Burdur
Mehmet Akif Ersoy
Üniversitesi

FACULTY OF VETERINARY MEDICINE

MAKU-VET

BIOSECURITY MANUAL

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CHAPTER 1

GENERAL INFORMATION

DOCUMENT CONTROL

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This guideline sets out the biosecurity principles and procedures that apply to all academic and administrative staff, students, trainees, visitors, and animal owners at the Burdur Mehmet Akif Ersoy University Faculty of Veterinary Medicine. According to the World Organisation for Animal Health (WOAH), biosecurity is the implementation of measures that reduce the risk of introduction (bio-exclusion) and spread (bio-containment) of disease agents. This chapter addresses the biosecurity concept and its importance for the Faculty, the principles and objectives of the biosecurity program, the risk classification system and the list of notifiable diseases, and the composition of the Faculty's Biosecurity Committee.

According to the Food and Agriculture Organization (2007), biosecurity is defined as: "Biosecurity is a strategic and integrated approach that encompasses the policy and regulatory frameworks (including instruments and activities) for analysing and managing relevant risks to human, animal and plant life and health, and associated risks to the environment."

Many new infectious agents that were rarely encountered or previously unknown have gained significance today, and antibiotic-resistant pathogens are also encountered more frequently. The prevalence of these pathogens is expected to reach levels that pose a threat to public health in the near future; therefore, preventing their spread within the Faculty and the wider community is essential.

Good infection prevention and biosecurity practices are not the only feature defining excellence in veterinary care, but excellent patient care cannot be achieved without implementing logical biosecurity procedures. The biosecurity procedures applied at the Faculty are intended to reduce the risk of nosocomial and zoonotic illnesses and are specifically tailored to address the contagious disease threats encountered under the Faculty's own conditions. The following sections set out the principles and objectives that guide this program, the risk classification system used to categorize infectious agents, the list of notifiable diseases, and the composition of the Faculty's Biosecurity Committee.

The objectives of the MAKU-VET Biosecurity Program are to:

1. Protect faculty staff, students, visitors, and animal owners from exposure to zoonotic disease agents.
2. Create an environment in which the risk of nosocomial infection is minimized and appropriate clinical services can be provided.
3. Enhance students' professional training experience by demonstrating and implementing appropriate infection prevention, control, and disease surveillance practices.
4. Inform animal owners and the wider community about the control and prevention of infectious and zoonotic diseases.
5. Protect the Faculty's operational capacity and contribute to the maintenance and enhancement of the quality of its services.

The following principles have guided the development of all procedures described in this document. These measures are aimed at preventing the transmission of disease from staff to patient, patient to patient, patient to staff, and staff to staff:

1. Hygiene is optimized through the implementation of standard precautions such as hand hygiene, appropriate attire and protective equipment, minimizing unnecessary contact with patients, proper disposal of infectious materials, and proper cleaning and disinfection.
2. Transmission cycles are broken through the effective implementation of hygiene protocols, an understanding of disease transmission routes, and the adoption of measures to prevent the direct or

indirect spread of infectious agents. These measures cover not only the areas where animals are housed but also the areas within the Faculty used by staff, students, and visitors.

3. Infection prevention and control procedures are targeted and refined through ongoing surveillance, observation, and periodic review and updating.
4. Awareness of the risks associated with nosocomial and zoonotic diseases is enhanced through internal institutional communication regarding these procedures and regulations.

1.1. RISK CLASSIFICATION AND CATEGORIES

All Faculty buildings, the Animal Hospital, the diagnostic laboratories, and the support units are located on the same Burdur Mehmet Akif Ersoy University campus, with the Education and Application Farm situated approximately 3 km away (see 6.1). The Faculty's main academic building and the Animal Hospital maintain physically separate entrances for patient admission, staff access, and student access.

In Türkiye, biological agents are classified according to the Regulation on the Prevention of Risks from Exposure to Biological Agents (Biyolojik Etkenlere Maruziyet Risklerinin Önlenmesi Hakkında Yönetmelik), issued by the Ministry of Labour and Social Security (Çalışma ve Sosyal Güvenlik Bakanlığı) on the basis of Law No. 6331 on Occupational Health and Safety, and aligned with European Union Council Directive 2000/54/EC. This Regulation classifies biological agents into four risk groups according to their level of infection risk:

1. **Group 1 biological agents:** Agents that are unlikely to cause disease in humans.
2. **Group 2 biological agents:** Agents that can cause disease in humans and may be harmful to workers, but are unlikely to spread to the community; effective prophylaxis or treatment is usually available.
3. **Group 3 biological agents:** Agents that cause severe disease in humans and present a serious hazard to workers; they may present a risk of spreading to the community, but effective prophylaxis or treatment is usually available.
4. **Group 4 biological agents:** Agents that cause severe disease in humans and present a serious hazard to workers; they present a high risk of spreading to the community, and effective prophylaxis or treatment is not usually available.

The risk group of the biological agent being handled determines the required physical containment/protection level (koruma düzeyi) in the laboratory or facility where it is used: containment level 2 for Group 2 agents, level 3 for Group 3 agents, and level 4 for Group 4 agents, in accordance with the Regulation. This classification system underlies the biosafety level (BSL) requirements applied throughout the Faculty's laboratories, diagnostic units, and animal care areas.

MAKU-VET does not handle biological agents in Risk Group 3 or Risk Group 4 at the Faculty. The corresponding containment levels are stated for regulatory reference only; cases or specimens suspected of involving these groups must be referred through the applicable official notification pathway to an appropriately authorised facility.

Table 1. Example Pathogens by Risk Group. The risk groups defined above apply generically to any biological agent; the table below illustrates them with pathogens of particular relevance to veterinary practice in Türkiye, Anatolia, and the Burdur region. This risk-*group* system, which governs laboratory containment levels, is distinct from the patient/animal risk-*class* system (Class 1–4) defined below, which governs clinical and isolation precautions for live patients.

Risk Group	Example Pathogens - Human Relevance	Example Pathogens - Animal Relevance
Group 1	Non-pathogenic laboratory strains (e.g., *Escherichia coli* K-12)	Non-pathogenic commensal flora
Group 2	*Salmonella enterica*, *Staphylococcus aureus*, *Campylobacter jejuni*, *Toxoplasma gondii*	*Salmonella enterica*, dermatophytes (*Microsporum* spp., *Trichophyton* spp.), *Sarcoptes scabiei*
Group 3	*Brucella* spp., *Mycobacterium bovis*, *Mycobacterium tuberculosis*, *Coxiella burnetii*, *Echinococcus* spp.	*Brucella* spp., *Mycobacterium bovis*, *Echinococcus* spp., Foot-and-Mouth Disease virus (FMDV)
Group 4	Rabies virus, Crimean-Congo Haemorrhagic Fever virus (CCHF). CCHF is endemic in the Burdur region and is transmitted by tick vectors; see also the related implementation item in Section 2.4.1.	Rabies virus, highly pathogenic avian influenza virus

Note: agents such as FMDV and highly pathogenic avian influenza carry comparatively low direct human risk but are placed in the higher rows here because of their severe animal-health and notifiable-disease consequences (see 1.2); risk-group assignment under the Regulation is made on human-hazard grounds specifically and does not by itself determine an agent's notifiable-disease status.

Table 2. Patient / Animal Risk Classification (Class 1–4, with Class 3A and Class 3B sub-categories). Distinct from the risk-group system above, this guideline uses a four-class system - already referred to elsewhere in this document (see Definitions, 2.1, in particular the Barrier Precaution Measures entry, and Chapter 7) - to determine the level of clinical precaution required for an individual patient, sample, or housing area. The definitions below establish this framework as an abstract system; species- and unit-specific disease examples for each class are addressed separately in Chapter 7, which should be consulted alongside this section.

- **Class 1:** Routine care. No known or suspected transmissible disease is present; the standard precautions set out in Chapter 2 apply, and no additional barrier measures are required.
- Class 2: Routine care. A low-transmissibility infection is present or suspected, provided that it is not multidrug-resistant and does not present a moderate-contagion or relevant zoonotic risk; standard precautions apply, with particular attention to hand hygiene and equipment disinfection between patients.
- Class 3: Barrier-precaution care, divided into Class 3A and Class 3B. Where the subtype is not yet established, provisional Class 3 precautions must be applied and the subtype assigned as soon as laboratory or clinical information becomes available.
  - Class 3A: A multidrug-resistant organism is laboratory-confirmed, or multidrug-resistant infection or colonization is suspected pending laboratory confirmation; provisional Class 3A precautions apply until the result is available.
  - **Class 3B:** A moderately contagious disease and/or an agent of zoonotic potential is present or suspected.

- **Class 4:** Isolation. A highly contagious disease and/or an agent capable of causing severe disease in humans is present or suspected; full Barrier Precaution Measures (2.1) apply, and the patient is managed in a dedicated isolation area (Chapter 7).

Table I. Illustrative Species Parameters for Objective Clinical-Status Assessment. To make the Class 1–4 determinations above objective rather than subjective, species-specific thresholds for fever, leukopenia, and neutropenia are useful, adapted here from Liège's "Table I: Parameters Used in Defining Clinical Status" model to the species MAKU-VET treats.

