Veterinary Council of India

NOTIFICATION

New Delhi, the _____________________

GSR __________ In exercise of the powers conferred under preamble read with clause (n) of sub-section (2) of section 66 of the Indian Veterinary Council Act, 1984 (52 of 1984), the Veterinary Council of India, with the previous approval of the Central Government, hereby makes the following regulations namely Veterinary Council of India – (Veterinary Practice) Regulations, 2005.

PART - I
PRELIMINARY

1. Short Title and Commencement ---
(i) These regulations may be called the “Veterinary Council of India – (Veterinary Practice) Regulations, 2005”. (These regulations are part of the total set of regulations to be framed in a phased manner so as to include all the spheres of activities in which the services of veterinarians are required. The present regulations pertain to the veterinary services rendered by registered veterinarians in respect of disease diagnosis, medical, surgical and gynaecological/reproductive aid to animals.)
(ii) They shall come into force with immediate effect from the date of publication in the Official Gazette.

2. Definitions – In these regulations, unless the context otherwise requires:--
(b) ‘Animal’ means any animal insect other than humans and includes, but not limited to, fowl, fish, birds and reptiles, wild or domestic, living or dead.
(c) ‘Animal Ambulance’ means a mode of transport by road/air/rail/water which carries sick or injured animals safely to or from a veterinary dispensary, veterinary hospital, veterinary polyclinic, or a veterinary clinic.
(d) ‘Client’ means and includes the owner of the patient or his/her representative who presents the patient(s) to a veterinarian and/or seeks his/her advice and treatment.
(e) ‘Consultant’ means a registered Veterinary practitioner who provides professional advice on request.
(f) ‘Diagnostic Clinic’ means an institution which receives animals for the purpose of diagnosis and has facilities of performing diagnostic tests that help in diagnosis of animal disease.
(g) 'Diagnostic Laboratory' means an institution/society/organization/body which receives samples for the purpose of diagnosis and has facilities of performing diagnostic tests that help in diagnosis of animal disease.

(h) 'District Veterinary Center (DVC)' means an institution at the district level under the charge of a registered Veterinary Practitioner to render Veterinary service in all of its branches, have the diagnostic facilities and facilities for both out and in-door patients

(i) 'Emergency Veterinary Services' means the services rendered by registered Veterinary Practitioners as emergency measures for the benefit of the animal(s) or designated as such by the Central or State Government for specific purposes

(j) 'Minor Veterinary Service' means minor veterinary service rendered under supervision and guidance of a registered Veterinary practitioner by a person trained for the purpose as prescribed under clause (b) of Section 30 of the Act.

(k) “Mobile Veterinary Practice” means providing a wide range of medical or surgical services in a movable trailer, pick-up, or other vehicle on land or water or airship designed or modified to function as a veterinary facility.

(l) 'Patient' means and includes animal as defined in part I (2) (b) above and a group of them being treated or managed or advised to be treated or managed by veterinarian(s).

(m) 'President' means the President of the Veterinary Council of India elected under sub-section (4) of Section 3 of the Act.

(n) 'Regulation Committee' means the Regulation Committee of the Veterinary Council of India constituted under sub-section (1) of Section 12 of the Act.

(o) 'Registered Veterinary Practitioner' means a registered Veterinary practitioner as defined in Indian Veterinary Council Act, 1984.

(p) 'Regulations' means the Regulations framed by Veterinary Council of India as per the provisions of the Indian Veterinary Council Act, 1984.

(q) 'Secretary' means the Secretary of the Veterinary Council of India appointed under sub-section (1) of Section 11 of the Act.

(r) 'Specialist' means a veterinary practitioner who provides a specialized veterinary service or advice by virtue of his/her additional qualification(s) recognized by VCI from a recognized veterinary institution.

(s) 'Small Animal Mobile Facility' means a trailer or mobile unit established to function as a veterinary premises which concentrates in providing veterinary services to common domestic household pets.

(t) 'Special Wastes' are hazardous or aesthetically obnoxious wastes that demand special attention to ensure safe disposal. Special wastes include anatomical waste, blood-soaked swabs and dressings, infected animal carcasses, soiled dressings, contaminated or infectious waste from examination, treatment, and kennel rooms, pharmaceutical waste, cytotoxic waste, sharps, and syringes.

(u) 'Veterinary Clinic' means a place where a registered veterinary practitioner renders services for treatment, prophylaxis, diagnosis, or advice on request of a client.

(v) 'Veterinary Dispensary' means a veterinary institution under the charge of a registered Veterinary practitioner for providing out-patient veterinary services in all of its branches related to veterinary practice.

(w) 'Veterinary Ethology' means the scientific study of the needs of domestic animals in their usual environments. Needs are that of nutrition, housing, hygiene, exercise, environmental enrichment, social relationship, training, transport of animals, handling and breeding of facilities.

(x) ‘Veterinary Facility” means a facility at or from which a registered veterinary practitioner practices veterinary profession. This may include a farm building, kennel, mobile unit, vehicle, animal shelter, pet shop, animal supply store including vaccination clinics or any other veterinary services, being provided temporarily or permanently by any private or Government agency.
(y) ‘Veterinary Hospital’ means an institution under the charge of a registered veterinary practitioner where veterinary services are available at all times and wherein examination, diagnostic, prophylactic, medical, surgical and extended accommodation services for hospitalized animals are provided. The hospital shall have facility for indoor patients & at least minimal facilities for client accommodation.

(z) ‘Veterinary Polyclinic’ means an institution under the charge of a registered veterinary practitioner where the prescribed number of specialists gives diagnosis, health care, veterinary treatment or advises in various branches of veterinary medical service.

(aa) “Veterinary Practice” means the practice of Veterinary service delivery by a registered Veterinary practitioners to any species of animal(s) within the sphere/practice of the Veterinary profession in any one or all branches of Veterinary science (by whatever name called). It calls for human skill, sound knowledge & compassion for animals. Veterinary practice includes animal health care, clinical veterinary service, advice on the management and production of animals, animal based technology, technical administration & community development through animal resource development. This shall also include management of the professional service, teaching, research and extension in veterinary science, zoonosis control, disaster management, laboratory animal medicine and animal welfare.

A registered Veterinary practitioner shall always strive to provide service through "Good Veterinary practice". He/ she shall attempt to provide quality Veterinary service for which minimum infrastructure, standard manual of practice, transparent information, proper record keeping, safe and compassionate handling of patient shall be available.

(bb) ‘Veterinary Practitioner’ means a person holding a veterinary qualification recognized under the Indian Veterinary Council Act, 1984 and registered with a State/UT Veterinary Council.

(cc) ‘Veterinary Premises’ means any facility where the practice of veterinary medicine is undertaken, including, but not limited to, a mobile unit, mobile clinic, outpatient clinic, livestock farm with treatment facilities, satellite clinic, public service outreach of a veterinary facility, or veterinary hospital or dispensary or polyclinic or clinic. The term ‘veterinary premises’ shall not include the premises of a client.

(dd) ‘Veterinary Profession’ means veterinary profession involving all its branches, namely, animal health, animal reproduction, animal productivity and animal nutrition, animal product technology, genetic improvement including genetic engineering and transgenesis, and areas of sister professions wherein veterinary service is extended or is sought or is made use of, namely laboratory animal medicine, aquatic/marine animal, veterinary public health, animal experimentation and vaccine production.

(ee) “Veterinary Service” means to provide the complete range of medical, surgical, nutritional biotechnological tools artificial insemination, embryo transfer, diagnostic, vaccination, production, nutritional biotechnological tools and all other services that alleviates pain & sufferings of livestock and zoo animals or enhance animal & human life or prevent zoonosis or animal related activities for the development of the society by a registered veterinary practitioner.
PART- II

CHAPTER - I

MINIMUM STANDARDS FOR VETERINARY PRACTICE

(FOR EVERY INSTITUTION PROVIDING VETERINARY SERVICES)

1. Fundamentals

1. Standards of veterinary practice have been established as a mechanism by which the profession can promote and maintain an excellent standard of practice in the treatment of animals.

2. A veterinary institution is required to declare that it fulfils all of the conditions laid down by these regulations for each of the premises specified by the veterinary institution. The State/UT Veterinary Council shall, after an inspection made (if deem necessary), send the proposal to the Veterinary Council of India for accreditation/recognition of the Veterinary Institution. For this purpose the format as prescribed by the Veterinary Council of India is to be filled by the institution and forwarded/recommended by the Director of Animal Husbandry and Veterinary Services (by whatever name called) of the State/UT to the State/UT Veterinary Council. In case of private clinic such applications are to be forwarded/recommended by the District Veterinary Officer (by whatever name called) to the State/UT Veterinary Council through the Director of Animal Husbandry and Veterinary Services.

3. In case the application is made for a particular/limited activity, it should be mentioned in the Application and in such case, accreditation/recognition shall be considered for that activity only. The veterinary institution must specify which of their premises meet these regulations. There may be branch premises that do not qualify.

4. In setting standards for veterinary institutions, these regulations serve to protect the best interests of clients, their animals, and the veterinary profession.

5. Recognizing the fact that there are a variety of methods and types of equipment in use that can be of an acceptably high standard, some of the facilities required like equipments, apparatus, software, infrastructural design etc. that should be available are purposefully broad in their definition.

6. In order to render veterinary services by the registered veterinary practitioners, every Veterinary institution under their charge should obtain accreditation/recognition by the Veterinary Council of India through the State/UT Veterinary Councils. Accreditation will be done by a committee constituted for the purpose by the Council. It will be represented by eminent members representing various services, teaching & research professionals and those in government employment.

7. Accreditation of veterinary dispensary or veterinary hospitals or veterinary polyclinics or veterinary clinics shall be limited to location, provision of minimum facilities, hygiene, and standard operative procedure being followed and recorded/reported from time to time. They shall follow guidelines of Good Veterinary Practice.

8. Every head of the veterinary institutions providing veterinary services shall apply to the State/UT Veterinary Council (through the State Animal Husbandry and Veterinary Services Director), specifying the nature of the service provided for accreditation as provided in the guidelines. The head of the veterinary institutions shall sign the 'Declaration of Compliance' to maintain the minimum service facilities every five years. The accreditation which is to be renewed every five years will be subjected to declaration of compliance.
The Director of Veterinary Animal Husbandry and Veterinary Services of the States/UTs shall immediately (within 1 year of notification of these Regulations) submit application in the prescribed form to the respective State/UT Veterinary Councils for accreditation of all the existing veterinary institutions under their jurisdiction. The State/UT Veterinary Councils on examining each proposal carefully, may recommend to accreditate the institutions for the first instance and may prescribe certain time limit for strengthening in phased manner by the State Government. The time limit so given should not exceed 5 years and such a limit shall be a binding to the State A.H. and Veterinary Services Department to fulfill all the requirements as specified in these regulations on fulfillment of the standards or completion of the time limit, whichever is earlier; the Director of A.H. and Veterinary Services shall submit a fresh application along with compliance report of fulfillment to the State/UT Veterinary Council for further consideration.

For the existing private veterinary clinics or other non-governmental veterinary institutions, the time limit shall be maximum of one year. The procedures for fresh application in such cases will remain the same as in the case of Government institutions.

The State/UT Veterinary Council may, then examine such applications and recovered (either without or after inspection as deemed fit) for accreditation/rejection.

The applicant institution/authority/individual shall have to deposit the amount of fees (as fixed by Veterinary Council of India from time to time) to the State/UT Veterinary Council while making the application. Applications without the accompanying fees shall not be considered by the State/UT Veterinary Council.

The State/UT Veterinary Council shall remit ¼ th share of the fees realized for the purpose of accreditation while referring such proposals to Veterinary Council of India for consideration.

9. All veterinary institutions must make proper provision for the treatment of animals for the relief of pain and suffering and for their further follow up treatment where necessary.

10. Where minor veterinary services are provided within the Veterinary Institutions, specific confirmed arrangements must be made for an emergency service to be provided.

11. The public must be notified about the nature of veterinary services being provided at the institution by suitable means.

12. It shall be binding on the part of State/UT Government to provide/create all the necessary facilities as provided in these Regulations at the various Veterinary Institutions under their jurisdiction failing which the accreditation/licensing of such institution(s) shall be withdrawn.

2. Accreditation Committees:

For the purpose of accreditation/recognition of the Veterinary Institutions, the State/UT Veterinary Councils shall receive the proposals from the State Animal Husbandry and Veterinary Services Directors. On examination, they may, through a committee of not less than three members/experts, inspect/visit the institutions for an on the spot assessment of the available facilities and examine the documents/record keeping. The proposals along with the inspection report (if any) and the recommendations of the State/UT Council shall then be
forwarded to the Veterinary Council of India along with ¼ th share of the Fees realized for such purpose(s).

1) **Central Accreditation Committee:**

   a) The Veterinary Council of India shall either constitute a separate Committee namely ‘Accreditation Committee’ as per the provisions of the VCI General Regulations, 1991, or may assign the responsibility to an existing Committee other than the Executive Committee.

   b) In case a separate Committee is constituted as above, the provisions of VCI-General Regulations, 1991 shall be applicable to this Committee.

   c) Representatives of this Committee shall be a person(s) who is / are registered veterinary practitioner(s).

2) **State Level Accreditation Committee:**

   The State/UT Veterinary Councils shall on publication of these Regulations, constitute a State/UT level Accreditation Committee with the following composition:

   a) President of the State/UT Veterinary Council – Chairman

   b) Members of the State/UT Veterinary Council - Three

   c) Representative of the State Animal Husbandry and Veterinary Services Director – One (Representative should be a registered veterinary practitioner)

   d) Registrar, State/UT Veterinary Council - Ex-officio

   The quorum of the State level Accreditation Committee shall be three out of six members including the President and the Registrar of the Council.

