

SOUTH AFRICAN VETERINARY COUNCIL

GUIDELINES FOR THE PLANNING AND MANAGEMENT OF COMMUNITY ENGAGEMENT ACTIVITIES

1. PREAMBLE:

We live and practice our profession in a country in which the majority of our citizens are not able to access and afford the fees of private practitioners. Much of the animal welfare support and clinical services and care for this sector emanates from public initiatives provided by Animal Welfare Organisations which are dependent on public philanthropy and some local government support in the larger cities in South Africa.

Veterinary initiatives in this area are also pursued via the agency of low fee Community Veterinary Clinics through which education, preventative medicine and clinical services are rendered. The scale of these operations is however limited by funds and the professional resources that can be generated amongst veterinarians who essentially mostly contribute to these endeavours on a part time and often *pro bono* basis.

The owning and keeping of companion animals (mostly dogs) and livestock by the poorer and unemployed sector of our society are entrenched cultural practices, which will persist. Rights to own and keep animals (property) are entrenched in the Constitution in SA. The animal welfare problems (suffering) arising from the keeping of animals by the lower socio-economic sector of our society stem largely from lack of knowledge about animal husbandry and the pressures brought on by poverty. This cannot be resolved without engagement, education and socio-economic upliftment.

Community engagement refers to the process of establishing, maintaining and supporting relationships and links with the community. Participation is an essential element of community engagement and involves people in decision-making on matters that affect their lives and development. Provision of services may become part of a community engagement programme if the need is identified by the community, and the community and the service provider come to a mutually beneficial and acceptable agreement. Imposition of clinical services without extensive prior engagement is not only disrespectful, but also likely to be ineffective.

Veterinary community engagement is not limited to provision of clinical services, but, perhaps more importantly, involves building long term relationships of trust within communities in order to effectively communicate the veterinary message. Even with educational programmes, the principle of participation applies. Participation typically implies empowerment, which is reflected in the ability to make informed decisions, as opposed to the mere acquisition of skills and knowledge. Provision of clinical services without the prior (preferable) or simultaneous enablement of communities to make their own decisions regarding veterinary services, simply enhances the powerlessness of communities already rendered helpless by the effects of poverty.

Veterinary community engagement should preferably be part of a broader, multi-disciplinary community development exercise, since poverty does not only affect the ability of people to look after their animals, but has much wider implications. Collaboration between the veterinary professions and others involved in human and environmental health is likely to accelerate the decline of poverty and enhance the concomitant improvement in quality of life for people and animals in South Africa.

The South African Veterinary Council supports community engagement by its members, provided it is based on the principles of participation and empowerment. Council's role is to maintain standards of clinical practice where clinical services are offered as part of a community engagement exercise. As Council recognises the limitations of working under field conditions and that the minimum standards may be difficult to comply with, as well as the need to provide veterinary services in indigent communities, a process facilitating exemption from minimum standards has been formulated.

Working in indigent communities is far removed from operating in state of the art animal hospitals with a plethora of facilities and human resources and a clientele that can afford to pay for them. Community practice may require

compromise and creativity, yet this has to be balanced against the imperative to provide a professional veterinary service of high quality to all veterinary patients.

The services most commonly provided during community engagement programmes, are education, vaccinations, internal and external parasite treatments and sterilisations of companion animals. The Sterilisation Clinic Guidelines is a further step by the South African Veterinary Council and the South African Veterinary Association to promote the establishment of low cost permanent and temporary veterinary facilities in disadvantaged areas in South Africa.

2. STANDARDS OF VETERINARY PRACTICE STERILISATION CLINICS.

Veterinarians who do community work have to practice under field conditions in taking their services to communities. Working areas, facilities, staff support and finances often dictate that improvisation and adaptation strategies be devised.

This does not however absolve practitioners from practising both professionally and responsibly. Veterinarians and Para-Veterinary professionals, registered with the SA Veterinary Council, are presumed to be aware of the rules and standards of their profession and to practice them with integrity i.e. with honesty, fairness, diligence and transparency.

All registered professionals are accountable to the Council on what they do and how they do it, if called upon to respond to any allegations of unprofessional conduct. The onus is clearly on all veterinary and para-veterinary professionals to reflect well on their responsibilities in this regard before undertaking outreach work either individually or as part of a team.

