**CONTAGIOUS DISEASE – EFFECTIVE CONTAINMENT**

**PRACTICE NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date created or updated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CD01.** The practice utilizes a written protocol that addresses potentially contagious patients and effective containment of contagious diseases throughout the facility.

**Template**

**Purpose** (preparedness for receiving, transferring, and containing the contagious patient)

**Personnel** (designated practice team members responsible for care/treatment)

**CLIENT SERVICE - CONFLICT**

**HOSPITAL NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date created or updated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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.

**Template**

**Purpose** (Education on dealing with difficult clients and situations)

**Training** (Difficult clients and situations)

**Personnel** (Designated team members for training and handling difficult situations)

**DENTISTRY – INSTRUMENT MAINATENANCE**

**HOSPITAL NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date created or updated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DE12.2.** The practice utilizes a written protocol for maintaining dental instruments including hand instruments and other dental equipment (e.g., sharpening of the hand instruments, maintenance of the ultrasonic scaler).

**Template**

**Purpose** (Education on dealing with difficult clients and situations)

**Personnel** (Designated team members for training of sharpening and maintaining instruments)

**HUMAN RESOURCES - CONFLICT**

**HOSPITAL NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date created or updated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HR06**. The practice utilizes a protocol for resolving conflict among practice team members.

**Template**

**Purpose** (Train staff members in the importance of and in the appropriate methods of resolving personal conflict)

**Personnel** (designated practice team members responsible for implementation and training)

**LABORATORY - NECROPSY**

**HOSPITAL NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date created or updated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LA33.1.** The practice has a written protocol that identifies when a necropsy should be performed and by whom, if they do not provide the service.

**Template**

**Purpose (**To assist in the comparison of the diagnoses with clinical tests)

**Personnel** (Designated practice team members responsible for completing the task)

**MEDICAL RECORDS – DECEASED PATIENTS**

**HOSPITAL NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date created or updated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MR27.** The practice has a written protocol to ensure appropriate client communication regarding deceased patients such as removal of patient name from reminder lists and appropriate expressions of sympathy.

**Template**

**Purpose** (To give compassionate treatment to clients and to improve the likelihood that the client will

continue a relationship with the practice)

**Personnel** (Designated practice team members responsible for completing the task)

**MEDICAL RECORDS – MAINTENANCE**

**PRACTICE NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date created or updated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MR28.** The practice has a written protocol that details the maintenance of medical records. The protocol includes:

* Who can write in the medical record
* Information regarding the confidentiality of the medical records
* Who has the authority to access the information

**Template**

**Purpose** (Confidentiality and authority to write in and access the medical records)

**Personnel** (Designated practice team member(s) responsible for completing the task(s) outlined in the protocol)

**MEDICAL RECORDS – INFORMATION TO CLIENT**

**HOSPITAL NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date created or updated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MR29.** The practice utilizes a written protocol for how medical record information is provided to the client. This includes:

* 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 are in what form the medical record or supporting documents such as radiographs, diagnostic results, or veterinarian’s orders can be delivered to the client.

**Template**

**Purpose** (Consistently meet clients’ needs of obtaining the information contained in their animal’s medical record)

**Personnel** (Designated practice team member(s) responsible for completing the task(s) outlined in the protocol)

**MEDICAL RECRODS – EMR ORGANIZATION**

**HOSPITAL NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date created or updated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MR36.** The practice utilizes a written protocol that documents how and where they will enter information and what format will be used to maintain various types of information (PDF, link, word document, PACS files, hard copies of documents such as consent forms stored elsewhere, etc).

**Template**

**Purpose:** (Establish a routine for maintaining dental instruments and equipment)

**Personnel:** (Designated practice team member(s) responsible for completing the task(s) outlined in the protocol)

PATIENT CARE – ABUSE

**HOSPITAL NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date created or updated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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, non-hygienic environments, mishandling and infliction of injury.

**Template**

**Purpose:** (Educate the practice team on differences between unintentional neglect and malicious abuse, and how and when to implement practice policies)

**Personnel:** (Designated practice team member(s) responsible for completing the task(s) outlined in the protocol)

**PATIENT CARE - RESTRAINT**

**HOSPITAL NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date created or updated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PC55.** A written protocol for practice team members training in patient handling and restraint is utilized.

**Template**

**Purpose:** (Ensure practice team members are properly trained in humane handling and restraint of patients)

**Personnel:**  (The designated practice team member(s) responsible for completing the task(s) outlined in the protocol)

PATIENT CARE – DRYING AND COOLING (PATIENT SAFETY)

**HOSPITAL NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date created or updated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PC56.**  The practice utilizes a written protocol that addresses patient safety during the process of drying or cooling.

**Template**

**Purpose:** (Practice team members are properly trained in patient safety during the process of drying or cooling patients)

**Personnel:** (Designated practice team member(s) responsible for completing the task(s) outlined in the protocol)

**PATIENT CARE – ADVERSE AND SENTINEL EVENTS**

**HOSPITAL NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date created or updated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PC57.** The practice has a written protocol that defines what constitutes an adverse/sentinel event and how such events are addressed.

