Veterinary Emergency and Critical Care Society (VECCS) Facility Certification Guidelines

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Overview

The Veterinary Emergency and Critical Care Society (VECCS) offers a certification program aimed at raising the standard of patient care and to increase public and professional awareness of high-quality facilities in which veterinary emergency and critical care are practiced. The VECCS Facility Certification program identifies 3 certification levels based on operating hours, equipment, and personnel. VECCS advocates the following building standards, infrastructure, staffing, equipment, supplies, medical records, and resources as the requirements for VECCS Certified Facilities. This certification recognizes veterinary emergency and critical care facilities that meet or exceed the guidelines formulated by VECCS as centers of excellence, with Level I being the highest.

Evaluating Facilities

The VECCS Board of Directors has charged the Facility Certification Committee with the honor and privilege of examining the application documents from all the emergency and critical care facilities that seek to become a VECCS Certified Facility. The Committee's task is to evaluate a hospital's facility, its infrastructure, its business hours, its ER and ICU staff, their respective schedules, the hospital's commitment to providing training and continuing education for all those staff who are involved in patient care, medical records, equipment and supplies, and reference resources available to their staff. VECCS and the Facility Certification Committee have no intention to judge the quality of medicine that is practiced within a facility, or to evaluate their business decisions, policies, and procedures. The certification process is entirely electronic and does not involve site visits. This trust-based approach is designed to reduce the costs of the certification program and requires each hospital to provide written and pictorial documentation of its facilities, staffing, and equipment. Please follow these guidelines to aid in the certification application process. For any questions email certification@veccs.org.

Review Process

Once an application has been submitted, the VECCS Facility Certification committee will review the application to confirm all requirements have been met. The typical time from application submission to Facility Certification is between 4-6 weeks. If all the requirements have not been met, the facility will be contacted to provide corrections. Corrections must be submitted within 60 days, or a New Application must be submitted. Once approved, the facility will be VECCS Certified for 2 years from the date of approval.

Compliance

Certified facilities are expected to remain in compliance with the guidelines in place at the time they were certified, for the full term of certification. Upon applying for re-certification, it is also expected that the required criteria not revisited during re-certification remain in compliance. If, for any reason, the facility falls out of compliance with these guidelines, it is their responsibility to promptly notify the VECCS office and cease representing themselves as a certified facility. Whether certification ceases due to expiration or non-compliance, facilities must immediately update any marketing materials, websites, or other public-facing documents and discontinue the use of certification marks or logos that imply certification until the facility regains certification.

Application Process

Part 1: General Information

Facilities must provide primary and secondary contact information, mailing address, certification Level, receiving hours, and a picture of the front of the facility that shows hours of operation.

Level I and Level II facilities are open to receive emergency patients 24 hours a day, 7 days a week, 365 days a year. Level III facilities are open to receive emergency patients on nights, weekends, and holidays 365 days a year.

All facilities must have the capacity to receive, evaluate, stabilize, and provide limited emergency medical support for any species that is commonly found in the pet trade. There are definitions, exceptions, inclusions, and limitations associated with this requirement, as follows.

- Primates, dangerous mammals or reptiles, zoological specimens, and species commonly regarded as livestock, are not considered pets.
- Wild animals are not considered pets. However, VECCS certified facilities can accept critically ill or injured wildlife, using appropriate personal safety precautions, but only for the purposes of providing temporary shelter and relief from pain, until they can be redirected to a licensed rehabilitator, within the constraints of local, state, federal, or provincial statutes for that species.
- Koi and aquarium fish are considered pets but are excluded from this requirement.
- For the purposes of this requirement, 'receive' means to not turn away a 'walk-up' emergency patient at your door if that patient is an 'exotic' species. If a phone call is received, that pet owner can be referred to another emergency facility that routinely deals with 'exotics', if one is available. If there is no other facility available, the VECCS Certified Facility should be capable of accepting the emergent exotic patient.
- For the purposes of this requirement, 'evaluate' means to look at the patient, obtain a history, and do, at a minimum, a visual exam. A 'hands-on' exam can be done within the limits of the patient's and the examiner's safety and comfort Level, understanding that some exotic species may not be able to tolerate handling. The use of species-specific references, such as those listed in Part 5 of this document, would be expected, and encouraged.
- For the purposes of this requirement, 'stabilize' means to have available in the facility equipment and supplies necessary to provide basic support, such as secure housing, warmth, oxygen, if needed, possibly fluid therapy, and some form of pain relief, to include humane euthanasia if no other options are available.
- The capability to do species specific diagnostic testing, or surgical procedures, on exotic pet species is not a requirement for VECCS Certified Facilities.

