



AAHA End-of-Life Care Standards of Accreditation

This document contains a comprehensive list of all AAHA End-of-Life Care accreditation standards. Accessing the online evaluation tool at eval.aaaha.org will allow you to answer a list of personalization questions that will then customize the standards and enable AAHA to establish scores for your practice..

The online evaluation tool is your best resource for accessing the End-of-Life Care accreditation standards and for additional information including helpful tips, resources, rationales, and FAQs. These additional resources are not available in this PDF.



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Mandatory Standards

ELMA01	Anesthetic and sedation agents are administered by a veterinarian or trained practice team member under the supervision of a veterinarian.	-
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General

ELAN01	The practice utilizes pre-euthanasia sedation and/or anesthesia.	100
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Safety

AN03.2	Documented training in workplace anesthetic safety including human health hazards is reviewed with practice team members upon hiring and at a minimum of once a year thereafter.	60
AN04.1	Credentialed veterinary technicians are utilized to induce and maintain anesthesia/sedation in collaboration with and under the supervision of the veterinarian.	60
AN05	The practice maintains documentation indicating that informed consent has been obtained and is utilized in cases involving sedation and general anesthesia.	40

Anesthetic Equipment and Supplies

ELAN02	The following supplies are available for use during anesthesia or sedation:	
ELAN02a	• Antiseptic agents for venipuncture site preparation	10
ELAN02b	• Sterile, unused needles and syringes	10
ELAN27c	• Anesthetic or sedation agents and appropriate antagonist agents	10
ELAN02d	• Stethoscope	10
ELAN02e	• Intravenous catheters, administration sets, and intravenous fluids	10

Mandatory Standards

MA10	Practice team members follow infection control policies related to personal hygiene, patient care, and disinfection of equipment and facilities. Frequent hand washing or the use of antimicrobial agents are utilized to prevent the spread of contagious diseases to hands and hospital surfaces.	-
MA11	Potentially contaminated materials are contained in impervious containers or bags before transport within the practice.	-

General

ELCD01	The practice utilizes a written protocol that addresses potentially contagious patients and effective containment of contagious diseases.	100
CD02	Disposable or readily disinfected clothing such as gowns, foot coverings, face shields, masks, head coverings, and gloves are worn when handling patients with a zoonotic disease.	20
CD03	Potentially contaminated materials are disposed of in accordance with appropriate procedures relevant to their level of hazardous waste.	60

Zoonotic Diseases

CD04	Clients and practice team members who are exposed to zoonotic diseases are informed by verbal or written communication. When this information is provided for a client, it is documented in the medical record.	80
CD05	Clients and practice team members are informed as soon as zoonotic diseases are included in the differential diagnosis or rule-out list.	80
CD06	All patients that have, or are suspected of having, a contagious or zoonotic disease are properly identified so that their status is obvious to all members of the practice team (marked on the front of the cage, etc.).	80
CD07	References describing prevention and control of zoonotic diseases are readily available for practice team use.	20

Inpatient Care

CD11	Isolation areas are regularly and thoroughly disinfected when potentially contagious patients are present.	20
ELCD02	Equipment is properly decontaminated before removal from the isolation area.	20
CD15	Isolation areas have adequate lighting for proper patient examination and treatment. Such lighting is equivalent to that found in other care and treatment areas.	20

Mandatory Standards

MA19	Emergency services, or referral to an appropriate practice, are available 24 hours a day, seven days a week.	-
ELMA02	During established hours of service, a practice team member is prepared to travel to a client's home in emergent situations.	-

General

ELEM01	The practice team provides training in end-of-life topics, animal hospice services and the concept of hospice-supported natural death to local emergency veterinary teams to elevate the understanding of end-of-life support.	80
EM01	The practice has policies and procedures that enable active patients to be treated by the practice for emergencies 24 hours a day, seven days a week.	60
EM01.3	Credentialed veterinary technicians provide care for patients within the practice.	40
EM02	Emergency services provide for appropriate treatment of routinely seen emergencies or conditions within a reasonable time.	40
EM03	Clients receive written instructions (such as on the bottom of invoices, on the practice brochure, or by providing the emergency practices brochure) explaining how to access emergency assistance if needed.	20
EM04	The medical record, or a medical summary, accompanies each patient transferred to another facility for emergency services or after-hours care.	20
EM04.1	The medical record, or a medical summary, accompanies each patient transferred back to the receiving veterinarian or to another facility.	20
EM05	Practice team members are well-trained in the care and monitoring of critically-ill or injured patients.	70
EM06	Practice team members utilize appropriate procedures for the recognition and resuscitation of patients in a state of shock or cardiorespiratory collapse.	100
EM08	Practice team members are trained in emergency use of:	-
EM08a	○ Oxygen	40
EM08b	○ Anesthetics	40
EM08c	○ Resuscitative equipment	40
EM08d	○ Monitoring equipment	40
EM08e	○ Fluid therapy	40
EM09	The practice is prepared and has the equipment to deal with reasonably expected emergencies during normal hours of operation.	80

Mandatory Standards

MA23	Pain assessment is considered part of every patient evaluation regardless of the presenting complaint.	-
MA24	Appropriate pain management is provided for the anticipated level and duration of pain.	-

General

PM01	Pain assessment using a standardized scale or scoring system is recorded in the medical record for every patient evaluation.	0 0% (0) 25% (25) 50% (50) 75% (75) 100% (100)
PM01.1	A pain scoring chart including definitions is readily available throughout the practice for use by all practice team members.	40
PM01.2	Practice team members are trained to recognize pain and work in collaboration with the veterinarian to provide appropriate pain management.	60
PM01.3	Resources are available for practice team members that address names, actions, side effects, complications, and contraindications of medications utilized for pain management.	40
PM02	Pain management is individualized for each patient.	100
PM03	The practice utilizes preemptive pain management.	100
PM05	The patient is reassessed for evidence of pain throughout any procedure that has the potential to cause patient discomfort.	40
PM06	Patients with persistent or recurring conditions are evaluated to determine their pain-management needs.	60
PM07	The practice utilizes analgesic therapy as a tool to confirm the existence of a painful condition when pain is suspected but cannot be confirmed by objective methods.	60
PM07.1	The practice provides ancillary methods for treating pain, e.g., massage, acupuncture, laser therapy, warm or cold compresses.	40
ELPM01	The practice provides multimodal options for pain management.	40
PM08.1	The client is educated, verbally and in writing, on how to recognize signs of pain including potential benefits and adverse effects of pain-management therapy.	40

Mandatory Standards

MA25	Patient care is under the authority, supervision, and approval of a licensed veterinarian.	-
MA26	Practice team members demonstrate humane care of animals.	-
MA27	Fresh water and food are provided or withheld as appropriate for the medical care of the patient.	-
MA28	The practice has the means to administer oxygen on a periodic or on-going basis for compromised patients. This may be accomplished by using methods such as nasal cannulas, oxygen cages, oxygen tents, or e-collars enclosed with plastic.	-
MA29	Syringes and needles are used only once for injections.	-
MA30.1	Patients are given an examination appropriate to the presenting complaints and clinical situation.	-
MA31	Aggressive handling or restraint that might cause patient injury is prohibited.	-
ELMA05	The practice team adheres to the most current version of the AVMA's Guidelines for the Euthanasia of Animals when performing euthanasia services.	-
ELMA06	The client is given educational materials to assist in their understanding of their pet's personalized care plan. These educational materials can include: <ul style="list-style-type: none"> • Education resources on the patient's diagnosed disease and the disease process • Quality of Life scale • Pain scale • Daily health log • List of services offered by the practice team • List of contact information for the practice • Emergency contact and/or referral • Grief support resources • Mental health support resources 	-