3) **Powers of the States and Central Committee:**

   The veterinary institution shall submit a request for accreditation/ recognition in the prescribed format and on payment of such fees as may be decided from time to time by the Veterinary Council of India, to the State/UT Veterinary Council.

   i) The State/UT Veterinary Council shall get the proposal examined by the aforesaid Committee.

   ii) If an inspection of the institution is felt necessary, the State/UT Veterinary Council then fix a date and time for the inspection under intimation to the proposer/in-charge of the institution. Such intimation should be sent not less than 2 weeks before the date of inspection.

   iii) The institution shall provide all the facilities and make all documents available including all the prescribed formats duly filled in, to the inspecting team.

   iv) The committee members shall verify the authenticity of the information/documents provided with the available facilities including manpower, infrastructure, equipments, records etc.

   v) The committee shall have all the powers and responsibilities to inspect all the veterinary institutions as deem necessary or as directed by Veterinary Council of India.

   vi) No veterinary institution could start any of their activities for which request has been made without obtaining accreditation/license certificate from Veterinary Council of India.
vii) The Accreditation Committee of the Veterinary Council of India and State/UT Veterinary Council shall have powers to obtain original/certified copies in desired number of any of the documents from the applicant/in-charge of the institution which has applied for accreditation/recognition or the State Animal Husbandry and Veterinary Services Director who has forwarded the application. However, such documents shall be the property of the State/UT Veterinary Council/Veterinary Council of India as the case may be, who shall keep it in their safe custody without divulging any of its contents. The Veterinary Council of India, if deem necessary, may obtain any such documents/statements from the concerned State/UT Veterinary Council.

viii) The Accreditation Committee of the State/UT Veterinary Council or Veterinary Council of India shall have authority to obtain any statement duly signed by any of the authorized/responsible personnel of the accredit institution.

ix) In case it comes to the notice of the State/UT Veterinary Council that veterinary practice is being undertaken by any registered veterinary practitioner without approval and without a valid certificate, the respective Council shall then verify the facts and initiate action against the practitioner(s) by directing the veterinary practitioner(s) to abstain from such activity and the local administration shall be informed accordingly. For this purpose, if necessary, the State/UT Veterinary Council may even inspect such a facility through its accreditation Committee. Such action by the State/UT Veterinary Councils shall immediately be brought to the notice of the Veterinary Council of India by the Registrar of the State/UT Veterinary Council.

x) Upon examination of the proposals for accreditation, the State level Accreditation Committee shall submit a report and recommendation signed by the Registrar and authenticated by the President to the Veterinary Council of India. The Secretary, Veterinary Council of India shall cause to place such reports and recommendations before the Accreditation Committee of the Council with the approval of the President of the Council.

xi) Based on a satisfactory recommendation of the State/UT Veterinary Council, the Veterinary Council of India will issue a certificate of accreditation in the format as prescribed at Annexure- A. Refusal to issue a certificate will be intimated to the State/UT Veterinary Council with information to the State/UT Animal Husbandry and Veterinary Services Director and concerned Institution, specifying the reasons for the same.

Provided, upon being so required, the State level Committee may reconsider the request for accreditation/licensing and take into account new/additional information as may be forwarded by the State Animal Husbandry and Veterinary Services Director. The State level Committee shall submit its report / recommendations in the same manner as prescribed for the initial report.

xii) The accreditation committee on receiving information from the Veterinary Council of India shall have power to inspect and report about the veterinary practice for yearly Renewal/Review in case of improvement carried out as suggested.

xiii) Every accredited veterinary institution shall have to get renewed their accreditation every five years, upon submission of an application and fees as specified by Veterinary Council of India.

xiv) The recommendations made by the accreditation committee shall be treated as final and the decision made thereof by the Veterinary Council of India related to accreditation will be binding on the party concerned and no part of it will be challenged in any court of law barring any provisions contained in the Constitution of India.
xv) The committee members shall be reimbursed for the contingencies, honorarium and travel as per Govt. of India rules and regulation framed for such committees.

4) Appeal

1. The Veterinary Council of India shall be the appellate authority for matters connected therewith and related thereto accreditation or licensing of veterinary practice in India. The Appeal shall be filled by the affected party within 30 days of the receipt of the reply to request for Accreditation or licensing.

2. Save where otherwise expressly provided in the Indian Veterinary Council Act of 1984 or by any other law for the time being in force, an appeal shall lie to the Council against any adverse communication on the Accreditation of the Veterinary practice, by the aggrieved party with in 60 days of such communication or against any order passed or against any complaint made for or against. The decision of the Council as Appellate Authority shall be final.

3. Where an Appeal has been admitted by the Council, the Appeal shall be decided in accordance with the opinion of the majority of the members present in that meeting.

4. Where there is no majority, the President of the Council shall have the casting vote.

5. In an Appeal, the memorandum filed by the aggrieved party shall be in prescribed proforma and the memorandum shall contain precisely the substantial points being challenged. The Council may allow the aggrieved party to argue only on these points. There will be no additional evidence or submission of new facts, which were not brought to the original authority or to the Accreditation/licensing Committee against whose appeal, has been brought up.

6. The Council will have, however, power to summon an individual/expert/or organisation to appear before it or provide in writing any evidence/opinion for which it can take recourse to News paper publication too. The Council shall have power to get exhibited any document related to the point/order in question.

7. The Council shall have power to constitute a commission to examine any person, inspect any veterinary practice or place of incidence.

8. The Council will have however, no power to call any of the members of the accreditation committee to appear before it. However, they can be requested to give their opinion as and when required.

9. The Council shall have power to obtain evidence or statements on oaths.

10. The Veterinary Council will have powers to frame Guidelines appropriate enough for the smooth functioning and to provide working mechanism for the issues related to accreditation of veterinary practice.

3. Norms For Veterinary Practice

1. A person, an agency, an institution or state providing veterinary service shall display, in local or acceptable language, the type of the unit depicting the nature of service being provided as defined in these regulations so that the public can request for the available service. The institution shall be responsible for making available the necessary facilities by way of building, equipment(s), medicine, trained personnel as prescribed for a Good Veterinary Practice.
2. These regulations by no way make or intend to make it mandatory on any person, agency, institution or state to undertake veterinary practice or prohibit them from doing so. But an agency, person or State who undertakes the onus of providing veterinary service shall do so as prescribed and shall maintain a record of all such activities to be made available to the accreditation agency on demand.

3. Since as per the Act, Veterinary practice includes the responsibility to supervise and guide minor Veterinary services, every registered veterinary practitioner shall do so without any negligence on his part and as laid down in the guidelines to be issued by the council.

4. While governments currently hold the responsibilities of Veterinary services, there is and shall be no bar on any institution, co-operative, non-government organizations, and/or individual to provide any (aspect of) Veterinary service, provided that such veterinary practice (or part thereof) shall be performed consistent with the laws prevailing for the time being and as per the provisions of the Indian Veterinary Council Act, 1984 (52, of 1984) and the regulations made there under.

5. Institutions other than the government and/or individuals involving themselves in veterinary practice can choose to provide either the holistic primary veterinary service, a specialist service or a specialized professional service, provided that registered veterinary practitioners with the prescribed competence/qualifications are engaged to perform such service.

6. The basics for regulating veterinary practice shall be “Good Veterinary Practice” (GVP). Guidelines on GVP, circulated by the council for achieving an acceptable standard of Veterinary Practice shall be based on the presence of a holistic veterinary service system in the institution, state/region/country.

7. Prevention of animal diseases shall be done by registered veterinary practitioners and as per the rules and regulations regulating such activity and as adopted by the State/UT.

4. **Personnel**

1. The Veterinary professionals in charge of the Veterinary Institutions or services shall possess a qualification included in the First or Second schedule to the Act and shall have a valid registration in the veterinary Council of the state where he/she is practicing.

2. All associated staff must be trained for the tasks performed by them. The assistant veterinary technician/compounder (by whatever name called) should obtain training from a recognized by the State/UT Government/Institution or shall be prepared to undertake study, at the earliest, towards such training/qualifications.

3. A high standard of professional behavior, cleanliness, and personal appearance must be maintained by all members of the Veterinary Institutions at all times.

4. The Veterinary Institutions must have, and implement, a written policy that provides for the ongoing professional development of its veterinary surgeons and veterinary technicians adequate to maintain a high standard of professional care. The Veterinary Institutions should encourage regular consultations, attendance at conferences, seminars, and meetings of the relevant professional institutions/organization/society etc.

5. There must be sufficient trained nursing staff for proper care and observation of caged animals. There must be a dedicated trained veterinary technician available at the time
when animals are undergoing elective anaesthesia by a registered veterinary practitioner. At these times, they must not have other duties.

6. Every Veterinary Institution including District Veterinary Centre, Polyclinics, Veterinary Hospital, Veterinary Dispensary must have the residential accommodation for the staff of the institutions in the premises (veterinarian, veterinary assistants, animal attendants etc.) for providing better and effective services.

7. The Veterinary Institution must have a library of reference books or a Reference Library in electronic form. This should include latest editions covering all of the major clinical disciplines relating to zoo and companion animal medicine and surgery. The Veterinary Institutes must subscribe to at least one current clinical small animal, livestock, and zoo animal journal.

8. Direct supervision of non-veterinarians: Individuals not possessing recognized veterinary qualifications and not registered with Veterinary Council are prohibited from practicing veterinary medicine, which includes treatment, embryo transfer, surgery, treatment of reproductive diseases/disorders or any other related services on animals, as defined in the Indian Veterinary Council Act, 84, except under the direction and supervision of a registered veterinarian. Direct supervision includes the following:

   (1) The licensed veterinarian must have established a veterinarian-client-patient relationship.
   (2) The treatment must be performed on the direction of a registered veterinarian.
   (3) The registered veterinarian must be available on the premises and/or should be readily available.
   (4) The registered veterinarian must assume liability for the quality of any treatment performed.
   (5) The fee for services rendered, if any, shall be paid to the licensed veterinarian or institution providing the facility.
CHAPTER - II

5. Premises

A. Hospitals, Clinics, Polyclinics, Dispensaries and other institutions providing primary services:-

1. There must be a waiting room for clients that are of an adequate size and with sufficient seating for the workload of the Veterinary Institutions. Allow a seating area sufficient for three people (owner of patient) per consulting veterinarian.

2. There must be at least one consulting room that provides a clean and hygienic environment for consultation in private. The room must be have running tap water. There must be an examination table, the surface of which is impervious and able to be cleaned and disinfected easily. Sufficient diagnostic equipment (thermometer, stethoscope, otoscope, ophthalmoscope, examination gloves, lubricant, fluorescing strips, ophthalmic local anaesthetic drops, and weighing scales – these being the minimum essential) to carry out routine physical examinations of the patients should be available. At least one room must be able to be darkened or a dark room suitable for examining patients must be available. Examination rooms should be equipped with a suitable ventilation system or an exhaust facility to remove offensive odours rapidly. There must be a covered area/space with Travis for examination of large animals.

3. There must be an operating room that is used solely for carrying out sterile surgical procedures. Specifically, this room must not be used for dental work (other than that required to have aseptic conditions) or abscess drainage. This must be equipped with a table and suitable surgical lighting. Surgical instruments, drapes, and surgeon's clothing must be provided that is suitable for the types of operations performed.

4. A legible system (facility) of documenting the records of all the case histories of all the current patients must be provided. There must be an efficient system for filing and retrieving patient records manually or by computer.

5. Pet care accessories can be displayed for retail sale, provided that the display is of an acceptably professional nature. The shop area must be clean and tidy, and well organised. Merchandising signs and displays must not contain misleading messages. Toxic and hazardous drug/chemicals must be displayed according to the requirements of the Drug and Cosmetics Act, 1941 and Rules framed thereunder. Merchandising should, however, not be encouraged in the Govt. Veterinary institution which are primarily meant for public services.

6. There must be separate room(s) for the accommodation of patients. The number of cages/rooms must commensurate with the workload of the clinics. The cages/room must be of an adequate size for the animal to be housed. The cages/rooms must be of safe construction and maintained in a hygienic condition. There must be solid partitions between cages. Cages must not be able to drain waste into adjoining cages. The cage room(s) must be well ventilated and maintained at a comfortable temperature. There must be facilities for the hygienic preparation and storage of food and for the cleaning and storage of utensils and food bowls. The wall and floor surfaces of cages must be impervious to permit thorough cleaning and disinfection. If there is a door in the kennel room opening to the outside of the building, it must be:

   a) protected by an escape-proof room/frame with a second door to the outside. This safe place between the kennel room and the outside must be big enough to hold at least one person with an animal.
b) If there are windows in the kennel room, they must be permanently secured in a way that prevents animals from escaping. These windows must be kept closed or have an animal-proof mesh fitted.

An additional accommodation facility for client(s) of an indoor patient must be made available within the premises.

7. There must be a written guideline for dealing with infectious cases. This guideline must ensure that any other animals being treated at the clinics are not exposed to increased risk of infection. The guideline must specify where infectious cases will be examined and treated, and the method of disinfection used afterwards. Either facilities for the isolation of infectious cases must be provided which are separate and remote from the other animals or where accommodation is not available, a written guideline for dealing with such cases must be formulated and written confirmation of the ability to refer such cases to another clinic with correct isolation facilities must be implemented. All Accredited Veterinary Clinics must have facilities for the isolation of infectious cases on the premises. These facilities must have the same standard of cages as described in (6) above.

8. The floors of all of the rooms used for client waiting, the dark room, examination, treatment, surgery, or animal accommodation must have an impervious surface to allow effective cleaning and disinfection. The walls of the rooms used for examination, treatment, surgery, or accommodation of animals must be lined with materials that are coated with an impervious surface or scrub-able (with disinfectants) painted surfaces, to the height of 1.2 meters above the floor.

9. The inside of the premises must be maintained to a high standard, kept clean, and in good decorative order, with offensive odour eliminated as far as possible. The outside of the building must be maintained in a good state of repair. The immediate area surrounding the building must be kept clean and tidy. There should be car parking available for clients, with easy access to the main entrance of the premises.

10. All premises where veterinary facility (including its various branches) is being practiced, and all instruments, equipment, apparatus, and apparel used in connection with those practices, shall be kept clean and sanitized and shall conform to the standards specified for different types of facilities.

11. Emergency service either by staff veterinarians or by pre-arranged referral to another veterinarian within a reasonable distance shall be provided at all times. Referral must be acknowledged and agreed upon by both the referring and referred veterinarians.

12. Every veterinary service shall maintain the following facilities:
   A sanitary environment to include the proper routine disposal of waste material, proper sterilization or sanitation of all equipment used in diagnosis or treatment, and adequate storage to provide a neat and orderly appearance.
      (1) An adequate library of textbooks, journals or other current veterinary reference materials, readily available on the premises or available through electronic access.
      (2) Proper storage and environmental control for all medicines and biologics, based on the manufacturer’s recommendations.
      (3) Properly maintained records.
      (4) Legally accessible methods for the disposal of deceased animals and infectious waste.
13. Ambulatory services may be made available for 24 hours a day at the polyclinics and district veterinary centers.

14. Facilities for disposal of cadavers should be available at the Veterinary Hospitals with proper hygiene and measures to prevent spread of pathogens. Incinerator may be set up in the hospitals, polyclinics and district veterinary centers.

CHAPTER - III

6. **Apparatus and Equipment**

   a) Various equipments and veterinary service aids in use at the veterinary institution(s) shall conform to the highest standards. Proper hygiene and sanitary measures have to be practiced to avoid any contamination/infection during its use on the patient (livestock/animal). Equipments requiring sterilization should be sterilized before use.

   b) The anaesthetic machine must be serviced and calibrated at intervals as recommended by the manufacturer (at least every two years for precision vapourisers). Maintenance records must be kept. Regular daily maintenance must be carried out to detect leaks, prevent condensation build up, and monitor soda lime activity.

   c) There must be some form of monitoring of anaesthetised animals. This can take the form of equipment (e.g. electronic devices such as an apnoea monitor or a pulse oximeter) or a trained assistant who is present at all times during the anaesthesia. Where equipment is used for this purpose, staff must be trained in its use.

   d) There must be a scavenging system taking waste anaesthetic gases out of the building, this may be active or passive.

   e) A recognised and successful method of sterilization must be used to sterilize instruments, gowns, and drapes in sufficient quantities to meet the workload of the practice. Steam, gamma irradiation, and ethylene oxide are acceptable alternatives. Boiling, cold sterilization, and ultraviolet cabinets are not acceptable unless for specific equipment such as cold sterilization of endoscopic equipment. Sterility indicators must be used to monitor the efficiency of the system. Instruments must be cleaned and re-sterilized prior to use for each new surgical case.

   f) Face masks, gloves and suitable protection gears for staff using oral or surgical or gynecological or microbiological procedures or any other procedures involving infections must be sterilized.

   g) The veterinary service must provide facilities for the induction and maintenance of general anaesthesia. This must include equipment for the maintenance of inhalation anaesthesia and oxygen for emergency resuscitation. Anaesthetic systems and circuits used must be appropriate for all types and sizes of animals treated.