**Template**

**Purpose:** (Immediate recognition, investigation, and response when these events occur)

**Personnel:** (Designated practice team member(s) responsible for completing the task(s) outlined in the protocol)

**PATIENT CARE – PATIENT DISCHARGE**

**HOSPITAL NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date created or updated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PC58.1.** The practice utilizes a written protocol for the discharge of hospitalized patients including:

* Who will discharge the patient such as veterinarian, technician or receptionist
* How the patient will be discharged, such as scheduled release appointment
* When the patient will be discharged
* What is to be communicated to the client
* How to prepare the patient for discharge, such as bathing or brushing

**Template**

**Purpose:** (Maintain consistent information given to clients regarding their pets after hospitalization, and to maintain a steady flow of the practice by standardizing the release of patients)

**Personnel:** (Designated practice team member(s) responsible for completing the task(s) outlined in the protocol)

**PATIENT CARE – PET VISITATION**

**HOSPITAL NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date created or updated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PC58.** The practice utilizes a written pet visitation protocol that standardizes how a client is allowed to visit their pet while hospitalized. The protocol addresses decisions such as who will communicate with the client, when the client can visit, and the location and duration of the visit.

**Template**

**Purpose:** (Maintain consistent visitation between clients and their pets and consistent communication between team members and clients)

**Personnel:** (Designated practice team member(s) responsible for completing the task(s) outlined in the protocol)

**PATIENT CARE – EUTHANASIA**

**HOSPITAL NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date created or updated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PC59.** The practice utilizes a written euthanasia protocol that details how the practice will handle client communication prior to, during and after the euthanasia process. This includes other considerations, such as location of the procedure, disposition of remains, grief-counseling options and the level of client assistance.

**Template**

**Purpose:** (Acknowledge client’s grief and sensitivity throughout the death experience while educating them on the entire process, including what to expect if witnessing the euthanasia process)

**Personnel:** (Designated practice team member(s) responsible for completing the task(s) outlined in the protocol)

**PHARMACY – STORAGE AND HANDLING OF CHEMOTHERAPEUTIC AGENTS**

**HOSPITAL NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date created or updated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PH26.1.** The practice utilizes a written protocol to address the proper storage and handling of chemotherapeutic agents. At a minimum, the protocol should include:

* How drugs are received and unpacked
* Who is allowed to handle the medications
* How patients receiving the chemotherapy agents will be identified, treated and housed
* Proper disposal of excrement
* Disposal of waste chemotherapy agents and associated paraphernalia

**Template**

**Purpose:** (Familiarize practice team members with the dangers of chemotherapeutic agents and the precautions that must be met when handling these and hazardous agents)

**Personnel:** (Designated practice team member(s) responsible for completing the task(s) outlined in the protocol)

**PRACTICE LEADERSHIP-IDENTITY THEFT PROTECTION**

**HOSPITAL NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date created or updated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PL10.** The practice utilizes a written identity theft prevention program

**Template**

**Purpose:** (Protect employee and client personal information and minimize the practice’s liability due to the increasing problem of identity theft)

**Personnel:** (Designated practice team member(s) responsible for completing the task(s) outlined in the protocol)

**SAFETY - ENVIRONMENT**

**HOSPITAL NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date created or updated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SA05.** The practice has a protocol that provides for a safe environment for clients,

patients and practice team members that addresses:

* Personal safety such as tripping hazards
* Personal security such as outside lighting when practice team members are

leaving after dark

* Injury prevention and management
* Smoking
* Management of emergencies, including loss of utilities
* Management of hazardous materials
* Potential hazards related to pregnancy

**Template**

**Purpose:** (Methods used to achieve a safe and healthy work environment for practice team members, clients and patients)

**Personnel:** (Designated practice team member(s) responsible for completing the task(s) outlined in the protocol)

**SURGERY – PREPARATION OF PATIENTS**

**HOSPITAL NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date created or updated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SX11.** The practice utilizes a written protocol for the preparation of surgical patients, addressing:

* Appropriate order, duration and timeliness of preparation
* Preparation of specific body areas
* Methods of antisepsis
* Antiseptic products

**Template**

**Purpose:** (Provide consistent and efficient surgical preparations of every patient, insuring minimal bacterial contamination to the patient and surgical site in the most time effective manner)

**Personnel:** (Designated practice team member(s) responsible for completing the task(s) outlined in the protocol)

**SURGERY – PREPARATION OF TEAM MEMBERS**

**HOSPITAL NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date created or updated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SX19.** The practice utilizes a protocol to ensure proper preparation of surgeons and surgical assistants.

**Template**

**Purpose:** (Prepare all practice team members that are directly involved with the surgical procedure in such a manner that they contribute to sterility and aseptic technique)

**Personnel:** (Designated practice team member(s) responsible for completing the task(s) outlined in the protocol)

**SURGERY – STERILIZATION OF EQUIPMENT**

**HOSPITAL NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date created or updated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SX34.** The practice follows a written sterilization protocol that provides for appropriate sterile equipment and supplies.

**Template**

**Purpose:** (Establish a consistent approach in achieving the highest level of asepsis with each sterilizing task)

**Personnel:** (Designated practice team member(s) responsible for completing the task(s) outlined in the protocol)