary care is available. An answering machine or service shall be used to notify the public when the veterinary premises will be re-opened and where pre-arranged veterinary care is available. If no after hours emergency care is available, full disclosure shall be provided to the public prior to rendering services.

2. License/Permit Displayed

Objective(s)

- Display of original premise permit, veterinary license, and/or veterinary technician registration at principle place of employment where easily visible and readable to consumer.
- Original license shall not be defaced.
- Display in areas commonly used by the consumer.
- Relief staff may carry wallet copy.

Example(s) of Compliance

- Display of original license/permit in waiting room.
- Display of original license/permit in reception/lobby area.
- Display of original license/permit in check-in/check-out area.
- Address on license may be covered, but must be viewable during an inspection.

BPC 119

Any person who does any of the following is guilty of a misdemeanor:

(a) Displays or causes or permits to be displayed or has in his or her possession either of the following:

(1) A canceled, revoked, suspended, or fraudulently altered license.

(2) A fictitious license or any document simulating a license or purporting to be or have been issued as a license.

(b) Lends his or her license to any other person or knowingly permits the use thereof by another.

(c) Displays or represents any license not issued to him or her as being his or her license.

(d) Fails or refuses to surrender to the issuing authority upon its lawful written demand any license, registration, permit, or certificate which has been suspended, revoked, or canceled.

(e) Knowingly permits any unlawful use of a license issued to him or her.

(f) Photographs, photostats, duplicates, manufactures, or in any way reproduces any license or facsimile thereof in a manner that it could be mistaken for a valid license, or displays or has in his or her possession any such photograph, photostat, duplicate, reproduction, or facsimile unless authorized by this code.

(g) Buys or receives a fraudulent, forged, or counterfeited license knowing that it is fraudulent, forged, or counterfeited. For purposes of this subdivision, "fraudulent" means containing any misrepresentation of fact.

As used in this section, "license" includes "certificate," "permit," "authority," and "registration" or any other indicia giving authorization to engage in a business or profession regulated by this code or referred to in Section 1000 or 3600.

BPC section 4850

Every person holding a license under this chapter shall conspicuously display the license in his or her principal place of business.

3. Correct Address

Objective(s)

- Address change must be reported to Board within 30 days or there is a \$25.00 late fee.

BPC 4852

Every person holding a license issued under this chapter who changes his or her mailing address shall notify the Board of his or her new mailing address within 30 days of the change. The Board shall not renew the license of any person who fails to comply with this section unless the person pays the penalty fee prescribed in Section 4905. An applicant for the renewal of a license shall specify in his or her application whether he or she has changed his or her mailing address and the Board may accept that statement as evidence of the fact.

4. Notice of No Staff on Premise

Objective(s)

- If no personnel on premises WRITTEN NOTICE shall be given to client prior to initiating treatment.
- A conspicuously posted sign may accompany written notice. Conspicuous posting areas include, but are not limited to the lobby and reception area. Written notice may be provided on the estimate or consent forms a client signs prior to treatment.

Example(s) of Compliance

- Example signage: "There may be times when no personnel are on the premises."
- Notice of no staff on premise noted on admittance form.
- Notice of no staff on premise noted on estimate/receipts.

CCR 2030(d)(3)

(d) If animals are housed or retained for treatment, the following shall be provided:

(3) If there are to be no personnel on the premises during any time an animal is left at the veterinary facility, prior written notice of this fact shall be given to the client. For purposes of this paragraph, prior written notice may be accompanied by posting a sign in a place and manner conspicuous to the clients of the premises, stating that there may be times when there is no personnel on the premises.



Facilities

5. General Sanitary Conditions

Objective(s)

- Practice instruments kept clean and sanitary at all times.
- Practice apparatus kept clean and sanitary at all times.
- Practice apparel kept clean and sanitary at all times.
- Premise must be kept clean and sanitary.

Example(s) of Compliance

- Shelves and countertops are clean to the touch.
- Trash cans emptied on regular basis.
- Floors mopped/scrubbed regularly.
- Maintain a cleaning schedule.

CCR 2030

All fixed premises where veterinary medicine and its various branches are being practiced, and all instruments, apparatus and apparel used in connection with those practices, shall be kept clean and sanitary at all times and shall conform to or possess the following minimum standards:

6. Temperature and Ventilation

Objective(s)

- Temperature and ventilation shall be maintained to assure the comfort of all patients.

CCR 2030(f)(2)

(f) The veterinary premises shall meet the following standards:

(2) The facility, its temperature, and ventilation shall be maintained so as to assure the comfort of all patients.

7. Lighting

Objective(s)

- Indoor lighting for halls, wards, reception areas, examination and surgical rooms shall be adequate and functional.

CCR 2030(a)

(a) Indoor lighting for halls, wards, reception areas, examining and surgical rooms shall be adequate for their intended purpose.

8. Reception/Office

Objective(s)

- A reception room and office exist. A combination of the two is acceptable.

CCR 2030(b)

(b) A reception room and office, or a combination of the two.