Case Management & Planning

ELPC01	The practice utilizes a questionnaire to assist in preplanning. The questionnaire should include discussion of: <ul style="list-style-type: none"> • Grief support • Decisions regarding patient death • Aftercare needs 	40
ELPC02	Each care plan is:	-
ELPC02a	• Personalized to the patient and client's needs	40
ELPC02b	• Documented in the patient's medical records	40
ELPC03	Each care plan focuses on wellbeing of the patient including:	-
ELPC03a	• Physical wellbeing	10
ELPC03b	• Social wellbeing	10
ELPC03c	• Emotional wellbeing	10
ELPC04	Each patient undergoes an initial consultation by a veterinarian that is documented in the medical record and includes:	-
ELPC04a	• The patient's medical history, including any current medications or treatments	10
ELPC04b	• Names of the primary caregivers, family members, other pets, and any associated concerns	10
ELPC04c	• Comprehensive physical exam findings	10
ELPC04d	• Environmental assessment	10
ELPC04e	• A quality-of-life assessment appropriate to the given disease and species	10
ELPC04f	• Caretaker's experiences with end-of-life care, wishes for death (euthanasia vs. assisted death), beliefs regarding euthanasia, and current quality of life	10
ELPC04g	• Nutritional assessment and plan	10
ELPC04h	• The caregiver's understanding of disease process, prognosis, and anticipated disease progression	10

ELPC04i	• The client's goals for palliative care treatment	10
ELPC04j	• Spiritual or religious preferences of the client	10
ELPC04k	• The client's limitations to providing care (financial, physical, emotional, etc.)	10
ELPC04l	• Preferred route of medication administration (IV, SQ, oral, etc.)	10
ELPC04m	• Aftercare wishes in the case of natural death or euthanasia	10
ELPC04n	• Emergency contacts and documented contingency/crisis plan including availability of the hospice team (via phone text message, email, and/or in person if needed)	10
ELPC04o	• Behavior assessment at the end of life	10
ELPC04p	• An emotional record	10
ELPC05	The care plan includes a documented discussion with the client regarding their preferences for treatment, including:	
ELPC05a	• Further diagnostic testing to track disease progression	10
ELPC05b	• Where the patient will be treated (the caregiver's and patient's preference for home versus hospital care)	10
ELPC05c	• The use of alternative or complementary care such as holistic medicine, massage, acupuncture, etc.	10
ELPC05d	• Assessment of caregiver's willingness and ability to administer medications and perform treatments	10
ELPC06	The patient's living environment is inspected to assess potential hazards, evaluate patient safety and ease of mobility via a home visit, photos, or video. Recommendations for changes are communicated to the client and documented in the medical record.	80
ELPC07	The practice reviews and documents options regarding curative care versus palliative care and assists clients in decisions for the best care of their pet.	60
ELPC08	The client is counseled on the option to choose natural death or euthanasia for their pet. The client's decision is documented in the medical record.	100

Client Communication & Education

ELPC09	The practice utilizes a written protocol to address ethical considerations including but not limited to insufficient patient care and patient over-treatment.	60
ELPC10	The personalized care plan is communicated to the client verbally and in writing.	80
ELPC11	Depending on the level of care required, a follow-up/recheck schedule is established.	60
ELPC12	In addition to a follow-up/recheck schedule, a client communication schedule is established, documented and communicated to the client.	60
ELPC13	The practice provides timely notification to the client (within 24 hours) and documents any changes made to a patient's care plan, medications, etc.	80
ELPC14	The practice team and client identify a primary caregiver to help with consistent care of the patient.	80
ELPC15	The client is educated about the stages and processes of natural death and euthanasia.	80
ELPC16	If the client chooses to perform treatments on their pet at home, the client is provided with: <ul style="list-style-type: none"> • A demonstration by the practice team on how to perform the treatments, at which time the client will repeat the technique with the practice team present to ensure thorough understanding • Written information describing the technique for performing the treatments • A detailed list of medications to be administered by the pet caregiver including the benefit of each medication, potential side effects, and drug interactions 	80
ELPC17	An assigned practice team member contacts the client according to the agreed upon client communication schedule to gather follow-up information about the patient's care and wellbeing. This information is documented in the patient's medical record.	60
ELPC18	The practice team provides instructions to the client on how to complete daily health logs to track the disease process.	60
ELPC19	The practice team reviews the daily health logs with the client on a weekly or monthly basis and documents any observed changes in the patient's medical record.	80

ELPC20	The practice team educates the client on the stages of natural death, including physical and behavior changes to expect and identify in their pet.	40
ELPC21	The practice team provides clients with information regarding pet loss support groups in their area.	100
ELPC22	The practice team addresses any patient hygiene issues at the time of patient evaluation.	20
ELPC23	The practice team educates the client on how to manage their pet's hygiene needs.	40
ELPC24	Clients are informed of pertinent services, hours of availability, and after hours contact information. Discussions are documented in the medical record.	20
PC50	Advance directives regarding resuscitative services are discussed with clients. Discussions are documented in the medical record and communicated to appropriate practice team members.	0% (0) 25% (15) 50% (30) 75% (45) 100% (60)
PC52.1	Practices not offering 24-hour care give clients the option of transferring patients overnight to a facility that can provide this service. Discussions are documented in the medical record.	80
PC18	Practice team members are trained to ensure the comfort and cleanliness of patients.	50
PC20	Handling and restraint of patients is limited to trained practice team members.	80
PC21	Restraint and capture equipment is operated only by trained practice team members.	20
PC22	The practice performs ongoing training regarding the proper use of equipment.	20
PC23	Practice team members are able to troubleshoot equipment and recognize abnormal parameters.	40
PC25	Practice team members are trained in performing triage.	60
PC26	Practice team members are trained to carry out diagnostic and therapeutic plans as well as custodial care.	40
PC28	Practice team members are trained in the proper establishment, administration, and monitoring of fluid therapy, and are aware of potential complications and risk factors associated with fluid administration. In addition, they are trained in the maintenance and care of the fluid therapy system.	70

Protocols

PC54	The practice utilizes a written protocol and training program that addresses how to identify and report significant abuse of animals and humans. This includes concerns such as starvation, refusal of basic humane care, nonhygienic environments, mishandling, and infliction of injury.	100
PC55	A written protocol for practice team member training in patient handling and restraint is utilized.	20
PC59.2	The practice utilizes a written euthanasia protocol that details how the practice will handle client communication prior to, during, and after the euthanasia process. The protocol includes documentation of the following:	
PC59.2a	Practice team member training in client communication related to euthanasia	10
PC59.2b	A quality-of-life assessment	10
PC59.2c	Medications given prior to and during the procedure	10
PC59.2d	Location of the procedure; when an owner elects to be present, humane euthanasia is performed in a designated, comfortable room/area. If this is not possible practice team members develop a plan that will ensure staff and clients are aware of the solemn circumstance and the need to be quiet and respectful.	10
PC59.2e	Disposition of remains	10
PC59.2f	Grief counseling options	10
PC59.2g	The level of client assistance	10