Species	Normal Rectal Temperature	Fever Threshold	Leukopenia (WBC)	Neutropenia (ANC)
Cattle	38.0–39.3°C	>39.3°C	<4,000/µL	<600/µL
Horse	37.2–38.3°C	>38.5°C	<5,000/µL	<2,700/µL
Dog	37.5–39.2°C	>39.4°C	<6,000/µL	<3,000/µL
Cat	38.0–39.2°C	>39.4°C	<5,500/µL	<2,500/µL
Sheep	38.5–40.0°C	>40.0°C	<4,000/µL	<700/µL
Goat	38.5–39.7°C	>39.7°C	<4,000/µL	<700/µL

These are illustrative reference ranges drawn from standard veterinary internal medicine sources and should be validated, and where necessary recalibrated, against the reference intervals in routine use at the Faculty's own Clinical Diagnostic Laboratory (3.2, 4.2) before being formally adopted as the objective basis for Class 1–4 determinations.

1.2. NOTIFIABLE DISEASES

The notification of animal diseases in Türkiye is governed by the Regulation on Compulsory Notifiable Animal Diseases and Notification (İhbarı Mecburi Hayvan Hastalıkları ve Bildirimine İlişkin Yönetmelik), published in the Official Gazette dated 22 January 2011, No. 27823. This Regulation was issued under Law No. 5996 on Veterinary Services, Plant Health, Food and Feed, and is aligned with European Union Council Directive 82/894/EEC and Commission Decision 2005/176/EC concerning the notification of animal diseases.

How the Regulation is implemented: Animal owners and caretakers, veterinarians, village headmen and guards, livestock traders, shepherds, and other relevant parties who become aware of a contagious animal disease or an unexplained animal death are legally required to report it to the competent authority (the provincial or district directorate of the Ministry of Agriculture and Forestry). The official veterinarian must then notify the Ministry within **24 hours** of confirming a primary outbreak (an outbreak with no epidemiological link to a previous one) or of lifting restrictions following the eradication of the last outbreak, and within **48 hours** of confirming a secondary outbreak (a subsequent outbreak linked to the primary one). The Ministry, in turn, notifies the European Commission within 24 hours for primary outbreaks and on a weekly basis for secondary outbreaks. At the Faculty, any person who identifies or suspects a notifiable disease must immediately report it to the Hospital Chief Physician. The Hospital Chief Physician then contacts the Provincial Directorate of Agriculture and Forestry, communicates the official instructions to the relevant Faculty units, and coordinates any required follow-up. The Dean's Office and Biosecurity Committee support internal coordination, documentation, and implementation of precautions; they are not the primary external reporting link.

Annual implementation programme: The Regulation's disease list is operationalized each year through a circular issued by the Ministry of Agriculture and Forestry, Directorate General of Livestock (Tarım ve Orman Bakanlığı, Hayvancılık Genel Müdürlüğü), titled "Programme for Combating Animal Diseases and Controlling Animal Movements" (Hayvan Hastalıkları ile Mücadele ve Hayvan Hareketleri Kontrolü Genelgesi). This circular is republished annually and repeals the previous year's version - the currently applicable circular is No. 2026-2, dated 12 March 2026, which replaced Circular No. 2025-1 of 17 February 2025. Its Annex 1 (Ek-1) sets out the quarantine (kordon) periods and diagnostic methods currently in force for the diseases under active control programmes. Faculty procedures should therefore be cross-checked against the most recently published annual circular, since quarantine periods and control measures may be updated from year to year even though the underlying legal list of notifiable diseases remains stable.

List of notifiable diseases (Ek-1 of the Regulation):

A. Diseases of terrestrial animals

1. Foot-and-mouth disease (FMD)
2. Bovine brucellosis
3. Bovine tuberculosis
4. Rabies
5. Bluetongue
6. Rinderpest
7. Bovine spongiform encephalopathy (BSE)
8. Ovine and caprine brucellosis
9. Peste des petits ruminants (PPR)
10. Sheep and goat pox
11. Anthrax
12. Scrapie
13. Avian influenza
14. Newcastle disease
15. Pullorum disease
16. Fowl typhoid
17. Glanders
18. Dourine
19. Equine infectious anaemia
20. Equine encephalomyelitis (all types, including Venezuelan equine encephalomyelitis)
21. African horse sickness
22. African swine fever
23. Classical swine fever
24. Swine vesicular disease
25. Small hive beetle (*Aethina tumida*)
26. American foulbrood of bees

27. Tropilaelaps mite
28. Feline spongiform encephalopathy (FSE)
29. Lumpy skin disease
30. Vesicular stomatitis
31. Rift Valley fever
32. Contagious bovine pleuropneumonia
33. Enzootic bovine leukosis
34. Epizootic haemorrhagic disease of deer (EHD)

B. Diseases of aquatic animals

1. Epizootic haematopoietic necrosis
2. Epizootic ulcerative syndrome
3. Viral haemorrhagic septicaemia (VHS)
4. White spot disease
5. Yellowhead disease
6. Taura syndrome
7. Infectious haematopoietic necrosis (IHN)
8. Infectious salmon anaemia
9. Infection with *Perkinsus marinus*
10. Infection with *Microcytos mackini*
11. Infection with *Marteilia refringens*
12. Infection with *Bonamia ostreae*
13. Infection with *Bonamia exitiosa*
14. Koi herpesvirus disease
15. Spring viraemia of carp (SVC)
16. Crayfish plague
17. Bacterial kidney disease (BKD)

Diseases listed in this Annex, when diagnosed within the scope of Faculty examinations or identified under quarantine conditions, must be reported through the procedure described above.

1.3. MAKU-VET BIOSECURITY COMMITTEE

The MAKU-VET Biosecurity Committee meets at least twice a year and is composed of the following members:
Prof. Dr. Dilek ÖZTÜRK - Committee Chair, Department of Microbiology
Prof. Dr. Ramazan YILDIZ - Department of Internal Medicine
Prof. Dr. İftar GÜRBÜZ - Department of Anatomy
Assoc. Prof. Dr. Volkan İPEK - Department of Pathology
Assoc. Prof. Dr. Hale ERGİN EĞRİTAĞ - Department of Biochemistry
Assoc. Prof. Dr. Gökhan BOZKURT - Department of Obstetrics and Gynecology
Assoc. Prof. Dr. Hasbi Sait SALTIK - Department of Virology
Assoc. Prof. Dr. Harun ÇINAR - Department of Surgery
Asst. Prof. Dr. Murat BAYEZİT - Department of Pharmacology and Toxicology

Asst. Prof. Dr. Ezgi ŞABANOĞLU BAYTAROĞLU - Department of Microbiology
Asst. Prof. Dr. Erdi ŞEN - Department of Food Hygiene and Technology
Asst. Prof. Dr. Ali KÜÇÜK - Department of Virology
Asst. Prof. Dr. Derya Merve KARAGÖZ - Department of Animal Nutrition and Nutritional Diseases
Asst. Prof. Dr. Doğukan POLAT - Department of Surgery
Researcher Dr. Mehmet Murat DOĞUSAN - Department of Animal Science
Researcher Dr. Mustafa Furkan PALA - Department of Parasitology
Researcher Muhammed ALBAYRAK - Department of Obstetrics and Gynecology
Researcher Şeyma Nur ATEŞ - Department of Internal Medicine
Lecturer Yavuz MUSABEŞOĞLU - Department of Obstetrics and Gynecology
Lecturer Dr. Leyla Elif Özgü AYÖZGER - Department of Pathology
Lecturer Dr. Harun KARACA - Department of Histology and Embryology
Lecturer Muhammet Yusuf ŞİRİN - Department of Surgery
Lecturer Sibel YAMAN - Department of Microbiology
Lecturer Ecem Yüksel GÜRLE ALBAYRAK - Department of Physiology
Lecturer Erdi TOPUZ - Department of Anatomy
Lecturer Ozan KOÇLU - Department of Virology
Lecturer Hasan Ali ÇAY - Reproduction and Artificial Insemination
Veterinarian Dr. Simge GARLI - Laboratory Animals Unit
Veterinarian Dr. Onur ÇELİKOĞLU
Standing Invitees:
Prof. Dr. Mehmet Çağrı KARAKURUM - Dean of the Faculty
Prof. Dr. Burcu MENEKŞE BALKAN - Vice Dean
Asst. Prof. Dr. Zafer USTA - Vice Dean
Prof. Dr. Ali Reha AĞAOĞLU - Chief Physician of the Animal Hospital

1.4. RISK COMMUNICATION

Effective communication of biosecurity risk - to staff, students, animal owners, and visitors - is essential given the number of individuals in contact with patients, samples, and animals across the Faculty at any time. An emergency communication list covering the Provincial/District Directorate of Agriculture and Forestry, the Provincial Health Directorate, and the Public Health Directorate is maintained and kept current, and is accessible to the relevant Faculty units (institutional Q&A record, row 183); this list is used, together with the notification procedure described in 1.2, whenever a notifiable disease is suspected or confirmed. Internal Faculty and university-center contact points relevant to biosecurity - the Dean, the Biosecurity Committee Chair, and the Faculty-side liaisons for the Farm-affiliated units addressed in Chapter 6 - are maintained in a separate key-contact list. At the unit level, warning signage - such as the "High-Risk Patient - Closed to Visitors" notice used on the cages of wildlife and exotic patients handled under suspected-zoonotic precautions (see 7.6.5) - is already used to flag individual cases at a glance.