9. Exam Rooms

Objective(s)

- Exam rooms separate from other areas of the facility.
- Exam rooms are of sufficient size to accommodate the veterinarian, an assistant, the patient, and client.

CCR 2030(c)

(c) An examination room separate from other areas of the facility and of sufficient size to accommodate the doctor, assistant, patient and client.

10. Fire Precautions

Objective(s)

- Meet requirements of local and state fire prevention codes.

Example(s) of Compliance

- Fire extinguishers are inspected and in compliance with local state and fire prevention codes.

CCR 2030(f)(1)

(f) The veterinary premises shall meet the following standards:

(1) Fire precautions shall meet the requirements of local and state fire prevention codes.

11. Food & Beverage

Objective(s)

- All drugs and biologicals shall be maintained, administered, dispensed, and prescribed in compliance with State and Federal laws.
- No human food or beverages shall be stored near any drug or biologicals.
- Human food or beverages are stored and consumed in designated areas only; away from animal and laboratory areas.

Example(s) of Compliance

- No human food or beverages located in refrigerators, treatment areas, pharmacy, or laboratory.
- Separate refrigerators for human food must be marked.

CCR 2030(f)(6)

(f) The veterinary premises shall meet the following standards:

(6) All drugs and biologicals shall be maintained, administered, dispensed, and prescribed in compliance with state and federal laws

Title 8, CCR 3368 (a) and (b)

(a) Application. This Section shall apply only where employees are permitted to consume food or beverages, or both, on the premises.

(b) Prohibited Areas. Food and beverages shall not be stored or consumed in a toilet room or in an area where they may be contaminated by any toxic material.

12. Laboratory Services

Objective(s)

- Clinical Pathology and histopathology diagnostic laboratory services shall be available. On premise or outside services will suffice.

CCR 2030(f)(5)

(f) The veterinary premises shall meet the following standards:

(5) Clinical pathology and histopathology diagnostic laboratory services shall be available within the veterinary premises or through outside services.

13. X-ray

Objective(s)

- Meet requirements for California Code of Regulations, Title 17.
- It is required unlicensed staff allowed to take x-rays complete x-ray safety training. The Radiation Safety Examination in the Practice Act may be used to meet this requirement.
- All training documentation is maintained and available for inspection.

Example(s) of Compliance

- There should be no human body parts in the radiograph or digital image.
- Radiograph equipment registered with the state (and local agencies as necessary) and checked regularly and documented. Documentation should be available for inspection.
- Proper signage posting outside radiograph area (at entrance—not inside).
- Equipment, gloves, and aprons are used and regularly monitored for tears/holes.
- All staff allowed to take radiographs have personal monitoring badges.
- Example signage displayed as: "CAUTION X-RAY AREA."
- Radiographs demonstrate proper collimation.

CCR 2030(f)(4)

(f) The veterinary premises shall meet the following standards:

(4) The veterinary premises shall have the capacity to render diagnostic radiological services, either on the premises or through other commercial facilities. Radiological procedures shall be conducted in accordance with Health and Safety Code standards.

BPC 4840.7

(a) A registered veterinary technician who has been examined by the board in the area of radiation safety and techniques may operate radiographic equipment under the indirect supervision of a licensed veterinarian.

(b) (1) An unregistered assistant who has been trained in the area of radiation safety and techniques may operate radiographic equipment under the direct supervision of a registered veterinary technician or a licensed veterinarian.

(2) The responsible managing licensee of a veterinary premises shall maintain records of the training described in paragraph (1). An unregistered assistant for whom records of this training do not exist shall not operate radiographic equipment.

(3) The training records described in paragraph (2) shall be made available to the board upon request and at the time of any inspection of the veterinary premises.

14. X-ray Identification

Objective(s)

- Radiograph shall include hospital or veterinarian name, client name, patient name, and, the date radiograph was taken.
- All exposed radiographs, except for intraoral radiographs, shall have legible, permanent identification incorporated into the radiograph at time of processing.

Example(s) of Compliance

- Identification for radiographs must be imbedded in the radiograph and for digital images must be attached to the file.
- The hospital inspector may review radiographs or digital images, selected at random, for verification.

CCR 2032.3(c)(2)

(c)(2) All exposed radiographic films, except for intraoral radiographs, shall have a permanent identification legibly exposed in the film emulsion, which shall include the following:

- (A) The hospital or clinic name and/or the veterinarian's name,
- (B) Client identification,
- (C) Patient identification, and
- (D) The date the radiograph was taken.

15. Waste Disposal

Objective(s)

- Disposal of hazardous waste materials shall comply with all applicable state, federal and local laws and regulations.

Example(s) of Compliance

- Check federal, local, and Cal/OSHA laws for compliance with pharmaceutical, biological, biohazardous, sharps container, recap needles, and other waste disposal requirements.

CCR 2030(f)(3)

(f) The veterinary premises shall meet the following standards:

- (d) The disposal of waste material shall comply with all applicable state, federal, and local laws and regulations.