PC59.2h	At-home euthanasia Tip: At-home euthanasia protocol should include, but is not limited to: a. client communication b. team members assigned to perform the procedure c. how much time is dedicated to the procedure d. how far away the team will travel e. how supplies are transported f. body care instructions	
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ELPC25	Trained practice team members educate clients and obtain signed consent forms for:	60
ELPC25a	• Euthanasia	60
ELPC25b	• Treatment involved in palliative care	

Handling

PC71	Minimal restraint is utilized when feasible.	20
PC72	Sedation or anesthesia is utilized, if appropriate, when handling fractious, frightened, or stressed patients.	60
PC73	Devices are used when appropriate for transporting and/or walking patients.	40

Housing

ELPC26	The practice evaluates and addresses the special housing needs of fearful or anxious animals which may include the use of appeasement pheromones, and other calming aids.	40
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Nutrition

PC65.1	A body condition score (BCS) and/or a muscle condition score (MCS) using a standardized scale or scoring system is recorded in the medical record for every patient evaluation.	40
PC65.3	A nutritional assessment and specific dietary recommendation is recorded in the patient record at every visit.	0% (0) 25% (10) 50% (20) 75% (30) 100% (40)
PC67	The practice utilizes at least one of the following methods of nutritional support:	
PC67a	• Nasoesophageal tubes, esophageal tubes, gastrostomy tubes, jejunostomy tubes	20
PC67b	• Partial parenteral nutrition, total parenteral nutrition	20

Wound Care

ELPC27	The practice has access to necessary bandaging materials to address patient needs at all times.	20
ELPC28	Practice team members ensure that a patient's wounds are identified and managed at each evaluation.	20

Mobility Management

ELPC29	Appropriate mobility management products are recommended by the practice team for patient comfort and safety.	20
ELPC30	Mobility-management products are available for purchase at the practice. These products may include carts, booties, nail grips, carpet runners, ramps, and harnesses.	80
ELPC31	The practice provides information to the client for where they may purchase mobility-management products.	40

Support of the Active Dying Patient

ELPC32	The practice provides the client information regarding the option to utilize proportionate palliative sedation.	40
ELPC33	The practice provides the necessary medication and equipment in order for the client to utilize proportionate palliative sedation.	40
ELPC34	The practice provides written information to the client regarding symptoms the actively dying patient may experience.	60

ELPC35	The practice provides the client access to items that will assist in the care of the active dying patient, including but not limited to: <ul style="list-style-type: none"> • Pain mitigating medications • Medication to aide in the relief of respiratory distress • Antinausea medication • Medication and syringes for the use of proportionate palliative sedation • Eye drops • Medication to aide in the relief of anxiety • Supplies to aide in the hygiene of the patient 	80
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Euthanasia

ELPC36	Home euthanasia services are offered.	100
ELPC37	The practice has a room designated for euthanasia.	80
ELPC38	Clients are offered privacy before and after euthanasia is performed.	60
ELPC39	The practice utilizes a communication device for clients to notify the practice team after their privacy needs have concluded.	40
ELPC40	Patients are allowed to remain with the client for the entirety of the euthanasia appointment.	100
ELPC41	The practice utilizes a system to communicate to the practice team that a euthanasia is in process.	40
ELPC42	The location of euthanasia is documented within the medical record.	10
ELPC43	The practice designates a team member as the euthanasia attendant. This individual is dedicated to the appointment for its entirety.	40
ELPC44	The practice provides a private exit for grieving clients.	40

Deceased Body Handling

ELPC45	The practice provides clients with written information detailing available options for local body aftercare services.	60
ELPC46	The practice is knowledgeable about local burial ordinances and shares them with clients.	60
ELPC47	Deceased patient's remains are promptly sealed in an appropriate manner and properly identified.	60
ELPC48	A functional freezer or refrigerator is available at all times for deceased patient remains.	60
ELPC49	Signed body disposition consent and notification of aftercare facilities is documented.	100
ELPC50	Designated cadaver bags or boxes are in stock at all times.	40
ELPC51	Cremated ashes are held in a secure, concealed location.	60
ELPC52	Patient remains/ashes are reviewed for accuracy and returned to clients within a designated time.	40
ELPC53	Ashes are returned to clients in a designated location that provides privacy.	20

Fluid Therapy

PC40	A new container of fluids is used for each patient regardless of the route of administration.	70
PC41	A new fluid administration set is used for each patient.	70
PC41.1	Individual prepackaged sterile flush is used for IV catheter maintenance.	40
PC42	The practice has the following intravenous solutions readily available and utilizes them when appropriate:	-
PC42a	● Crystalloids (up to 3 types)	10
PC42b	● Crystalloids (more than 3 types)	20
PC42c	● Colloids	20
PC43	The practice routinely utilizes infusion pumps to administer IV fluids.	0% (0) 25% (20) 50% (40) 75% (60) 100% (80)

PC44	Rate- and volume-limiting devices and procedures are utilized to prevent inadvertent administration of excessive intravenous fluids.	20
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Nosocomial Infections

PC70	To ensure the judicious use of antibiotics, practice team members:	-
PC70a	<ul style="list-style-type: none"> Minimize therapeutic exposure to antimicrobials by treating for only as long as needed for the desired clinical outcome 	10
PC70b	<ul style="list-style-type: none"> Limit therapeutic antimicrobial treatment to ill or at-risk patients, only when bacterial maladies are suspected or the patient is immunocompromised (i.e., not for uncomplicated viral infections) 	10
PC70c	<ul style="list-style-type: none"> Minimize environmental contamination with antimicrobials 	10
PC70d	<ul style="list-style-type: none"> Maintain accurate records of treatment and outcomes in order to evaluate therapeutic regimens 	10
PC70e.1	<ul style="list-style-type: none"> Choose an antimicrobial drug that is expected to reach therapeutic levels in the targeted organ/tissue and has a spectrum of activity that includes the suspected pathogen 	10
PC70f	<ul style="list-style-type: none"> Promote culture and sensitivity testing whenever clinically relevant 	10
PC70g	<ul style="list-style-type: none"> Document in the medical record when culture and sensitivity is declined 	10
PC70h	<ul style="list-style-type: none"> Utilize sensitivity results to aid in selection of antimicrobials 	10
PC70i	<ul style="list-style-type: none"> Dispense antimicrobials only within the context of a valid veterinarian-client-patient relationship 	10