Part 2: Facilities

Facilities must submit a photo of the following areas of the facility:

- The reception area
- An exam room
- ER receiving and triage area, or 'STAT' area with oxygen source/system and suction capability (may be portable or central unit) and crash cart/box with emergency drugs and supplies

- ICU area, or dedicated room with oxygen source/system and anesthesia scavenging and suction capability (may be portable or central unit)
- Dedicated isolation room with oxygen source/system
- Dedicated anesthesia and surgery preparation area, for patient prep, not to be in the surgery room with oxygen source/system and anesthesia scavenging
- Dedicated surgery room(s) with oxygen source/system, anesthesia scavenging and suction capability (may be portable or central unit)
- Radiology room with protective garments and oxygen source/system and anesthesia scavenging
- Dedicated laboratory area
- Equipment sterilization capability with quality control.

Additional photographs, or documentation, will be required of the following:

- Backup power supply to ensure constant source of electric power in case of outage (Level I)
- Emergency preparedness plan with date of last revision. The emergency preparedness plan needs to have contact numbers for emergency departments and services as well as evacuation plans for staff and patients.

Part 3: Emergency Capabilities

VECCS Certified Facilities must have emergency capabilities as specified below.

CPR

All VECCS Certified Facilities must be capable of performing cardiopulmonary resuscitation consistent with RECOVER guidelines. Photos of RECOVER CPR Algorithm and Emergency Drugs posters in the following areas must be provided.

- Triage area
- Any area where anesthesia is used
- One additional area (Level I and II)

All Levels must have a minimum of two resuscitation bags.

In addition, Level I and II facilities must have a defibrillator and provide a photo.

Fluid Therapy

All VECCS Certified Facilities must have the following fluid types available:

- Crystalloid fluids
    - Hypertonic saline
    - Replacement fluids-isotonic, buffered (e.g., LRS, Plasmalyte-A, Normosol-R)
    - 0.9% NaCl
    - Carrier fluid, traditionally 5% dextrose in water or 0.9% NaCl
- Synthetic colloid fluids

In addition, Level I and II facilities must have one of the following maintenance fluids (Plasmalyte 56, 0.45% saline w 5% dextrose, Normosol-M) and provide a photo of the required fluids with distributor label visible. The use of 0.45% saline with additives mixed in hospital is approved.

Fluid delivery should be provided via fluid pumps, syringe pumps, and calibrated burettes. A photo of each of these is required for all Levels.

All VECCS Certified Facilities must have peripheral intravenous catheters and intraosseous fluid administration supplies (e.g., spinal, or hypodermic needles). In addition, Level I and II facilities must have central venous catheters and provide a photo.

Transfusion Medicine

All VECCS Certified Facilities must be capable of patient screening through blood typing for canines and felines, as well as crossmatching.

All VECCS Certified facilities must always have the following small animal blood products:

- Canine and feline fresh frozen plasma
- Canine and feline (Type A and B) packed red blood cells, or readily available donor

In addition, Level I and II facilities must also always have the following blood products:

- Canine packed red blood cells, or whole blood
- Feline type A packed red blood cells, or whole blood
- Feline type B packed red blood cells, whole blood, or readily available source

For Level III facilities, in lieu of canine and feline packed red blood cells, facilities must have readily available: stored whole blood OR screened canine and feline donors onsite OR a local blood bank with 24-hour service.

Levels I and II will be required to upload a photo of a dedicated blood product refrigerator and dedicated freezer with the door open.

Level III facilities are recommended to have a dedicated refrigerator and dedicated freezer for blood products.

Endoscopy and Bronchoscopy (Level I and II)

Level I and II facilities must have minimally invasive equipment to remove foreign bodies. Level I and II facilities must have endoscopy equipment. In addition, Level I facilities must also have bronchoscopy equipment. Photographs of the actual endoscope and bronchoscope are needed.

Emergency Surgery

All VECCS Certified Facilities must have the capability to perform emergency surgery during all operating hours, including, but not limited to:

- Surgical hemostasis, wound debridement, and application of wound dressings

- Stabilization of musculoskeletal injuries
- Aseptic thoracic and abdominal surgery

Anesthetic Support and Capabilities

VECCS Certified Facilities must have the following equipment:

- Anesthesia machine
- Anesthesia ventilator (Level I and II)
- Monitoring equipment for anesthesia
    - Body temperature
    - Electrocardiography
    - Non-invasive blood pressure
    - Capnography
    - Pulse oximetry
    - Invasive blood pressure (Level I)
- Warming support (e.g., forced air, circulating warm water blanket, or Hot Dog thermal unit)

Each patient should have a dedicated anesthesia chart including duration of anesthesia, monitoring parameters and medications administered, expressed in weight measures, where appropriate.