Ovario-hysterectomies and castrations are complicated procedures that require a high level of skill, and the best interests of the patients should at all times be the main consideration.

3. PROTOCOL GUIDELINES FOR STERILISATION CLINICS

- Animal Welfare Organisations
- Notification
- Staff
- Venue:
- Identification
- Admissions:
- Pre-medication:
- Dogs
- Cats
- The Prepping.
- Surgery.
- Post Operative.
- Post Recovery & Owner Collection.
- Biological Waste and Carcass Disposal

Animal Welfare Organisation (AWO)

If a veterinarian is asked by an AWO to assist the AWO to organize a sterilisation campaign, the veterinarian must ensure that he/she organises and conducts the sterilisation campaign according to the Guidelines and understand that he/she is responsible for that sterilisation campaign.

Notification

The veterinarian organising the sterilisation campaign shall timeously inform all veterinarians in close proximity to the proposed sterilisation campaign of the venue and time that the sterilisation campaign will be conducted.

Staff

The veterinary team should be comprised of registered and suitably qualified persons for the sterilisation campaign, and preferably who work in the same team position.

Venue:

1. Adequate lighting;
2. A surgical table with an impervious operating surface that can be easily cleaned and disinfected;
3. A gas anaesthetic apparatus or parenteral anaesthetic equipment;
4. An adequate supply of oxygen and intubation tubes;
5. Maintaining aseptic conditions, including the use of sterilised gloves, masks, caps and drapes, and the sterilisation and re-sterilisation of all surgical instruments;
6. Suitable scrubbing facilities; and
7. A microscope to identify internal diseases/parasites (where possible)

Identification

- To be done in an area clearly separated from the premed/operating/recovery area.
- Clients may be given a clipboard and asked to fill in (Often need assistance) and sign the client information / consent / clinical examination form {See rule 26(1)}.
- Each animal must be clearly identified.
- Animals under 5 months of age: The discretion lies with the veterinarian on whether the animal is too young to be sterilized.
- Animals that require special care e.g. bitches on heat must be identified.
- It is recognized that each Clinic will establish a documentation system that suits their purpose.

Admissions.

The following clinical examination must be recorded:

- Temperature, pulse and respiration.
- Weight
- Body condition
- Mucous membranes
- Hydration status
- Lymph nodes, abdominal palpation and thoracic auscultation. (Some animals are too aggressive to perform a proper abdominal palpation or to evaluate thoracic auscultation accurately.)
- Further tests at the discretion of the Veterinarian.

Once a patient has been found to be fit for surgery, it must be pre-medicated.

Animals not fit for surgery must be identified and treated, and the owner advised of the reason for declining surgery.

Pre-medication

Animals must be weighed.

Dogs

- All dogs given pre-medication, as decided upon by the Veterinarian in charge.
The pre-medicated dogs are preferably then put into holding pens to wait for the pre-medication to take effect. These pens should be situated inside the hall. Pre-medicated dogs can also be individually contained on leashes by animal welfare handlers who are familiar with the procedure.
At the discretion of the veterinarian, a pre-medication can be done with the client present so it is not necessary to have a separate area.

- Once the animal is sufficiently sedated, it is taken to the induction table, accompanied by its record. Here it is induced with an intravenous catheter taped in place.
- Inductions are always performed by a veterinarian or qualified veterinary nurse. The prepping is performed by one of the animal welfare handlers who is familiar with the procedure. All patients should be intubated.

Cats

- Cats must be placed into baskets and taken directly to the induction area.
- Cats are anaesthetised as per the Veterinarian's directions.
- Inductions are performed by a veterinarian or qualified veterinary nurse.
- Once anaesthetised, the animal transferred to the prep table where it is shaved and scrubbed.
- Prepping is performed by one of the animal welfare handlers who is familiar with the procedure.

Surgery

- Rule 28(1) provides that all equipment for anaesthesia and facilities must be adequate and appropriate for the needs of the relevant practice and veterinary facility, shall be provided at all times.
- Gas anaesthesia facilities and oxygen to be available at the discretion of the veterinarian
- Theatre attire i.e. short sleeve theatre shirt (scrub), and long theatre pants or a gown should be worn.
- Theatre caps and masks should be worn by the surgeon and those assisting him with surgery.
- Re-sterilisation of Surgery Kits: at the discretion of the veterinarian.
- Surgical gloves must be worn.
- A new drape should be used for each patient.
- Ear tipping of spayed feral cats.
- Accurate statistics off all operations to be kept as a permanent record.