1.5. ADMISSION REFUSAL AND EXCLUSION CRITERIA

An animal presenting with a disease on the notifiable-disease list (1.2) cannot be admitted to routine hospital services and must instead be managed under the notification and containment procedures described in 1.2 and, where applicable, isolated under the Class 4 provisions of 1.1 (Table 2). More broadly, admission may also be refused, or a patient diverted to an alternative venue, where the risk that its presence poses to other hospitalized patients or to staff is judged to outweigh the benefit of admitting that particular animal.

1.6. VISITOR CATEGORIES

Not everyone present at the Faculty on a given day falls into the same risk category: academic and administrative staff, students, and trainees are already addressed by the standard precautions set out in Chapter 2, but the Faculty also receives animal owners, prospective students and school groups, media representatives, external researchers and collaborators, maintenance and delivery contractors, and other short-term visitors, each of whom carries a different level of biosecurity risk and requires a different level of access, escort, and PPE.

CHAPTER 2

GENERAL BIOSECURITY RULES

This chapter sets out the general biosecurity rules that apply across all units, laboratories, and clinical areas of the Faculty, regardless of the species or setting involved. These rules constitute the baseline standard precautions expected of all staff, students, and visitors at all times, since the infection status of an animal, sample, or environment cannot always be known in advance. This chapter covers key definitions used throughout this guideline, general hygiene and biosecurity practices (hand hygiene, personal protective equipment, standard attire, care of sick animals, food and drink, medications, and waste disposal), general cleaning and disinfection procedures, biosecurity monitoring and control, and pest control. The unit-specific and species-specific procedures that build on these general rules are addressed in the chapters that follow.

2.1. DEFINITIONS

Animal Hospital: Officially named Burdur Mehmet Akif Ersoy Üniversitesi Hayvan Hastanesi; referred to throughout this guideline as the "Animal Hospital."

Antiseptic: A chemical substance that can be applied to epithelial surfaces without harming living tissue, which eliminates microorganisms or inhibits their growth, thereby suppressing them.

Barrier Precaution Measures: Materials and practices used as a barrier between patients and personnel to prevent cross-contamination of body, clothing, and footwear, reducing the risk of nosocomial transmission to other patients. Applied in all isolation areas (Class 4) and for patients with special needs (high-risk shedders, young/naïve animals, immunocompromised patients).

Biofilm: A complex aggregation of bacteria adhering to surfaces within an exopolysaccharide matrix, leaving a thin residue after cleaning; bacteria within a biofilm are highly resistant to disinfection.

Contagious/Infectious Disease: A disease that can be transmitted from one animal to another.

Disinfectant: A chemical substance applied to inanimate surfaces (surgical equipment, floors, tables, patient care equipment) to kill microorganisms or prevent their growth.

Disinfection: A process applied to reduce the number of microorganisms to a level that is not harmful to health.

Education, Research, and Application Farm: The teaching, clinical, and research farm site - comprising the cattle-buffalo and sheep-goat units - used by the Faculty and referred to throughout this guideline as "the Farm." Although commonly referred to using the Faculty's name for convenience, the Farm is administratively part of the Agricultural, Livestock and Food Research and Application Center (Tarım, Hayvancılık ve Gıda Araştırmaları Uygulama ve Araştırma Merkezi), a university-wide center distinct from the Faculty; Faculty staff and students use the Farm for teaching, clinical service, and research under an inter-unit arrangement rather than through direct Faculty ownership. See the introduction to Chapter 6 for details.

Hospital-Dedicated Attire: Clothing, footwear, and outer garments worn exclusively while working at the Faculty or during field duties.

Laboratory Safety: Active, effective, and evidence-based procedures employed by laboratory personnel to protect themselves, other staff, the community, and the environment from microbial contamination, infection, or toxic reactions while working with live microorganisms or their toxic products.

Multidrug Resistance: The ability of certain bacteria to survive despite the presence of multiple antibiotics; occurs when the effectiveness of drugs, chemicals, or other agents designed to treat or prevent infection is

reduced or eliminated. Examples include *Salmonella enterica*, methicillin-resistant *Staphylococcus aureus* (MRSA), and vancomycin-resistant *Enterococcus*.

Nosocomial Infection: A localized or systemic condition resulting from an infectious pathogen or toxin that was not present or incubating at the time of admission.

Personal Protective Equipment (PPE): Equipment that protects individuals from acquiring or transmitting microorganisms/disease, or from exposure to hazardous chemicals. Examples: gloves, gowns, masks, protective eyewear, boots/overshoes.

Personnel: Any academic, administrative, or technical staff member, student, intern, or other individual present at the Faculty in any capacity.

Sanitizer: A chemical agent that reduces the number of microorganisms to a "safe" level without completely eliminating all of them.

Sterilization: The elimination of all microorganisms, including bacterial spores, from an inanimate surface.

Subclinical Infection: Invasion of the body by a microorganism without observable clinical signs; may represent an early or very mild stage of infection detectable only by examination or laboratory testing.

Zoonosis: A disease that can be transmitted between vertebrate animals and humans, or vice versa.

2.2. GENERAL BIOSECURITY RULES

Infectious agents can be transmitted through several routes: aerosol transmission (inhalation of airborne droplets), oral transmission (ingestion of contaminated feed, water, or fomites, or hand-to-mouth contact), direct and indirect contact (contact with an infected animal or person, or with surfaces/materials contaminated by their body fluids), transmission through fomites (inanimate objects such as door handles, equipment, clothing, or footwear that carry pathogens between patients), and vector-borne transmission (via insects or arthropods such as fleas, ticks, flies, and mosquitoes). Some of these pathogens are also zoonotic and can be transmitted between animals and humans. Awareness of these transmission routes is essential to understanding why the general rules set out in this section - hand hygiene, personal protective equipment, standard attire, care of sick animals, food and drink, medications, and waste disposal - must be applied consistently by all staff, students, and visitors across every unit of the Faculty, in order to eliminate or minimize biosecurity risks to people, animals, and the environment.

2.2.1. HAND WASHING

Hand hygiene is the single most effective measure for preventing the transmission of infectious agents and must be performed before and after any contact with an animal, patient, cage, or contaminated surface, and after removing gloves. Hands should be washed with soap and water for at least 20 seconds when visibly soiled; otherwise an alcohol-based hand rub may be used. At the Animal Hospital, hand-washing stations combined with PPE donning/doffing points are located in the pre-operative room, and staff changing rooms are situated adjacent to the operating theatres. Compliance with hand hygiene between patients is monitored by the clinician responsible for each examination.

Recommended hand-washing technique, adapted from the University of Liège's manual:

1. Wet hands and forearms with warm water.

2. Apply at least 3–5 mL (one to two full pumps) of soap to the palm.
3. Lather and vigorously scrub each side of the hands and up beyond the wrist for 10–30 seconds, cleaning between the fingers and under rings and fingernails.
4. Rinse under warm water until all soap residue is removed.
5. Dry hands with a paper towel or a warm-air dryer; avoid shared cloth towels.
6. If soap and water are not immediately accessible, an alcohol-based hand sanitizer may be used as an interim measure until hand washing is possible.

Recommended technique for using an alcohol-based hand sanitizer: apply a thumbnail-sized amount to the palm, work it into the fingertips of the opposite hand and then the rest of the hand, repeat with the opposite hand, and rub briskly until dry without rinsing.

Staff and students with direct patient contact or who handle biological samples are encouraged to keep fingernails short and to avoid wearing jewelry on the hands, and any skin lesion on the hands or forearms should be covered with a waterproof dressing before patient contact.

2.2.2. Personal Protective Measures

PPE must be selected according to the risk level of the task and patient, following the general guidance in Table 4. Jewelry, long or artificial nails, loose hair/untrimmed beards, and personal phone use are not compatible with effective PPE use and hand hygiene and should be avoided in clinical, laboratory, and animal-housing areas.

Table 4. Personal Protective Equipment (PPE) by Area/Task. The table below consolidates the area- and task-specific PPE already confirmed as in use at MAKU-VET; areas whose PPE arrangements are still being developed are cross-referenced to the chapter where that gap is already tracked, rather than repeated here.

Area / Task	Required PPE	Source
Examination rooms (routine outpatient)	Scrub suit and clinic slippers	Institutional Q&A record, row 113
Intensive care and infectious/isolation units (including student contact with suspected-infectious ICU patients)	Single-use gown, mask, cap, gloves, shoe covers	Row 112
Small animal isolation unit entrance	Dedicated PPE donning/doffing point and hand-hygiene station	Row 109
Operating theatre	Sterile attire (if scrubbed in), shoe covers, mask, and cap on entry	Row 156
Dental unit (small animal clinic)	Mask, cap, and protective goggles during aerosol-generating procedures	Row 162
Education and Application Farm (general)	Separate boots, coveralls, aprons, or single-use PPE for staff and students	Row 35
Calf unit	Single-use coveralls for responsible personnel entering calf housing	Row 35

Area / Task	Required PPE	Source
Necropsy and dissection areas	See 3.1.6 and 4.2.1–4.2.2 (gloves, waterproof apron/coverall, boots, mask, goggles)	-

Areas where task- or unit-specific PPE requirements are known to be incomplete - the large-animal isolation/quarantine area's missing PPE donning/doffing point (7.8), mobile-clinic and field-visit PPE (6.3, 7.6.5), and species-based PPE for wildlife/exotic intake (7.6) - are not repeated in Table 4 to avoid duplicating gaps already tracked in those chapters; Chapter 7 should be consulted directly for the current status of each.

