Technical Inspection and Monitoring format for Veterinary Hospitals (VHs)

(Please mark 'Yes' if the requisite is fulfilled or mark 'No' if unfulfilled or 'NA' if it is not applicable)

1. General Information

Information about the Center

| Name of the center: | | | Address: | |
|--|-------------------------|-----|----------------|-----------|
| Total number of staff: (Kindly fill into annexure n | o 1) | | | |
| Inspection details | | | | |
| Date of Inspection: | | D | ate of last in | spection: |
| Type of inspection (Please Follow-up () | e tick): Routine () or | ٢ | | |
| Team Composition | | | | |
| Name | Designation | Age | ency | Remarks |
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2. Assessment of compliance to Bhutan Medicines Rules and Regulations

| SI. No. | Requisites | Dispensary | Store | Compounding | Remarks |
|------------|--|------------|-------|-------------|---------|
| 1. | Is the signboard available? | | | 1 | |
| 2. | Is the signboard displayed at conspicuous place? | | | | |
| 3. | Is the premise maintained clean? | | | | |
| 4. | Is the room appropriately labeled? | | | | |
| 5. | Is the competent person wearing clean white apron/clinical dress? | | | | |
| 6. | Is the competent person found with nametag? | | | | |
| 7. | Do they have written procedures? | | | | |
| 8. | Is the written procedure being implemented? | | | | |
| 9. | Is there hygro-thermometer? | | | | |
| 10. | Is the temperature recorded? | | | | |
| 11. | Is relative humidity recorded? | | | | |
| 12. | Is hygro-thermometer calibrated?/ | | | | |
| 13. | Is the shelf maintained clean? | | | | |
| 14. | Are the shelves labeled? | | | | |
| 15. | Are the products arranged as per label? | | | | |
| 16. | locked room / cabinet? | | | | |
| 17. | Does the physical balance tally with the ledger balance? | | | | |
| 18. | specified format? | | | | |
| 19. | Is the expired drugs segregated? | | | | |
| 20. | Is there labeling for expired drugs? | | | | |
| 21. | Is the expired drugs quantified? | | | | |
| 22. | Is the record for disposed medicines maintained? | | | | |
| 23. | Is there register maintained for dispensed medicines? | | | | |
| 24. | Is the dispensing material/container appropriate for intended use? | | | | |

| | | | 1 |
|-----|---|------|---|
| 25 | Are the dispensed drugs labeled | | |
| | appropriately? | | |
| 26. | Is patient counseled on use of | | |
| | dispensed drugs? | | |
| 27. | Do they sign on the prescription after | | |
| | dispensing? | | |
| | Is there separate compounding area? | | |
| | 2 · · · · · · · · · · · · · · · · · · · | | |
| 29. | Is there compounding formula? | | |
| | | | |
| 30. | Is the compounding area maintained | | |
| | clean? | | |
| 31. | Do they use appropriate instruments for | | |
| | intended activities? | | |
| 32. | Are the instruments maintained clean? | | |
| | | | |
| 33 | Is there labeling on the | | |
| | extemporaneous formulation container? | | |
| | Is there a documented record for | | |
| | extemporaneous preparations? | | |
| | Is there an expired extemporaneous | | |
| | preparation? | | |
| | Is the store suitable for storing of | | |
| | medicinal products? | | |
| | Are the medicinal products in direct | | |
| | contact with the floor? | | |
| | Is the stock ledger maintained? | | |
| | io the stock reagon maintainea. | | |
| 39. | Is the cold chain equipment maintained | | |
| 1 | clean? | | |
| 40 | Is the expired vaccines segregated? | | |
| | .o ino empirou vacembo eeg. egateu : | | |
| 41 | Is there expired vaccines labeled? | | |
| | ' | | |
| 42. | Is the expired vaccines quantified? | | |
| | • | | |
| 43 | Is the record for disposed vaccines | | |
| | maintained? | | |
| 44 | Is there AEFI emergency kits? | | |
| | | | |
| 45. | Are the kits valid? | | |
| | | | |