16. Disposal of Animals

Objective(s)

- Sanitary methods for the disposal of deceased animal patients is provided and maintained.
- Maintain name of disposal service on file.
- Where the client of a deceased patient has not given authorization to dispose of his or her animal, the carcass must be retained in a freezer for at least 14 days.

CCR 2030(f)(7)

(f) The veterinary premises shall meet the following standards:

- (7) Sanitary methods for the disposal of deceased animals shall be provided and maintained.

CCR 2030.1(b)

(b) When the client has not given the veterinarian authorization to dispose of his or her deceased animal, the veterinarian shall be required to retain the carcass in a freezer for at least 14 days prior to disposal.

17. Compartments

Objective(s)

- Maintain cleanliness and sanitation of compartments housing animals.

Example(s) of Compliance

- Barriers between compartments prevent nose-to-nose contact between animals.
- Prevent cross-contamination through effective separation of animals and their waste products.
- Surfaces are solid and non-porous.

CCR 2030(d)(1)

(d) If animals are housed or retained for treatment, the following shall be provided:

- (1) Compartments for animals which are maintained in a comfortable and sanitary manner.

18. Exercise Runs

Objective(s)

- Maintain cleanliness and sanitation of runs.
- Provide effective separation of animals and their waste products.
- Provide for outdoor walks if no exercise runs are available.

Example(s) of Compliance

- Individual or covered drains.
- Update older gates/runs to prevent injury to animals.
- No nose-to-nose contact between animals.

CCR 2030.1(a)

For purposes of these rules and regulations, a “small animal fixed premises” shall mean a fixed veterinary premises which concentrates in providing veterinary services to common domestic household pets. In addition to the requirements in section 2030, small animal fixed premises shall provide:

(a) Where animals are kept on the veterinary premises for 24 hours or more, the animals shall be provided with an opportunity for proper exercise. Compliance with this section may be achieved by the use of exercise runs or by providing the animal with the opportunity for outdoor walks. Where a premises has exercise runs, they shall be clean and sanitary and provide for effective separation of animals and their waste products.

19. Contagious Facilities

Objective(s)

- Maintain proper isolation separate from common areas.

Example(s) of Compliance

- Protocols are in place to prevent spread of infectious disease.

CCR 2030(d)(2)

(d) If animals are housed or retained for treatment, the following shall be provided:

(2) Effective separation of known or suspected contagious animals.

20. Freezer

Objective(s)

- Maintain a working freezer of sufficient size for storage of deceased animals or have access to such equipment.

CCR 2030.1(b)

(f) When the client has not given the veterinarian authorization to dispose of his or her deceased animal, the veterinarian shall be required to retain the carcass in a freezer for at least 14 days prior to disposal.

Mobile

21. Hot and Cold Water

22. 110-Volt Power

Objective(s)

- Maintain hot and cold water.
- Maintain 110-volt power source for diagnostic equipment.

Example(s) of Compliance

- See below.

CCR 2030.2(a)(1)(2)

For purposes of these regulations, a "small animal mobile clinic" shall mean a trailer or mobile facility established to function as a veterinary premises which concentrates in providing veterinary services to common domestic household pets and is required by section 4853 of the code to be registered with the board.

(a) A small animal mobile clinic shall have:

- (1) Hot and cold water.
- (2) A 110-volt power source for diagnostic equipment.



Surgery

23. Separate Surgery

Objective(s)

- Prevent infection.
- The surgical room that is used for aseptic surgery is separate and distinct from other rooms in the facility.
- Equipment and materials housed/stored in surgical room are limited to items directly related to the performance of aseptic surgery.

Example(s) of Compliance

- Keep doors closed at all times.
- The surgical room is completely enclosed with solid walls, floor to ceiling and has no access via window or door to the immediate outside.
- All doors leading from the interior of the facility to the surgical room are made of non-porous material, are easily cleaned and have a good seal when closed.

CCR 2030(g)(1)

(g) A veterinary premises which provides aseptic surgical services shall comply with the following:

(1) A room, separate and distinct from all other rooms shall be reserved for aseptic surgical procedures which require aseptic preparation. Storage in the surgery room shall be limited to items and equipment normally related to surgery and surgical procedures. A veterinarian may perform emergency aseptic surgical procedures in another room when the room designated for aseptic surgery is occupied or temporarily unavailable.

24. Surgery Lighting/X-ray/Emergency

Objective(s)

- The surgical room is well-lighted.
- Have equipment for viewing radiographs in surgery room.
- Surgery room must have effective emergency lighting.

Example(s) of Compliance

- Maintain functional, battery-operated flashlight or emergency wall lighting.

CCR 2030(g)(2)

(g) A veterinary premises which provides aseptic surgical services shall comply with the following:

(2) The surgery room shall be well-lighted, shall have an operational viewing box for reviewing radiographs and shall have effective emergency lighting.

25. Oxygen Equipment

Objective(s)

- Provide for the delivery of oxygen in emergency situation.