Post Operative Care

- This area is always in the hall so that vets and vet nurses are available if any problem arises.
- This area should be equipped with blankets/towels or suitable material laid on the floor on newspaper.
- The veterinarian must ensure that staff are available with one or two lay people turning the animals and keeping them warm.
- Emergency drugs and drip sets and intravenous catheters must always be on hand.

Post Recovery & Owner Collection

- Once the animal has recovered, the owner must be contacted, or the owner should return a few hours after dropping the animal off to collect the animal.
- Animals should only be discharged when they are fully awake, recovered and able to walk independently.
- One veterinarians must be present until the last animal has recovered.
- All clients must be given written as well as verbal discharge instructions. The owner must sign for:
 - The collection of the dog/cat;
 - A discharge sheet with appropriate instructions on the date and venue for suture removal; and
 - The veterinarian's and animal welfare society's contact number for cases of emergencies.

Biological Waste and Carcass Disposal

Disposal of waste and carcasses must be in an organised and acceptable manner in (accordance with relevant legislation) to ensure that the waste does not start to decompose before being disposed of.

Requirements for Application for Accreditation to Conduct Sterilisation Clinics

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1. Name, details and experience of the registered veterinarian(s) who make application for accreditation to conduct sterilisation campaign/s;
2. Details and description of the venue(s) where sterilisations are to be performed and whether the venue conforms with minimum requirements for sterilisation campaigns (indicated above).
3. Indication of the period(s) (e.g one year) and dates (e.g from Jan 2012- December 2012) for which the applicant applies for accreditation to conduct engagement campaigns;
4. Indication of whether and when accreditation was previously afforded and/or refused by Council;
5. The motivation for the services for which exemption from the minimum requirements should be granted including:
 - The description (location(s)/ address(es)) and defined area(s) in which the campaign/s will be conducted;
 - Distance from fully registered practices;
 - Description of the facilities and equipment available and the availability of microscope(s) to identify internal disease/parasites;
 - Description of the community (e.g. *indigent, rural farming, no services*) in which the services will be rendered;
6. Confirmation that state veterinary services, private veterinary practitioner(s) and / or other animal welfare organisation(s) in the area are informed of the application and intended sterilisation campaign(s);
7. Details of all registered staff involved in the campaign (only registered or authorised person(s) may render veterinary or para-veterinary services);
8. Details of the registered facilities where patients are referred should it be required (becomes part of the discharge sheet);
9. Details of the registered facilities or registered person(s) involved in the pre-campaign and post-campaign follow up; and
10. Brief and concise feedback report to Council on campaigns that took place with the following information:
 - The date and venue of the campaign;
 - Details in change in venues
 - The number of animals spayed/sterilised at the campaign;
 - Confirmation of the details of registered persons involved in the specific campaigns

SOUTH AFRICAN VETERINARY COUNCIL

APPLICATION FOR ACCREDITATION OF A VETERINARIAN TO CONDUCT STERILISATION CAMPAIGN(S) AND COMMUNITY ENGAGEMENT

I, (full name) _____

Registration No. _____

Qualifications: _____

as a veterinarian registered in terms of the Veterinary & Para-Veterinary Professions Act, No 19 of 1982, hereby apply for accreditation to conduct sterilisation campaigns:

1. ACCREDITATION OF VETERINARIAN

a) Was accreditation previously granted by the SAVC? _____ (YES/NO)

If Yes, what was the duration of the accreditation? _____

b) Was accreditation previously refused by the SAVC? _____ (YES/NO)

If Yes, what were the reasons afforded for such refusal? _____

c) Period of Accreditation Applied for:

	Tick which is applicable	Dates: (From – To)
One Year (First Application)		
Three Years (First Renewal)		
Five Years (Second Renewal)		
Permanent (Third Renewal)		

e) Have the following documentation been submitted?