2.2.3. STANDARD CLOTHING

Clinic and laboratory attire is Hospital-Dedicated Attire (see Definitions) and may not be taken outside the Faculty building. It is laundered in the hospital's designated dirty-area laundry section; students may not launder their coats at home. Students carry their own personal equipment (stethoscope, thermometer, scissors, etc.) and are individually responsible for its cleaning and disinfection. Glass thermometers are prohibited throughout the Faculty; only electronic thermometers may be used.

2.2.4. CARE OF SICK ANIMALS

Hygiene of sick animals: To maintain basic hygiene standards and reduce infectious load, sick and hospitalized animals must be housed in a suitably sized, clean cage, stall, or enclosure, with drinking bowls, feeding troughs, and water/feed containers kept clean and replaced at regular intervals. Where a sick animal defecates or urinates outside its designated housing area, the waste must be removed promptly and the contaminated surface cleaned and, where indicated, disinfected without delay. The immediate surroundings of cages and housing areas must be kept orderly; items not intended for that purpose should not be stored inside them, and all staff and students must return shared equipment to its designated place, clean, after use. At MAKU-VET, hospitalized patients are already separated by infection status and clinical severity into dedicated intensive-care cages appropriate to their condition (institutional Q&A record, row 159), which supports this hygiene principle at the ward level; unit-specific patient-hygiene requirements for individual clinics are addressed in Chapter 7.

Minimizing unnecessary contact with sick animals: Routine clinical and teaching activity at the Animal Hospital brings staff and students into direct contact with a large number of sick animals, some of which may carry infectious or zoonotic agents even before a diagnosis is confirmed. All staff and students should therefore limit contact with animals for whose care they are not directly responsible, and hands must be washed and shared equipment (e.g., stethoscopes) disinfected between patients whenever a student or clinician examines multiple animals in succession. Contact with patients known or suspected to carry a contagious pathogen should be restricted to the personnel and students directly responsible for that patient's care, and observation without physical contact - including through video monitoring where available - should be preferred whenever it is compatible with the patient's care. Movement of staff and students between clinics should be kept to a minimum to reduce the risk of carrying pathogens from one unit to another, and animals should not be touched, petted, photographed, or filmed beyond what is necessary for their care or education. Photography or video recording of patients for purposes such as case documentation or social-media use already requires verbal consent from the animal's owner at MAKU-VET (institutional Q&A record, row 188).

These hygiene-of-housing and minimal-contact rules govern the care of sick clinical patients. They are distinct from the biosecurity rules that should govern the housing of research and laboratory animals at the Faculty's Laboratory Animal Production and Experimental Research Center (introduced in 3.2 and mentioned throughout Chapter 3).

2.2.5. FOOD AND DRINK

Eating and drinking are prohibited in laboratories, animal-housing areas, and clinical work areas, and are permitted only in designated break/waiting areas outside patient-care and laboratory zones.

2.2.6. MEDICATIONS

Access to the hospital pharmacy is restricted to pharmacy staff and management. Anesthetic, narcotic, and other controlled substances are kept in double-locked cabinets. All veterinary medicinal products are tracked through the e-prescription system and the Ministry of Agriculture and Forestry Drug Tracking System. Vaccine and biological-product refrigerators are connected to the emergency generator to preserve the cold chain during power outages; storage temperature (2–8°C) is currently checked and logged manually, and a standardized weekly calibration/control form should be adopted going forward. Opened multidose vials must be labeled with the date of opening and discarded according to the manufacturer's instructions or within 24 hours of opening for injectable solutions, whichever is stricter; no fixed institutional rule currently governs this beyond the manufacturer's own instructions (institutional Q&A record, row 129). Expired medications and contaminated pharmaceutical waste are reported to the Provincial/District Directorate of Agriculture and Forestry for disposal.

Preparation of parenteral medications: Medications must be prepared under the supervision of a veterinarian or pharmacy personnel, taking care to avoid contamination with other medications or sources of infection. Before each puncture, the rubber stopper of a multidose vial must be wiped with alcohol; a new, sterile syringe and needle must be used to draw up each preparation, and needles and syringes used for one patient or one administration must never be reused for another patient or another dose (oral-medication syringes may be reused for the same patient after thorough rinsing and cleaning, as an exception). A fresh needle tip should be fitted for the injection itself once the dose has been drawn up, rather than injecting through the same needle used to puncture the vial. Where the medication cannot be administered immediately after preparation, the filled syringe must be labeled with the drug name using a water-resistant marker so it is never left unidentified. Preparation of toxic or hazardous drugs (e.g., cytotoxic or chemotherapeutic agents) must be carried out with the appropriate PPE for that drug (gloves, protective goggles, mask, and preparation under a fume hood where indicated) and away from anyone not wearing equivalent protection. Medications that are drawn up but ultimately not administered must be discarded in the designated pharmaceutical/medical waste stream (2.2.7) and documented rather than returned to general stock.

2.2.7. DISPOSAL OF WASTE PRODUCTS

Waste is segregated according to Table 5: red bags for medical/infectious waste, dedicated hard-plastic puncture-resistant boxes for sharps, and black bags for domestic waste (institutional Q&A record, row 130). Sharps boxes are closed and locked once three-quarters full; they are never reopened or emptied into another container. Medical waste is collected under contract by Atlas Katı Atık Yönetim Sanayi ve Ticaret Ltd. Şti. (row 131). The temporary medical waste storage area is located within the necropsy unit. Waste records are maintained by the responsible manager of each laboratory and, at the Animal Hospital, by the designated waste officer. The

Faculty's medical/biological waste segregation, packaging, and disposal procedure is set out in Appendix 5.8, and hazardous chemical waste handling in Appendix 5.7.

Table 5. Medical Waste Streams and Sharps Containers.

Color	Waste Type	MAKU-VET Status
Red	Medical/infectious waste (contaminated materials, tissue, cadaver remains)	Confirmed current practice (row 130)
Sharps	Sharps waste (needles, scalpel blades, glass ampoules) - dedicated hard-plastic, puncture-resistant sharps boxes	Confirmed current practice (row 130)
Black	Domestic/general waste	Confirmed current practice (row 130)

2.3. GENERAL CLEANING AND DISINFECTION

A variety of disinfectants are used at the Faculty to reduce the likelihood of pathogen transmission; their selection depends on the criteria discussed in 2.3.1. Alcohols, povidone-iodine, and chlorhexidine are preferred for contact with skin or mucosa, while hypochlorite, quaternary ammonium compounds (QACs), phenols, and hydrogen peroxide are reserved for equipment and surface disinfection. All Faculty equipment must be cleaned and disinfected before being placed into storage. The disinfectants routinely used at MAKU-VET are ethyl alcohol (96% diluted to 70% with distilled water) and hypochlorite/benzalkonium chloride-based products (QAC); because the water supply in the Burdur region is markedly hard, which reduces the efficacy of QAC and phenol-based disinfectants, a water-softening system has been installed at the Animal Hospital to preserve disinfectant performance.

2.3.1. Criteria Affecting Disinfection

These can be examined as criteria related to the disinfectant and disinfection process itself, or as criteria dependent on environmental factors.

A) Criteria Related to Disinfectants: disinfectant concentration, method of application, contact time, shelf life, storage conditions, sufficient instructions for proper use, toxic effects on humans and animals, post-application residual effects, and cost.

B) Criteria Related to the Environment: organic matter, including waste, litter, feed, and bedding, because organic material can neutralize chlorine- and iodine-based disinfectants; surface characteristics, including irregularities and pores that allow microorganisms to persist longer; ambient temperature, because low temperatures reduce disinfectant efficacy; ambient humidity; water hardness, because high calcium and magnesium levels reduce the effectiveness of phenols and quaternary ammonium compounds, a point directly relevant to the hard water supply in the Burdur region described above; and the presence of other chemicals in the environment that may inactivate the product.

2.3.2. DISINFECTANT GROUPS BY CHEMICAL STRUCTURE

Disinfectants used in veterinary medicine fall into several chemical classes, each with a distinct mechanism of action: acids (acetic acid, citric acid), alcohols (ethanol, isopropanol), aldehydes (glutaraldehyde, formaldehyde), alkalis (sodium/ammonium hydroxide), biguanides (chlorhexidine), phenols, quaternary ammonium compounds (QACs), halogen-releasing agents (chlorine and iodine compounds, e.g., sodium hypochlorite, povidone-iodine), silver compounds, ozone/ethylene oxide, and oxidizing agents (hydrogen peroxide, peracetic acid, potassium peroxymonosulfate/Virkon).

Table 6. Disinfectants Relevant to Veterinary Practice at MAKU-VET. Expanded from the University of Liège's disinfectant reference tables (Linton et al., 1987) to cover the main pathogen-spectrum categories relevant to a veterinary faculty. The first three rows are disinfectants whose routine use at MAKU-VET is confirmed by the institutional Q&A record (rows 140–141: ethyl alcohol, hypochlorite, and benzalkonium chloride/"Zefiran"); the remaining rows are added as general veterinary-disinfection practice, following Liège's model, and are not yet confirmed as part of MAKU-VET's actual current inventory.