Example(s) of Compliance

- Ambu bag.
- Resuscitation bag.
- Oxygen via anesthetic machine.

CCR 2030(f)(11)

(f) The veterinary premises shall meet the following standards:

(11) The veterinary premises shall have equipment to deliver oxygen in emergency situations.

26. Surgery Floors, Tables and Countertop

Objective(s)

- The floors, table tops and counter tops of the surgery room are of a material suitable for regular disinfecting and cleaning, and are disinfected regularly.

CCR 2030(g)(3)

(g) A veterinary premises which provides aseptic surgical services shall comply with the following:

(3) The floors, table tops, and counter tops of the surgery room shall be of a material suitable for regular disinfecting, and cleaning, and shall be cleaned and disinfected regularly.

27. Emergency Drugs and Equipment

Objective(s)

- Regularly maintained emergency drugs and equipment shall be readily available.

CCR 2030(f)(12)

(f) The veterinary premises shall meet the following standards:

(12) Appropriate drugs and equipment shall be readily available to treat an animal emergency.

28. Endotracheal Tubes

29. Resuscitation Bags

Objective(s)

- Endotracheal tubes and resuscitation bags (both of various sizes) must be clean and regularly maintained.

Example(s) of Compliance

- Endotracheal tubes are kept clean and sanitary in a drawer or container or are covered.

CCR 2032.4(b)(5)

(b) A veterinarian shall use appropriate and humane methods of anesthesia, analgesia, and sedation to minimize pain and distress during any procedures and shall comply with the following standards:

(5) When administering anesthesia in a hospital setting, a veterinarian shall have resuscitation bags of appropriate volumes for the animal patient and an assortment of endotracheal tubes readily available.

30. Anesthetic Equipment

Objective(s)

- Anesthetic equipment shall be functional and available at all times.

Example(s) of Compliance

- Maintain anesthetic equipment inspection.

CCR 2030(f)(10)

(f) The veterinary premises shall meet the following standards:

(10) Anesthetic equipment in accordance with the procedures performed shall be maintained in proper working condition and available at all times.

31. Anesthetic Monitoring

Objective(s)

- Provide for a method of respiratory monitoring during general anesthesia of animal.
- Provide for a method of cardiac monitoring during general anesthesia of animal.

Example(s) of Compliance

- Respiratory monitoring could include a rebreathing bag or respirometer.
- Cardiac monitoring could include a stethoscope or electrocardiographic monitor.

CCR 2032.4(b)(3)(4)

(b) A veterinarian shall use appropriate and humane methods of anesthesia, analgesia and sedation to minimize pain and distress during any procedures and shall comply with the following standards:

(3) Provide a method of respiratory monitoring that may include observation of the animal's chest movements, observing the rebreathing bag, or respirometer.

(4) A method of cardiac monitoring shall be provided and may include the use of a stethoscope or electrocardiographic monitor.

32. Surgical Packs and Sterile Indications

Objective(s)

- Use separate sterile surgical pack for each animal.
- Use of indicator to assure surgical pack is sterile.

Example(s) of Compliance

- In-pack monitors to verify proper sterilization (in the interior of the pack).
- Surgical packs are stored and handled in a way to maintain sterility.

CCR 2030(g)(5)(6)

(g) A veterinary premises which provides aseptic surgical services shall comply with the following:

(5) In any sterile procedure, a separate sterile pack shall be used for each animal.

(6) All instruments, packs and equipment that have been sterilized shall have an indicator that reacts to and verifies sterilization.

33. Sterilization of Equipment

Objective(s)

- Practice instruments kept clean and sanitary.
- Practice instruments sterilized in a manner appropriate for the type of surgery being performed.

Example(s) of Compliance

- Effective sterilization is appropriate for items being sterilized.
- Equipment is stored and handled in a way to maintain sterility.

CCR 2030(f)(8)&(g)(4)(B)

(f) The veterinary premises shall meet the following standards:

(8) Veterinary medical equipment used to perform aseptic procedures shall be sterilized and maintained in a sterile condition.

(g) A veterinary premises which provides aseptic surgical services shall comply with the following:

(4) Surgical instruments and equipment shall be:

(B) Sterilized by a method acceptable for the type of surgery for which they will be used.

34. Sanitary Attire

Objective(s)

- Proper surgical attire for the surgeon, assistant, and ancillary personnel is required.
- Proper surgical attire shall consist of sanitary cap, sanitary mask, sterilized surgical gown with long sleeves, and sterilized gloves completely covering hair, mouth, nose and any facial hair except for eyebrows and eyelashes.
- During aseptic surgical procedures, surgical assistants or personnel in proximity of the procedure wear a cap and mask.

CCR 2030(g)(7)&(h)

(g) A veterinary premises which provides aseptic surgical services shall comply with the following:

(7) The following attire shall be required for aseptic surgery:

(A) Each member of the surgical team shall put on an appropriate sanitary cap and sanitary mask which covers his or her hair and mouth, nose and any facial hair, except for eyebrows or eyelashes. All members of the surgical team who will be handling the instruments or touching the surgical site shall wear sterilized surgical gowns with long sleeves and sterilized gloves.