In addition, Level I and II facilities must have dedicated monitoring equipment for ER/ICU.

Diagnostics

All VECCS Certified Facilities must have a digital 300 Ma radiography machine and ultrasound equipment capable of performing diagnostic quality POCUS (thoracic and abdominal).

In addition, Level I facilities must have equipment capable of performing echocardiography and a CT scanner. Level I facilities must provide a photo of CT scanner.

All VECCS Certified Facilities must have the necessary laboratory supplies to collect, prepare, preserve, and ship samples for analysis at an offsite (reference) laboratory. All VECCS Certified Facilities must have the capability to perform the following tests in-house:

- Packed cell volume
- Refractometric total solids
- CBC with manual differential reading
- Glucose via glucometer
- Lactate via blood gas or lactometer
- Dry chemistry analyzer
- Electrolytes
- Coagulation (PT and APTT)
- Cytology
- Urinalysis
- Fecal flotation
- Parvoviral antigen

- Tonometry (IOP)
- FIV/FELV antigen testing
- 4DX or equivalent

In addition, Level I and II facilities must have the capability to perform blood gas testing.

All facilities will be required to upload a photo of a hematology analyzer.

Pharmacy

All VECCS Certified Facilities must have the following medications readily available:

- Activated charcoal
- Analgesia
    - Injectable opioid agonist and partial agonists/antagonists
    - Non-steroidal anti-inflammatory drugs
    - Alpha-2 agonists and reversal agent
    - Local anesthetics, short acting and intermediate or long acting
    - NMDA receptor antagonists
    - Reversal agents for opiates
    - Oral analgesic medications
- Antibiotics
    - Injectables (Minimum: beta-lactam, fluoroquinolone, aminoglycoside, metronidazole)
    - Oral (same spectrum; add potentiated sulfonamide and tetracyclines for small mammals and birds)
- Antihistamine (injectable)
- Anti-seizure medications
    - Injectable
    - Oral
- Corticosteroid (short-acting)
    - Injectable
    - Oral
- Dextrose injection
- Drugs for CPR
    - Epinephrine
    - Atropine
    - Vasopressin (optional)
- Electrolyte admixtures
    - Calcium gluconate/chloride
    - Potassium chloride
    - Sodium bicarbonate
- Emesis induction
    - Apomorphine or equivalent
- Insulin-Regular
- 20% lipid solution

- Sedative medications and their reversal agents (where applicable)
    - Benzodiazepine and injectable reversal
    - Oral
- Vasoactive/anti-arrhythmic drugs
    - Dobutamine
    - Dopamine
    - Lidocaine
    - Propranolol or esmolol

In addition, Level I and II facilities must have the following medications readily available:

- Magnesium sulfate or magnesium chloride
- Sodium phosphate or potassium phosphate
- Diltiazem
- Norepinephrine
- Procainamide (optional)
- Sodium nitroprusside, or hydralazine

Applicants will have the opportunity to outline any challenges they encounter during the procurement of listed medications. If any of the medications listed above are unavailable, please provide details on any challenges, such as backorders, pricing fluctuations, or any other factors in the application. The committee will consider this information in their evaluation of the application.

All VECCS Certified Facilities must provide a photo of a controlled substance logbook or PDF report.

Each patient should have a dedicated form or computer-generated printout of continuous rate infusion (CRI) calculations and a dedicated emergency drug sheet. A patient CRI chart and emergency drug sheet must be provided.

Facilities that utilize SmartFlow, or another smart system can indicate such on the application. Instead of uploading a file, a screenshot of the screen where this information is accessible can be provided.

Part 4: Patient Support

Nutritional Support

All VECCS Certified Facilities must have liquid critical care diets available for both canines and felines. Facilities must have the capability to provide enteral nutritional support through nasoesophageal or nasogastric tubes, and esophagostomy tubes.

In addition, Level I and II facilities must have the capability to provide partial parenteral nutrition (PPN). Amino acid solutions or intralipids are an acceptable form of PPN. Level I facilities must also have the capability to provide total parenteral nutrition. A photo of an invoice or proof of source with website must be provided.

Renal and Urinary Support

All VECCS Certified Facilities must have the ability to perform intravenous renal replacement therapy or peritoneal dialysis or have the capability to refer to a specialty hospital for intravenous renal replacement therapy.

All VECCS Certified Facilities must be capable of urinary catheter placement and a closed collection system. Facilities are required to upload a photo of a patient with a urinary catheter and closed collection system. If patient set up is not available, complete setup without patient will be accepted.