CHAPTER – IV
8. Facilities at Veterinary Service Institutions

1. Radiology Facilities

1. Radiology facilities may be limited to the District Veterinary Center, Polyclinic and teaching institution. They must have an x-ray machine and associated ancillary equipment capable of consistently producing diagnostic survey radiographs of all species commonly being treated at the institution and where necessary.

2. All records pertaining to the recent cases of radiographic study should be kept as records.

3. The X-ray facilities and procedures must comply with the guidelines of “Safe Practice for the Use of X-rays in Diagnosis (Veterinary)”.

4. Veterinarians and staff who are required to take radiographs must be fully conversant with the operation of all of the radiographic and associated equipment.

5. A veterinarian or a person operating the X-ray machine of the Veterinary institution having the facilities for radiography must have a current licence, issued by the competent authority to use an x-ray machine for the purposes of veterinary diagnosis and shall comply with relevant safety guidelines.

6. The clinics must provide, or have access to, a dark room and processing system for the development of radiographs. The Veterinary institution must be able to have radiographs developed at any time, at emergency also.

   Where the processing of radiographs is carried out by the clinics/polyclinics/hospital required preventive measures must be adopted to avoid undesired exposure to X-rays and other radiation hazards.

7. The veterinary service institutions should display a technique chart of exposure factors. This should be used and modified as necessary. Calipers should be available to measure body part thickness.

8. The clinics must use a system to permanently identify radiographs.

9. Suitable arrangements must be made for the efficient filing, storage, and retrieval of x-ray films.

10. In a institution where, on average, more than forty films are taken per week, film badge monitoring of staff working with or near the x-ray machine must be carried out. Records of personal dosimeter must be kept. X-ray machines must be maintained in accordance with manufacturer specifications.

11. There must be provision for all types of protective devices to minimize undue exposure to X-ray.

12. Non-manual restraining aids such as sandbags, foam blocks and wedges, V-troughs, ropes and tapes must be available and used to reduce the need for personnel to restrain the animal during radiography. Where the animal's health or condition permits, it should be anaesthetised or tranquillised to facilitate the efficiency of the procedure.

2. Medicinal Products
1. The clinics/dispensaries/hospitals/veterinary institutions must keep adequate* supplies of medicines and animal remedies including emergency medicine that must be stored in a vermin-proof, clean, tidy, permanent, and secure building.

(*adequate – means the type and quantity as may be required to handle the number and type of cases recorded, and the policy of the institution on dispensing of medicines. However, attempts should be made to keep the medicines for dealing with emergencies and acute disease conditions in order to alleviate pain and save the life of the animal. In this regard, the experience/records available about the prevalence of a particular disease/emergency situation may be used as guide to select the medicines. In all cases, the quality of the medicines should be high with required efficacy.)

The adequacy of the medicines shall since vary with the type of institution and its ambit of services, the same shall be examined while considering the proposals for accreditation on case to case basis.

2. Smoking, eating, or storage of food for human consumption must not be permitted in areas where medicines are stored or dispensed.

3. Drugs must be stored according to the manufacturers instructions and, where appropriate, protected from the adverse effects of light, temperature, humidity and rodents.

4. There must be an efficient stock rotation system that prevents the use of out of date stock. Expired medicines must never be prescribed.

5. All Controlled Drugs that are not required for immediate use must be kept in a locked metal or concrete cupboard or safe, that is securely fixed to the building. When the building is unattended, keys for the cupboard must not be left on the premises. For safety reasons, all Controlled Drugs should be stored in this manner.

6. An "Emergency Box" must be kept and maintained with the necessary equipment to treat crises such as cardiac arrest.

   This box should: -
   a) contain a range of different caliber syringes and needles appropriate for emergency use;
   b) contain the drugs adrenaline, atropine, calcium gluconate 10% or calcium chloride 10%, lignocaine, dextrose solution and normal saline and lactated Ringer’s solution, antihistaminic and other life saving drugs in adequate quantity for intravenous use;
   c) have the relevant dose rates written on the lid of the box;
   d) include a cardiopulmonary resuscitation flow sheet;
   e) be stored in one place at all times, and be close to where most anesthetics are carried out.

7. Tablets and capsules must be dispensed in re-sealable and preferably crush-proof containers. Plastic or paper envelopes are unacceptable unless the product is marketed in a child-resistant pack (foil or plastic blister). Child-resistant containers must be available if requested.

8. Adverse drug reaction and inefficacy report forms must be readily available in the institution. These should be used to report all adverse drug reactions and apparent drug failures to the Council as well as the manufacturer of the drug.
9. The container in which medicines and animal remedies are dispensed must be legibly and indelibly labelled with the following information:

- Name and address of the veterinary clinic
- Contact phone number
- Emergency phone number
- Date dispensed
- Name and strength of drug
- Directions for use, method and frequency
- Number of tablets or volume of liquid
- Name of owner
- Name and species of animal
- Auxiliary labels and warnings
- Name of prescribing veterinarian
- The statement "Keep Out of Reach of Children"
- The statement in BOLD PRINT "FOR ANIMAL TREATMENT ONLY"

10. Where licensed animal remedies are repackaged into smaller containers, the new containers and labelling must meet the requirements.

3. Surgical Facilities:

Each Veterinary Institution offering surgical intervention services should have high quality surgical apparatus, equipments etc. as per the type of services. However, attempts should be made to maintain all the necessary items in good working condition with facilities for sterilization/ disinfection. Also, there should be required number of operation desk/tables both for large and small animal surgery. Suitable anaesthetic machine, gas etc. protective aprons, gears etc. should also be available.

4. Gynaecological Facilities:

The Veterinary institutions offering gynaecological services should at least have the facilities for artificial inseminatrion, semen storage, microscope for semen evaluation, equipment sterilizer, vaginal speculum for different species of animals, dystokia set for large and small animals, common medicinal and surgical items required for gynaecological and obstetrical intervention. All these items should be maintained in good working condition.
CHAPTER V

8. **Diagnostic Laboratory Services**

A. **GENERAL**

1) Veterinary Hospitals/Veterinary Polyclinics/Teaching Veterinary Clinical Complexes, District Veterinary Center (but not limited) must provide or have access to veterinary diagnostic laboratory services that perform routine clinical pathology, bacteriology, parasitology and toxicological tests, rapidly and accurately. They must have adequate qualified staff and should also act as collection center.

2) Where samples are submitted to an outside laboratory for testing, they must be collected, stored, packaged, and dispatched in a manner which:
   a) ensures the safety of people in contact with the samples; and
   b) minimises sample deterioration to ensure the best test result.

3) Where diagnostic tests are performed by the clinic/institution itself:
   a) any diagnostic test other than routine urine and blood smear examination must be conducted in room or designated area used specifically for that purpose and which is kept clean and organised;
   b) Quantities of stain, reagents, chemicals, diagnostic kits adequate for the number of animal patients/samples shall be provided.
   c) Registered veterinary practitioners are engaged for diagnosis/ interpretation. Each such laboratory shall specify the tests they conduct and shall maintain a record of the sample profile and results in each case. They shall also declare the methods they used (in each case) for various diagnostic tests and the normal values while providing the results. Each result shall be signed by the registered veterinarian concerned along with her/ his name and registration number appearing conspicuously.
   d) Veterinarians and staff must have an understanding of the principles of quality control as it relates to all diagnostic testing conducted by the institution/clinic etc. Controls should be used to ensure accurate results. Records of quality control programmes must be kept(stored). These should demonstrate that periodic evaluations are made of equipment, reagents, and technical integrity;
   e) protective clothing and disposable gloves must be provided;
   f) the clinic must maintain diagnostic equipment to a high standard that ensures accurate results are obtained consistently ;
   g) The diagnostic laboratory should have a well ventilated room preferably with walls, work table and laboratory furniture that can be easily sanitized/disinfected. It shall have regular water supply, electricity and waste disposal facility. The diagnostic clinic shall have rooms/areas where animals can be handled with minimal stress on them. It should have provision for ultra violet lamp/ray treatment.
   h) there must be provision for the correct disposal of Special Waste.
i) It is recommended that any diagnostic service provider should be able to provide a minimum of diagnostic laboratory services themselves like Skin scrapings, faecal sample examination, routine semen function test, cytology, urine analysis, urine sediments, and routine Hematological tests. A binocular microscope, microhematocrit centrifuge and urinary refractometer should be provided for these examinations.

j) Biopsy, if necessary, shall normally be performed in a room provided for the purpose and shall be conducted under proper analgesia prescribed only by a registered veterinarian.

B. LOCATION, INFRASTRUCTURE AND MANPOWER

1) A diagnostic laboratory may be established independently or attached to a polyclinic/ hospital/Teaching Veterinary Clinical Complex/Clinic. The laboratory shall not be in the same building housing the post mortem facilities or shall be at a considerable distance and well protected to avoid contamination.

2) The laboratory should have an attached inoculation room/shed, staff room and wash room.

3) The diagnostic laboratory shall have facility for microbiology, pathology, parasitology and clinical bio-chemistry procedures leading to diagnosis of disease/ surveillance.

4) The laboratory staff may opine on the samples received from prevailing field problems and should refer the unsolved problems or if the laboratory does not have proper equipments or chemicals or technique for conclusive diagnosis to the state diagnostic laboratory or university or regional or reference laboratories as may deemed fit for confirmatory diagnosis/interpretation.

5) All samples while referred should be properly labeled to indicate the species, identification No. and owner of the animal, the type of sample (tissue/organ etc), method of preservation, test to be carried out etc.

6) No sample shall be referred to any agency/laboratory/individual outside India for diagnosis without prior approval of the State Government Animal Husbandry authorities.

7) Independent diagnostic clinic shall have the facility for restraint of animals and for collection of material as the case may be. Diagnostic clinic shall have all the facilities and equipment as a diagnostic Lab.

8) The diagnostic laboratory shall have -

(i) Binocular microscope
(ii) Incubators
(iii) Hot air oven
(iv) Autoclave
(v) Water bath
(vi) Inoculation hood
(vii) Centrifuge machines
(viii) Electrophoresis apparatus
(ix) Spectrophotometer
(x) Glucometer
(xi) Hand refractometer
(xii) Analytical Balance
(xiii) Computer with Internet connectivity & Printer
(xiv) Refrigerator
(xiv) Deep freezer
(xv) pH Meter
(xvi) Telephone and fax facilities

9) Every diagnostic laboratory may be provided with at least the following staff:
   i. At least one registered veterinary practitioner with professional P.G. Degree/Diploma must be available at the institution undertaking such procedure/tests. The number of such personnel shall, however, vary depending upon the number and types of material handled/tests carried out.
   ii. Veterinary laboratory technician – one
   iii. Laboratory Assistants - Two
       (a) One for pathology, microbiology, parasitology
       (b) One for Haematology and clinical chemistry
   iv. Sweeper cum post-mortem attendant – as per need
   v. Laboratory attendant-cum-animal attendant - one

C. STANDARD OPERATIVE PROCEDURE:

The standard procedures laid down in the relevant scientific books/documents etc. should be followed for handling each type of sample in the laboratory. Simultaneously, every care should be taken to avoid spread of infection either to humans or to other animals. Further,

1) Whenever there is a need the staff of the diagnostic laboratory can also collect the appropriate materials as suggested/required by the clinician.

2) The results of the tests should be communicated without delay, so that the results can be efficiently used by the clinician.

3) The diagnostic laboratory attached to a Veterinary Hospital should be able to analyse:

   (i) Urine (qualitative)- pH, albumin, glucose, bile pigment, sediment
   (ii) Faecal sample - Parasitic and protozoan ova/cyst.
   (iii) Skin scrapings for mites.
   (iv) Milk sample for clinical and sub-clinical mastitis by strip cup CMT.
   (v) Blood - Protozoa, microfilaria, DLC, haemoglobin/PCV.
   (vi) C.S.F.

4) The diagnostic laboratory attached to polyclinic should have facility to analyse:

   (i) Urine – (quantitative or qualitative) complete
   (ii) Faecal sample - Parasitic ova, cysts of protozoa/ egg.
   (iii) Haematology, TLC, DLC, Hb, PCV, platelets
   (iv) Skin scarpings - Mites and dermal mycosis.
   (v) Milk - CMT, culture and sensitivity
   (vi) Microbial culture and sensitivity. (Saliva, urine, pus, uterine discharge etc.)
   (vii) Detection of infectious diseases like Brucellosis, TB, Anthrax, Pasteurellosis, PPR, FMD, Blue Tongue etc.

5) At the end of every day the results along with patient number etc. may be entered/recorded in the computer or any other practical method and provided on “read only” mode so that the results can be accessible to all, but not changed.
6) The results of laboratory tests and the trend of various etiological agents may be discussed periodically (preferably at the end of every month) with the field clinicians to appraise them of the type of organisms, their antibiotic/drug sensitivity in that area. The diagnostic laboratory may also draw macro epidemiological maps to make treatment more effective.

7) The diagnostic Laboratory shall depute/ send its staff to various workshop/meeting and/or participate in such related forum where exchange of information can influence to achieve better service delivery and preparation of effective National programmes.

8) Any diagnostic laboratory run by an organization, Institutions or individual(s) may also participate in the discussion of results or shall, sent information on the tests they conduct every month to the district veterinary officer/chief of polyclinic/sub-divisional veterinary administration of the state/UT concerned. Such information shall form part of the epidemiological data generated in the district.

9. **Pathological Sampling Procedures:**

   Standard established procedures for sampling should be followed in all the cases without causing undue stress or damage to the animal or danger to the owner. Guidelines for sampling methods will be circulated by the Council.

10. **Vaccination**

    1. Vaccines must be used in conjunction with national/regional/State/local disease control or eradication programmes. For vaccination of individual animal on the request of the owner, the decision about the justification of such vaccination shall depend on the registered veterinary practitioner.

    2. Vaccination shall be done by only those registered veterinarians who have been requested by the animal owner for providing medical/surgical assistance/consultation and has complete knowledge of past and present history of the client’s animal. He/she must have taken the client into confidence before undertaking a vaccination.