3. Assessment of compliance to standard operating procedures (SOPs).

i. Vaccination room

| SI. no | Requirements | Yes | No | Observation |
|--------|--|-----|----|-------------|
| 1. | Is the competent person wearing clean apron/uniform? | | | |
| 2. | Is the competent person found with nametag? | | | |
| 3. | Is there a table to place the animal? | | | |
| 4. | Is there a sink with a tap? | | | |
| 5. | Is there a refrigerator to store vaccines? | | | |
| 6. | Is it maintained clean? | | | |
| 7. | Is the temperature recorded daily? | | | |
| 8. | Is the health condition of the animal | | | |

| | assessed before vaccination? | | |
|-----|---|--|--|
| 9. | Do they follow the standard procedure | | |
| | while administering the vaccine? | | |
| 10. | Are the needles and syringes reused? | | |
| 11. | Do they dispose the needles and | | |
| | syringes separately? | | |
| 12. | Is there AEFI kit? | | |
| 13. | Is there an expired vaccine? If no skip | | |
| | Q14. | | |
| 14. | Is the expired vaccine segregated, | | |
| | labeled, quantified and stored | | |
| | separately? | | |

ii. Treatment room

| SI. no | Requirements | Yes | No | Observation |
|--------|---|-----|----|-------------|
| 1. | Is the competent person wearing clean | | | |
| | apron/uniform? | | | |
| 2. | Is the competent person found with | | | |
| | nametag? | | | |
| 3. | Is there a table to place the animal? | | | |
| 4. | Is there a sink with a tap? | | | |
| 5. | Is there a refrigerator to store medicines? | | | |
| 6. | Is it maintained clean? | | | |
| 7. | Is the temperature recorded daily? | | | |
| 8. | Are the medicine shelves/racks clean | | | |
| | and properly labeled? | | | |
| 9. | Are the medicines properly arranged on | | | |
| | the shelves/racks? | | | |
| 10. | Are the multiple dose vials properly | | | |
| | labeled with the date of initial opening | | | |
| | and stored in refrigerator? | | | |
| 11. | Is there room thermometer? If no skip Q 12 | | | |
| 12. | Is the temperature recorded? | | | |
| 13. | Are there expired medicine/non- | | | |
| | medicines? If no skip Q 14 | | | |
| 14. | Is the expired medicine/non-medicine | | | |
| | segregated, labeled, quantified and | | | |
| | stored separately? | | | |
| 15. | Do they sterilize the site of injection | | | |
| | before injecting? | | | |
| 16. | Do they withdraw the plunger of the | | | |
| | syringe before injecting the medicine? | | | |
| 17. | Are the syringes and needles used just | | | |
| 40 | used once? | | - | |
| 18. | Do they wear protective gears (gloves, | | | |
| 40 | face mask) while handling cases? | | | |
| 19. | Do they dispose the needles and | | | |
| | syringes separately? | | | |

iii. Preparation room

| SI. no | Requirements | Yes | No | Observation |
|--------|--|-----|----|-------------|
| 1. | Is the competent person wearing clean apron/uniform? | | | |
| 2. | Is the competent person found with | | | |

| | nametag? | | |
|----|---|--|--|
| 3. | Is there a table to place the animal? | | |
| 4. | Is there a sink with a tap? | | |
| 5. | Is the controlled drugs kept in separate locked room / cabinet? | | |
| 6. | Is the record maintained in the stock ledger? | | |
| 7. | Does the physical balance tally with the ledger balance? | | |
| 8. | Is Endotracheal intubation practiced? | | |

iv. Operation theatre

| SI. no | Requirements | Yes | No | Observation |
|--------|--|-----|----|-------------|
| 1. | Is the competent person wearing clean | | | |
| | surgical apron/uniform? | | | |
| 2. | Is there a table to place the animal? | | | |
| 3. | Is there an autoclave? If no, skip Q4& Q5 | | | |
| 4. | Do they use autoclave to sterilize surgical instruments? | | | |
| 5. | Are the instruments sterilized with proper indicator (Autoclave tape)? | | | |
| 6. | Is the OT equipped with proper surgical instrument? | | | |
| 7. | Is the OT maintained clean? | | | |
| 8. | Is the patient being monitored? | | | |
| 9. | Are there emergency drugs available? (eg: Dexamethasone, atropine, adrenaline etc) | | | |
| 10. | Are fluids being administered to the patient during surgery? | | | |
| 11. | Is hand scrubbing practiced prior to surgery? | | | |
| 12. | Does the center have consent form? If no, skip Q13 | | | |
| 13. | Is there a practice of signing the consent form? | | | |

v. Recovery room

| SI. no | Requirements | Yes | No | Observation |
|--------|---------------------------------------|-----|----|-------------|
| 1. | Is there a separate room for animal | | | |
| | recovery? If no skip Q2 | | | |
| 2. | Is the room clean and temperature | | | |
| | favorable to the animal recovery? | | | |
| 3. | Is the patient being monitored during | | | |
| | recovery? | | | |

4. Laboratory capacity

| SI. no | Questions | Remarks |
|--------|--|---------|
| 1. | Is/ are there Laboratory technician/s at the center? | |
| 2. | Is there separate Laboratory section? | |

| | 3. | What kinds of laboratory tests are being conducted? | |
|---|----|--|--|
| _ | 4. | What diagnostic equipment are available? List them (Laboratory as well as clinical diagnostic equipment) | |
| - | 5. | Where do they refer the samples? | |

