



CLINICAL AFFILIATE QUALITY ASSURANCE

Lincoln Memorial University
College of Veterinary Medicine

COMPLIANCE AND REGULATORY RESOURCE GUIDE

Partners in Veterinary Clinical Education



Clinical Affiliate Quality Assurance Program

LMU-College of Veterinary Medicine

COMPLIANCE AND REGULATORY RESOURCE GUIDE

Veterinary leaders know that compliance is required by a variety of regulatory organizations associated with the function of a safe veterinary business. Things like OSHA postings, removal of expired drugs, proper storage and documentation of controlled substances, securing compressed gases, providing for radiation safety, cleanliness, no human food in treatment areas, proper isolation procedures and more. In an effort to add value for you our clinical affiliates, and to assist LMU in preparation for next spring's COE inspections, we have developed a clinical affiliate-consulting program. We call the program CAQA – the Clinical Affiliate Quality Assurance consulting program. This is a free comprehensive 75-point on-site consultation designed to assist you with compliance with OSHA, DEA, and state practice act facility requirements. Our goal is threefold, 1) to add value to you our clinical partners, 2) to insure a safe, quality, learning environment for our students, and 3) to prepare for COE clinical site inspections. For you, unlike AAHA/DEA/State Board/OSHA inspections, these are low stakes free consultative visits

The following is not an all-encompassing or definitive guide to meeting all legal requirements necessary in the safe operation of a veterinary concern. Instead, it is meant as a brief list of available resources to assist you in your day to function, and to insure students are learning in a safe and compliant environment. We welcome your feedback and edits.

I. **DEA**

According to federal regulations, all DEA registrants shall meet required record keeping rules including;

- Records must show the flow of DEA controlled substance into and out of the practice – anytime a DEA-controlled substance is acquired, dispensed, administered, distributed, stolen, lost, disposed of or inventories.
- DEA-controlled substance records must be readily retrievable for inspection.
- Must store all copies of DEA Form 222 (the form used for ordering schedule II drugs) in a substantially constructed, securely locked cabinet/drawer.
- Written inventory must include the following:
 - o Date
 - o Time of day inventory was performed
 - o Each finished form (e.g. 100 mg tablet)
 - o Number of dosage units for each finished form. An exact count of Schedule II drugs is required, estimate satisfactory for Schedule III – IV.
 - o Number of bottles
 - o Disposition of the controlled substances
- <http://www.deadiversion.usdoj.gov/pubs/manuals/pract/section4.htm>.
- <http://www.deadiversion.usdoj.gov/webformd/orderFormsRequest.jsp>
- <https://www.dea.gov/index.shtml>

Expired Pharmaceuticals

- Occasionally medications expire before being used. It is necessary to remove this stock from use.
- Expired drugs should be kept together – separately from active stock – placed away from active inventory.

Prescription drug monitoring program by state NY, TN:

- www.health.ny.gov/professionals/narcotic
- www.health.state.tn.us/boards/controlledsubstance/index.shtml.

II. **OSHA**

State and federal laws require reporting of all known work related injuries and illnesses requiring medical attention within specified state required periods.

OSHA 300 forms and record keeping

- The OSHA Act of 1970 requires employers to prepare and maintain records of work-related injuries and illnesses. OSHA form 301 detailed report of each injury and illness. OSHA form 300 summary log for form 300. OSHA 301A – posted summary of total number of job-related injuries and illnesses each year.
- <https://www.osha.gov>
- Labeling hazardous materials – whenever possible original labels should be maintained in good condition. If original labels are unreadable or material is transferred into another container, a “secondary label” needs to be created.
- www.AAHA.org Secondary Container Labels
- Anesthetic Gases – gases are present in hospitals and can be hazardous. To minimize exposure, a regularly checked scavenger system should be in place.
- Personal Protective Equipment – appropriate protection for hands and arms (various gloves), eyes (safety glasses, face shield), respiratory system (surgical mask), and upper body (waterproof apron, x-ray apron, thyroid shield)
- Medical waste - appropriate disposal of sharps and biological material
- General Safety - each location should assign a safety officer.
- Radiation
 - Hospitals should have the following items:
 - Postings – (Radiation safety), warning signs upon entry
 - State required certificate
 - Personal protective equipment
 - Technique chart
 - Radiation safety badges
- http://www.vmb.ca.gov/forms_pubs/radguide.pdf
- AVMA Safety Bulletins can be found at:
- www.avmaplit.com

III. Veterinary Practice Act

In most states, clinical year veterinary students under direct supervision of a state licensed veterinarian have considerable opportunities to perform veterinary duties. However, please familiarize yourself with your states practice act.

State practice acts

<https://www.aavsb.org>

State regulations for vet assistants and vet techs

http://www.avma.org/advocacy/state/issues/scope_vet_assistant_duties.pdf