(B) Ancillary personnel in the surgery room shall wear clean clothing and footwear. Sanitary cap and mask shall be required of personnel in the immediate proximity of the sterile field.

(h) When performing clean surgery, the instruments used to perform such surgery shall have been sterilized and the surgeon(s) and ancillary personnel shall wear clean clothing and footwear when appropriate.

For purposes of this section, "clean surgery" shall mean the performance of a surgical operation for the treatment of a condition and under circumstances which, consistent with the standards of good veterinary medicine, do not warrant the use of aseptic surgical procedures.



Dangerous Drugs/Controlled Substances

35. Expired Drugs

Objective(s)

- Expired drugs are not allowed to be purchased, traded, sold, or transferred other than through reverse distribution.

Example(s) of Compliance

- Regular inspections and disposal of expired drugs are required. Special attention should be paid to crash carts and emergency kits.

CCR 2030(f)(6)

(f) The veterinary premises shall meet the following standards:

(6) All drugs and biologicals shall be maintained, administered, dispensed, and prescribed in compliance with state and federal laws.

BPC 4169(a)(4)

(a) A person or entity may not do any of the following:

(4) Purchase, trade, sell, or transfer dangerous drugs or dangerous devices after the beyond use date on the label.

BPC 4342

(a) The board may institute any action or actions as may be provided by law and that, in its discretion, are necessary, to prevent the sale of pharmaceutical preparations and drugs that do not conform to the standard and tests as to quality and strength, provided in the latest edition of the United States Pharmacopoeia or the National Formulary, or that violate any provision of the Sherman Food, Drug and Cosmetic Law (Part 5 (commencing with Section 109875) of Division 104 of the Health and Safety Code).

(b) Any knowing or willful violation of any regulation adopted pursuant to Section 4006 shall be subject to punishment in the same manner as is provided in Sections 4336 and 4321.

And refer to Health and Safety Code Sections 111330-111445.

36. Drug Security Controls

Objective(s)

- The facility provides effective controls and procedures to guard against theft and diversion of controlled substances.
- The facility stores all controlled substances in a securely locked, substantially constructed cabinet.

CFR 1301.75

- (a) Controlled substances listed in Schedule I shall be stored in a securely locked, substantially constructed cabinet.
- (b) Controlled substances listed in Schedules II, III, IV, and V shall be stored in a securely locked, substantially constructed cabinet. However, pharmacies and institutional practitioners may disperse such substances throughout the stock of noncontrolled substances in such a manner as to obstruct the theft or diversion of the controlled substances.
- (c) This section shall also apply to nonpractioners authorized to conduct research or chemical analysis under another registration.
- (d) Carfentanil etorphine hydrochloride and diprenorphine shall be stored in a safe or steel cabinet equivalent to a U.S. Government Class V security container.

37. Drug Logs

Objective(s)

- The facility/Drug Enforcement Administration (DEA) license holder maintains purchasing and receiving records consistent with requirements in law.
- The facility/DEA license holder maintains dispensing records with the following information for each controlled substance.
- The facility/DEA license holder maintains records for controlled substances dispensed of in any other manner with the following information for each controlled substance.

Code of Federal Regulations (CFR) 1304.22

Each person registered or authorized (by Sec. 1301.13(e) or Secs. 1307.11-1307.13 of this chapter) to manufacture, distribute, dispense, import, export or conduct research with controlled substances shall maintain records with the information listed below.

(c) Records for dispensers and researchers.

Each person registered or authorized to dispense or conduct research with controlled substances shall maintain records with the same information required of manufacturers pursuant to paragraph (a)(2)(i), (ii), (iv), (vii), and (ix) of this section:

(a)(2) For each controlled substance in finished form,

- (i) The name of the substance;
- (ii) Each finished form (e.g., 10-milligram tablet or 10-milligram concentration per fluid ounce or milliliter) and the number of units or volume of finished form in each commercial container (e.g., 100-tablet bottle or 3-milliliter vial);
- (iv) The number of units of finished forms and/or commercial containers acquired from other persons, including the date of and number of units and/or commercial containers in each acquisition to inventory and the name, address, and registration number of the person from whom the units were acquired;
- (vii) The number of commercial containers distributed to other persons, including the date of and number of containers in each reduction from inventory, and the name, address, and registration number of the person to whom the containers were distributed;
- (ix) The number of units of finished forms and/or commercial containers distributed or disposed of in any other manner by the registrant (e.g., by distribution of complimentary samples or by destruction), including the date and manner of distribution or disposal, the name, address, and registration number of the person to whom distributed, and the quantity in finished form distributed or disposed.

In addition, records shall be maintained of the number of units or volume of such finished form dispensed, including the name and address of the person to whom it was dispensed, the date of dispensing, the number of units or volume dispensed, and the written or typewritten name or initials of the individual who dispensed or administered the substance on behalf of the dispenser. In addition to the requirements of this paragraph, practitioners dispensing gamma-hydroxybutyric acid under a prescription must also comply with Sec. 1304.26.