Disinfectant	Use / Dilution	Contact Time	Spectrum / Notes	Status at MAKU-VET
Ethyl alcohol	Skin, small instruments, hand sanitizer - 96% stock diluted to 70% with distilled water	Rapid-acting	Broad spectrum against vegetative bacteria and enveloped viruses; no activity against bacterial spores or prions; flammable, no residual activity	Confirmed current use
Sodium hypochlorite	Surface disinfection	≥15 minutes	Broad spectrum, including non-enveloped viruses and, at higher concentration, some sporicidal activity; corrosive to metals; inactivated by organic matter and by ammonia/urine	Confirmed current use
Quaternary ammonium compound (benzalkonium chloride)	General surface and equipment disinfection	≥15 minutes	Effective against Gram-positive bacteria and enveloped viruses; limited activity against non-enveloped viruses; no activity against spores or prions; reduced efficacy in hard water (see 2.3.1), mitigated by the Animal Hospital's water softener	Confirmed current use (as "Zefiran")

Disinfectant	Use / Dilution	Contact Time	Spectrum / Notes	Status at MAKU-VET
Chlorhexidine (0.05–0.5%)	Skin/mucosal contact - muzzles, endotracheal tubes, surgical hand scrub	≥15 minutes	Very effective against Gram-positive/-negative bacteria; limited activity against enveloped viruses; no activity against spores, non-enveloped viruses, or prions; inactivated by anionic detergents and soaps	General veterinary practice
Povidone-iodine	Skin decontamination and surgical site preparation	Per product label	Broad spectrum including fungal and bacterial spores; limited activity against non-enveloped viruses; no prion activity; inactivated by organic debris and by QACs	General veterinary practice
Glutaraldehyde (aldehyde) 2%	High-level disinfection of instruments and endoscopes	≥20–30 minutes	Broad spectrum including bacterial spores; not a validated prion decontamination method; irritating to mucous membranes, requires well-ventilated preparation area	General veterinary practice
Hydrogen peroxide / peracetic acid (e.g., Virkon)	General surface disinfection, footbaths	≥15 minutes	Broad spectrum; peracetic acid is sporicidal; low toxicity but corrosive to some metals; less active at low temperatures	General veterinary practice
Phenols	Instruments and necropsy-area surfaces potentially contaminated with prion agents (e.g., BSE, scrapie)	Per product label	Broad spectrum; only limited and variable activity against prions among phenolic compounds - true prion inactivation	General veterinary practice

Disinfectant	Use / Dilution	Contact Time	Spectrum / Notes	Status at MAKU-VET
			requires the high-strength NaOH/thermal protocol described in 5.10, not routine phenolic disinfection alone; toxic to cats above 2% concentration	

None of the disinfectants in this table, including sodium hypochlorite, reliably inactivate prions at standard use concentrations and contact times; where prion contamination is suspected (e.g., a BSE/scrapie-suspect necropsy), the sodium hydroxide concentration/contact-time protocol already set out for liquid-waste decontamination in 5.10 should be consulted rather than relying on this table.

2.3.3. Cleaning and Disinfection Protocol for Contaminated Surfaces

- Appropriate PPE (mask, face shield, protective goggles, waterproof clothing and footwear) should be worn when using disinfectants where splashing is possible.
- All visible debris must be removed before disinfection, since gross contamination inactivates most disinfectants; if using a hose, minimize aerosolization.
- Affected areas should be cleaned with water and detergent or soap; scrubbing or mechanical disruption is required to break down biofilm and residual debris.
- The cleaned area should be thoroughly rinsed to remove detergent residue, since some disinfectants are inactivated by detergents.
- Allow the area to drain or dry as much as possible before applying disinfectant, to prevent dilution.
- Thoroughly wet the area with the disinfectant solution, which should remain in contact with surfaces for at least 15 minutes or as specified by the manufacturer.
- Remove excess disinfectant with water, clean paper towels, a mop, or a squeegee.
- Disinfectant should be rinsed off, or allowed to dry sufficiently, before an animal is placed in a cage or stall.
- All multi-use areas (examination rooms, tables, stocks) must be cleaned and disinfected immediately after use, regardless of the patient's infectious status.
- Contact between blood or body fluids and non-intact skin or mucous membranes must be prevented during cleaning/disinfection.
- After disinfection, PPE must be removed and hands washed.
- Only trained and authorized personnel wearing the required PPE may access areas requiring non-routine disinfection.

Written cleaning and disinfection schedules are maintained separately for laboratories (see Appendix 4 for the written laboratory cleaning and decontamination procedure), the Animal Hospital, and the Laboratory Animal Production and Experimental Research Center. The Animal Hospital's schedule is set out in the written Hospital Cleaning Procedure (MAKÜ.HH.14, dated 01.03.2020). Routine environmental sampling to verify disinfection

efficacy is not currently performed at MAKU-VET and should be established as part of future quality assurance efforts (see Chapter 9).

2.3.4. Footbaths and Mats

Pathogens are frequently isolated from floor surfaces in environments housing infected animals. Footbath/mat solutions should be changed every morning, and whenever they accumulate excessive bedding or dirt; refilling is the responsibility of all staff and students working in the area. Because foot mats disinfect the soles and sides of shoes without requiring full immersion, splashing onto shoe tops is common, so waterproof footwear is strongly recommended wherever foot mats are used.

At the Education and Application Farm, vehicle/tire disinfection dip systems are installed at both farm entrances, and a foot bath is used at the entrance to the calf unit. General-purpose footbaths and disinfectant mats are not currently installed elsewhere on campus; where they are introduced, the rules above apply.

2.3.5. Disinfection Protocol for Tools and Equipment

To minimize the risk of pathogen transmission, all Faculty equipment must be properly cleaned and disinfected before storage.

Thermometers: Glass thermometers are prohibited (see 2.2.3); electronic thermometers must be cleaned and disinfected with alcohol and/or chlorhexidine wipes after each patient, and immediately whenever visibly soiled. Patient-dedicated thermometers should be used in infectious areas (Class 3A/3B and 4).

Endoscopes: Must be cleaned and disinfected with quaternary ammonium compounds after each use, by authorized personnel only.

Stethoscopes: Should be disinfected daily with hydro-alcoholic hand sanitizer. In areas housing Class 3A/3B or 4 patients, stethoscopes are patient-dedicated and must be cleaned and disinfected immediately if visibly soiled.

2.3.6. Laundry washing and laundry room

- Sharps must be placed in puncture-resistant containers before laundry, equipment, or instruments are sent for washing.
- Dirty laundry must not be mixed with trash, bedding, sharps, or anatomical parts.
- All organic material must be removed from surgical instruments and equipment before laundering.
- The laundry service will not wash patients'/owners' belongings or personal items.

As noted in 2.2.3, laundering takes place in the Animal Hospital's designated dirty-area laundry section, and students may not launder their coats at home.

2.4. PEST CONTROL

Insects, ticks, and rodents can act as mechanical or biological vectors for pathogens and can contaminate feed, water, and clinical areas; pest control is therefore an integral part of the Faculty's biosecurity program. Control should combine physical, environmental, and chemical measures - reducing entry points, eliminating breeding and hiding sites, monitoring, and treating as needed - rather than relying on chemical treatment alone. A facility-wide pest control program, including the contracted service provider, inspection frequency, and treatment records, should be documented and maintained under the oversight of the Biosecurity Committee; this information is not yet finalized and should be confirmed and recorded once available.

2.4.1. Arthropod and Insect Surveillance and Control

Doors throughout the Faculty are fitted with spring-loaded, self-closing mechanisms to prevent unnecessary insect entry, and windows are fitted with insect screens. Traps are installed in many areas across campus; these are primarily intended for rodents rather than insects. No insecticide is currently used at the Faculty.

2.4.2. Rodent Surveillance and Control

Doors are kept closed, and windows are screened and are not opened unless necessary. Traps are installed in many areas across campus for rodent monitoring and control.

CHAPTER 3

GENERAL BIOSECURITY RULES FOR EDUCATIONAL AND RESEARCH LABORATORIES

The rules set out in this chapter apply to the practical and research laboratories of the Basic Sciences and Pre-Clinical Sciences departments - Anatomy, Biochemistry, Physiology, Histology and Embryology, Microbiology, Virology, Parasitology, Pathology, and Pharmacology and Toxicology - as well as the Laboratory Animal Production and Experimental Research Center. These rules apply in addition to, and do not replace, the general rules set out in Chapter 2.

3.1. Student Application Laboratory

3.1.1. Priority Rules

Application Laboratories must not be entered without a lab coat, and any protective goggles or other equipment required for the experiment must be worn continuously throughout the session and not removed. Students must tie back long hair, keep lab coats buttoned, preferably avoid contact lenses, and remove jewelry before starting, since it can prolong the contact time between chemicals and the skin. Open wounds or cuts on the hands must be covered with a bandage and appropriate gloves worn before starting work. Food and beverages must not be consumed in the laboratory. Mobile phones must not be used, since volatile and flammable solvents increase the risk of fire from batteries and static electricity.