Respiratory Support

All VECCS Certified Facilities must have the capability to provide supportive oxygen therapy by:

- Nasal cannula
- Oxygen cage(s)

In addition, Level I and II facilities must have the capability to provide high-flow oxygen therapy (HFOT). Facilities will be required to provide a photo of a complete high-flow setup. The photo must display the entire setup, including the patient. However, if the patient setup is not feasible, a complete setup without the patient will also be considered acceptable. Please note oxygen cages or metabolic chambers do not meet this requirement.

All facilities must be capable of tracheostomy tube placement, management, and associated care. Photos of tracheostomy tubes and an in-line suction catheter or tracheostomy care kit must be provided. Red rubber catheters are acceptable for cleaning and suctioning of tracheostomy tubes.

All facilities must be capable of thoracostomy tube placement, management, and associated care (sterile suction, ability to clean cannulas, etc.) Photo of small bore (<12 French) and large bore (>12 French) thoracostomy tubes must be provided.

In addition, Level I facilities are required to have a designated ICU ventilator.

Plan

Medical Records/Communications

All VECCS Certified Facilities are required to upload an outpatient, inpatient, and surgical patient record, and discharge instructions. When feasible, the Medical Records must include the following:

- Client information
    - Name
    - Address
    - Phone number
    - Referring veterinarian/clinic
- Patient information
    - Name
    - Species
    - Breed

    - Age
    - Gender, including reproductive status
    - Color
    - Body weight
    - Presenting complaint and patient history
- Vital signs
    - Temperature
    - Heart Rate
    - Pulse Quality
    - Respiratory Rate
    - Respiratory Effort
    - Mucous Membrane Color
    - Mental Status
    - Pain score (as evaluated and expressed numerically with a recognized veterinary pain scoring scale)
- Physical exam findings
- Clinical pathology tests performed; all abnormal results definitively listed
- Diagnostic imaging performed, and their interpretation(s)
- Assessment, diagnosis, or differential diagnosis
- Procedures performed (include all anesthetic and surgical release forms, anesthesia logs, and surgery reports)
- All drugs administered, admixed, prescribed, and dispensed, to include:
    - Name of drug
    - Dose, by weight; frequency, and length of treatment
    - Route of administration
- Progress notes, such as SOAPs at shift changes
- Additional treatment and nursing notes, including ICU flow sheets
- All entries in the medical records should identify the individuals who administered the care, and entered data, with the date and time included

Part 5: Staffing, CE, and Training Development

Staffing

All VECCS Certified Facilities must have a licensed veterinarian, dedicated exclusively to the practice of emergency and critical care medicine, scheduled during all operating hours. For Level I facilities, it is required that the veterinarian on duty have one of the following profiles:

- a minimum of 2 years of practice experience
- completion of a one-year rotating internship and is currently in a focused ECC internship
- a first year ECC resident
- a first-year intern after 5 months in a focused ECC internship

A copy of a 30-day veterinarian schedule from January to June of the current calendar year showing the required coverage during operating hours must be provided.

All VECCS Certified Facilities must have a working relationship with a radiology specialist (DACVR or equivalent), or consulting company (onsite or via 24/7 remote access) for the emergent review of diagnostic images when necessary.

Level I and II facilities must have at least 1 specialist in Internal Medicine (DACVIM or equivalent), and at least 1 specialist in Surgery (DACVS or equivalent) employed full time, or available consultants on-site.

In addition, Level I facilities must have an Emergency and Critical Care specialist (DACVECC or DECVECC) employed full time. A list of full-time ECC specialists must be provided.

There must be sufficient support staff available and trained to provide timely patient care and support including:

- Processing multiple patients concurrently
- Performance of advanced life-saving procedures to include, but not be limited to, cardiopulmonary resuscitation in accordance with current RECOVER guidelines, and emergency surgery
- The ability to call in additional staff as needed
- Provision of timely and appropriate in-hospital care

All VECCS Certified Facilities must have at least one licensed veterinary technician, if applicable per region specific requirements, scheduled during all operating hours. A copy of a 30-day technician schedule from the last 6 months or less, showing the required coverage during operating hours, must be provided.

For Level I certification, it is required there be at least two Veterinary Technician Specialists (Emergency and Critical Care) (VTS(ECC)) employed full time. A list of all full-time VTS (ECC) employees must be provided.

Continuing Education

Continuing education (CE) must be required for all professional and technical staff. All emergency staff veterinarians should obtain a minimum of 28 hours of CE every two years in the field of emergency medicine, emergency (soft tissue or urgent orthopedic) surgery, and/or critical care medicine. ACVECC residents are exempt from this CE requirement but must follow the requirements of their training program. First year interns, new graduates, and new hires (within the last two years) are excluded from this requirement.