38. Controlled Substance Utilization and Review System (CURES) Reporting

Objective(s)

- All controlled substances that are prescribed are reported to the Department of Justice through Controlled Substance Utilization Review and Evaluation System.

BPC 4170.

(a) No prescriber shall dispense drugs or dangerous devices to patients in his or her office or place of practice unless all of the following conditions are met:

- (1) The dangerous drugs or dangerous devices are dispensed to the prescriber's own patient, and the drugs or dangerous devices are not furnished by a nurse or physician attendant.
- (2) The dangerous drugs or dangerous devices are necessary in the treatment of the condition for which the prescriber is attending the patient.
- (3) The prescriber does not keep a pharmacy, open shop, or drugstore, advertised or otherwise, for the retailing of dangerous drugs, dangerous devices, or poisons.
- (4) The prescriber fulfills all of the labeling requirements imposed upon pharmacists by Section 4076, all of the recordkeeping requirements of this chapter, and all of the packaging requirements of good pharmaceutical practice, including the use of childproof containers.
- (5) The prescriber does not use a dispensing device unless he or she personally owns the device and the contents of the device, and personally dispenses the dangerous drugs or dangerous devices to the patient packaged, labeled, and recorded in accordance with paragraph (4).
- (6) The prescriber, prior to dispensing, offers to give a written prescription to the patient that the patient may elect to have filled by the prescriber or by any pharmacy.
- (7) The prescriber provides the patient with written disclosure that the patient has a choice between obtaining the prescription from the dispensing prescriber or obtaining the prescription at a pharmacy of the patient's choice.
- (8) A certified nurse-midwife who functions pursuant to a standardized procedure or protocol described in Section 2746.51, a nurse practitioner who functions pursuant to a standardized procedure described in Section 2836.1, or protocol, a physician assistant who functions pursuant to Section 3502.1, or a naturopathic doctor who functions pursuant to Section 3640.5, may hand to a patient of the supervising physician and surgeon a properly labeled prescription drug prepackaged by a physician and surgeon, a manufacturer as defined in this chapter, or a pharmacist.

(b) The Medical Board of California, the State Board of Optometry, the Bureau of Naturopathic Medicine, the Dental Board of California, the Osteopathic Medical Board of California, the Board of Registered Nursing, the Veterinary Medical Board, and the Physician Assistant Committee shall have authority with the California State Board of Pharmacy to ensure compliance with this section, and those boards are specifically charged with the enforcement of this chapter with respect to their respective licensees.

(c) "Prescriber," as used in this section, means a person, who holds a physician's and surgeon's certificate, a license to practice optometry, a license to practice naturopathic medicine, a license to practice dentistry, a license to practice veterinary medicine, or a certificate to practice podiatry, and who is duly registered by the Medical Board of California, the State Board of Optometry, the Bureau of Naturopathic Medicine, the Dental Board of California, the Veterinary Medical Board, or the Board of Osteopathic Examiners of this state.

California Health and Safety Code: Division 10. Uniform Controlled Substances Act

HSC 11190

(a) Every practitioner, other than a pharmacist, who prescribes or administers a controlled substance classified in Schedule II shall make a record that, as to the transaction, shows all of the following:

- (1) The name and address of the patient.
- (2) The date.
- (3) The character, including the name and strength, and quantity of controlled substances involved.

(b) The prescriber's record shall show the pathology and purpose for which the controlled substance was administered or prescribed.

(c) (1) For each prescription for a Schedule II, Schedule III, or Schedule IV controlled substance that is dispensed by a prescriber pursuant to Section 4170 of the Business and Professions Code, the prescriber shall record and maintain the following information:

- (A) Full name, address, and the telephone number of the ultimate user or research subject, or contact information as determined by the Secretary of the United States Department of Health and Human Services, and the gender, and date of birth of the patient.
- (B) The prescriber's category of licensure and license number; federal controlled substance registration number; and the state medical license number of any prescriber using the federal controlled substance registration number of a government-exempt facility.
- (C) NDC (National Drug Code) number of the controlled substance dispensed.
- (D) Quantity of the controlled substance dispensed.
- (E) ICD-9 (diagnosis code), if available.
- (F) Number of refills ordered.
- (G) Whether the drug was dispensed as a refill of a prescription or as a first-time request.
- (H) Date of origin of the prescription.

(d) This section shall become operative on January 1, 2005.

(2) (A) Each prescriber that dispenses controlled substances shall provide the Department of Justice the information required by this subdivision on a weekly basis in a format set by the Department of Justice pursuant to regulation.

(B) The reporting requirement in this section shall not apply to the direct administration of a controlled substance to the body of an ultimate user.