Therapeutic Laser

PC93	Therapeutic laser treatments are administered according to the attending veterinarian's documented patient assessment and treatment plan.	70
PC94	Documented operational training is provided to practice team members performing therapeutic laser treatment, and reviewed annually.	70
PC95	A practice team member is designated as the person in charge of therapeutic-laser safety and ensures the practice adheres to the established safety guidelines.	50
PC96	Practice team members, patients, and other people in the room or vicinity of therapeutic-laser treatments wear appropriate protective apparel.	50
PC97	<p>Documented safety training is provided to practice team members performing therapeutic-laser treatments making them aware of potential hazards to themselves, patients, and other nearby individuals, and reviewed annually.</p> <p>Rationale: As therapeutic-laser therapy becomes more popular and technology changes, safety training will need to be updated as well.</p>	40

Physical Modalities

ELPC54	Physical modality equipment is properly cleaned and serviced as required to ensure accurate functionality.	60
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Client Communication

CS01.1	The practice utilizes a documented training program to effectively communicate with clients, including:	-
CS01.1a	● Initial greeting (acknowledgment)	20
CS01.1b	● Patient's health status	20
CS01.1c	● Treatment plan and cost – communicated verbally and in writing; copy maintained in medical record	20
CS02	The practice utilizes a training system to enable practice team members to perform telephone-related functions such as answering the phone, using the intercom, transferring calls, and taking messages.	20
CS03.1	The practice utilizes the technology necessary to support client-related business activities. This includes equipment and services such as the number of phone lines necessary to ensure availability for clients, voice messaging, answering services, credit card processing, and cell phones for texting patient updates.	20
CS04.1	The practice distributes up-to-date information about the services they provide to enhance client communication. For example: hours of operation, address, phone number, emergency instructions, etc. This information is disseminated through:	-
CS04.1a	● Practice brochure	20
CS04.1b	● Website	20
CS04.1c	● Social networking sites	20
CS04.1d	● Signage	20
CS04.1e	● On-hold messages	20
CS05.1	The practice utilizes an electronic system to communicate with, educate, and remind clients about recommended care.	30

General

CS08.1	The practice evaluates, at least annually, how its services and hours match client and community needs.	20
CS09	Client feedback is actively solicited. Such feedback might include focus groups, client surveys and evaluations, and client input discussed during client service meetings.	40
CS10.1	Client service meetings are conducted on a monthly basis or more frequently when issues such as client complaints or perceptions of value surface, or when practice team members identify opportunities for improvement.	40
CS11.1	The practice utilizes a written client conflict protocol to help effectively address upset and unhappy clients. Topics include client communication and how the conflict and follow-up will be handled.	60
CS13.2	The practice creates and utilizes forms (copied, printed, or electronic format) in a manner that maintains a professional appearance.	20
ELCS01	The practice team holds weekly rounds to define the roles of the each practice team member.	40
ELCS02	Client complaints regarding patient care are reviewed by the practice team.	40

Accreditation Awareness (Note: Standards CS14.1 through CS18 do not apply if this is the practice's first evaluation.)

CS14.1	The practice actively promotes their accredited status and the value it brings to their patients and clients. The practice is branded as AAHA-accredited through the use of the AAHA-accredited logos and promotion of AAHA accreditation messaging throughout the practice.	60
CS15	All practice team members are educated about and understand the purpose, meaning, and value of AAHA accreditation and are capable of communicating the practice's commitment to excellence to clients.	100
CS16	The practice actively promotes their accredited status using current AAHA-accredited logos on:	-
CS16a	• Signage	20
CS16b	• Printed materials such as business cards, letterhead, invoices, etc.	20
CS16c	• Electronic communications such as emails, reminders, e-newsletters	20
CS16d	• Name badges, uniforms, and/or AAHA lapel pins	20
CS16e	• Marketing materials such as practice brochure, reminders, blast emails, etc.	20
CS16f	• Website	20
CS16g	• Social networking sites	20
CS17	• The practice actively promotes the value of AAHA accreditation to clients through the use of current AAHA accreditation materials:	-
CS17a	• AAHA-accredited brochure	20
CS17b	• Accreditation certificate/plaque(s) displayed in client areas	20
CS17c	• On-hold messages	20
CS17d	• Facebook banners/wall photos	20
CS17e	• Up-to-date and complete information in the AAHA hospital locator	20
CS18	The practice actively promotes the value and benefits of AAHA accreditation through community outreach programs.	40

General

CE01	The practice's professional library includes current books, periodicals, and multimedia materials appropriate to the needs of the practice team.	60
ELCE01	At least one member of the team holds certification from the International Association for Animal Hospice and Palliative Care (IAAHPC).	80
CE02	Internet access within the practice is readily available to practice team members for research and education.	60
ELCE02	Each veterinarian has a minimum of 20 hours of continuing education in the field of end-of-life care.	60
CE03	Each veterinarian has a minimum of 20 hours of documented continuing education per year in the field of scientific veterinary medicine.	60
ELCE03	Each credentialed veterinary technician has a minimum of five hours of continuing education in end-of-life care every two years, of which two hours must be related to grief support counseling.	60
ELCE04	Each veterinary assistant has a minimum of five hours of continuing education in end-of-life care every two years, of which two hours must be related to grief support counseling.	40
ELCE05	Each customer service representative (CSR) has a minimum of five hours of continuing education in end-of-life care every [TK] years, of which [TK] hours must be related to grief support counseling.	40
CE06.1	Each credentialed veterinary technician has a minimum of 20 hours of documented continuing education in the field of veterinary medicine every two years.	0% (0) 25% (15) 50% (30) 75% (45) 100% (60)
ELCE06	The practice employs an individual with advanced grief support/counseling training including, but not limited to, a certification from a reputable bereavement organization.	40
CE07	Practice team members follow an organized plan of educational self-improvement and information dissemination.	60
ELCE07	The practice consults with a certified Veterinary Social Worker to assist clients and practice team members in grief support/counseling.	40
ELCE08	The practice consults with a social worker to assist clients and practice team members in grief support/counseling.	40
CE08	All practice team members are educated about and understand the purpose and meaning of AAHA accreditation and are capable of communicating the practice's commitment to excellence to clients.	60
ELCE09	The practice employs a team member who has completed advanced euthanasia-related training.	80