Click here to download the required CE log template:
https://drive.google.com/uc?export=download&id=1GIQsEGrzdVvZ3rZl5tr5GZRqMD4m0L1y

Please note that you are not required to list each course attended at IVECCS, VECCS Spring Symposiums, EVECCS, ACVECC post grad review, or VetCOT. One line with the total CE hours earned at these events is sufficient. For all other CE, the title of presentation, CE provider, date and CE hours earned must be listed individually. CE log must be uploaded as an Excel document (.xlsx or .xls).

An in-house training program should be provided for all technical/nursing staff to ensure teamwork and familiarity with the facility's current procedures, protocols, practices, and guidelines. A comprehensive,

written, in-house training and continuing education program must be provided and include policies to maintain continuing education requirements for all credentialed and non-credentialed technicians and support staff.

Credentialed and non-credentialed technical full-time staff should obtain a minimum of 10 CE hours every 2 years, in the field of emergency and critical care medicine. A CE log for technical staff is not required.

Resource Materials

All VECCS certified facilities must maintain up-to-date resources for its staff. E-books can be used as resources if legally acquired, and there is continuous internet access available to all employees.

The following resources are required:

1. General Physiology (Must have an edition of ONE of the following textbooks)
    - Medical Physiology: A Cellular and Molecular Approach, 3rd edition. - Boron WF, Boulpaep EL (2017)
    - Ganong's Review of Medical Physiology, 26th edition. - Barrett KE, Barman SM, Heddwen L Brooks JK. Yuan J. (2019)
    - Guyton and Hall Textbook of Medical Physiology, 14th edition. - Hall JE, (2020)
    - Berne and Levy Principles of Physiology, 8th edition. - Koeppen BM, Stanton BA (2023)
    - Cunningham's Textbook of Veterinary Physiology, 6th edition. - Klein BG. (2019)
2. Veterinary Pharmacology (Must have an edition of ONE of the following textbooks)
    - Small Animal Clinical Pharmacology and Therapeutics, 2nd edition. - Boothe DM (ed). (2012)
    - Small Animal Clinical Pharmacology, 2nd edition. - Maddison JE, Page SW, Church DB. (2008)
    - Veterinary Pharmacology and Therapeutics, 10th edition. - Riviere JE, Papich MG (2018)
3. Veterinary Emergency and Critical Care (Must have an edition of EACH of the following textbooks)
    - Small Animal Critical Care Medicine, 3rd edition. - Silverstein DC, Hopper K. (2022)
    - Manual of Trauma Management in the Dog and Cat - Drobatz KJ, Beal MW, and Syring RS. (2011).
    - Monitoring and Intervention for the Critically Ill Small Animal (The Rule of 20) - Kirby R, Linklater A. (2016)
    - Textbook of Small Animal Emergency Medicine - Drobatz KJ, Hopper K, Rozanski E, Silverstein DC (eds). (2019)
4. Veterinary ECC Technician Manuals (Must have an edition of ONE of the following textbooks)
    - Veterinary Emergency and Critical Care Manual, 3rd edition. - Mathews K. (2018)
    - Veterinary Emergency and Critical Care Procedures, 2nd edition. - Hackett TB, Mazzaferro EM (2012).
    - Manual of SA Emergency and Critical Care Medicine, 2nd edition. - Macintire DK, Drobatz KJ, Haskins SC, Saxon WD. et al (2012)
    - Advanced Monitoring and Procedures for Small Animal Emergency and Critical Care, 2nd edition. - Burkitt-Creedon JM, Davis H. (2023)
5. Veterinary Internal Medicine (Must have an edition of ONE of the following textbooks)
    - Textbook of Veterinary Internal Medicine, 8th edition. - Ettinger SJ, Feldman EC, Cole E (eds) (2017)

- Small Animal Internal Medicine, 5th edition - Nelson RW, Couto CG. (2014)