(e) The reporting requirement in this section for Schedule IV controlled substances shall not apply to any of the following:

- (1) The dispensing of a controlled substance in a quantity limited to an amount adequate to treat the ultimate user involved for 48 hours or less.
- (2) The administration or dispensing of a controlled substance in accordance with any other exclusion identified by the United States Health and Human Service Secretary for the National All Schedules

Prescription Electronic Reporting Act of 2005.

(f) Notwithstanding paragraph (2) of subdivision (c), the reporting requirement of the information required by this section for a Schedule II or Schedule III controlled substance, in a format set by the Department of Justice pursuant to regulation, shall be on a monthly basis for all of the following:

- (1) The dispensing of a controlled substance in a quantity limited to an amount adequate to treat the ultimate user involved for 48 hours or less.
- (2) The administration or dispensing of a controlled substance in accordance with any other exclusion identified by the United States Health and Human Service Secretary for the National All Schedules Prescription Electronic Reporting Act of 2005.

39. Current DEA

CCR 2030(f)(6)

(f) The veterinary premises shall meet the following standards:

(6) All drugs and biologicals shall be maintained, administered, dispensed, and prescribed in compliance with state and federal laws

Code of Federal Regulations: Title 21 Food and Drugs, Volume 9

CFR 1301.11

(a) Every person who manufactures, distributes, dispenses, imports, or exports any controlled substance or who proposes to engage in the manufacture, distribution, dispensing, importation or exportation of any controlled substance shall obtain a registration unless exempted by law or pursuant to Sec. Sec. 1301.22 through 1301.26. Except as provided in paragraph (b) of this section, only persons actually engaged in such activities are required to obtain a registration; related or affiliated persons who are not engaged in such activities are not required to be registered. (For example, a stockholder or parent corporation of a corporation manufacturing controlled substances is not required to obtain a registration.)

(b) As provided in sections 303(f) and 401(h) of the Act (21 U.S.C. 823(f) and 841(h)), it is unlawful for any person who falls within the definition of "online pharmacy" (as set forth in section 102(52) of the Act (21 U.S.C. 802(52)) and Sec. 1300.04(h) of this chapter) to deliver, distribute, or dispense a controlled substance by means of the Internet if such person is not validly registered with a modification of such registration authorizing such activity (unless such person is exempt from such modified registration requirement under the Act or this chapter). The Act further provides that the Administrator may only issue such modification of registration to a person who is registered as a pharmacy under section 303(f) of the Act (21 U.S.C. 823(f)). Accordingly, any pharmacy registered pursuant to Sec. 1301.13 of this part that falls within the definition of an online pharmacy and proposes to dispense controlled substances by means of the Internet must obtain a modification of its registration authorizing such activity following the submission of an application in accordance with Sec. 1301.19 of this part. This requirement does not apply to a registered pharmacy that does not fall within the definition of an online pharmacy set forth in Sec. 1300.04(h). Under the Act, persons other than registered pharmacies are not eligible to obtain such a modification of registration but remain liable under section 401(h) of the Act (21 U.S.C. 841(h)) if they deliver, distribute, or dispense a controlled substance while acting as an online pharmacy without being validly registered with a modification authorizing such activity.



Practice Management

40. Veterinary Reference Library

Objective(s)

- Selection of current textbooks, reference material, and journals are accessible on premise.

Example(s) of Compliance

- Access to subscription journals, online reference materials, textbooks, electronic reference materials, etc.

CCR 2030(f)(9)

(f) The veterinary premises shall meet the following standards:

- (9) Current veterinary reference materials shall be readily available on the premises.

41. Record Keeping

Objective(s)

- The result of the physical examination shall be noted in the animal patient's medical record.
- Records are maintained for a minimum of three (3) years after the animal's last visit.

Example(s) of Compliance

- See below.

CCR 2032.3

(a) Every veterinarian performing any act requiring a license pursuant to the provisions of Chapter 11, Division 2, of the code, upon any animal or group of animals shall prepare a legible, written or computer generated record concerning the animal or animals which shall contain the following information:

- (1) Name or initials of the veterinarian responsible for entries.
- (2) Name, address and phone number of the client.
- (3) Name or identity of the animal, herd or flock.
- (4) Except for herds or flocks, age, sex, breed, species, and color of the animal.
- (5) Dates (beginning and ending) of custody of the animal, if applicable.
- (6) A history or pertinent information as it pertains to each animal, herd, or flock's medical status.
- (7) Data, including that obtained by instrumentation, from the physical examination.
- (8) Treatment and intended treatment plan, including medications, dosages and frequency of use.
- (9) Records for surgical procedures shall include a description of the procedure, the name of the surgeon, the type of sedative/anesthetic agents used, their route of administration, and their strength if available in more than one strength.
- (10) Diagnosis or tentative diagnosis at the beginning of custody of animal.

(11) If relevant, a prognosis of the animal's condition.

(12) All medications and treatments prescribed and dispensed, including strength, dosage, quantity, and frequency.

(13) Daily progress, if relevant, and disposition of the case.