    3. Revaccination recommendations should be designed to maintain clinically relevant immunity while minimizing adverse event potential. Additional information, including vaccine-specific scientific data on minimum, average, and maximum duration of immunity is desired to craft optimal revaccination frequency recommendations.

    4. Vaccines, including polyvalent products, should be selected to include only those antigens appropriate for the specific risk needs of the patient, thereby eliminating unnecessary immune system stimulation and lowering potential risks of adverse events.

    5. Multiple dose vaccine vials must be carefully managed to:
       a) minimize the potential for delivering inappropriate levels of antigen or adjuvant
       b) optimize the potential for maximum potency of the antigens present and minimize the opportunity for contamination with extraneous microbes or chemicals.
6. Veterinarians should consider creating a core vaccine program, intended for use in the majority of animals in their jurisdiction/practice area. (Explanation - Core vaccines are those that protect from diseases that are widely distributed in the region, virulent, and highly infectious, thereby posing a risk of severe disease. Core vaccines are efficacious and exhibit patient benefit: risk ratios high enough to warrant their use, and/or are of significant public health significance, or required by law.)

7. Information about the benefits and risks of vaccination shall be provided to the owner(s) to enable him/her to make a decision about individual vaccine selection and vaccination program choices.

8. There may be a more developed, scientifically based, and statistically valid evaluation of vaccine products to provide practitioners with a basis for developing vaccination programs that maximize benefits and minimize associated risks for the patients under their care.

9. Proper cold chain for all types of vaccine should be ensured by the veterinary institution and professional for the benefit of the end users.

CHAPTER VI

11. Safety Procedures to be adopted at/during veterinary practice

1. It must be the established policy of all Polyclinics/Veterinary Hospitals/Dispensaries/Clinics/Teaching Veterinary Clinical Complexes/ Institutions to do all that is necessary to ensure the health, safety, and welfare of all of its members, employees and clients. To meet this end, veterinary practices must adopt policies related to matters of health and safety compatible with the guidelines issued for the purpose by respective branches of veterinary profession. Personnel should receive annual updates and additional training when procedures or policy changes.

2. The Heads of clinics/polyclinic/Veterinary institutions have a responsibility to:
   a. provide and maintain a safe working environment;
   b. provide and maintain facilities for the safety and health of all staff at work;
   c. ensure that the equipment in the work place is designed, set up, and maintained to be safe for the users;
   d. ensure that staff are not exposed to hazards in the course of their work;
   e. the inherent emergency procedures pertaining to the respective field of veterinary procedure should be followed.

3. Each Veterinary institution must establish the following management systems:
   a) All institutions must have a written general guideline on health and safety that reflects a positive commitment to protecting people in the work place. The guidelines must be easily understood, be visible, and form the basis for the development of rules and safety procedures for various location providing veterinary services.
b) Separate rules must be drawn up and displayed for each area of the institution (clinics/ polyclinics etc. waiting room, pharmacy, laboratory, treatment room for anaesthesia and radiography, kennel room, etc). These must cover general and specific aspects of health and safety that relate to potential hazards that may occur in those areas. The general rules at veterinary institutions must cover cleanliness, tidiness, restraint of animals, first aid boxes, and fire rules/guidelines. Specific rules must cover relevant protective clothing and equipment, proper use of equipment, handling of drugs, poisons, waste, and chemicals. Specific precaution against zoonotic disease should be displayed.

c) The practice must identify and assess all hazards, and appropriate controls must be developed to protect people from these. Hazards must be monitored in the work place. Staff may need to be personally monitored for their exposure to particular hazards. The work environment must be periodically re-evaluated for new or changed hazards, and safety standards upgraded accordingly.

d) Each Veterinary Institute must have a written, effective, general emergency plan to cope with all types of emergency likely to occur in any part of the clinic. This plan should cover what detection and alarm systems are needed, what emergency equipment is required and its positioning, the development and display of evacuation plans, emergency services required, and staff responsibilities in an emergency.

e) Each Veterinary Institute must record and report all occupational illnesses and accidents. (as specified in guidelines-to be prepared) to the concerned authority.

f) Any Poisons or Harmful Substances as defined in Drug & Cosmetic Act, 1940 & Veterinary Pharmacopoeia must not be stored on or above, or in any cupboard or place where food, drink, or medicines are stored or displayed.

g) Any Standard Poisons or Harmful Substance as defined in the relevant Act and Veterinary Pharmacopoeia should be label properly and displayed and must be kept at a higher place (more than 1.5 metres above the floor).

h) All veterinarians must be immunized against the risk of infectious diseases of zoonotic importance.

4. Any other safety procedure promulgated by the state and/or Central Government related to Veterinary practice or delivery, from time to time shall be binding on all Veterinary Institutions.

5. All persons who work in a laboratory bear responsibility to minimize risk of infection through consistent good safe microbiological practice and procedure. There is need to adopt recommended bio-safety level for dealing with pathogens.
12. **Waste Disposal**

1. Waste must be segregated depending on whether it is of the General or Special category. The Veterinary Institute must have facilities for the hygienic storage of waste prior to disposal. This must not create an offensive appearance or allow the development of bad odours. Special waste may need to be refrigerated prior to collection.

2. General waste (non-infectious waste, packaging materials, non-infectious animal bedding, etc) can be disposed of by Local Authority through landfill, recycling or incineration.

3. Special wastes include anatomical waste, blood-soaked swabs and dressings, infected animal carcasses, soiled dressings, contaminated or infectious waste from examination, treatment, and kennel rooms, pharmaceutical waste, cytotoxic waste, sharps, and syringes. Special wastes (other than sharps) must be bagged in Polythene bags (with a minimum thickness of 50 microns if of low density and 25 microns if of high density). Cytotoxic wastes are to be placed into coloured cytotoxic waste containers with Eye-catching colours used for the label. Also representative colours for different waste should be used. Where a professional medical waste service is available to the Veterinary Institute, it must be used to collect and incinerate special waste. Where there is no such service available, special waste must be disposed of in the same way that the Veterinary Institute disposes of cadavers. Eco-friendly waste disposal should be practiced with the help of trained persons. *(The Biomedical wastes (management and handling) Rules, 1995 issued under Environmental (Protection) Act, 1984 may be followed).*

4. Sharp waste poses a potential hazard because of the risk of injury. They must be placed directly into approved containers. They must be stored in non-reusable, leak-proof, and puncture-proof containers with an aperture that must inhibit removal of the contents.

5. The practice must have facilities for the hygienic storage of cadavers. The disposal of dead animals must give the client no cause for complaint and cause no public offence or nuisance. They may be incinerated in a suitable pet crematorium or buried in a manner which meets the approval of the local authority.

6. All rooms used for the examination, treatment, or housing of animals must be provided with lined waste containers that are emptied regularly and kept in a hygienic manner.

13. **Record Keeping**

Every veterinarian involved in a veterinarian-client-patient relationship and performing any act requiring a license to work on any animal or group of animals in his or her custody or in custody of an animal hospital, shall prepare a legible, written, individual (or group) animal and client record concerning the animal(s), which shall contain the following information:

1. Name, address, and phone number of the client.
2. Name or identity of animal(s), including species, breed, age, sex, weight, and color, where appropriate.
3. The medical record shall contain:
   (a) A history of pertinent information as it pertains to the animal’s medical status.
   (b) Notation of the physical examination findings.
   (c) Treatment or intended treatment plans, or both, including medications, medication strengths (when available in more than one strength) and amounts administered, dispensed, or prescribed and frequency of use as well as route of administration, including those medications used for sedation, induction, and maintenance of anesthesia.
   (d) Data and interpretation(s) of diagnostic procedures including, but not limited to, radiographs, laboratory, ultrasound, and ECG.
   (e) A diagnosis or tentative diagnosis.
   (f) When pertinent, a prognosis.
   (g) Progress notes and disposition of the case.
   (h) Dates (beginning and ending) of custody of the animal with daily notations.
   (i) In the case of vaccination clinics, a certificate, including the information required by (1) and (2) above may serve as the medical record.
   (j) Name or initials of the veterinarian responsible for entries.
   (k) Name or initials of all ancillary and authorized individuals responsible for entries.
   (l) Records for surgical procedures that include a description of the procedure, surgical findings when pertinent, and response to or recovery from anesthesia.

4. Group records are acceptable for herds, flocks, or litters of animals that lack individual identification by name or that include a number of individuals to which the same medical record applies. Records shall contain the requirements listed in (3) above.

5. Record Storage.
   (a) All records shall be the property of the veterinary facility or institution that created such records and shall be kept for a minimum of three years after the visit by the animal.
   (b) Copies of records and radiographs or a summary of records will be made available within a reasonable time upon the client’s request.

PART IV
CHAPTER VII

14. CERTIFICATION PROCEDURES

1. Certification should be based on the highest possible ethical standards, the most important of which is that the professional integrity of the certifying veterinarian must be respected and safeguarded.

2. It is essential not to include in the certification requirements additional specific matters which cannot be accurately and honestly signed by a veterinarian. For example, these
requirements should not include certification of an area as being free from non-notifiable diseases, the occurrence of which the signing veterinarian is not necessarily informed about. Certification for events which will take place after the document is signed and when these events are not under the direct control and supervision of the signing veterinarian is not acceptable.

3. Certification of freedom from diseases based on purely clinical freedom and herd history is of limited value. This is also true of diseases for which there is no specific diagnostic test, or the value of the test as a diagnostic aid is limited.

4. Procedure for issue of Certificates:

1. Paper certificates should be pre-printed, if possible on one sheet of paper, serially numbered, and issued by the Veterinary Administration on officially headed notepaper and, if possible, printed using techniques which prevent forgery. Electronic certification procedures should include equivalent safeguards.

2. Certificates should be written in terms that are as simple, unambiguous and easy to understand, without losing their legal meaning.

3. If so required, certificates should be written in the language understood by the certifying veterinarian.

4. Certificates should include appropriate identification of animals and animal products except where this is impractical (e.g. day-old birds).

5. A veterinarian should not be required to certify matters that are outside his/her knowledge or which he/she cannot ascertain and verify.

6. Where appropriate, the veterinarian, by order enquire, test or examine animal, bird or animal by product before the certificate is signed.

7. The text should not be amended except by deletions which must be signed and stamped by the certifying veterinarian. The signature and stamp must be in a colour different to that of the printing of the certificate.

8. Certificates should be signed by the veterinarian after due consideration of the event. They should not sign blank or incomplete certificates, or certificates relating to animals or animal products which are not under their control;

9. Certifying veterinarians should ensure before signing that certificates have been completed fully and correctly, and that no part of it is left blank; where a certificate is signed on the basis of supporting documentation, the certifying veterinarian should be in possession of that document before signing;

5. Electronic certification

1. Electronic certificates should carry the same information as conventional certificates.
2. The Veterinary Administration must have in place systems for the security of electronic certificates against access by unauthorised persons or organizations.

3. The certifying veterinarian must be officially responsible for the secure use of his/her electronic signature.

4. Certificate should be written in language understood by the Veterinarian and/or client.

15. **NOTIFICATION AND EPIDEMIOLOGICAL INFORMATION**

1. All notifications and all information sent by the Central Government to the States shall be regarded as having been sent to the State concerned and action and steps be initiated by all the registered veterinary practitioners to implement them as directed by the State Director of Animal Husbandry and Veterinary Services.

2. All efforts including furnishing of disease related information should be made to minimize the spread of important animal diseases and to assist in achieving National/regional control of these diseases.

3. States shall be responsible to comply with the specified notification requirements about the control and spread of animal diseases and provide information on the measures taken to prevent the spread of diseases as and when required by the Central Government.

4. States shall send to the Central Govt.
   1. notification by the earliest mode of communication (telegram, fax or e-mail) within 24 hours, of any of the following events:
      a) for List A diseases, (as defined by Office International des Epizooties), the first occurrence or re-occurrence of a disease, if the State was previously considered to be free from that particular disease;
      b) important new findings which are of epidemiological significance to other states;
   2. monthly reports on the absence or presence and evolution of diseases in List A, and findings of epidemiological importance to other states with respect to diseases which are not in List A;
   3. annual reports on all diseases considered to be of socio-economic importance or of major veterinary interest.
   4. the Veterinary Administration of a State in which an infected zone (district) was identified shall inform the Central Government when this zone/State is free from the disease.
   5. a state/district shall be considered to have infection for a particular disease until a period exceeding the infective period has elapsed after the last reported
case, and when full prophylactic and appropriate animal health measures have been applied to prevent possible reappearance or spread of the disease.

16. EVALUATION OF VETERINARY SERVICES

1. The quality of the Veterinary Services depends on a set of factors, which include fundamental principles of an ethical, organisational and technical nature. The Veterinary Services shall conform to these fundamental principles, regardless of the political, economic or social situation. The VCI (Standards of Professional Conduct, Etiquette and Code of Ethics for veterinary professionals) Regulations, 1992 as amended from time to time shall be the basis of ethical practice.

2. It is necessary that these fundamental principles are complied by the Veterinary Services to establish and maintain confidence for a veterinary certificate issued by a State veterinary service to be acceptable by the Veterinary Services of other States.

3. The same fundamental principles should apply to the organization(s) other than veterinary services who are establishing and applying animal health measures and issuing various certificates.

4. Fundamental principles of quality:
   a) The officials of Veterinary Services should have the relevant qualifications, scientific expertise and experience to give them the competence to make sound professional judgments. - Professional judgment
   b) Care shall be taken to ensure that Veterinary Services' staff are free from any commercial, financial, hierarchical, political or other pressures which might affect their judgment or decisions - Independence
   c) The Veterinary Services shall be impartial. In particular, all the parties affected by their activities have a right to expect their services to be delivered under reasonable and non-discriminatory conditions - Impartiality
   d) The Veterinary Services will make an endeavor to see that the work of each of their officials is of a consistently high level of integrity. Any fraud, corruption or falsification by the officials shall be identified and efforts will be made to correct them by the veterinary service. - Integrity
   e) The Veterinary Services shall at all times act in an objective, transparent and non-discriminatory manner - Objectivity

5. General - Organisation

(i) The Veterinary Services must be able to demonstrate by means of an appropriate legislation or order or gazette notification that they are in a position to have administrative control of the establishment and powers to apply animal health measures, and of veterinary certification activities. The veterinary service shall define
and document the structure responsibilities of the organisations engaged in animal identification, control of animal movements, animal disease control and its reporting, epidemiological surveillance and in communication of epidemiological information and animal welfare.

(ii) A similar demonstration as in 5(i) above should be made by Veterinary Services when they are in charge of veterinary public health activities

(iii) The responsibility, power and jurisdiction of the personnel's in each position, having an impact on the quality of veterinary services shall be described within the Veterinary Services. The job descriptions shall include the requirements for education, training, technical knowledge and required experience of veterinary personnel.