6. Veterinary Respiratory Medicine (Must have an edition of ONE of the following textbooks)
    - Clinical Canine and Feline Respiratory Medicine - Johnson LR (2010)
    - Textbook of Respiratory Disease in Dogs and Cats - King LG (ed) (2004)
7. Veterinary Surgery (Must have an edition of ONE of the following textbooks)
    - Small Animal Surgery, 5th edition. - Fossum TW (ed) (2018)
    - Veterinary Surgery: Small Animal Expert Consult, 2nd edition. - Johnston SA, Tobias KM. (2018)
8. Veterinary Anesthesia (Must have an edition of ONE of the following textbooks)
    - Veterinary Anesthesia & Analgesia, 3rd edition. – McKelvey D, Hollingshead KW
    - Veterinary Anesthesia and Analgesia, 5th edition of Lumb and Jones - Grimm KA,Lamont LA, Tranquilli WJ, Green SA, Roberston SA (2015)
    - Handbook of Veterinary Anesthesia, 5th edition. - Muir WW, Hubbell JAE (2012)
9. Veterinary Ophthalmology (Must have an edition of ONE of the following textbooks)
    - Essentials of Veterinary Ophthalmology, 3rd edition. - Gelatt KN (2014)
    - Slatter's Fundamentals of Veterinary Ophthalmology, 6th edition. Maggs D, Miller P, Ofri R. (2017)
10. Veterinary Neurology (Must have an edition of ONE of the following textbooks)
    - Handbook of Veterinary Neurology, 5th edition. - Lorenz MD, Coates J, Kent M (2010)
    - BSAVA Manual of Canine and Feline Neurology, 4th edition. - Platt S, Olby N (2013)
    - Veterinary Neuroanatomy and Clinical Neurology, 5th edition. - de Lahunta A, Glass E (2020)
    - Atlas and Textbook of Small Animal Neurology - Jaggy A, LeCouter R, Kent M (2010)
    - A Practical Guide to Canine and Feline Neurology, 3rd edition. - Dewey CW, da Costa RC (eds) (2015)
    - Small Animal Neurological Emergencies, Platt S, Garosi L (eds) (2012)
11. Veterinary Cardiology (Must have an edition of ONE of the following textbooks)
    - Cardiovascular Disease in Companion Animals, Dogs, Cats and Horses, 2nd edition. Ware WA (2021)
    - Manual of Canine and Feline Cardiology, 5th edition. - Smith FWK, Tilley LP, Oyama M, Sleeper MM (2015)
12. Veterinary Pediatrics (Must have an edition of ONE of the following textbooks)
    - Small Animal Pediatrics - Peterson ME, Kutzler M (eds) (2010)
    - BSAVA Manual of Canine and Feline Reproduction and Neonatology, 2nd edition. -England G, von Heimendahl A (2010)
    - Canine Reproduction and Neonatology - Greer ML (2014)
    - Management of Pregnant and Neonatal Dogs, Cats, and Exotic Pets- Lopate, C. (2012)
13. Veterinary Avian Medicine and Surgery (Must have an edition of ONE of the following textbooks)
    - Current Therapy in Avian Medicine and Surgery- Speer (2016)
    - Avian Medicine and Surgery in Practice, 2nd edition. - Donely B. (2016)
    - Essentials of Avian Medicine and Surgery, 3rd edition. -Coles B (2006)
14. Veterinary Toxicology (Must have an edition of ONE of the following textbooks)
    - Veterinary Toxicology: Basic and Clinical Principles, 3rd edition. - Gupta RC (ed)(2018)
    - Small Animal Toxicology, 3rd edition. - Peterson ME, Talcott MA (eds) (2013)
    - Blackwell's Five-Minute Veterinary Consult Clinical Companion: Small AnimalToxicology, 2nd edition. - Hovda L, Brutlag A, Poppenga R, Peterson K. (2016)

15. Veterinary Diagnostic Imaging (Must have an edition of ONE of the following textbooks)
    - Textbook of Veterinary Diagnostic Radiology, 7th edition. Thrall DE (ed) (2016)
    - Point of Care Ultrasound Techniques for the Small Animal Practitioner 2nd edition (2021)
16. Veterinary Clinical Pathology (Must have an edition of ONE of the following textbooks)
    - Fundamentals of Veterinary Clinical Pathology, 2nd edition. - Stockham SL, Scott MA. (2008)
    - Duncan and Prasse's Veterinary Laboratory Medicine: Clinical Pathology, 5th edition. - Latimer KS (ed) (2011)
    - Small Animal Clinical Diagnosis by Laboratory Methods, 5th edition. - Willard MD, Tvedten H (eds) (2012)
    - Veterinary Hematology and Clinical Chemistry, 3rd edition. - Thrall MA, Weiser G, Allison R, Campbell T. (2022)
17. Specific Topic Areas of Veterinary Medicine (Must have an edition of EACH of the following textbooks)
    - Withrow and MacEwen's Small Animal Clinical Oncology, 6th edition. - Vail DM, Thamm DH, Liptak J. (2019)
    - Fluid, Electrolyte, and Acid-Base Disorders in Small Animal Practice, 4th edition. -DiBartola SP (2012)
    - Canine and Feline Endocrinology, 4th edition. - Feldman EC, Nelson RW, Reusch C, Scott-Moncrieff JC. (2015)
    - Infectious Diseases of the Dog and Cat, 5th edition. - Greene CE, Sykes J (eds) (2022)
    - Nutritional Management of Hospitalized Small Animals, Chan DL (ed) (2015)
    - Canine and Feline Gastroenterology - Washabau RJ, Day MJ (2012)
    - Manual of Veterinary Transfusion Medicine and Blood Banking - Yagi K, Holowaychuk M (2016)
    - Ferrets, Rabbits, and Rodents, 4th edition. - Quesenberry K, Mans C, Orcutt C, Carpenter J (ed). (2020)
    - Exotic Animal Formulary, 6th edition. - Carpenter R, Carpenter J, Marion C. (2022)
    - Current Therapy in Reptile Medicine and Surgery- Mader D, Divers SJ (eds) (2013)
    - Clinical Veterinary Advisor-Birds and Exotic Pets - Mayer J, Donnelly TM. (2012)
18. Veterinary Journals (Must have EACH of the following journals)
    - Journal of Veterinary Emergency and Critical Care
    - Journal of American Veterinary Medical Association
    - NAVTA Journal