General

ELHR01	Practice team members follow a documented support program to help them identify and recognize signs of depression, burnout and compassion fatigue, and team members are actively encouraged to practice self-care.	60
HR01	The practice defines, in writing, the qualifications, competencies, and staffing necessary to fulfill its mission.	40
HR02	Experience, education, credentials, and abilities are confirmed for practice team members.	40
HR03	Periodic assessments are utilized to evaluate practice team members' performance with the goal of improvement.	60
HR04.1	Management provides team members opportunities to give feedback regarding their work environment..	40
HR05	Management addresses the following human resource issues in writing and disseminates the information to appropriate practice team members:	-
HR05a	• Job Descriptions	20
HR05aa	• Continuing education	20
HR05b	• Hiring (background checks, drug testing, required forms, etc.)	20
HR05b.1	• The practice performs background checks such as verification of credentials, personal references, and criminal background checks for all practice team members prior to hiring. All members should ensure they are in compliance with state/provincial and national regulations regarding background checks.	20
HR05bb	• Incentives/bonus plans	20
HR05c	• Work schedules	20
HR05cc	• Employees appearance policies including topics such as personal hygiene, clothing/uniforms, jewelry, tattoos, and piercings	20
HR05d	• Wage and salary information (overtime, pay schedule, direct deposit, etc.)	20
HR05e	• Performance and compensation reviews	20
HR05f	• Equal Employment Opportunity	20
HR05g	• Employee communications	20
HR05h	• Harassment policy	20
HR05i	• Drug-free workplace policy	20
HR05j	• Attendance (tardiness, leaves of absence, and absenteeism)	20
HR05k	• Grievance procedures	20
HR05l	• Reward/discipline	20
HR05m	• Termination	20
HR05n	• Employee handbook, policies and procedures	20
HR05o	• Insurance coverage such as disability, workers compensation, health, dental, pet health	20
HR05p	• Pregnancy policy, maternity leave, family medical leave	20
HR05q	• Current applicable government required information such as minimum wage, Occupational Safety and Health Administration (OSHA), Workplace Hazardous Materials Information System (WHMIS), Human Resources Development Canada (HRDC), Consolidated Omnibus Budget Reconciliation Act (COBRA), employee rights	20
HR05r	• Unemployment compensation	20
HR05s	• Social Security/Canadian Social Security	20
HR05t	• Profit sharing plan/retirement plan	20
HR05u	• Vacation/holidays/personal leave days	20
HR05v	• Employee discounts/ pet health benefits	20
HR05x	• Workplace safety	20
HR05y	• New hire orientation	20
HR05z	• Staff training	20
HR06	The practice utilizes a written protocol for resolving conflicts among practice team members.	40
HR07.2	The practice utilizes a drug testing program to support a drug-free environment and verifies compliance with state/provincial and national regulations regarding drug testing.	40

General

ELPL01	Practice leadership maintains professional and business insurance, including insurance coverage for the transport of animals.	100
PL01.1	The practice utilizes a practice team philosophy.	100
PL02	The practice utilizes written guidelines that outline an ethical philosophy regarding commonly encountered ethical issues.	100
PL03	The practice leadership, along with key practice team members, develops and periodically reviews their written:	-
PL03a	Mission statement	20
PL03b	Vision for the practice	20
PL03c	List of core values for the practice	20
PL03d	Professional conduct	20
PL04.0	To achieve practice goals, leadership:	-
PL04.0a	Shares the mission, vision, and values with practice team members	60
PL04.0b	Adjusts priorities in response to unusual or urgent events in order to maintain high-quality patient care	100
PL04.0c	Fosters communication, responsibility, and coordination among individual departments	60
PL05	The practice utilizes a practice manager who has undergone formal training. This would include a management or human resources degree and/or veterinary-specific management courses.	100
PL06.1	Leaders develop, document, utilize and monitor the following:	-
PL06.1a	An annual operating budget	40
PL06.1b	A long-term capital expenditure plan	40
PL06.1c	Marketing plan	20
PL09	The practice utilizes a written plan that details how the practice is managed or a management organization chart that is updated periodically.	60
PL10	The practice utilizes a written identity theft prevention program.	20
PL10.1	The practice has a written business continuation plan addressing temporary work stoppages, fire, serious illness, death of owner, and any natural disasters routinely experienced in the area.	40

Eco-Friendly

PL11.1	The practice utilizes a business philosophy that promotes environmentally friendly practices. The philosophy includes what steps the practice takes to reduce its environmental impact (i.e., recycling programs, high-efficiency appliances or other energy-saving ideas), how the practice team is trained, involved, and encouraged to reduce waste, and how the “green” philosophy is shared with the team and clients.	40
ELPL02	The practice works with eco-friendly companies/vendors for pet aftercare services.	40

Responsibilities Prior to Referral

ELRC01	The End-of-Life Care veterinarian should:	
ELRC01a	• Convey/communicate the services they provide and their credentials to the referring veterinarian.	20
ELRC01b	• Refer the patient to an appropriate facility for any necessary services not provided in the end-of-life practice. This should be the referring doctor when possible.	20
ELRC01c	• Provide the referring veterinarian a timeframe regarding when to expect communication concerning the referred patient.	20
ELRC01d	• Explain to the client the need/reasoning for additional visits, diagnostics, or costs incurred in the treatment plan.	20
ELRC01e	• At the earliest opportunity or agreed upon intervals, inform the referring veterinarian of the therapeutic plans, all subsequent revisions, and upon the death of the patient.	20

Responsibilities During the Referral Process

ELRC02	The referring veterinarian is provided with a case-management summary and recommendations when the patient is:	
ELRC02a	• Returned to the referring veterinarian for care or treatment	20
ELRC02b	• Referred to a veterinarian other than the referring veterinarian	20
ELRC03	The End-of-Life veterinarian’s role includes education of the client and the referring veterinarian and these conversations and updates are documented in the medical record.	20

Both Responsibilities During the Referral Process

ELRB02	The End-of-Life Care and referring veterinarian should:	
ELRB02a	• Communicate pertinent information regarding the patient’s medical history, as well as any nonmedical issues they should be aware of regarding the client prior to the appointment.	20
RB02d	• Determine the urgency for follow-up contact based on situations such as imminent patient death or client dissatisfaction.	20
RB02e	• Determine the preferred method of communication (phone including home/cell, email, fax, etc.) and when it is acceptable to contact each other outside of normal business hours.	20
ELRB02f	• Discuss which services each will provide following the referral. The End-of-Life Care veterinarian should also communicate this to the client to ensure consistency of communication.	20
RB02h	• Share the concern of the client with the other veterinarian as soon as possible when a client expresses a concern regarding one of the veterinarians involved in the referral process, and do what they can do to allay the concern.	20
RB02i	• Inform the other veterinarian when they find it necessary to euthanize a patient or the patient dies while involved in ongoing care. This should be done as soon as possible that day or as soon as practical.	20
RB02j	• Communicate with each other when they believe there is an opportunity to improve the quality of care or service provided by either.	20