(b) Records shall be maintained for a minimum of 3 years after the animal's last visit. A summary of an animal's medical records shall be made available to the client upon his or her request. The summary shall include:

(1) Name and address of client and animal.

(2) Age, sex, breed, species, and color of the animal.

(3) A history or pertinent information as it pertains to each animal's medical status.

(4) Data, including that obtained by instrumentation, from the physical examination.

(5) Treatment and intended treatment plan, including medications, their dosage and frequency of use.

(6) All medications and treatments prescribed and dispensed, including strength, dosage, quantity, and frequency.

(7) Daily progress, if relevant, and disposition of the case.

(c)(1) Radiographs are the property of the veterinary facility that originally ordered them to be prepared. Radiographs shall be released to another veterinarian upon the request of another veterinarian who has the authorization of the client. Radiographs shall be returned to the veterinary facility which originally ordered them to be prepared within a reasonable time upon request. Radiographs originating at an emergency hospital shall become the property of the next attending veterinary facility upon receipt of said radiograph(s). Transfer of radiographs shall be documented in the medical record.

(2) All exposed radiographic films, except for intraoral radiographs, shall have a permanent identification legibly exposed in the film emulsion, which shall include the following:

(A) The hospital or clinic name and/or the veterinarian's name,

(B) Client identification,

(C) Patient identification, and

(D) The date the radiograph was taken.

(d) Laboratory data is the property of the veterinary facility which originally ordered it to be prepared, and a copy shall be released upon the request of the client.

(e) The client shall be provided with a legible copy of the medical record when the patient is released following emergency clinic service. The minimum information included in the medical record shall consist of the following:

(1) Physical examination findings

(2) Dosages and time of administration of medications

(3) Copies of diagnostic data or procedures

(4) All radiographs, for which the facility shall obtain a signed release when transferred

(5) Surgical summary

(6) Tentative diagnosis and prognosis, if known

(7) Any follow-up instructions.

Appendix

Section 4809.5: “The Board may at any time inspect the premises in which veterinary medicine, veterinary dentistry, or veterinary surgery is being practiced.”

The Board is required to inspect, and the veterinarian is required to allow an unannounced inspection, under BPC section 4809.7: “The Board shall establish a regular inspection program which will provide for random, unannounced inspections.” An inspector is allowed to perform an unannounced inspection whether or not the managing licensee is present.

The veterinarian is also required to allow an unannounced inspection by the Board by BPC section 4856: “(a) All records required by law to be kept by a veterinarian subject to this chapter, including, but not limited to, records pertaining to diagnosis and treatment of animals and records pertaining to drugs or devices for use on animals, shall be open to inspection by the Board, or its authorized representatives, during an inspection as part of a regular inspection program by the Board, or during an investigation initiated in response to a complaint that a licensee has violated any law or regulation that constitutes grounds for disciplinary action by the Board. A copy of all those records shall be provided to the Board immediately upon request. (b) Equipment and drugs on the premises, or any other place, where veterinary medicine, veterinary dentistry, veterinary surgery, or the various branches thereof is being practiced, or otherwise in the possession of a veterinarian for purposes of that practice, shall be open to inspection by the Board, or its authorized representatives, during an inspection as part of a regular inspection program by the Board, or during an investigation initiated in response to a complaint that a licensee has violated any law or regulation that constitutes grounds for disciplinary action by the Board.”

Specific areas requiring inspection by the Board are outlined in California Code of Regulations, Title 16, Division 20 (CCR), section 2030: “All fixed premises where veterinary medicine and its various branches are being practiced, and all instruments, apparatus and apparel used in connection with those practices, shall be kept clean and sanitary at all times and shall conform to or possess the following minimum standards.”

Responsibilities of Veterinarians and Registered Veterinary Technicians

All licensed veterinarians and registered veterinary technicians are responsible for knowing the laws governing their respective professions. This includes all laws in the California Veterinary Medicine Practice Act, and all related laws regulating drugs, radiologic installations, safety issues (Cal/OSHA), etc. The facility’s Managing Licensee (premise permit holder) is ultimately responsible for overseeing and ensuring that all these laws are being met. This responsibility is outlined in BPC section 4853—Registration of Practice.

All aspects of medical care for patients are under the control of a veterinarian licensed by the state of California. The veterinarian may delegate some animal health care tasks to licensed registered veterinary technicians as specified by California law. The veterinarian may also delegate tasks to unlicensed assistants, but unlicensed assistants may not perform tasks restricted to licensed registered veterinary technicians.

The main laws regulating animal health care tasks can be found in CCR section 2034—Animal Health Care Tasks Definitions, CCR section 2035—Duties of Supervising Veterinarian, CCR section 2036—Animal Health Care Tasks for R.V.T., CCR section 2036.5—Animal Hospital Health Care Tasks for Unregistered Assistants, BPC section 4836.1—Administration of Drugs by registered veterinary technician and unregistered assistant, BPC section 4840—Authorized services by technicians, BPC section 4840.2—Unauthorized practices, and BPC section 4840.7—[©]Operation of radiographic equipment.

Notes

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