If the facility does not have any of the required textbooks, they will be allowed to list the alternative textbooks, along with their year of publication, to be considered instead.

If the facility does not meet all of the requirements due to extenuating circumstances, they will be allowed to list the reasons why for further consideration.

Level Differentiation

The VECCS Facility Certification program identifies 3 certification levels based on operating hours, equipment, and personnel. VECCS advocates the following building standards, infrastructure, staffing, equipment, supplies, medical records, and resources as the requirements for VECCS Certified Facilities. This certification recognizes veterinary emergency and critical care facilities that meet or exceed the guidelines formulated by VECCS as centers of excellence, with Level I being the highest.

Level II facilities must meet the requirements listed below, in addition to all Level III requirements.

- Open to receive emergency patients 24 hours a day, 7 days a week, 365 days a year
- Additional medications readily available:
    - Magnesium sulfate or magnesium chloride
    - Sodium phosphate or potassium phosphate
    - Diltiazem
    - Norepinephrine
    - Procainamide (optional)
    - Sodium nitroprusside, or hydralazine
- Anesthesia ventilator
- Central venous catheters
- Crystalloid maintenance fluids (Plasmalyte 56, 0.45% saline w 5% dextrose, Normosol-M)
- Defibrillator
- Endoscopy equipment
- Dedicated monitoring equipment for ER/ICU
- RECOVER posters in a third area of the hospital (in addition to triage/receiving area and an area where anesthesia is used)
- Capability to perform blood gas testing
- Capability for high-flow oxygen
- Capability to provide partial parenteral nutrition
- At least 1 Internal Medicine specialist employed full time
- At least 1 Surgery specialist employed full time

Level I facilities must meet the requirements listed below, in addition to all Level II and Level III requirements.

- Backup power supply
- Invasive blood pressure monitoring equipment
- Bronchoscopy equipment
- CT scanner
- Echocardiography equipment
- ICU ventilator
- Capability to provide total parenteral nutrition
- At least 1 Emergency and Critical Care specialist employed full time
- At least 2 VTS(ECC) technicians employed full time

Required Photographs and Documents for New Applicants

Required Photographs

- ☐ Front of facility with name and hours of operations
- ☐ Reception area
- ☐ ER receiving and triage area, or 'STAT' area with oxygen source/system and suction capability (may be portable or central unit) and crash cart/box with emergency drugs and supplies
- ☐ Exam room
- ☐ ICU area, or dedicated room with oxygen source/system and anesthesia scavenging and suction capability (may be portable or central unit)
- ☐ Dedicated isolation room with oxygen source/system
- ☐ Dedicated laboratory area
- ☐ Equipment sterilization capability with quality control
- ☐ Radiology room with protective garments and oxygen source/system and anesthesia scavenging
- ☐ Dedicated anesthesia and surgery preparation area, for patient prep, not to be in the surgery room with oxygen source/system and anesthesia scavenging
- ☐ Dedicated surgery room(s) with oxygen source/system, anesthesia scavenging and suction capability (may be portable or central unit)
- ☐ Backup power supply (Level I)
- ☐ Anesthesia machine
- ☐ Anesthesia ventilator (Level I and II)
- ☐ Blood products in a dedicated refrigerator/freezer with door open
- ☐ Bronchoscopy equipment (Level I)
- ☐ Calibrated burettes
- ☐ Central venous catheter (Level I and II)
- ☐ Crystalloid maintenance fluids (Plasmalyte 56, 0.45% saline w 5% dextrose, Normosol-M) (Level I and II)
- ☐ CT scanner (Level I)
- ☐ Defibrillator (Level I and II)
- ☐ Endoscopy equipment (Level I and II)
- ☐ Fluid pump
- ☐ Hematology analyzer
- ☐ Anesthesia monitoring equipment with vital parameters
- ☐ RECOVER posters posted in triage area
- ☐ RECOVER posters posted in area where anesthesia is used
- ☐ RECOVER posters posted in a third area (Level I and II)
- ☐ Syring pump
- ☐ Ultrasound equipment capable of performing diagnostic quality POCUS (thoracic and abdominal)
- ☐ Warming support unit/machine (e.g. forced air, circulating warm water blanket or Hot Dog thermal unit)
- ☐ High-flow oxygen capability
- ☐ ICU ventilator (Level I)
- ☐ Liquid critical care diets for felines and canines
- ☐ Partial parenteral nutrition capability (Level I and II)