6. Procedures and standards

The Veterinary Services shall develop and document appropriate standards and procedures for the implementation and management of animal health measures as and when required and periodically reviewed and revised. These procedures and standards may besides others to be identified as per requirements relate to:

- programming and management of activities.
- prevention and control of disease outbreaks;
- epidemiological surveillance and zoning;
- inspection and sampling techniques;
- diagnostic tests for animal diseases;
- preparation, production and control of biological products for use in the diagnosis or prevention of diseases;
- disinfection and disinsectisation;
- treatments intended to destroy, if appropriate, pathogens in animal products.

7. Information, complaints and appeals

*(a) The Veterinary Administration shall undertake to reply to legitimate requests from Veterinary Administrations of other States or any other authority, in particular ensuring that any requests for information, complaints or appeals that they may present are dealt with in a timely manner.

(b) A record shall be maintained of all complaints and appeals and of the relevant action taken by the Veterinary Services. (Complaints and Disciplinary actions to be taken as per Standards of Professional conduct, etiquette and code of ethics for veterinary practitioners, 1992 regulations).

8. Documentation - The Veterinary Services shall have at their disposal a reliable and up to date documentation system suited to their activities.

9. Self-evaluation - The Veterinary Services should undertake periodical self-evaluation especially by documenting achievements against goals, and demonstrating the efficiency of their organisational components and resource adequacy.

10.* Communication - Veterinary Services should have effective internal and external systems of communication covering administrative and technical staff levels and parties affected by their activities.
PART V

CHAPTER – VIII

17. FUNCTIONS OF VETERINARY INSTITUTIONS

1. General

1) Veterinary institutions undertaking professional service shall analyse the needs of the animal, client, household, society, village, block/mandal, district and state in that order. A macro level (regional or national) policy shall be developed for the country on the basis of this grass root data.

2) The primary objective of Veterinary service is animals welfare and well being that optimising (as against maximise) its health and performance. Any effort therefore must sustain environment, compliment human development and deliver social justice. The principles under which the primary Veterinary Service is delivered are-

   a) The health promotion, essential animal health care and at least a minimal veterinary medical service must be delivered under the principle of equity; for this there should be universal coverage.
   b) Besides curative aspects, primary Veterinary care should include promotive, preventive and development services.
   c) The service for development should be effective, efficient, affordable and acceptable to local communities, through choice of appropriate methods and in a manner that it can be delivered at all levels.
   d) Individuals and community should be encouraged to be involved in developing a self reliant promotive system whose basis would be awareness of feeding, breeding and management through a knowledge delivery system as part of a professional service.
   e) Because of close inter-relation among animal, man (community) and environment, veterinary sector must reach beyond health care and veterinary medical service, to include other support systems needed for feeding, breeding and the overall development of animals.
   f) Veterinary centres shall seek to promote overall development of the animals through overall development of the society in which they are brought up so that animals and society play a mutually complementary role, rather then veterinarians seeking isolated development of animals without involving the society.

2. Functions of a Veterinary Dispensary
1. All Veterinary institution may establish Veterinary service/delivery system as per the Acts and/or Regulations in existence or that which may come into existence in the State or under the Central Government.

2. The Veterinary Dispensary shall generally undertake the following jobs :-

   a) Timely diagnosis & appropriate treatment of common ailments, deficiencies and injuries.
   b) Referring or seeking specialist service from professionals trained for the purpose.
   c) Studying the prevailing husbandry, health and animal development practices and identifying problems through Participatory Developmental Approach (PDA) and deriving methods to solve problems that are encountered and preventing their recurrence;
   d) Advising community on feed & fodder supply and proper nutrition after assessing economic viability, availability, socio-economic status of the animal owners etc.
   e) Sensitizing the community on the role of essential nutrients, micronutrients, feed and fodder, safe water, shelter (housing) and basic hygienic as part of the management.
   f) Ensuring regular breeding (breedability) of animals through health promotion, sexual health care, proper breeding policy, reproduction technology, care of pregnant animals etc.
   g) Maternal and offspring care, early nutrition & care of growing animals, including animal welfare.
   h) Collecting data in respect of animal, client, her/ his family and the society, through village level workers or stock assistants.
   i) Assisting in Surveillance & monitoring (epidemiology), control & prevention: Immunisation against major diseases; control of parasites, macromanagement of grasslands & other feed sources, environmental assessment, risk assessment etc. Advise the department on control & prevention of endemic diseases or intoxication through observing environment residues, risk areas etc.
   j) Vetero legal cases should be handled as per guidelines for the same.
   k) Authority to inspect slaughter house and meat shop as may be authorized by the State/UT Government.

3. Functions of Veterinary hospital

   A veterinary hospital shall essentially perform the function as the dispensary, but shall have facilities for admitting cases and for Veterinary medical attendance indoors. There shall be exclusive facilities for diagnosis, nursing and client accommodation; the rest of the function & duties remaining the same as dispensary. The Veterinary Hospital should have atleast one animal ambulance at its disposal.

4. Functions of Polyclinics

   In Veterinary Polyclinic, the specialists shall provide support service to all cases referred to them or seek their support for diagnosis, prevention, treatment or advise, from the OPD, Veterinary Dispensaries or Veterinary Hospital(s). A Veterinary Polyclinic may also have specialised services as is needed and relevant to the area. A Polyclinic shall have causality, indoor wards etc required for the number of cases, out-patient and indoor patient etc. and
shall provide 24 hours service. There shall be at least one animal ambulance with each polyclinics.

The polyclinic shall invariably provide specialist veterinary medical service, in surgery, radiology, clinical medicine, laboratory diagnostics (lab. medicine), epidemiology & preventive medicine, reproduction technology, gynecology & obstetrics. The Polyclinic shall normally provide reach out service to support the function of the Veterinary Dispensaries in promotive, preventive, therapeutic or rehabilitative health service. When they are established in a district head Quarters they may be part of the district veterinary centre.

5. Functions of District Veterinary Centers

The district veterinary centers shall be the nodal center for Support, Supply and Maintenance and shall provide professional and administrative support to all the activities of the Veterinary Dispensaries/hospitals of the district. Apart from managing the stockpiles, they shall provide specialist and specialised support in Veterinary service viz. in Animal health, production management, veterinary medical attendance, feed analysis, marketing, animal resource development, conservation, community development, animal welfare and veterinary public health as is relevant to the need of the district in question.

18. INFRASTRUCTURE

A. LOCATION AND STRUCTURE

1. Veterinary Dispensary

a. Veterinary Dispensary must ideally be located at a prominent place which is easily approachable to the animal owning public. In house veterinary service delivery should be limited to a specific time that is convenient to the animal owning community or as decided by the State/UT Government and announced to them.

b. There may be a reach out facility where service can be delivered at farmers door as and when requested. A Veterinary Dispensary shall have the following minimum facilities (emphasis minimum): -

2. Dispensary shall have the following structure

i) Registration cum dispensing room (30 to 40 Sq. ft).

ii) An examination room/chute room in a well-lighted area protected from direct sun rays preferably not in the open; but shall never be next door to a school or in full vision of juvenile pupil. (8’ X10’ in case of small animal 10’ x 12’ in case of large animal).

iii) Fly proofing and/or fly flaps at entry gate (desirable).

iv) A shaded waiting area (well lighted, well drained and airy, but protected from sun rays)

v) Availability of clean running water.

vi) Proper drainage and Water disposal facility.

vii) Easily cleanable restraining equipments like Hobbles, Ropes, Muzzle etc. as needed.

viii) System of disposal of animal waste and biomaterial as per Rule enforced.
ix) The trevis shall be placed in a well ventilated & elevated ground with adequate light and good drainage. The trevis shall be protected from direct-sun/rain.

x) A stand alone Travis with suitable facility for A.I. It must be covered from the view of public etc.

xi) Semen storage facility and facility for periodic testing of semen straws.

xii) Where relevant there has to be a meeting cum extension room for interacting with public and for assessing public need.

3. Veterinary Hospital

Minimum facilitates needed for veterinary hospital are the same as that of the Dispensary but would have an indoor ward and reasonable client facilities in addition and will have a higher emphasis on health care, prevention and treatment of disease of animals (usually when daily admission more than 20, a dispensary be upgraded to a hospital).

The Veterinary Hospital should have the facilities for small and large animal surgery with proper surgical room, equipped with necessary equipments and medicines.

4. Polyclinic

The major infrastructure, components of a polyclinic shall be as listed below:

SECTION AND COMPONENTS OF POLYCLINIC - It is important to plan the lay out unit wise or section-wise and in tune with the nature of work, personnel being (and to be) involved (employed) etc. A suggested distribution is given below:

<table>
<thead>
<tr>
<th>Section</th>
<th>Components (Activities)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Section A</td>
<td>Admission –Record room – main computer etc. Animal holding (waiting room) for large animals Reception-cum- waiting for small animals. Pharmacy Store Garage – Mobile Clinical unit Weigh bridge/ Casually, Emergency Section</td>
</tr>
<tr>
<td>Section B</td>
<td>Administration Office Office of Doctors Work Room, Injection/Infusion Rooms. Library-cum-conference room</td>
</tr>
<tr>
<td>Section C</td>
<td>Health Care Unit Artificial Insemination Unit, Embryo Transfer Unit Epidemiological data processing unit. Gynecology and obstetrics unit with parturition room, minor surgical unit</td>
</tr>
<tr>
<td>Section D</td>
<td>Diagnostic laboratory Unit Poultry diagnostic Unit</td>
</tr>
</tbody>
</table>


<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
</tr>
</thead>
</table>
| I       | Preventive room  
          | Post operative care room (Recovery room)  
          | Parking facilities should also be kept. |
| II      | BACK OFFICE  
          | Section –E  
          | Small animal operation theatre with ancillary  
          | Large animal operation theatre with ancillary parturition  
          | (delivery)/obstetrical room for large animal  
          | I.C.U/Critical Care Unit |
| Section – F | X-ray Unit, Ultrasound Unit, Physiotherapy Unit, E.C.G Unit |
| III     | INDOOR UNIT  
          | Section G  
          | Wards  
          | Wards for large animals –Animal rooms (Single byre type etc.  
          | Loading/Unloading platform,  
          | Client dwelling, Kitchen, Conveniences etc.  
          | Small animal wards-cum-client room.  
          | Run, Open Hold/Tie out |
| IV      | SUPPORTING FACILITIES/DISPOSAL SYSTEMS  
          | Post-mortem rooms  
          | Isolation wards (Infectious Disease Ward, Skin Ward, Rabies Ward as per need)  
          | Sewerage and Biomaterial disposal unit (recycling units/rendering units) disposal units, fish farms, slurry gardens farms etc. for recycling |
| Section – I | (Support facility), Cafeteria, stores, & Supplies, Water, Light,  
          | Emergency Lamps/ Power Generator or gas light/solar light,  
          | Steriliser, Laundry, Kitchen, Maintenance Section,  
          | Central Oxygen Facility with manifolds |
| Section –J | (Accommodation)  
          | Staff Quarters/Doctors and Supporting Staff,  
          | Staff/Trainee Hostel  
          | Rest House, Recreation Facility etc. |

5. Tehsil/Mandal/Block Veterinary Centre:
Where districts are large, there can be an intermediary support centre that may be established as per need and relevance of the State/region. Each State/UT Government establishing such centre shall develop an organograph for working and co-ordination of these units/centres. Such centres can be primary referral centres for lending technical support for “in health care” (Promotional & Preventive Health Care), Production Management, Technology, Clinical Service, Consultancy (for P.V.C’s sphere of activity). There may be 24 hours service, animal transport facility or arrangement for an ambulance where possible.

6. **District Veterinary Centre**: (can include a polyclinic)

A district veterinary centre is a place where specialists provide support for production management, technology, clinical service, in health care and health management (epidemiology included). The Polyclinic provide a referral service (Secondary) for clinical service in respect of surgery, medicine, gynecology and laboratory diagnostics etc.. This center would normally not attend to primary cases and would exclusively provide professional support to the veterinary hospitals or primary veterinary centers in the region under their command. They would also work as nodal agencies or conduits for the network and provide for need analysis, semen production and/or distribution, quality control, confirmatory diagnostic, consultancy and special services. The polyclinics invariably shall have reach out facilities to be provided on demand or should normally render their services in a roistered time table. There shall be normal transport facility, intensive care, their services in a roistered time table. There shall be animal transport facility, intensive care, casualties and isolation wards. There would be a senior extension officer cum information office who would manage and conduit information from the primary veterinary centre to head quarters and vice versa. The centre may also manage stock-piling and distribution and shall also take care of disaster management.

19. **EQUIPMENT**

A. **Veterinary Dispensary**

1. There shall be one Travis per 20 daily admission / a table one per every 10 small animal Admission. There shall be an additional travis/ table for every 10 additional admission.

2. A dispensary must have a diagnostic lab/desk/cabin of 25 to 30 sq Ft. area with laboratory furniture, minimal containment & waste disposal facilities. The lab may be provided with at least the following equipments & Instruments:-

   a) Microscope (Preferably Binocular)
   b) Glassware like test tube, beaker glass slides, petridishes etc.
   c) Two sinks with proper draining boards, work tables
   d) Chemicals needed for gram’s staining, Lieshman’s staining, Urinalysis, Preparation and dispatch of slides and samples, stool test, blood testing (TLC,DLC, Hemoglobin etc & Platelet counting where relevant).
   e) A Fridge
   f) A centrifuge: micro-haematocrit
   g) Laboratory Stools
   h) Vertical Autoclave (electric/non-electric)
   i) A laboratory balance
   j) Hot air oven
3. The Dispensary may also have the following equipments/instruments.

Note:- So much depends on the choice of veterinarians themselves in the matter. The list of instruments & equipments may therefore, be prepared by the veterinarian, who would keep in view the need for: -

Special examination with diagnostic aids and investigation, Routine treatment-medical or surgical etc, Special therapy such as critical care of acutely ill patient, resuscitation facility etc., Infra-red lamp, Animal Transport trolley, Post-Mortem Set, Stretcher for dogs.

4. There shall be an instrument cabinet as per need and Number of daily admissions. The cabinet may contain Thermometer, Stethoscope, Percussion Hammer, Pleximeter, Probang/Stomach Tube, Mastitis Testing Kit, Tennaculum, Castrator Obstetrical sets, Whelping Set 1, Surgical pack 2, Holm’s needle 2, Vaginal clamp 2, Vaginal clamp (small ) 2, Vaginal speculum (cow, goat, dog, cat as per need), Incubator, Semen shippers as per need, Thermos flask, Storage tubes (Cylinders), Swab holder 2, Front aprons, Gum boots, Full rubber aprons, Rubber sleeves, Metal funnels, Measures, Drop pipettes with rubber nipples, Filter Paper as per need, Syringe Sterilizers, Cannulas, Nose Tongs, Suction pump, Instrument trolley with glass top, Foot operated waste bins, Dressing drums (small) 2, Dressing Drums (large) 2, enamened iron/stainless steel trays 8”x10”,12”x15”,15”x18”, Clipping scissors, Cheatle forceps, Shadowless lamp (where relevant), Ward screens as per need, Intravenous drip stand 2, Foot or elbow operated faucets, Foot or elbow soap dispenser, gray’s mouth gag for dogs, endotracheal tube (cuffed/non cuffed) 2 each of 5,6,7,8,(as per need), Ambu’s respirator, Catheters (Urinary) as per need, Cotton tape muzzles, Gloves, sleeves, rubber wares (disposable & rubber) as per need, McIntosh (rubber sheets) as per need, Ropes, E.I./S.S buckets, irrigators as per need, Weighing machine, Tooth rasp, Tooth Chisel, Tooth Shear, Dental instruments for dogs (where needed), Teat instruments, Cryocan for LN2 and semen storages, Syringe and Needle, Artificial Insemination kits (AI gun & Sheath etc.) Milk recording device, electric dehorner.