3.1.2. Rules to Follow When Working with Chemical Substances

Solid substances must always be taken with a clean spatula, which must not be reused in another substance without cleaning. Liquids must be drawn with a pipette or pipettor, never by mouth, and a pipette used for one solution must not be inserted into another. Bottle caps must never be placed on the table or interchanged between containers. Substances in capped containers must never be heated; when heating in a test tube, tongs must be used with the open end pointed away from people, and water-bath heating must not be left unattended. Chemicals must not be mixed carelessly - see Appendix 8 for the full table of chemicals that must not be mixed together - and no unlabeled container or chemical may be used in an experiment. Flammable liquids must be kept in closed containers, in the minimum quantity necessary, away from heat sources. Acids such as sulfuric, nitric, hydrochloric, and hydrofluoric acid, and toxic gases such as bromide, hydrogen sulfide, hydrogen cyanide, and chloride, must be handled in a fume hood, as must volatile substances such as ether, chloroform, and ammonia. Acids and alkalis must always be poured slowly into water, never the reverse. Spilled mercury must be collected with a vacuum source or a foam sponge, or neutralized with sulfur powder if too small to collect; mercury and broken thermometers must never be disposed of in the trash or sink. Chemicals must never be taken outside the laboratory.

A chemical inventory, safety data sheets (SDS/MSDS), segregated storage for incompatible chemicals, a locked chemical cabinet, a flammable-materials cabinet, and a chemical/mercury spill kit are maintained in the Faculty's laboratories, under the written procedures set out in Appendix 5.2 (Procedure for the Use of Chemical Substances) and Appendix 5.3 (Chemical Substance Storage Procedure).

3.1.3. Rules to Follow When Using Glass Materials

Laboratory glassware is thin and fragile and must never be handled with careless force. Labels on chemical containers must not be removed, defaced, or damaged; containers with damaged labels must be reported to laboratory staff. Bottles must be poured with the label facing upward to prevent drips from damaging it, and the last drops should be wiped from the bottle mouth with its own cap. Broken glassware must never be touched directly; it must be removed properly and disposed of in dedicated broken-glass waste bins, not general trash.

3.1.4. Rules to Follow When Using Equipment

Equipment that is not fully understood must never be used; all devices must be operated under the supervision of the course instructor and in accordance with their instructions. Hands must be dry when connecting electrical devices to a power supply. Gas valves must be checked carefully and closed immediately after burner use; hair, clothing, and notebooks must be kept away from the flame; wooden tongs must be used for burner heating. Containers must not be fully sealed during heating or boiling, to avoid a pressure-related explosion risk. Heating-device temperatures must not be checked by hand, and oven/water-bath settings must not be changed mid-use. A precision scale must be kept closed and unloaded when not in use, its balance checked, and any spilled chemicals cleaned with a brush. The fume hood's ventilation must be switched on before use, with chemicals kept at least 15 cm behind the front edge and the sash closed as far as possible; when working with explosive or flammable chemicals in the fume hood, all electrical connections must be made in advance.

3.1.5. Control of Waste in Student Laboratory Applications

Waste generated in student laboratory applications is classified and disposed of under the supervision of the laboratory application supervisor, in accordance with the Faculty's Waste Management Plan and the Regulation on the Control of Medical Waste. Chemical waste generated in the Biochemistry student laboratory is collected in dedicated waste drums for disposal; in other student laboratories, chemical waste is processed according to the instructions of the laboratory application supervisor (see Appendix 5.7 for the hazardous chemical waste procedure).

3.1.6. Anatomy Cadaver Area

Dissection room: Students must don and button their lab coats immediately on entry. Phones, food, and drink are prohibited throughout the anatomy laboratory. Latex gloves must be worn during dissection, and hands washed with liquid soap (not bar soap) afterward. Instruments must be washed and disinfected after each dissection session; used scalpel blades are disposed of in dedicated hard-plastic, puncture-resistant sharps boxes and soiled gloves in medical waste bins. Dissection materials must never be taken home. In the event of a cut, the affected person washes their hands under instructor supervision; superficial cuts are covered with a bandage, while deep cuts require hospital treatment; tetanus vaccination status is checked and antiserum given where necessary. Tables are washed with detergent before and after each session and disinfected after each session. Weekly treatment is additional deep cleaning only and does not replace session-level cleaning and disinfection. Approved surface disinfectants are used for tables and floors, and approved instrument disinfectants are used for dissection instruments; the specific product, final concentration, and contact time must follow Appendix 14.1.

Maceration room: Aprons, gloves, boots, and protective goggles are mandatory. The boiling pot is checked regularly, and technical staff are informed when it needs to be emptied. The room is cleaned and disinfected after each use.

Sourcing and preparation of cadavers: Cadaver donation is not accepted at the Faculty. The cadavers used for anatomy instruction, pathology education, and necropsy are animals that died or were euthanized at the Animal Hospital and may be used as teaching material. The referring clinical unit, rather than students acting alone, prepares the cadaver in a closed, leak-proof container or thick leak-proof body bag, records the case and any infectious-disease concern, and notifies the Department of Pathology before transfer. An authorized transport team moves the cadaver under the species- and risk-based matrix in Appendix 5.11 to the Pathology/Necropsy delivery point. Pathology records acceptance and places the cadaver in the +4°C cold room if necropsy is deferred.

Responsibility remains with the referring unit until receipt is recorded. Pathology then assigns an HG classification and determines whether student practical use may proceed. Animals that die or are euthanized at the Animal Hospital may be used for pathology education and necropsy except for cases classified or suspected as HG3 or HG4; such cases are not used for routine student practicals or routine necropsy and are managed under Section 4.2.2. For anatomy instruction, cadavers are accepted only where there is no suspicion of infectious disease.

Necropsy of animals presenting with signs consistent with certain zoonotic diseases requires special precautions beyond standard practice, including anthrax, rabies, highly pathogenic avian influenza (HPAI), and Crimean-Congo Hemorrhagic Fever (CCHF) - a tick-borne viral zoonosis well documented as endemic in the Burdur/Anatolia region and carrying a high case-fatality rate in humans. See 2.4.1 for the Faculty's tick/CCHF surveillance and protection protocol, which should be consulted and cross-referenced whenever a necropsy involves a tick-exposed or CCHF-suspect animal.

An overhead rail hoist, locally called a kalaskar, is used only after Pathology accepts a cadaver at the Pathology/Necropsy delivery point, to position the cadaver at the necropsy table. It is not a substitute for the approved clinic-to-Pathology transport chain. Samples collected during necropsy are taken to the Department, where formaldehyde fixative is added under a fume hood in the macroscopic sampling cabinet.

Storage and disposal: Formaldehyde-preserved cadavers and organs are stored in formaldehyde pools; unpreserved specimens are kept in cold storage or deep freezers until use. At the end of the course period, cadavers are disposed of in medical waste bags, and storage units are cleaned and disinfected regularly. Cadaver transport between clinics, isolation units, external farms, and the necropsy area follows the species- and risk-based matrix in Appendix 5.11. Companion animals and small exotic/wildlife cases are moved in a closed, leak-proof container or thick leak-proof body bag using an approved stretcher or transport box; horses, cattle, buffalo, sheep, goats, and other large-animal species are moved only with a dedicated forklift and an appropriate transport container; external cases are collected in the authorized cadaver vehicle. Class 3A/3B, Class 4, suspected notifiable, and suspected zoonotic cases are reported to Pathology before movement. The referring unit remains responsible until the cadaver is accepted and recorded at the Pathology/Necropsy delivery point; if necropsy is deferred, Pathology places it in the +4°C cold room. A -20°C area holds necropsied remains until they are collected periodically by the Faculty's contracted medical waste disposal company. Vehicles, containers, forklifts, and stretchers are cleaned and disinfected after use. The necropsy hall is under the responsibility of the Department of Pathology, and clean/dirty corridor separation within it is physically maintained. A post-necropsy disinfection exit for personnel and students is in place, and a written procedure is followed in the event of cuts, punctures, or splashes during necropsy.

3.2. Education and Research Laboratories

The Faculty's active education, research, and diagnostic laboratories are the Department of Pathology's teaching laboratory and the research/diagnostic laboratories of Biochemistry, Physiology, Microbiology, Pharmacology, Virology, Pathology, and Parasitology, together with the Laboratory Animal Production and Experimental Research Center. Each laboratory has a designated responsible faculty member. The biosafety levels currently applied are BSL-2 in the Virology laboratory and the Animal Hospital's Clinical Diagnostic Laboratory, and BSL-1 elsewhere, including the Pathology laboratory, the Laboratory Animal Production and Experimental Research Center, and the Clinical Skills Laboratory. A biological agent inventory is maintained for pathogens handled at the Faculty. The Animal Hospital's Clinical Diagnostic Laboratory operates under the Faculty's written Clinical Diagnostic Laboratory Procedure (MAKÜ.HH.40, dated 01.03.2020).