General

ELSA01	The practice utilizes a system to track real-time location of mobile team members to ensure personal safety.	100
SA01	The practice complies with federal, state, local, and provincial regulations regarding veterinary practice such as controlled substances and workplace safety (e.g., OSHA, DEA, WHMIS, etc.).	100
SA02	Preventive and corrective facility and equipment maintenance programs are utilized, and the practice team members responsible for implementation receive appropriate training.	20
ELSA02	Practice team members receive training on the ergonomic concerns that may be part of their normal workday such as repetitive motion and appropriate lifting techniques, including correct utilization of stretchers and gurneys.	20
SA04	Job safety and health protection posters are located in an area available to all practice team members.	10
SA05.1	To provide a safe environment for clients, patients, and practice team members, the practice performs and documents annual safety training, which addresses:	-
SA05.1a	● Personal safety such as tripping hazards	10
SA05.1b	● Personal security such as outside lighting when practice team members are leaving after dark	10
SA05.1c	● Injury prevention and management	10
SA05.1f	● Management of hazardous materials	10
SA05.1g	● Potential hazards related to reproduction	10
SA06	Management addresses the safety issues surrounding standard operating procedures. At a minimum, the following procedures are evaluated, documented, and communicated to the practice team:	-
SA06a	● Opening and closing procedures	10
SA06b	● Cash handling	10
SA06.1	● Practice team members are educated on regulations and the critical nature of controlled substances. This training is performed upon hire and annually thereafter.	80
SA07	Security issues are evaluated at least annually.	10
SA08	Security systems, patrol services, or monitoring are utilized.	60
SA09.1	The practice has a written disaster-preparedness plan to address natural disasters that are typically experienced in the area (hurricane, tornado, earthquake, flood, etc.). The plan includes:	-
SA09a	● An evacuation plan for people and animals (patient evacuation never compromises human safety)	40
SA09b	● An assembly area or meeting place (so everyone can be accounted for)	10
SA09c	● Emergency contacts	10
SA09d	● Location of gas shut-off and electrical breakers	10
SA09e.1	Options for the containment of patients and the continuation of life-sustaining care	10
SA09f.1	A content list and location of kit containing essential supplies such as a flashlight, mask, respirator, and tools	10
SA10.2	The practice has a written policy regarding human CPR and first-aid response.	20
SA11	Adequate emergency lighting exists. Battery-operated lights or alternate power sources are maintained, tested, and inspected on a monthly basis.	60
SA12	A source of back-up lighting and power for critical medical equipment, such as a generator, is kept, maintained, and tested regularly in case of emergency and/or lengthy power outages.	100
SA13	Waste, including biomedical waste, is disposed of properly.	20
ELSA03	Approved sharps containers are utilized where needles and syringes are used.	10
ELSA04	Mobile team members carry personal safety devices for their protection.	20
ELSA05	Practice team members complete annual personal protection training to help ensure their personal safety	40
SA17	Deceased patient remains are refrigerated or frozen within 24 hours.	20

Compressed Gases

SA20	Tanks containing compressed gases are securely fastened to prevent falling or tipping.	10
SA21	Compressed gas tanks, valves, regulators, lines, and connections are checked monthly for leakage.	10
SA22	All practice team members routinely in the vicinity of compressed gases are trained in the hazards associated with compressed gas tanks.	20

Fire Safety

SA23.1	Written instructions and/or diagrams are posted for practice team and client evacuation in case of fire or other danger.	80
SA24	Evacuation plans address client, patient, and practice team safety. Patient evacuation never compromises human safety.	80
SA25	Evacuation plans denote an assembly area(s) for the practice team.	40
SA26.1	Fire safety and prevention education is provided upon hire and annually thereafter.	40
SA27	An appropriate number and type of fire extinguishers are readily available and properly maintained.	20
SA28.1	Detectors or systems for safety and fire prevention and alert are operable and well-maintained including:	-
SA28.1a	• Carbon monoxide detectors	20
SA28.1b	• Smoke or heat detectors	20
SA29	Centrally monitored fire detection devices (off site monitored smoke detectors, heat detectors, or sprinkler systems) are provided.	100

Mandatory Standards

ELMA04	Each patient has a separate medical record.	-
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General

MR01	The practice maintains records in such a way that any veterinarian may be able to proceed with the continuity of care and treatment of that patient. Tip: The use of cloud-based software can easily facilitate remote record entry.	100
MR02	Letter-sized records or electronic medical records are used.	80
MR03	Medical records are retained for the length of time necessary to serve as resources for patient care, legal requirements, research, and educational tools.	20
MR04	Medical records are legible.	80
MR05	Where abbreviations are appropriate, standard abbreviations are utilized.	20
MR07	The practice uses a consistent system of medical recordkeeping.	40
MR08	The medical record filing system allows for easy retrieval.	40
MR09	A consistent patient identification method (patient name and/or identification number) is used on records throughout each department in the practice.	20
MR10	Medical record entries (problem list, prescriptions, etc.) are completed prior to filing.	0% (0) 25% (10) 50% (20) 75% (30) 100% (40)
MR11	<p>Problem-oriented medical records are utilized. All medical records document patient medical information in a logical, organized, and clinically oriented manner, and include:</p> <ul style="list-style-type: none"> • chief complaint • patient history • physical examination results • assessment • plan <p>Rationale: Problem-oriented medical records document patient medical information in a logical, organized, and clinically oriented manner. Problems are defined at the level of current understanding and then refined as further information is acquired. Problem-oriented medical records provide a whole view of the patient with superior communication of medical logic. The format is very helpful in team-oriented medical care environments and provides rapid information retrieval for specific medical problems.</p>	100
MR14	<p>Client information accurately reflected in the medical record includes:</p> <ul style="list-style-type: none"> • Name of owner • Address • Home telephone number • Alternative telephone numbers • Name of referring person or group, if applicable 	20
MR15	The following information is reflected in each patient's medical record:	-
MR15a	• Name	10
MR15b	• ID number (if applicable)	10
MR15c	• Species	10
MR15d	• Breed (if applicable)	10
MR15e	• Date of birth or age	10
MR15f	• Sex/altered	10
MR15g	• Color and/or markings	10
MR15h	• Microchip number or tattoo (if applicable)	10

MR18	The patient's weight is recorded in the medical record each time the patient is presented to the practice.	0% (0) 25% (15) 50% (30) 75% (45) 100% (60)
MR19	The author of medical record entries is permanently and uniquely identified (by code numbers/letters, initials, or signatures) in a manner that is understood by anyone examining such records.	0% (0) 25% (15) 50% (30) 75% (45) 100% (60)
MR20	A practice team member identity/initials log is permanently maintained correlating every practice team member making entries in patient records with their unique number, combination of initials, or other identifying symbols. Name changes and effective dates are also recorded.	20
MR20.1	The practice reviews medical records for compliance with AAHA standards and the member hospital's standard of care.	40
MR21	Medical records clearly reflect the following:	-
MR21a	○ Date(s)	0% (0) 25% (5) 50% (10) 75% (15) 100% (20)
MR21c	○ Pertinent history	0% (0) 25% (5) 50% (10) 75% (15) 100% (20)
MR21d.1	○ A comprehensive physical exam of major organ systems (both normal and abnormal) for any new presenting complaints.	0% (0) 25% (10) 50% (20) 75% (30) 100% (40)
MR21e	○ Problems	0% (0) 25% (10) 50% (20) 75% (30) 100% (40)
MR21g	○ Definitive diagnoses, when made	0% (0) 25% (15) 50% (30) 75% (45) 100% (60)
MR21h	○ Therapeutic plans	0% (0) 25% (15) 50% (30) 75% (45) 100% (60)
MR21i	○ Medications administered and dispensed	0% (0) 25% (10) 50% (20) 75% (30) 100% (40)
MR21j	○ Client communication, including unsuccessful attempts to reach the client, means of contact such as by telephone or email, and who was contacted	0% (0) 25% (10) 50% (20) 75% (30) 100% (40)