5. Pet registration

| SI. no | Questions | Remarks |
|--------|--|---------|
| 1. | Does the center provide pet registration? If no, skip Q2 to Q5 | |
| 2. | What is the registration fee? | |
| 3. | How many pets are registered in a year? | |
| 4. | Do they record the data in the database? | |
| 5. | What vaccines are used in pets? | |

6. Medicines, non-medicines and equipment (EVDP program, annexure no 2)

7. Waste disposal

| SI. no | Questions | Remarks |
|--------|--|---------|
| 1. | How do you dispose the expired medicines? | |
| 2. | Are there provisions of different bins for different wastes (organs, sharps etc? | |
| 3. | Are syringes/ drip sets etc. being sterilized and reused? | |
| 4. | Where and how do you dispose dead animals brought to the center for treatment? | |

8. Record keeping

| SI. No. | Name of the | Up to | date data entry | Remarks |
|---------|-------------------------|-------|-----------------|---------|
| | register/database | Yes | No | |
| 1 | Treatment | | | |
| 2 | Vaccination | | | |
| 3 | Deworming | | | |
| 4 | Sterilization | | | |
| 5 | Medicine stock register | | | |

| 6 | Schedule C drugs stock register | | |
|---|---------------------------------|--|---------------|
| 7 | VIS database | | Focal person: |
| 8 | TADinfo database | | Focal person: |
| 9 | Pet registration database | | |

9. Adverse Drug Reaction (ADR) and Adverse Events following Immunization/Vaccine Adverse Events (AEFI/VAE)

| SI. no | Questions | Remarks |
|--------|---|---------|
| 1. | Are they aware/ heard of ADR/VAE? If no, skip Q2 to 10 | |
| 2. | Did they encounter ADR/VAE? If no, skip Q3 to 10 | |
| 3. | What type of reaction was it? | |
| 4. | Name of the medicine/vaccine? | |
| 5. | No of animals affected? | |
| 6. | What immediate intervention was done to counteract the ADR/VAE | |
| 7. | What was the consequence of ADR/VAE on the animal (Death/ prolonged treatment/ disability)? | |
| 8. | Was it reported to higher authorities? | |
| 9. | Do they record VAE? | |
| 10. | Do they have AEFI/VAE kit? | |

10. Any other issues observed

11. Feedbacks from the staff

Annexures

Annexure 1: Staff Strength/Composition

| SI no | Designation | Qualification | Number |
|-------|-------------|---------------|--------|
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Annexure 2: Information on the drugs, non-drugs and equipment

1. Expired drug inventory format

| SI. no. | Generic name | Presentation | Qty. expired | Batch no. | Manuf. Date | Expiry date | Date of receipt | Rate (Nu.) | Total Amount (Nu.) | Rem arks |
|------------|--------------|--------------|-----------------|--------------|----------------|----------------|--------------------|---------------|--------------------------|-------------|
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2. Non-drug items and instrument inventory format

| SI. no. | Items | Qty. in use | Qty. in stock as of | No. of month out of stock | Quantity (Qty.) required | Reason for replacement/ addition |
|------------|-------|----------------|---------------------|------------------------------------|--------------------------------|-------------------------------------|
| | | | | | | |
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- 3. For mobilization of drugs and instruments.
 - i. Drug stock nearing expiry date

| SI. no. | Name of drugs | Presentation | Quantity | Expiry date | Rate (Nu.) | Amount (Nu.) | Remarks |
|------------|---------------|--------------|----------|----------------|---------------|-----------------|---------|
| | | | | | | | |
| | | | | | | | |

ii. List of acute shortage of drugs and instruments

| SI. no. | Generic name | Presentati on | Qty. Receive d | Date of receipt | Averag e monthl y unit (AMU) | Stock Balance | Qty. requir ed | Remar ks |
|------------|--------------|------------------|----------------------|-----------------|--|------------------|----------------------|-------------|
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iii. Drugs issued to other centres

| SI. no. | Generic name | Presentat ion | Quantit y | Issued to (Centre name) | Mfg date | Exp. Date | Requisitio n ref. o. & Date | Remarks |
|------------|-----------------|------------------|--------------|----------------------------|-------------|--------------|-----------------------------------|---------|
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4. Cold chain facilities

i. Refrigerator

| SI. no. | Model/Make | Capacity | Quantities | Date received | Location | Condition |
|------------|------------|----------|------------|---------------|----------|-----------|
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ii. Cool Box

| SI. no. | Make | Size | Quantities | Location | Condition |
|------------|------|------|------------|----------|-----------|
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