5. DRUGS, CHEMICALS AND CONSUMABLES

Much depends on the policy of the State/UT Government, Institute, Organisation or the choice of veterinarians themselves in the matter. Therefore, the list of drugs for dispensaries or hospitals may be prepared within the policy by the veterinarian who would keep in view the type of common disease, ailments, condition etc. But depending upon the need for diagnosis and treatment a minimum stock of the some of the basic drugs that can be used in their pure or compounded forms shall be available in each Dispensary or hospital. They may include among other agents the following (these agents or their combination may find use in a most situations: -

Soda Salicylas, Oil of Turpentine, Methylated Spirit, Zinc Oxide, Iodoform, Soda Bicarb (tri Carb), Salicylic acid, Carbolic acid, Copper sulphate, Zinc Sulphate, Magnesium Sulphate, Lead Acetate, Liquid Paraffin, Phenyl, Potassium Permanganate, Sulphuric acid, Boric acid, Calcium gluconate, Olium Chinapodium, Potassium iodide, Liquid paraffin

Beside these, some basic deworming drugs ingredient for preparing carminative/stomachic powders, dyes (methylene blue, tripan blue, mercurochrome) counter
irritants, controllable caustics like silver nitrate, pain killers, sulpha drugs, arsenicals, specific drugs for blood parasites (if needed) etc. shall be normally available.

In addition, the syringes, needles, infusion sets and other necessary equipments in required numbers should be available. A list of life saving drugs be prepared by the head of the organisation in consultation with district veterinary officer and stocked on the basis of a policy decided and announced. In the fitness of things an anti-biotic policy may be evolved on the basis of epidemiology on a fixed time basis. This list is not meant to be exhaustive nor is it restrictive.

HOSPITAL

The equipments, drugs or furniture shall be essentially similar to that of the Veterinary Dispensary, except that they shall have equipment and infrastructure sufficient for indoor patient care, surgical procedures, imaging diagnostic, emergencies etc. The number and quantity of material shall be more to commensurate with average number of cases of that hospital.

VETERINARY POLYCLINIC

The actual requirement and type of equipment, drugs, chemicals and consumables may be decided as per the design and field of services to be provided by a Polyclinic. The guidelines above for Veterinary Dispensary and Hospital may be used for this purpose.

20. MAN POWER AND TRAINING REQUIREMENTS

1. **Veterinary Dispensary** shall have at least the following personnel in position:

   a) Registered Veterinary Practitioner holding its charge. The Veterinarian shall renew his/her registration with State/UT Veterinary Council duly as provided in the IVC Act,
   
   b) One trained compouder or veterinary assistant, by what ever name called, who is qualified to do minor veterinary service under the direction and supervision of the registered veterinary practitioner,
   
   c) One Peon cum attendant,
   
   d) One Chowkidar cum attendant,
   
   e) One Sweeper/Safaiwala

   Apart from other duties assigned to her/him, a Registered Veterinary Practitioner in charge of a Dispensary shall supervise and guide all minor Veterinary services in the area under her/his command. In an area or institution where there are more than one registered veterinary practitioners in attendance, such supervision and guidance shall be shared among them as assigned/agreed upon. Such a registered practitioner shall be responsible for their technical & (if) administrative control and shall regularly seek relevant data and information in respect of their work for the purpose of supervision and guidance.

   Person(s) carrying out minor veterinary practice in their private/personal capacity shall do so (as provided under clause (b) of section 30 of IVC Act, 1984 as notified by the state government) provided such minor veterinary service is done under the direction and
supervision of one registered veterinary practitioner and provided that the name and registration number and address of the Registered Veterinary Practitioner under whose direction and supervision and such practice is done is conspicuously displayed for the information of the public in the place or occasion where such minor veterinary service is undertaken. Such display should be in language(s) including the official language of the state/UT.

2. **Veterinary Hospital** shall have at least the following personnel in position:

   i) One registered veterinary practitioner who possesses a minimum professional standing of 3 years. The Professional standing may be equated/substituted by Postgraduate degree in Veterinary Science preferably in one of the clinical subjects.

   ii) There shall normally be at least two additional veterinarian to support veterinary service i.e. Promotion, production management, technology, community development, animal welfare, extension etc. (like the primary veterinary Dispensary) if there is more than 40 daily average attendance and for attending to the indoor patients round the clock.

   iii) There shall be a trained laboratory technician in Veterinary Hospitals handling more than 20 cases per day, provided that the daily workload in laboratory goes beyond 10 samples.

   iv) Besides these, the supporting staff as at b, c, d and e under Veterinary Dispensary also be provided.

3. **Veterinary Polyclinic** shall have the following personnel in position:

   Besides senior Veterinarian(s) in attendance at out panel in patient departments round the clock, a Polyclinic should have at least one specialists in each of the fields of Veterinary Medicine, Surgery, Gynaecology, Reproduction Technology, Laboratory diagnosis, and Radiology/Imaging Technology.

   There shall be a Superintendent possessing a recognized Veterinary qualification who shall be the overall in-charge.

   Besides this there shall be the following para Veterinary and supporting staff:

   1. Office staff as per the norms of the State/institution; 2 Para Veterinary staff – technical 3 Laboratory technician 4 Radiographer 5 Operation Theater Master, Theater Technician 6 One Compounder 7 Trained Inseminators/Technicians 8 Pharmacists 9 Lab attendant cum animal attendant 10 Animal house cum indoor house attendants 11 Ambulatory staff 12 Record keeper 13 Store keeper 14 Sweeper cum attendant 15 Peon 16 Electrician cum maintenance mechanic.

   Note: Polyclinic can be a part of District Veterinary Center or a separate entity as is relevant. The main function of the District Veterinary Center is to provide support service to primary Veterinary centers, veterinary hospitals, specialised units etc. including supply and maintenance.

4. **District Veterinary Center** shall include support service in the following areas:
1. Veterinary Clinical Medicine & Ambulatory Clinical Practice
2. Epidemiology & Preventive Veterinary Medicine
3. Veterinary Gynecology & Obstetrics
4. Anaesthesiology & Veterinary Surgery
5. Veterinary Radiology & Orthopaedics
6. Veterinary Laboratory Diagnostics
7. Animal Reproduction Technology
8. Veterinary Public Health
9. Livestock Production & Management (as relevant to that district/area)
10. Feed and Fodder & Food Technology
11. Veterinary Ethology & Animal Welfare (Bio-ethics)
12. Veterinary & Animal Husbandry Extension
13. Laboratory Animal Production & Management
14. Zoo/Wild Animals Management and Health Care
15. Meat & Meat Product Technology

5. District Veterinary Administration

Professionals engaged in Veterinary administration should have undertaken some advanced training. Such training could be distance learning or training’s of small duration. It shall be the responsibility of the State/UT Government to train the persons suitably including administrative and Managemental training.

It shall be the basic duty of all Veterinary professionals to undergo some Continuing Veterinary Education (CVE) programme. In such cases, the State/UT Government shall provide all necessary permission to undergo such a programme.

Note: district veterinary centres shall be headed by a Veterinary Officer who shall have undergone training in professional administration or shall undergo such training.

21. PARAMETERS FOR ACCREDITATION OF TEACHING VETERINARY HOSPITALS, POLYCLINICS Etc.

Section – 1 Medical Records

Medical records serve as a basis for planning patient care and promote communication among members of the hospital staff. The records furnish documentary evidence of the patient’s illness, hospital care, and treatment and serve as a basis of review, study, and evaluation of medical care rendered by the hospital. As per Sub-section (d) of Section 30 of Indian Veterinary Council Act, 1984 “A veterinarian is entitled to give evidence at an inquest or any court of law as an expert” whereupon the medical records are of vital importance.

A. Procedures
Medical records shall communicate all valuable information; they must be legible. The patient identification used must follow through all departments on other records (such as radiographs, laboratory reports, and necropsy records.) Medical records must be kept long enough as per regulations (usually three to 10 years). They must contain the following or as applicable:

1. Serial number & date
2. Patient Information
3. Client Information
4. Laboratory examination/diagnostic tests (if any)
5. Physical Examination
6. Vaccination Record (if any)
7. Progress Notes
8. Medication Records including sample data & Biopsy Reports, Necropsy (if any).

Section – 2 Examination Facilities

Examination facilities are necessary for the complete physical examination of patients. History taking, Physical examination, vaccination, minor therapy, special examination and client education; outpatient treatment are often intended functions of an examination room.

1. The hospital superintendent is responsible for proper procedures being performed. Care of the animals must be the responsibility of a registered veterinarian.
2. The hospital superintendent must see that the techniques and methods employed by the Veterinary staff and Veterinary technicians are continually updated.
3. Examination table with a readily sanitized (a) fluid-impervious clean surface (b) materials for vaccination injections etc. (c) Stethoscope (d) Scales & Restraints equipment (c) Thermometer.
5. Facility for hand washing between each patient (a sink/handwash/handpit)
6. A radiograph viewer must be located in or convenient to each examination room.

Section – 3 Pharmacy

Facilities must be provided for storage, safekeeping, and use of drugs in accordance with regulations. Norms be prepared for internal use or dispensing. Internal controls should be in effect for substances that can be abused (by simple norms).

1. The hospital in-charge (Hospital Superintendent/Director of Polyclinics) is responsible for maintenance of the pharmacy and required to maintain records of controlled substances.
2. The drugs must be stored in the locked cabinet but not stored in the store of drugs to which it applies.

3. Adequate quantities of drugs and supplies must be available at all times.

4. The hospital in-charge must ensure that all outdated drugs are returned or disposed off, in accordance with set norms.

5. When dispensing medication; label, name and date of expiry, (if appropriate); include warning labels, if appropriate.

6. Each label must have recorded thereon (a) Client’s name, (b) Patient’s name, (c) date (d) name of the drug, usage directions including route of administration (f) Quantity dispensed; Hospital’s name and address and phone number; Name of the veterinarian prescribing the drug.

7. Use a child-resistant container where needed.

8. Drugs must only be dispensed or administered on the order of a registered veterinarian.

9. Drugs used exclusively in euthanasia procedures must be stored in a locked cabinet. It is recommended that these agents be identified and segregated.

10. Each dose of any medication administered, dispensed or prescribed must be recorded on the medical records, including usage directions, quantity and number of refills (could be a counterfoil of label).

11. Telephone calls, instruction changing medications or dosages also may be recorded on the patient’s chart or record.

12. If clients bring their own medications to the hospital these drugs must not be administered unless they can be identified. Orders to administer these medications must be given by the veterinarian in charge of the animal. Drugs which are not to be used should be stored and returned to the client upon the discharge of the animal from the hospital.

13. Hazardous medications (e.g. chemotherapeutic medications) must be handled in accordance with drug regulations enforce from time to time.

Equipments & General Facilities

1. Equipment must include cabinets or shell units for storage of drugs and supplies; shelves for reference materials, clean surfaces for preparation of drugs; fixed, lockable units.

2. Storage of drugs must not allow for any cross-contamination, but it should permit all preparations to be found readily and easily.

3. The container of the drugs being dispensed must in no casual way be changed.

4. Each pharmacy must contain at least one reference text or compendium of pharmaceuticals which is current (within 3-5 years) and provides the necessary information on drugs, chemicals and biologicals in use within the hospital or dispensed for use by the client.

5. Current antidote information must be readily available for emergency reference in addition to the telephone number of the nearest toxicologist.
Recommendations
1. The client should be made aware of possible adverse drug reactions and the proper procedure to follow if problems should occur.
2. Staff education about adverse reactions and contraindications for the use of all drug, chemicals, and biological used within the hospital is encourage.

Section – 4 Laboratory

Laboratory Diagnosis services are necessary for the proper diagnosis and treatment of many cases. Whether the procedures are performed within or outside the hospital will be determined by the services available, economics, proximity of the hospital to outside laboratories and qualifications of such laboratories to handle animal samples. When an outside laboratory is used, except for histopathological services, result of life-dependent procedures should be available within 12 hours following sample collections. Results for periodic health monitoring, geriatric examinations, histopathology, and other tests of this nature should be timely. The choice of procedures used with any particular patient is a professional decision.

A. Personnel and Procedures
1. Lab diagnostics available must include the following :-
   (a) Hematology and serology
   (b) Blood chemistry analysis
   (c) Urinalysis, including urine sediment examination and urolith analysis.
   (d) Microbiology, culture and antibiotic sensitivity
   (e) Parasitological examination (fecal, blood and skin)
   (f) Exfoliative cytology
   (g) Histology or histopathology
   (h) Toxicology

2. Specimen Data
Each Specimen must be identified with the identification of the patient

3. Necropsy Data:
Each necropsy procedure and record thereof must be thorough and detailed. Tentative diagnosis, where appropriate, must be recorded promptly in the patient’s medical record. The final report must be made a part of this record.

Equipment
1. Instrumentation for tests performed on the premises must be adequate. Minimum equipment must include :-
   (a) Micro-haematocrit
Laboratory

2. If the services of an outside laboratory are not used, the following equipment and necessary supplies must be available:

(a) Haemocytometer or electronic cell counter
(b) Incubator,
(c) Blood chemistry analyzer
(d) In-house serology kit(s)

Section 5 – Diagnostic Imaging/ X-ray, MRI, ultrasound etc.

The hospital must have the capacity to generate quality radiographic and other images as is considered necessary from time to time on the premises. Diagnostic imaging exists to aid in the accurate diagnosis and evaluation of medical and surgical problems and to assist in determining an appropriate course of management.

A. Standards

1. Education and Training
   a. Radiographic and imaging equipment must be operated only by persons aware of all hazards, actual and potential, to themselves, assisting personnel, patients, and other nearby individuals in order to eliminate or reduce hazards to minimum acceptable levels.
   b. Education information must be available to all staff concerning radiation safety
   c. Documentation of a radiation safety program must be on file.
   d. Radiation safety procedures must be in compliance with all safety regulations.

2. Monitoring of Exposure
a. Dosimeter or a device for monitoring of exposure levels must be provided for all personnel working with or near an X-ray generator.
b. The individual badge must be worn near the collar on the outside of the leaded apron.
c. Records of the results must be maintained indefinitely and be readily available.
d. Exposures result must be communicated to the staff.

3. Inspections
a. Machines must be inspected in accordance with regulations (BARC/Department of atomic Energy safety verification)
b. Results of inspections must be posted.