MR21m	○ Client waivers or deferral of recommended care	0% (0) 25% (10) 50% (20) 75% (30) 100% (40)
MR21o	○ Procedures performed in chronological order	0% (0) 25% (10) 50% (20) 75% (30) 100% (40)
MR21r	○ Any changes in therapy, including medications or doses and changes made by telephone	0% (0) 25% (10) 50% (20) 75% (30) 100% (40)
MR21t	○ Signed consent forms	0% (0) 25% (15) 50% (30) 75% (45) 100% (60)
MR21t.1	○ Signed treatment plan and associated fees/estimate	0% (0) 25% (5) 50% (10) 75% (15) 100% (20)
MR22.1	A documented medical history contains pertinent and easily retrievable:	-
MR22.1f	○ Current medications	0% (0) 25% (5) 50% (10) 75% (15) 100% (20)
MR22.1g	○ Current medical therapy	0% (0) 25% (5) 50% (10) 75% (15) 100% (20)
MR22.1i	○ Environmental history such as inside/outside, contact with other animals, other geographic areas	0% (0) 25% (5) 50% (10) 75% (15) 100% (20)
MR22.1j	○ Client observations	0% (0) 25% (5) 50% (10) 75% (15) 100% (20)
MR22.1k	○ Previous and current diets	0% (0) 25% (5) 50% (10) 75% (15) 100% (20)
MR23	Sufficient information is entered in the history and examination portions of the record to justify the tentative diagnosis, problems, and treatment.	80
MR24.1	Client communication regarding their pet's symptoms, changes in activities, and behaviors are recorded in the medical record.	40
MR25	Identification of each medication administered is included in the medical record including:	-

MR25a	• Name of medication	0% (0) 25% (5) 50% (10) 75% (15) 100% (20)
MR25b	• Time	0% (0) 25% (5) 50% (10) 75% (15) 100% (20)
MR25c	• Date	0% (0) 25% (5) 50% (10) 75% (15) 100% (20)
MR25d	• Dosage	0% (0) 25% (5) 50% (10) 75% (15) 100% (20)
MR25f	• Route of administration	0% (0) 25% (5) 50% (10) 75% (15) 100% (20)
MR25g	• Frequency	0% (0) 25% (5) 50% (10) 75% (15) 100% (20)
MR25h	• Duration of treatment	0% (0) 25% (5) 50% (10) 75% (15) 100% (20)
MR25i	• Identification of individual(s) who administered the medication	0% (0) 25% (5) 50% (10) 75% (15) 100% (20)
MR26	The practice provides summaries or copies of the medical record when requested by the client.	60

Protocols

MR28	The practice utilizes a written protocol that details the maintenance of medical records. The protocol includes: <ul style="list-style-type: none"> • Who can write in the medical record • Information regarding the confidentiality of the medical records • Who has the authority to access the information 	40
MR29	The practice utilizes a written protocol for how medical record information is provided to the client. This includes: <ul style="list-style-type: none"> • Who approves the communication of the medical record • The form in which the communication is delivered such as fax, telephone, email, or photocopy • Under what circumstances and in what form the medical record or supporting documents such as radiographs, diagnostic results, or veterinarian's orders can be delivered to the client. 	60

Client Communication

MR32	The following matters are discussed with the client prior to obtaining informed consent:	-
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MR32a	○ Potential benefits and drawbacks of recommendations	0% (0) 25% (10) 50% (20) 75% (30) 100% (40)
MR32b	○ Potential problems related to recuperation	0% (0) 25% (10) 50% (20) 75% (30) 100% (40)
MR32d	○ The possible results of nontreatment	0% (0) 25% (10) 50% (20) 75% (30) 100% (40)
MR32e	○ Any significant alternatives	0% (0) 25% (10) 50% (20) 75% (30) 100% (40)
MR32f	○ Financial responsibility	0% (0) 25% (10) 50% (20) 75% (30) 100% (40)

Confidentiality, Security, and Integrity

MR46.1	Practice Information Management Software (PIMS) is backed up daily, at a minimum.	40
MR47.1	Restoration of Practice Information Management Software (PIMS) using backup data is tested as recommended by your software vendor or information technology professional.	40
MR48.1	To ensure confidentiality and integrity, the electronic medical record system automatically closes record notations after a user-specified period (maximum of 24 hours). Amendments/addendums are clearly recorded in an audit trail.	40
MR49.1	The Practice Information Management Software (PIMS) produces an audit trail or log, indicating who made specific entries and/or revisions of content as well as when these changes took place.	40
MR50.1	The Practice Information Management Software (PIMS) utilizes role-based security, allowing specific practice team members, classified within various positions, different levels of access to viewing, adding to and/or altering information.	20

(If your practice is considered mobile-only, without a brick-and-mortar location, this section will be removed from your standards for accreditation.)

General (The term "room" can be interpreted as "space.")

ELEF01	Dedicated examination areas are provided.	40
EF02	Each examination room is of adequate size to allow for patient examinations and sufficient space for the veterinarian, patient, client, and another practice team member.	40
EF03	Examination rooms have adequate lighting for proper examination of patients and at least one room is capable of being darkened as necessary.	60
EF04	Examination rooms provide a quiet environment for patient evaluation.	20
EF05	Each examination room has an examination table with a fluid-impervious surface for easy disinfecting.	10
EF06	Minimum equipment in or convenient to each examination room includes:	-
EF06a	• Sterile, unused needles and syringes for injection	10
EF06b	• Stethoscope	10
EF06c	• Accurate scales	10
EF06d	• Restraint equipment	10
EF06e	• Thermometer	10
EF06h	• Single-use disposable exam gloves	10
EF06j	• Radiographic viewer (not limited to a viewbox; other options can be a digital platform to view radiographs, e.g., computer, laptop, tablet, etc.)	10
EF06k.1	• Sink and/or alcohol-based hand sanitizer dispensers	10
EF07	Each examination room has cleaning materials, disinfectant, disposable towels, and a covered/enclosed waste receptacle.	10

Facility: **Home Care**

General

ELHC01	Consultation areas provide a quiet environment and adequate space to perform an examination safely for the patient and the practice team member.	40
ELHC02	Practice team members communicate with caregivers to determine the overall health status of the patient and appropriate next steps. Conversations are documented in the patient's medical record.	60
ELHC03	Practice team members discuss the specific needs of the patient with caregivers to determine medications and supplies needed for the home care appointment.	60
ELHC04	Supplies available for patient examinations include:	
ELHC04a	• Sterile, unused needles and syringes for injection	10
ELHC04b	• Stethoscope	10
ELHC04c	• Restraint equipment	10
ELHC04d	• Thermometer	10
ELHC04e	• Single use, disposable exam gloves	10
ELHC04f	• Appropriate additional personal protective equipment	10
ELHC04g	• Alcohol based hand sanitizer	10
ELHC04h	• Cleaning materials and solutions	10