- ☐ Small bore (<12 French) and large bore (>12 French) thoracostomy tube
- ☐ Total parenteral nutrition capability (Level I)
- ☐ In-line suction catheter or tracheostomy care kit
- ☐ Tracheostomy tubes
- ☐ Patient with a urinary catheter and closed collection system

Required Documents

- ☐ Emergency preparedness plan
- ☐ Anesthesia chart showing duration of anesthesia, monitoring parameters and medications administered
- ☐ Patient CRI chart
- ☐ Patient emergency drug sheet
- ☐ Patient discharge instructions
- ☐ Inpatient record
- ☐ Outpatient record
- ☐ Surgical patient record
- ☐ 30-day veterinarian schedule from January to June of the current calendar year showing required coverage during operating hours
- ☐ Comprehensive, written, in house training and continuing education program
- ☐ 30-day technician schedule showing required coverage during operating hours
- ☐ CE log for all full-time veterinarians

FAQs

What is VECCS Facility Certification?

The Veterinary Emergency and Critical Care Society (VECCS) offers a certification program aimed at raising the standard of patient care and to increase public and professional awareness of high-quality facilities in which veterinary emergency and critical care are practiced. The VECCS Facility Certification program identifies 3 certification levels based on operating hours, equipment, and personnel. VECCS advocates the following building standards, infrastructure, staffing, equipment, supplies, medical records, and resources as the requirements for VECCS Certified Facilities. This certification recognizes veterinary emergency and critical care facilities that meet or exceed the guidelines formulated by VECCS as centers of excellence, with Level I being the highest.

Why become a VECCS Certified Facility?

By becoming certified, you will demonstrate that your facility has met or exceeded the minimum guidelines set forth by the Veterinary Emergency and Critical Care Society. Certification also shows your commitment to the promotion of a positive environment and team approach to raising the level of patient care, setting you apart from other hospitals. VECCS Certified Facilities will receive the following:

- Wall certificate and window decal
- A press releases template
- Recognition in Journal of Veterinary Emergency and Critical Care
- Recognition on the VECCS Certified Facilities Directory online and social media
- Recognition on signage at IVECCS
  (If you are certified on or before July 31 of any given year, you will be listed on the sign at that year's IVECCS, if you are certified on or after August 1 of any given year, you will be listed on the sign at the next year's IVECCS)
- Free Vetlexicon Clinical Site Vetlexicon Canis, and Felis, Exotis and Lapis subscriptions

Is my hospital eligible to become a VECCS Certified Facility?

Any hospital that is dedicated to the practice of quality emergency and critical care medicine that meets or exceeds the minimum requirements set forth by VECCS is eligible.

What is the cost of becoming a VECCS Certified Facility?

New Application:
Non-refundable application fee of $250.00

What is the term of Certification?

The term of VECCS Facility Certification is two years from the date the application is approved.

How do I submit my application?

Applications are submitted online through the VECCS Awards Platform.

How long does it take to receive a response from VECCS after submitting the application?

The VECCS office will send you a confirmation email once the application has been received. Please allow 4-6 weeks for review of the application documents.

What if we get certified and move locations or change our name?

VECCS Facility Certification is certifying the facility itself, this means that if you move locations you will need to submit a new application for the new location. You cannot be re-certified at a different location and when you move, your certification is considered void. If you change names, we can simply update that in our systems and send you a new certificate for $15. To update your facility's name, please contact certification@veccs.org or call 210-698-5575.

How is VECCS Facility Certification different from VetCOT's VTC?

VECCS Facility Certification is one requirement of VetCOT's Veterinary Trauma Center verification, among others. For more information, please visit https://vetcot.org/veterinary-trauma-center-verification/.

Are practices outside of the United States eligible?

Yes! We have facilities that are certified outside of the United States. There may be some distinct differences in certifying bodies, credentials, and approved medications available. You can submit your application through the portal and email a letter to certification@veccs.org to explain the differences in your application from US standards.