3.2.1. Standard Biosecurity Procedures

Work at laboratory benches should proceed one-way, from clean to dirty areas, and the risks of each bench's work should be assessed to determine the PPE required; bench-level risk assessments and PPE matrices are already maintained within each department's own Biosecurity Laboratory Guide (see Appendix 5.1 and Appendix 6 for the general laboratory safety procedures underlying this guide). Hands must not touch the face, and nothing should be put in the mouth while working; food and drink are prohibited in the laboratory and permitted only in designated break areas. Makeup, long or artificial nails, and unsecured long hair or beards that could cause contamination are not permitted; open-toed shoes and carrying sharp objects in coat or trouser pockets are prohibited. Plastic materials should be used in place of glass wherever possible. Each laboratory should have a first-aid cabinet with instructions, a sink at the exit, and an eyewash station/emergency shower visible to all personnel; the periodic functional inspection of fume hoods, emergency showers, eyewash stations, fire extinguishers, and first-aid cabinets is the responsibility of the laboratory manager. Access is restricted to authorized personnel; unrelated personnel, animals, and children under 12 are not permitted to enter. A formal rule specifying age limits, prior authorization, escort, or PPE requirements for outside visitors such as patient owners, external researchers, or maintenance staff does not yet exist and should be developed. Noise, horseplay, and negative attitudes such as overconfidence, showiness, or carelessness must be avoided, and any incident must be reported to the laboratory supervisor immediately. Where working outside normal hours or alone is necessary, emergency communication protocols must be activated. Bags, coats, and unnecessary personal items must not be brought into the laboratory. Spilled cultures and other biological or infectious-material spills must be reported immediately, isolated, and managed only by trained personnel according to the Biological Spill Disinfection Matrix in Appendix 5.5; the selected final available-chlorine concentration and minimum wet contact time must correspond to the spill type and organic-load category in that matrix; a written response procedure for chemical spills and broken glassware already exists in the current Biosecurity Laboratory Guide (see Appendix 5.4 and Appendix 7 for the chemical-substance accident instructions) and has now been extended to biological/infectious-material spills as well (see Appendix 5.5). The locations of emergency exits, electrical panels, fire extinguishers, emergency telephones, eyewash stations, first-aid cabinets, and fire alarms must be known to all personnel. Some laboratory and classroom surfaces - notably in the Microbiology laboratory - are wood, porous, or damaged and cannot be reliably disinfected; replacement has been requested and is pending. Pest control and window screening are addressed in 2.4.

3.2.2. Pipette Use

Pipetting by mouth is never permitted, and an automatic pipette device should be used whenever possible. Infectious material must never be mixed with or blown into using the pipette tip. Liquid should be deposited on the container wall rather than dropped from a height, to avoid splashing. Contaminated pipettes and tips must be fully immersed in unbreakable, leak-proof containers of appropriate disinfectant, and a dedicated biological waste container for pipette tips should be placed inside biosafety cabinets. Syringes must not be used for pipetting. Absorbent pads or paper towels should be placed underneath work to contain any spread of infectious material and disposed of as medical waste afterward.

3.2.3. Protection Against Injuries from Piercing and Cutting Instruments

Care must be taken to prevent injury when cleaning or disposing of needles, scalpels, and other sharp instruments. Used needles must never be recapped, and the tip must not be pointed toward any part of the body; sharps are disposed of in a dedicated puncture-resistant container without being bent, twisted, or removed from the syringe. A post-exposure prophylaxis (PEP) protocol for zoonotic exposure (bites, needlesticks, splashes) and

an incident-report form for sharps injuries, bites, and similar events already exist at the Faculty and are being routed to the Biosecurity Committee for formal adoption.

3.2.4. Wearing Lab Coats

Lab coats must be worn with sleeves rolled up and buttons fastened while working in the laboratory. They must not be taken outside the laboratory to offices or break rooms, and should instead be hung on hooks provided at the laboratory entrance, since unnoticed contamination could otherwise spread microorganisms to the wider environment. As already noted in 2.2.3 and 2.3.6, laboratory and clinic attire at MAKU-VET may not be taken outside the Faculty building and is laundered in the Animal Hospital's designated dirty-area laundry section.

3.2.5. Eye and Face Protection

Safety goggles with side shields, mask goggles, or face shields must be used for any laboratory procedure with a risk of splashing to the face or eyes. Standard safety goggles provide only partial protection; mask goggles may be worn over corrective glasses or contact lenses where needed.

3.2.6. Mask Use

In laboratories handling microorganisms, such as Microbiology and Virology, aerosols may form during certain procedures and can cause infection by inhalation or direct contact. Surgical masks are recommended during such procedures to protect the surrounding area from contamination and personnel from droplet exposure.

3.2.7. Use of Biosecurity Cabinets

Biosafety cabinets (BSCs) protect personnel, the laboratory environment, and work materials from the aerosols and splashes that can occur when handling infectious materials. Vortexing, mixing, grinding, homogenizing, sonication, centrifugation, and the subsequent opening or transfer of pathogen-containing containers must be performed inside a BSC. Work must not begin until the cabinet fan is running and airflow has stabilized; the front sash must not be removed during operation, and rear air grilles must not be blocked; Bunsen burners must not be used inside the cabinet, since the heat can disrupt airflow and damage the HEPA filter - sterile single-use alternatives should be used instead. The cabinet should contain both general-waste and sharps containers, and traffic behind the operator should be minimized. Interior surfaces are disinfected at the end of the day or immediately after any spill, and the fan should continue running for at least 5 minutes after work is completed. In cabinets equipped with an ultraviolet (UV) decontamination lamp, the lamp should be run for approximately 15 minutes after work is completed; UV lamps must always be switched off whenever personnel are present in the room, since UV exposure can cause harmful effects to the eyes and skin. At MAKU-VET, a biosafety cabinet is located in the Virology Department's Molecular and Cell Culture Laboratory, and operator training was provided by the supplier at installation.

3.2.8. Autoclave use

Personnel using autoclaves must be trained in packaging, loading, and labeling materials, and in emergency procedures. Toxic, corrosive, volatile, or radioactive substances must never be autoclaved. Sharps must be placed in sealed, puncture-resistant containers before autoclaving, and autoclave bags must not be overloaded, as this obstructs steam circulation. The chamber must be allowed to cool, and the pressure gauge must read "0," before the door is opened slowly; heat-resistant gloves and face protection must be worn when removing hot materials. Autoclave tape must be checked for the expected color change, with re-sterilization required if it fails to change.

A regular maintenance and inspection program must be documented. In laboratories where an older-model autoclave is in use, personnel should avoid touching its rear and side surfaces, since older units may lack adequate heat insulation and can cause burns; flammable materials or liquids must not be placed or stored near the autoclave. At MAKU-VET, the autoclave is located in the Virology Department's sterilization laboratory (washing room), and a written protocol covering waste bag/container use, sterilization- or biological-indicator tracking, and maintenance records has been prepared (see Appendix 1).

3.2.9. Use of Centrifuges

Centrifuges must be operated according to the manufacturer's instructions, using thick-walled, preferably plastic tubes that are visually inspected for cracks or damage before use. Rotors and godets must be loaded, balanced, and adjusted using distilled water - never saline or hypochlorite solution, which are corrosive. Godets, rotors, and the centrifuge interior must be disinfected at regular intervals, and godets drained and stored upside down after use. Lidded godets must be used when centrifuging material containing notifiable-disease-risk pathogens. At MAKU-VET, centrifuges are located in the Virology Department (serology and cell culture laboratories) and the Biochemistry laboratory, and a written centrifuge protocol has been prepared (see Appendix 2).

3.2.10. Sample Safety in the Laboratory

Sample transport containers must be leak-proof when properly closed, free of external contamination, and clearly labeled. Sample request forms must never be wrapped around the container and should instead be transported separately, preferably in a waterproof envelope. A single container should be used per sample to prevent cross-contamination between patients. Broken or leaking containers must be reported to the laboratory supervisor immediately, and any visible contamination wiped with disinfectant such as diluted hypochlorite or 70% ethanol. Records of leaking, lost, or broken sample containers should be kept, since an increase indicates a need to improve transport or collection procedures. At MAKU-VET, samples are currently transported using a sample-carrying case rather than a secondary sealed-pouch system; once the E-Vet electronic ordering system is fully implemented for sample requests, a secondary pouch system may no longer be necessary, but until then this remains a gap to address. Samples that do not meet proper transport conditions are currently rejected on receipt by the diagnostic laboratory.

3.2.11. Use of Certain Laboratory Equipment

Thermal blocks, PCR machines, homogenizers, shakers, sonicators, and grinders carry a high risk of leakage, splashing, and aerosol formation. Containers, lids, and bottles used with this equipment must be inspected for cracks before use, with lids checked for a secure, leak-proof fit. Thermal blocks and PCR devices should be opened only after the post-run cooling period has elapsed. Plastic containers are preferred over glass, since breakage can cause injury or splash infectious material. Wherever feasible, work with this equipment should be carried out inside a biosafety cabinet. A written protocol covering biosafety-cabinet use, container/lid inspection, and incident response for this equipment has been prepared at MAKU-VET (see Appendix 3).

3.2.12. Before Leaving the Laboratory

All materials and equipment must be returned to their designated storage locations, and the work area cleaned. Waste disposal procedures must be clearly understood before leaving. Hands must be thoroughly washed with soap and water before leaving the laboratory, even if gloves were worn. As set out in 2.2.7 and 2.3, biological/medical waste is collected in red bags and domestic waste in black bags, and dedicated hard-plastic,

puncture-resistant sharps boxes are closed and locked once three-quarters full and are not emptied into another container.