ELHC04i	◦ Ancillary light source such as a headlamp or portable light	10
ELHC05	Practice team members have access to pertinent information from the patient's medical record during the home care appointment.	40
ELHC06	Practice team members discuss the optimal location for euthanasia with caregivers. Communications are documented in the patient's medical record.	60
ELHC07	Supplies available for a home care euthanasia are portable and include the following:	
ELHC07a	◦ Controlled substance safe	10
ELHC07b	◦ Literature on grief support, after care, etc.	10
ELHC07c	◦ Skin adhesive (to keep eyes closed)	10
ELHC07d	◦ Single use disposable exam gloves	10
ELHC07e	◦ Muzzles (various sizes)	10
ELHC07f	◦ Bandage scissors	10
ELHC07g	◦ Tape	10
ELHC07h	◦ Cordless clippers	10
ELHC07i	◦ Tourniquet	10
ELHC07j	◦ Sterile, unused syringes and needles	10
ELHC07k	◦ Saline flush	10
ELHC07l	◦ Intravenous catheters of various sizes, butterfly catheters; to include male adaptors and extension sets, as needed	10
ELHC07m	◦ Materials and solutions for patient cleanliness post euthanasia	10
ELHC07n	◦ Memorialization materials (paw print, stamping kit)	10
ELHC07o	◦ A creative therapy kit	10
ELHC07p	◦ Stretcher	10
ELHC08	All waste materials generated from the home care appointment are disposed of properly.	20
ELHC09	Grief support materials are provided to pet caregivers.	40

Mandatory Standards

ELMA03	Vehicles and practices are kept clean, well-organized, and free of persistent offensive odors.	40
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General

HM01	The housekeeping program provides and maintains a safe, sanitary, functional, professional and pleasant environment.	100
HM03	Furnishings are properly maintained and conveniently arranged in order to be pleasing to the client and conducive to the patient's comfort.	20
HM04	Practice team members understand housekeeping and maintenance goals and programs including:	-
HM04a	● The relationship to infectious disease prevention and control	40
HM04b	● Safe and proper handling of equipment, materials and chemicals used for cleaning and disinfecting.	40
HM05	The practice team is knowledgeable about proper handling and disposal of waste materials and the cleaning and disinfection of compartments, exercise areas and runs.	20
HM06	Client area displays, such as brochures, retail items and pictures are clean and orderly.	20
HM07	Custodial equipment and supplies are cleaned and properly stored.	20
HM09	Linen storage minimizes contamination from surface contact or airborne sources.	40
HM10	All soiled linens are contained, enclosed, and covered, to prevent the spread of contamination.	40
HM11	An adequate supply of clean or disposable linens and supplies are available and in good repair.	60
HM13	Facilities and equipment meet applicable building codes and other standards required by law.	40
HM14	Tools and materials for simple building maintenance and repair are available.	20
HM15	Contact information for routine and emergency repairs is maintained and readily available.	40
HM17.1	The heating, ventilating, and air conditioning (HVAC) systems ensure that an appropriate climate controlled and regularly filtered air supply is provided to all areas of the practice.	60
HM18.1	Qualified personnel maintain mechanical systems such as furnaces, air conditioning, and scavenging systems in accordance with:	-
HM18.1a	● Manufacturer's recommendations	30
HM18.1b	● A written and documented preventative maintenance program	30

Housekeeping Plan

HM20	A housekeeping supervisor is identified and responsible for administration of the housekeeping and maintenance programs.	40
HM21.1	A housekeeping manual or checklist is utilized and includes details on how to keep the practice clean, well maintained and in good repair.	100

Mandatory Standards

MA33	Controlled substances are stored in a limited-access, securely-locked and substantially-constructed cabinet or safe.	-
MA34	All prescription medications are dispensed or administered by order of a licensed veterinarian.	-
MA35.1	All medications are dispensed in child-resistant containers unless the client declines.	-

General

PH01	Access to the pharmacy area is restricted to authorized individuals.	10
PH01.5	Veterinary drugs are compounded and utilized in compliance with federal, state/provincial, and local regulations.	20
PH02.1	The practice limits access to electronic prescription forms and/or paper prescription pads at all times.	60
PH03.1	All medication containers utilized within the practice are labeled with: <ul style="list-style-type: none"> • Name of medication • Concentration • Expiration date 	60
PH03.2	All prefilled syringes utilized in the practice are labeled with the name of the medication.	20
PH04	All medications and biologicals that are drawn into prefilled syringes are stored and handled in a manner and timeframe that ensures their potency.	40
PH05	The medication storage system ensures that all medications are easily located and properly identified at all times. Organization systems such as alphabetical, usage, or type may be utilized.	20
PH06	Medications are stored, handled, and dispensed in a manner that prevents cross-contamination or adulteration.	20
PH07	Containers that prevent medications from being altered by environmental influences such as light and humidity are used.	10
PH08	The pharmacy contains a current written or electronic reference text or compendium of pharmaceuticals that provides the necessary information on veterinary and human medications, chemicals, and biologicals that are used within the practice, dispensed, or prescribed.	80
PH09	Current antidote information is readily available for emergency reference in addition to information for both human and veterinary poison control centers.	20
PH10	Pharmacy storage is well-organized.	10
ELPH01	Medications to be used during crisis situations are dispensed to clients.	40

Controlled Substances

PH11	A separate, accurate log is maintained for all administered and dispensed controlled substances.	80
PH12	The controlled substance log is stored in an area separate from the controlled substances.	40
PH13	The practice maintains a current verifiable inventory of controlled substances.	100

Dispensing and Prescription of Medications

PH15	When dispensing medication, each label:	-
PH15a	Is computer printed or typed	80
PH15b	Is securely affixed to the container	40
PH16	Each label contains the following information:	-
PH16a	Client's name	20
PH16b	Patient's name	20
PH16c	Date	20
PH16d	Name of medication	80
PH16e	Strength of medication	20
PH16f	Route of administration such as by mouth, in the ears, etc.	20

PH16f.1	Route	20
PH16g	Quantity or volume dispensed	20
PH16h	Practice’s name, address, and phone number including area code	20
PH16i	Name of the veterinarian dispensing the medication	20
PH16j	Expiration; either the actual expiration date of the drug or one year from the written Rx date if expiration exceeds one year	20
PH17	Medication containers include appropriate warning labels.	80
PH18	All prescription medications are approved and verified by a veterinarian or licensed pharmacist prior to dispensing and delivery to the client.	80
PH19	Each medication dispensed or prescribed is entered in the medical record including:	-
PH19a	● Name of medication	40
PH19b	● Strength of medication	40
PH19c	● Usage directions	40
PH19d	● Quantity or volume	20
PH19e	● Number of refills (if applicable)	10
PH19f	● Practice team member filling the prescription	10
PH20	A duplicate label is affixed to the medical record or retrievable from an electronic format for each medication dispensed.	40
PH21	If the client declines a child-resistant container, it is noted in the patient’s medical record.	10
PH24.1	The practice disposes of or returns outdated medications including controlled substances.	40

Hazardous Medications

PH25	Euthanasia agents are identified and segregated.	80
PH26	Hazardous medications including chemotherapeutic and radioactive medications are clearly identified and handled appropriately.	100
PH28.1	Internal controls are in effect for substances that are not controlled but may be abused such as inhalants and non-controlled drugs with the potential for abuse, etc.	20
PH29	Practice team members are aware of the human health risks of the medications, chemicals, and biologicals used within the practice.	20
PH30	The practice team is knowledgeable about potential patient adverse reactions and contraindications of the medications, chemicals, and biologicals used within the practice.	60
PH31	Clients are made aware of the potential for patient adverse reactions, medication interactions and human health risks in writing if possible.	60
ELPH02	Clients are provided with information on how to properly dispose of a deceased pet’s medications.	60