4. Hospital personnel must be made aware of the medical and legal importance of proper image identification and of organized storage of these imaging records.

5. Images of patients must be identified properly and filed for easy location and retrieval. Because radiographic images are an element of the medical record, they must also be retained.

6. Processing
a. If manual processing is performed, processing tanks should be cleaned, and solutions replaced as prescribed. Solutions must be kept covered to minimize evaporation.
b. Agitation of the solutions at least twice each day is recommended and must occur before the first films and processed.
c. If automatic processing is used, the processor must be well maintained and capable of good-quality film processing. A regular cleaning schedule should be established and documented.
d. A chart must be maintained to monitor the solution changing schedule.

B. Equipment
1. Loaded cassettes must be stored in a manner to protect them from unintended exposure. Two or more of each size of cassette used should be available.
2. Radio-opaque character must be used to identify right (R) and left (L) sides of the patient.
3. Permanent identification of each image is required. Additionally, owner's name and patient description should be included.
4. Measuring calipers to determine accurately the thickness of the part being radiographed must be used to reduce non-diagnostic exposures.
5. Lead aprons and gloves must be used during exposure. They must be in safe condition and properly cared for to ensure a reasonable life.
6. Proper safelight(s) with lamps of correct wattage.
The X-ray machine, generator, tube, stand must have a capacity which is adequate to produce consistent films of diagnostic quality on patients treated routinely in the hospital.

8. Diagnostic Ultrasonography/MRI / Doppler/ other imaging:
   a. If ultrasonography services are provided, equipment for this alternative imaging modality must be of a type that is appropriate for patients imaged. For example the transducers used are relatively specific for anatomical areas and types of study. It is recommended that the machines used be equipped to record the study as it is being performed.
   b. The darkroom must be light-tight and sufficient in size. The light-tight darkroom should be painted a light colour to enhance safe light effectiveness.
   c. It is desirable to have a separate room devoted to radiography. The protective barrier effect of the walls and doors should be such that adjacent occupied areas would not receive radiation above recommended levels.

Section 6 – ANAESTHESIOLOGY

A. Standards

1. Anesthesia service must include performance of routine pre-anaesthetic examinations and exercise of proper safeguards in selection and use of anesthetics. Although the type of anesthesia for each procedure is left to the discretion of the attending veterinarian, the continued study, evaluation, and use of newer and safer anesthetic agents and equipments is recommended.

2. Anesthesia service must include performance of routine pre-anaesthetic examinations and exercise of proper safeguards in selection and use of anesthetics.

3. Anesthetic agents must be administered by veterinarian or by persons trained in their administration and then only under supervision of a veterinarian who must be on the premises. Administration must be in compliance with regulations.

4. It is the direct responsibility of the hospital i/c to provide support staff anesthetic safety and training programs and ensure supervision of the programs.

5. Some method of respiratory monitoring must be used such as observing chest movements, watching the re-breathing bag, or use of a respirator monitor.

6. If endotracheal tubes are used, they must remain in place during anesthesia until appropriate protective reflexes have returned.

7. In the events of cardiac arrest, standard procedures for cardiac resuscitation should be followed using drugs and equipment to be found in an emergency cabinet, or on an emergency tray. Doses and dosages should be printed on all emergency drugs or be readily available in chart form.

B. Equipment
1. All equipment needed for the administration of local and general anesthesia must be readily available and in good functioning order.

2. The anesthetic areas must have emergency lighting available.

3. The anesthetic area must contain the following:
   a. Pre-anaesthetic agents
   b. Induction anesthetic agents for intravenous administration
   c. Anesthetic and pre-anaesthetic antagonists, as appropriate
   d. Appropriately sized endotracheal tubes and tube adapters
   e. Antiseptic agent for venipuncture preparation
   f. Sterilized needles and syringes
   g. A stethoscope
   h. A machine for the administration of gaseous anesthesia that includes a canister containing a fresh agent to absorb carbon dioxide.
   i. Gaseous agent for the induction and maintenance of general anesthesia
   j. An oxygen source and a device for administration of the oxygen
   k. A gas scavenging system that complies with safety regulations.
   l. A re-breathing bag or similar device for monitoring respiration.

4. Support equipment
   a. Emergency medications and equipment required in the event of a cardiac arrest (may be located in the operating room) must be available.
   b. Intravenous catheters, administration sets, intravenous fluids and/or other cardiovascular support medications (plasma expanders fluids) must be readily available.

5. Some means of assisting ventilation must be readily available during general anesthesia, either manual or mechanical.

C. Structure
1. The facility must contain an area for the administration of general anesthesia.

2. A recovery area outside the operating room or a recovery room where the patient can be observed closely until appropriate protective reflexes have returned must be available. Observation should occur at frequent intervals until the patient is in sternal recumbency.

Section 7 – SURGERY
For the purpose of convenience of categorization of surgical interventions, the following definitions can be used:

Surgery - The act of incising living tissue an operative procedure; and/or in a room or facility where an operative procedures done (i.e. the operating room)
Aseptic Surgery – Surgery performed in ways or by means sufficiently free of microorganisms so that significant infection or suppuration does not occur.

Minor Surgery - Any surgical intervention that neither penetrates and exposes a body cavity or bone nor produces permanent impairment of physical or physiologic functions. Examples are superficial wound suturing and cutaneous biopsy.

Major Surgery – Any surgical intervention that penetrates and exposes the body cavity or bone; and procedure that has the potential for producing permanent physical or physiological impairment; and/or any procedure associated with extensive transaction or dissection of tissue.

A. Standard

1. Preparation of Patient
   a. A standard, accepted procedure must be used to prepare the patient for surgery.
   b. All personnel assisting in the pre-surgical preparation of the patient must be aware of the danger and sources of bacterial contamination. They must be adequately trained and under the direct supervision of a veterinarian consistent with law.

2. Surgical Attire
   a. Surgical assistants and the surgeon must be properly attired with cap, mask, sterile gown, and sterile gloves* when major surgery is performed.
   b. Surgeons, surgical assistants, and operating room attendants must wear a surgical cap and mask at all times while in the surgical suite and when a sterile field exists therein. All scalp and facial hair must be completely covered by the cap and mask. Operating room attendants should remain outside of the sterile field. The sterile field is the area above the sterile drapes on the operating table and adjacent instrument trays. The sterile field extends from the edges of these drapes in a vertical plane to the ceiling.

3. Sterility
   a. Surgical procedures require the use of sterilized instrument, gowns, towels, drapes, and gloves* as well as clean caps and masks.
   b. A regular maintenance program for autoclaves and other sterilizing equipment must be instituted. Employee training must be adequate for the proper operation of the equipment and awareness of any malfunction that may occur.
      In large animal surgery where gloves are not used, extra precaution needs to be taken for scrubbing.
   c. When gas or steam sterilization procedures are used, sterility indicators must be placed in evidence on the exterior surface of each unit.
   d. When large surgical bundles (gowns, drapes, instrument packs) are sterilized, monitors that verify appropriate steam temperature and time must be used in the center of each pack. Steam must penetrate every fiber of the material sufficient to kill both spore-forming and nonspore-forming bacteria. However,
penetration of stream into large surgical bundles will be slower, so at least 30 minutes must be allowed for sterilization.

e. When a pressure cooker is used for sterilisation, packs will be moist upon removal and drying must be completed immediately in an oven.

f. The drapes, laparotomy sheets, towels, gauze sponges, suture materials, and gowns to be sterilized must be properly wrapped. The contents of the bundles must be in good repair, cleaned or laundered, dried, wrapped and sterilized.

g. Surgical packs must be dated. If not used, packs must be re-autoclaved every 30 days. Shelf life may be extended by using alternative wraps i.e. double wrap, steripeel, and dust covers.

h. Latex rubber gloves must be prepared for re-sterilisation by sorting them into pairs by sizes, testing for holes, and dusting inside and outside with powdered starch preparation. They then must be autoclaved after being placed in a suitable pack. The usual time for processing is only 15 minutes at 15 pounds pressure; but sterility must be verified by a monitor placed within each pack if the pouch does not have a self indicator. The surgeon must remove excess power from the glove surface at the beginning of a surgical procedures.

4. Steam under pressure is best for sterilisation of gowns, gloves, towels, laparotomy sheets, and gauze sponges. Any autoclave type apparatus equipped with a pressure gauge must maintain steam at a pressure high enough and for a period long enough to kill all bacteria and their spores.

5. Brushes used for scrubbing surgeon’s hands must be thoroughly washed and sterilized. Reusable caps and masks should be laundered after each day’s use. Disposable caps, and their spores.

B. Equipment that must be present in the operating room :-

a) Surgical light of adequate candle power to illuminate the surgical field, preferably the type of lamp which is completely enclosed to avoid dust accumulation.

b) Instrument table(s) constructed of impervious material.

c) Surgical table(s) constructed of impervious material.

d) Intravenous fluid hanger(s).

e) A gas anesthetic machine capable of being able to provide respiratory assistance with a vaporizer’s compatible with the agent(s) used.

f) A bucket receptacle of impervious material (kick/bucket), preferably mobile.

g) A supply of oxygen

h) Battery-operated or alternate power supply emergency lighting.

i) Adequate drugs for emergency used readily available in an accessible emergency box or designate place (may be located in the anesthetic induction area).
6. Proper venting of all excess anesthetic waste gases must be provided in accordance with all federal, state provincial and local regulations.

7. Surgical instrumentation must be properly cleaned, in good repair, and sufficient in number and variety to match the requirements of the surgical case load.

C. Infrastructure
1. Surgical Preparation Room
   a. Primary preparation must be performed outside the operating room. The preparation room should be a separate room convenient to the operating room and well lit. Floors, walls, and counter tops should be smooth, impervious material which is easily cleaned. The room might double as a laboratory, scrub room, treatment room, or extra examination room.

2. Operating Room
   a. The operating room must be a separate, closed, single-purpose room for the performance of only aseptic surgical procedures.
   b. An aseptic surgical suite can be located anywhere in the hospital provided it is convenient to the recovery rooms and the preparatory room. It must be out of traffic areas.

   The operating room must be so constructed and equipped that cleanliness can be easily maintained.
   c. Flooring must be of an impervious material.
   d. Walls must be of a washable, impervious material.
   e. Doors must be well fitted and should be wide enough to permit passage of patients.
   f. Doors must be kept closed and traffic into the surgical suite kept to a minimum. A viewing will reduce the need for support personnel to open the door to see into the room.

Section 8 – NURSING CARE
1. Nursing care must include the provisions of diagnostic, pre-surgical, surgical, and recovery procedures as well as limited custodial care (where relevant).

2. All patient care provided by the nursing staff must be under the supervision of a veterinarian.

3. All patients must be positively and properly identified (sufficient to differentiate between two like animals) during their hospital stay.

4. Each medication must be entered on the patient’s medical record showing date, name of drug, type, dose, route of administration (when more than one route is acceptable), and frequency of administration.

5. Referred ECG patients must have results and interpretation returned to the referring facility for inclusion in the patient’s file.

6. The practice staff must demonstrate humane care of animals. The facility must provide for the fare and prevention of animal abuse or neglect of patients.
7. Nursing personnel must ensure that all animals are individually housed.

8. Nursing personnel must be trained to know the proper maintenance of optimum body temperature of all patients and to ensure patient’s comfort and cleanliness.

9. Nursing personnel must be trained in the proper restraint and compassionate handling of the patients.

10. Therapeutic bathing and dipping must be performed by personnel trained in proper techniques.

11. Nursing personnel must be trained in the principles of contagious nursing care. Proper hand washing between patients is considered to be the most effective way to prevent cross-contamination.

12. The nursing staff must be familiar with the proper handling and disposal of all waste materials and the cleaning and disinfection of compartments, exercise areas, and runs.

13. If the exterior exercise area cannot be easily cleaned, all fecal waste must be removed promptly.

Section 9. ANIMAL HOLDING AREAS

1. There are no specific ward requirements; however, all animals holding areas must be secure, escape-proof and easily cleaned.

2. Runs and exercise areas must be available, maintainable, secure, escape-proof, and adequate in relation to the normal case load.

3. If cages and runs are provided they must be large enough to be comfortable for the largest patients admitted to the facility.

4. All cages and runs must be comfortable to animals and easy to keep clean.

5. All runs should be sloped and individually drained to prevent cross-contamination. If drained by a common trough, the trough must be covered.

Section 10 – HOUSEKEEPING AND MAINTENANCE

A. Standard

The housekeeping goal is to maintain an environment that is safe for the patients, clients, and employees. This programme must provide maximum disease control throughout the hospital.

1. Housekeeping Plan
   a. There must be a written housekeeping and maintenance program (a check list at a minimum) for establishing and maintaining a safe, sanitary, functional, and pleasant environment for clients, patients, and employees.
   b. The planning, administration and development of a written comprehensive housekeeping plan is the responsibility of the housekeeping supervisor.
   c. The implementation of the written comprehensive housekeeping plan must be aware of the written housekeeping program and practice standards.
2. Personnel responsible for the supervision of housekeeping must have a basic knowledge of health care and sanitation, including the principles of bacteriology, chemistry and related sciences as they apply to diseases control and prevention.

3. All cleaning supplies must be used in accordance with bio-safety regulations.

4. Furnishings must be properly maintained and conveniently arranged in order to be pleasing to the client and conducive to the patient’s comfort.

5. All fixtures, furnishings, and equipments must be maintained, free from excessive wear, and good repair.

6. Linens must be stored in such a way as to minimize contamination from surface contact or airborne sources.

7. Soiled or contaminated linens must be handled in such a way as to prevent cross contamination of other areas of the hospital.

8. Faucets and drains must be inspected regularly and maintained in proper working order.

9. Compressed gas tank valves, regulators, lines, and washers must be checked periodically for leakage.

10. Mechanical systems, throughout the hospital must be maintained in accordance with written preventive maintenance programs.

11. Waste Disposal
   a. Waste disposal must be carried out in accordance with good public health practice and biomedical waste disposal rules.
   b. Deceased animals not disposed of within 24 hours must be sealed safely.

12. Recommended Building Exterior
   a. Grounds surrounding an animal hospital must be neat, attractive and in safe condition at all times
   b. Lawns, flowers, and plantings must be regularly cut, watered, and trimmed.
   c. Rubbish, papers and fecal material from animals must be picked up from lawns, side walks, and parking areas on a daily schedule.
   d. Sings must be of a professional appearance and in good repair, and lighting must be in good taste and useful in identifying the facility.

B. Equipment
1. The hospital must be equipped to operate under safe and sanitary conditions.

2. An adequate supply of clean or disposable lines and supplies must be available and in good repair.

3. Tools and materials for simple building maintenance and repair must be available.

4. All hospitals must provide adequate emergency lighting. The hospital’s battery-operated lights or alternate power source must be maintained on a regular basis. If flashlights are used, they also must be maintained on a regular basis.
5. Appropriate fire extinguishers must be readily available and maintained in accordance with federal, state, provincial, and local regulations.