- Curriculum Vitae
- Motivation showing a clear need for the veterinary service and for the community that you intend to serve

2. ACCREDITATION OF VENUE

a) Location/Address of Venue(s) / Proposed Venue(s):

b) Description of Venue:

d) Distance from the nearest fully registered facility/facilities: _____

e) Are you the Principal of a veterinary facility: _____

f) Facility Reg no: _____

g) Registered base facility inspected? _____ (YES/NO)

h) Description of the Community in which the services will be rendered (*eg. Indigent, rural farming, no services*): _____

i) Has this venue been accredited before? _____ (YES/NO)

If Yes, kindly supply the details of such accreditation: _____

j) I confirm that the venue(s) complies/comply with the following:

Requirement	YES	NO
1. Adequate lighting;		
2. A table with an impervious operating surface that can be easily cleaned and disinfected;		
3. A gas anaesthetic apparatus or parenteral anaesthetic equipment;		
4. An adequate supply of oxygen and intubation tubes;		
5. Maintaining aseptic conditions, including the use of sterilised gloves, masks, caps and drapes, and the sterilisation and re-sterilisation of all surgical instruments; and		
6. Suitable scrubbing facilities		

7. A microscope to identify internal diseases/parasites OPTIONAL		
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g) The proposed number of animals to be sterilised and treated: _____

3. REGISTERED MEMBERS AND REGISTERED FACILITIES

a) Name and Details of the registered staff involved in the campaign
(Please Note: Only registered or authorised staff may render veterinary or para-veterinary services):

b) Details of the facility/facilities where patients will be referred to should be required when you are not available:

Please submit written confirmation that a colleague will provide a back-up service if you are not available during normal hours/ or a back-up service to perform advanced surgery if you are only performing minor procedures (non-invasive).

c) Have the following persons or entities in the area of the venue been informed of the application and intended sterilisation campaign?

State Veterinary Services	YES	NO
Private Practitioner(s)	YES	NO
Other Animal Welfare organisations	YES	NO

(Tick which is applicable)

Please submit proof that such person(s) or entities have been informed

4. LIST OF PRIMARY HEALTH CARE FACILITIES/SERVICES THAT WILL BE RENDERED

DECLARATION

I declare _____ that: -

- (a) The venue at which the sterilisation campaign(s) is/are conducted complies with the Minimum Requirements for Sterilisation Campaigns laid down by the SAVC on 23 April 2010;
- (b) Should the venue at which the sterilisation campaign(s) is/are conducted, once accredited, not comply, for a period exceeding 30 (thirty) days, I shall inform the SAVC thereof by registered post and within 30 (thirty) days of the occurrence;
- (c) Should I retire from veterinary practice, I shall inform the SAVC thereof by registered post within 30 days of such an event;
- (d) I accept that the SAVC through an authorised person has the right to inspect the venue at which the sterilisation campaign(s) is/are conducted at any reasonable time;
- (e) I accept that the SAVC may at its discretion, but on condition that I am informed of the reasons, decide not to approve my application for accreditation or withdraw the application or suspend the accreditation thereof;
- (f) During completion of my application I considered the welfare of the patient and the quality of veterinary services and can confirm that these two aspects will not be compromised. **For example** if I am only performing minor surgery, I will have oxygen and endotracheal tubes available; and
- (g) The welfare of the patient and the quality of veterinary services should not be compromised.

SIGNATURE

DATE

PLEASE NOTE:

Your attention is drawn to Section 41 of the Veterinary & Para-Veterinary Professions Act, No 19 of 1982 when completing this form.

THUS SIGNED AND SWORN TO BEFORE ME AT _____ THIS, THE _____ DAY OF _____ 20____, THE DEPONENT HAVING ACKNOWLEDGED THAT HE/SHE* KNOWS AND UNDERSTANDS THE CONTENTS OF THIS AFFIDAVIT, THAT HE/SHE* HAS NO OBJECTION TO TAKING THE PRESCRIBED OATH AND THAT HE/SHE* CONSIDERS THE PRESCRIBED OATH/SOLEMN AFFIRMATION* TO BE BINDING ON HIS/HER* CONSCIENCE, AS REQUIRED BY GOVERNMENT GAZETTE NOS. R1258 OF 21 JULY 1972 AND R1648 OF 19 AUGUST 1977.

COMMISSIONER OF OATHS (Full Name And Surname Of Commissioner In Block Letters)

BUSINESS ADDRESS OF COMMISSIONER

DESIGNATION

AREA

FOR OFFICE USE ONLY

1. Date of Registration: _____
2. Date of Approval of Name: _____
3. Date of Inspection of Facility: _____
4. Name of Person who Inspected Facility: _____