C. Structure
1. Ventilation and heating systems* and air conditioning* and heating equipment must be installed in accordance with applicable codes and appropriate standards. *(if used)
2. The ventilation system must ensure that a fresh air supply is provided in critical areas, such as the surgical suite, preparation areas, special care units, and ward areas.

Section 11 – CONTINUING VETERINARY EDUCATION
A medical library consisting of basic textbooks and current periodicals must be provided.
Continuing education requirements must be met as per requirements and Veterinarians’ oath.
1. The professional library must include current books, periodicals, and other multimedia material appropriate to the needs of the staff. Or internet downloading/referring facility.
2. Adequate shelves for the orderly cataloging & storage of books and periodicals must be provided.

Section 12 – EMERGENCY SERVICES
Emergency services (professional diagnosis and emergency treatment) must be provided and must be readily available at all times in the Veterinary Institutions under the charge of a Registered Veterinary Practitioner. Such services should invariably be avoidable in the Institutions designated for this purpose.
1. Every accredited Veterinary Hospital must have a procedure by which a sick or injured animal may be assessed and either treated or referred to an appropriate facility or received from a Veterinary Dispensary.
2. Emergency services or referral to an appropriate facility must be available 24 hours a day.
3. Emergency service must be adequate to ensure the treatment of the patient within a reasonable period of time.
4. When a patient is transferred for emergency service, a copy or summary of the medical record must accompany the patient.
GOOD VETERINARY PRACTICE

A. Essential element of Good Veterinary Practice is “write what you do and do what you write”. It shall be the duty of a registered Veterinary practitioner to make note of all his actions (in professional service delivery). She/ he will act similarly while directing and supervising minor Veterinary services.

B. Each Registered Veterinary Practitioner shall display his registration number along with her/his name in the nameplate, visiting card (if any), prescription, Veterinary medical reports, sample dispatch records or any such or similar professional records/reports which are written and submitted by him/her.

C. Medical Attendance: - A Registered Veterinary practitioner will record the following in medical attendance:

1. the identification of the patient, such as name (if any), species, sex and may add other information/descriptions like approx. age, colour, markings etc.
2. the history of the case as provided or elicited from the client
3. method of restraint/handling used, if any,
4. the observations of the physical examinations made
5. the clinical tests proposed, conducted or got done
6. the status or condition of the patient
7. the treatment provided or prescribed
8. prognosis or advice given to the client, if any
9. the clients’ perspective, if any
10. instructions if any for drug delivery, follow-up etc. to para veterinary staff or clients
11. the protocol or salient point of protocol of it which (if) she / he considers useful
12. any other information which she / he considers useful

D. Collection of samples and dispatch: - For collection of sample examination or/and dispatch, the standard guidelines provided in relevant Books/Manuals may be followed.

E. For conduct of Artificial Insemination the following process may be followed
   - Ascertain standing heat
   - Decide time of Artificial Insemination
   - Collect the semen straw.
   - Thaw the Straw.
   - Ensure quality of semen & record the number
   - Clean the animal’s hind part (s)
   - Deposit semen in the right place (aseptically)
   - Allow rest (do not allow animal to run or get excited)

F. To conduct any minor surgical intervention the following guidelines shall be followed:-
   - assess the status of the patient by method(s) as considered essential
   - inform the client
   - preparation of instrument(s)
   - decide on the restraint, anesthesia, sedation etc. as per need
   - preparation of site, scrubbing
   - intervention medication or dressing as per need
   - post operative instruction(s)
   - follow-up/follow-up instruction(s)
Major surgical operation shall normally be conducted in the operation theaters or rooms prepared for the purpose. But circumstances may and do arise where the registered veterinary practitioner is compelled to perform a major surgery in a situation where facilities are far from ideal but a life saving treatment or action is required. The primary consideration of registered veterinary practitioners in such situation shall be final as to the risk of surgery whether it is greater than the risk of disease or the problem.

(b) To conduct major surgical operation, guidelines for Good surgical practice have to be followed. However, the following minimal guideline should also be considered:-

- assess the status of the patient through a pre-anaesthetic clinic or tests
- obtain the consent of the client after explaining the status & indication
- preparation of instrument(s),
- decide on the control sedation, anesthesia etc. as per need
- anesthesia**
- preparation of site.
- scrubbing of hands, wearing of glove/sleeves is necessary
- perform surgery adopting standard aseptic precautions medication or dressing as per need
- post operation instruction(s)
- follow up

* It is advisable to scrub first with anionic detergent (soap) followed by a cationic detergent (two) scrubbing. This shall be followed by rising with sprit or 70% alcohol where possible. When this is not possible one may scrub hands thrice with soap. Use clean water to scrub & wash. If only hard water is available use more soap. Alternatively, one may do one scrubbing less and use a pair sterile rubber gloves, for surgery of short duration.

** Much decisions on the choice of surgeon and the clinical situation: minimal discomfort shall be the primary consideration: but risk of anesthesia shall not overweigh the risk of discomfort.

G. For gynaecological (non-surgical) handling involving internal examination, or treatment the following guidelines shall be followed:-

- securing the animal ensuring safety of animal and that of the handler
- preparation of instruments
- cleaning of the part and preferably wear a front apron
- sedation/ anesthesia be given where essential
- scrubbing of the arm with soap and water at each examination.
- use sterile sleeve/ glove/ finger stall (as per the species) and lubricating with a bland or medicated material before insertion of hand into female organ
- after manipulation dry the part to prevent soiling.

H. For rectal examination following guidelines shall be followed:-

- secure the animal ensuring safety of animal and that of the handler
- clean the part and preferably wear a front apron
- lubricate hand & arm before insertion of hand into female organ
- do slow stage by stage manipulation to ensure minimal discomfort to animal and maximum safety
- remove hand and clean the area if any suspected or infected fluid oozes out, before next animal is to be handled in the same crush/ trevis
- clean the arm and change/ clean the front apron
I. For gynaecological (surgical) & obstetrical handling involving internal examination, or
treatment the same guidelines as for major surgical intervention shall be followed.
J. For consultation:- The good ethical practices demand that for reference and for
consultation registered veterinary practitioners shall abide by regulation 25 to 37 of
Standard of Professional Conduct Etiquette and code of Ethics for Veterinary
K. For referring cases too similar guidelines as above (J) may be followed.
L. For simple diagnostics, Good Laboratory Practice may be followed.
M. For conducting post mortem:- The standard procedures shall be followed.
N. For Livestock Product Technology the registered veterinary practitioner shall primarily
abides by the guidelines framed under these regulations.
O. For Veterinary Public Health by regulation 39, all veterinarians shall be bound by
regulation 38 of (Standard of Professional Conduct Etiquette and Code of Ethics for

Supervision and direction of Minor Veterinary Services

Person(s) who carry out minor veterinary services shall do as notified by the state
government and strictly as provided under the Indian Veterinary Council Act, 1984. For the
purpose, the State Governments, institutions, organisations or agencies concerned shall
declare the names of persons employed by them by whatever name called for minor
veterinary services and shall also declare the name of the registered Veterinary practitioners
under whose direction and supervision such (notified) minor Veterinary services shall be
carried out. The place or an occasion where such notified minor veterinary service is carried
out shall exhibit the name of the registered Veterinary practitioner under whose supervision
and direction the minor veterinary service is being carried out for the benefit of the public. The
Registered Veterinary Practitioner shall be responsible to declare immediate closure of any
such institution where sub-standard and/or illegal veterinary practice is being followed and will
report the matter to the respective State/UT Veterinary Council immediately.

Every registered Veterinary Practitioner shall record the name of all the persons
undertaking or carrying out minor Veterinary service under their supervision and direction
as provided under section 30(b) and shall exhibit the same along with the place or occasion such
activities are carried out conspicuously where the public can see/ read it.

A registered Veterinary practitioner for the purpose of supervision and direction of
minor Veterinary service may visit the place/ occasion by whatever name called on a date and
time declared and announced to the public. While doing so she/ he shall verify the minor
veterinary service carried out and recorded till that date. Such records shall invariably
include:-

a) the date
b) name & address of the client
c) description of the animal
d) the ailment and
e) the service provided/ rendered each day
f) and any other data like the total number of animals, households, problems, diseases etc.
of the area as is required of her/ him from time to time.
Direction and Supervision of persons undertaking minor Veterinary service in their private/ personal capacity in NGO’s, corporate bodies, societies etc.: -

Person(s) or agencies who are organising/ providing minor Veterinary service shall declare the name of the registered Veterinary practitioner under whose direction and supervision, any of the minor Veterinary service, by whatever name called is being done. They also shall keep a record of what they do in the same manner described pre-para, [except (f)] and shall submit the same for the purpose of inspection, supervision and direction what so ever. The same shall apply to all the minor Veterinary service as notified by the state and for artificial insemination, vaccination etc. where they are carried out as part of minor veterinary service.

Direction and Supervision of Artificial Insemination (A.I.)

Person(s) who carryout A.I. shall do so as notified by the state government and strictly as provided under the Indian Veterinary Council Act, 1984. For this purpose, the state governments, institutions, organisations or agencies concerned shall declare the names of persons employed by them, by whatever name called, for minor veterinary service and shall also declare the name of the registered Veterinary practitioner under whose direction and supervision such (notified) minor Veterinary service shall be carried out. The place or an occasion where process is carried shall exhibit the name of the registered Veterinary Practitioner under whose supervision and direction the A.I. is being carried out for the benefit of the public. Registered veterinary practitioner shall declare immediate closure of any such institutions where sub-standard and or illegal Veterinary practice is being followed and will report the matter to the respective State/UT Veterinary Council immediately.

For the purpose of direction and supervision, a registered Veterinary practitioner shall verify the records of A.I. regularly. Such records shall invariably include: -

a. the date, place and time where service was provided
b. name and address of the client
c. description of the animal,
d. the source of semen straw/ semen with batch number and identification number
e. the number of any previous A.I. done with reference number & date
f. any failure of A.I. shall be reported to the Registered Veterinary Practitioner who shall inspect the total A.I. performed every three months, and report on any problem (animal or semen) to a specialist.
g. for this purpose, he/she may seek any other data like the total number of animals, households, problems, diseases etc. of the area as is required from time to time

Direction and Supervision of persons undertaking Vaccination

CONSULTANCY: a consultant can renders veterinary service delivery (treatment or professional advice) at a place on an occasion provided he/she is a registered veterinary practitioner, as provided in the Indian Veterinary Council Act. She/he shall be doing so as a desk practice or in a clinic of her/ his own or that of an organisation. While there is no bar on her/ his undertaking any type of veterinary practice, she/ he is normally expected to equip herself/ himself to deliver the professional service, whatsoever, or procure them for the occasion. A consultant shall display her/ his registration number along with her/ his name and announce the nature of practice, time of practice etc. conspicuously. He/ she shall display any
fee and/ or other charges for the service(s), conspicuously for the clients to read and understand.

**SPECIALIST SERVICES** : Being a qualified veterinary practitioner there is no restriction on registered veterinary practitioners to render any treatment, medication or advice in any branch of veterinary science and shall always use their veterinary medical skill and knowledge for the benefit of any animal requiring their attention. But professional ethics demand that they normally do not indulge in such activity or specialized service unless they acquire the necessary skill to do so.

Any announcement indicating specialised qualification and/ or competence to undertake specialised job routinely without experience or qualification to do so shall constitute self aggrandisement.

**SPECIALIST CONSULTANCY** : A specialist renders veterinary service delivery (treatment or professional advice) in a specific field or specialty at a place or an occasion as is announced. A specialist should invariably have the required training/ experience/ competence to perform the service. His/ her performance shall be judged by the standards expected out of a specialist of the field as is claimed and announced. She/ he shall be doing so as a desk practice or in a clinic of her/ his own or that of an organization, society, government or institution. While there is no bar on her/ his undertaking any aspect of veterinary practice, she/ he is normally expected to engage herself/ himself primarily in the specialty. While there is no bar on her/ his undertaking general veterinary practice, she/he is normally expected to equip herself/ himself or procure them whatsoever for the occasion. A specialist consultant shall display her/ his registration number and qualification (including her/his additional qualification) along with her/ his name and announce the nature of practice, time of practice conspicuously for clients. They shall display conspicuously the fee for her/ his service or any other charges (as provided under section 29) for the clients to read and understand. But charge(s) may also be announced to client by the registered veterinary practitioner or agreed upon by both. Any charges paid to registered veterinary practitioner for rendering Veterinary service by the Client shall be treated as agreed charges.

**Principles of cleaning, sterilisation and disinfection :**

There are numerous pieces of equipment and appliances that regularly come into contact with patients; e.g. tonometer heads, chin rests, refractor heads, trial frames, gonioscopes, contact lenses etc., and it is essential that all of these are properly maintained to ensure maximum safety. It is important to establish the difference between cleaning, disinfection and sterilisation.

Standard practices for cleaning, disinfection and sterilization should be followed in all the Veterinary Institutions wherever required.

To be effective all items must be physically cleaned before being exposed to any sterilisation or disinfection process.

Not all equipment, however, needs to be sterilised before use and the following is a general guideline:
Sterile: - Equipment introduced into a sterile body area or is in contact with a break in the skin or mucous membrane.

Disinfected: - Equipment in close contact with body surfaces of intact mucous membranes, such as the ocular surface, e.g. tonometer heads, gonioscopes.

Clean: - Equipment not coming into close contact with mucous membranes or sterile body areas e.g. chin rests, trial frames, refractor heads.

It is fairly evident that it is not always necessary to sterilise all equipment for use in general optometric practice.

All surfaces used as a preparation area for dealing with patients and disinfected/sterile appliances must also be cleaned and disinfected regularly. It is considered good practice for the consulting room to contain a handwash basin and for the clinician to wash his/her hands thoroughly between patients and certain procedures as necessary.

Secretary
Veterinary Council of India

File No. 7-9/2003-VCI
Veterinary Council of India
(Statutory body established under Indian Veterinary Council Act, 1984)

Veterinary Council of India – (Veterinary Practice) Regulations, 2005

A-Wing, 2nd Floor, August Kranti Bhavan
Bhikaji Cama Place, New Delhi-110 066
VETERINARY COUNCIL OF INDIA
NEW DELHI

CERTIFICATE UNDER REGULATION 2. (3) (XI) OF VCI- (VETERINARY PRACTICE) REGULATIONS, 2005

Accreditation Certificate

Accreditation No. VCI/ ____________________________

Dated:

Name of the Institution: ________________________________________

Address of the Institution: ________________________________________

Type of Institution: Veterinary Hospital/Veterinary Polyclinic/Veterinary Dispensary/Veterinary Clinic.

Name of the Proposer ____________________________________________

Name of the Recommending Authority ______________________________

This is to certify that the above specified institution has been accredited under the provisions of Regulation 2 (3) of VCI – (Veterinary Practice) Regulations, 2005.

This certificate is valid up to __________________________

Secretary
Veterinary Council of India

New Delhi
Dated, the___________