3.3. Laws and Regulations on Laboratory Safety

Türkiye's legal hierarchy for laboratory and occupational safety runs from the Constitution through laws, decrees, regulations, communiqués, circulars, and directives, and is informed at the international level by the standards of the United Nations, the World Health Organization, and the European Union. Laboratory safety at MAKU-VET is governed principally by Law No. 6331 on Occupational Health and Safety (26 June 2012), which places employers under a legal duty to provide and maintain the equipment and measures necessary for a safe workplace, and by the Regulation on the Prevention of Risks from Exposure to Biological Agents discussed in 1.1, issued under that Law.

Other technical regulations relevant to laboratory safety at the Faculty include the Regulation on Health and Safety Measures for Work Involving Carcinogenic and Mutagenic Substances, the Regulation on Health and Safety Measures for Work Involving Chemical Substances, the Regulation on the Transport of Infectious Substances, Infectious Diagnoses, and Clinical Specimens, and the Radiation Safety Regulation, which applies to the Radiology Unit discussed in Chapter 7. Appendix 5.6 contains the Faculty's radioactive-substance safety instructions for any future isotope-based work beyond diagnostic imaging, although no such work is currently confirmed at MAKU-VET.

Work involving genetically modified organisms is governed by the Biosafety Law No. 5977 (18 March 2010), which establishes the national biosafety framework - covering the research, development, processing, marketing, monitoring, use, import, export, transport, handling, storage, packaging, and labeling of GMOs and GMO-derived products - under the oversight of the national Biosafety Board. No GMO work requiring registration with the Biosafety Board is currently carried out in the Faculty's laboratories.

Heads of department, laboratory supervisors, and unit managers responsible for areas of biosafety risk are responsible for overseeing the effectiveness of biosafety practices in their area, ensuring staff awareness, the reliability of equipment, and the security of infectious agents, and for conducting regular safety inspections - including functional checks of fire safety equipment, alarms, emergency showers, camera systems, and emergency lighting - and for auditing decontamination and infectious-waste disposal procedures.

Where relevant, laboratory quality and safety management may also draw on ISO 15189 (Medical Laboratories - Requirements for Quality and Competence) and ISO 15190 (Medical Laboratories - Requirements for Safety), whose recommended safety-programme elements include a written health and safety policy, documented safe working procedures, staff training, safety inspections, hazardous-material handling and health surveillance, first-aid provision, incident investigation, and periodic review of the safety programme - a structure consistent with the biosecurity monitoring and quality assurance framework set out in Chapter 9.

CHAPTER 4

BIOSECURITY RULES FOR DIAGNOSTIC LABORATORIES

4.1. Biosecurity Rules for Basic Sciences Department Laboratories

This department comprises the disciplines of Anatomy, Biochemistry, Physiology, and Histology and Embryology; theoretical courses in these disciplines are conducted in the Faculty's classrooms. The biosecurity rules governing the research and student practical laboratories of Biochemistry, Physiology, and Histology and Embryology follow the general rules set out in Chapter 2 and Chapter 3 of this guideline, including the equipment- and bench-specific rules already described for the Biochemistry laboratory's fume hood, sharps container, eyewash station, and centrifuge in 3.2, and the glassware- and chemical-handling rules in 3.1.2–3.1.4. No additional department-specific biosecurity rules apply beyond these. The biosecurity rules specific to the Department of Anatomy - covering the dissection room, the maceration room, cadaver sourcing, and the formaldehyde and cold-storage areas - are set out in full in 3.1.6 (Anatomy Cadaver Area) and are not repeated here.

4.2. Biosecurity Rules for Preclinical Sciences Department Laboratories

This department comprises the disciplines of Virology, Microbiology, Pathology, Parasitology, and Pharmacology and Toxicology; theoretical courses in these disciplines are conducted in the Faculty's classrooms. The biosecurity rules governing the research, diagnostic, and student practical laboratories of these disciplines follow the general rules set out in Chapter 2 and Chapter 3 of this guideline, including the biosafety-level assignments and the biosafety cabinet, autoclave, and centrifuge protocols already described in 3.2. The biosecurity rules specific to necropsy procedures carried out by the Department of Pathology, which are not addressed elsewhere in this guideline, are set out in 4.2.1 through 4.2.4 below.

4.2.1. Equipment for Necropsy and Unit Structure

The equipment routinely used for necropsy includes sharp stainless-steel knives of various sizes, scissors, bistoury handles and blades, forceps, a costotome, an electric saw (with a manual stainless-steel saw kept as a backup), lidded plastic sample containers, sterile sealable bags for freezing collected samples, ready-to-use fixation solutions such as formaldehyde, medical waste bags and containers, and a table-mounted camera with an elevator and remote control for photographing macroscopic findings.

The person responsible for the necropsy room is Dr. Leyla Elif Özgü AYÖZGER. Her institutional e-mail address is layozger@mehmetakif.edu.tr. Her extension number is 2173 and her external telephone number is 0248 213 2173. These details are also recorded in the separate key-contact list.
The necropsy area is organized into four distinct sections - a changing room, a hall, a work area, and a disinfection area - and movement through them follows a single direction: students and staff place personal belongings in lockers and put on disposable aprons and rubber boots in the changing room, pass through the hall, and enter the work area only with disinfected dissection tools and disposable gloves. The necropsy table is stainless steel, hydraulically operated to facilitate positioning and removal of the carcass, fitted with water outlets that reach all sides for cleaning, and drained through unobstructed table drains; a separate stainless-steel table or vise is available for opening the skull and long bones. The room is fitted with high-level lighting, automatic ventilation, intact window screens, a stainless-steel counter and sink, a high-temperature oven for drying instruments after cleaning and disinfection, a first-aid kit, and a pressurized emergency water spray and fire extinguishers. Cadaver transport to the Pathology/Necropsy delivery point, the handover record, cold and frozen storage, and the physical separation of clean and dirty circulation within the necropsy hall are governed by 3.1.6 and Appendix 5.11. The overhead rail hoist is used only for positioning accepted cadavers within the hall.

4.2.2. Standard BIOSECURITY Procedures for All Necropsies

No one other than necropsy staff, students formally enrolled in the session, and, where relevant, the animal's owner may be present in the necropsy room during the procedure; animals, staff, and students enter and exit through separate, designated points, and students proceed through a disinfectant pool in a fixed order both before and after the necropsy. Jewelry (rings, bracelets, anklets, necklaces) is not worn, and glasses are preferred over contact lenses. Everyone taking part wears puncture- and cut-resistant gloves (double gloving is recommended), a waterproof disposable apron or coverall covering the arms, chest, and legs, rubber boots with reinforced toes, a face mask, and goggles, particularly when cutting bone with an electric saw or similar tools that can aerosolize tissue; ventilation and respiratory precautions are taken before such tools are used. The supervising pathologist is responsible for minimizing the risk to everyone who comes into contact with the cadaver during and after the necropsy, and for briefing staff and students on the use of the necropsy areas beforehand. For an animal suspected of carrying an infectious or notifiable disease, the responsible clinician or supervising pathologist immediately reports the suspicion to the Hospital Chief Physician. The Hospital Chief Physician then contacts the Provincial Directorate of Agriculture and Forestry and communicates the official instructions before the necropsy decision is implemented. The Biosecurity Committee and Dean's Office are informed internally as required. Diseases such as anthrax, rabies, highly pathogenic avian influenza, and other agents of particular concern require special precautions and, where warranted, an elevated level of personal protection. A Faculty-wide outbreak-response plan defining who authorizes closure or quarantine measures in a confirmed or suspected notifiable-disease event has not yet been established and should be developed as part of the Biosecurity Committee's ongoing work.

Necropsy cadavers are classified by hazard group (HG). The Department of Pathology makes an estimated HG decision before necropsy on the basis of the anamnesis obtained from the owner or referring party (owner details, clinical history, medications administered, the animal's environment and housing, and local weather conditions) together with the external examination of the cadaver. The procedure that follows depends on this assessment. The decision is revised if necropsy findings indicate a higher hazard. This necropsy-specific classification parallels the general Risk Group 1-4 biological-agent classification set out in 1.1.

HG1 (very low probability of causing disease in humans or animals): cadavers may be opened with routine equipment, the number of people in the room is not limited, the animal may be used in student practicals, and remains are disposed of through the routine medical-waste procedure.

HG2 (agents that can cause human disease but are not considered a serious threat to staff or the community, and are generally treatable or preventable): handled as for HG1.

HG3 (agents causing severe or potentially fatal disease, posing a serious hazard to staff but not readily spread in the community, usually with an effective treatment or vaccine available): MAKU-VET does not perform necropsy on known or suspected HG3 cases. Such cadavers are not used for student practicals; the Hospital Chief Physician is notified immediately and contacts the relevant Provincial Directorate of Agriculture and Forestry, and the cadaver is managed according to the official instructions. If HG3 status is recognized incidentally during a necropsy, the procedure is stopped, everyone is evacuated, only the minimum necessary samples are collected under the instructions of the Hospital Chief Physician and the competent authorities, and the cadaver is managed through that official chain.

HG4 (dangerous, life-threatening agents causing severe disease, readily transmitted person-to-person directly or indirectly, usually with no available vaccine or treatment): necropsy is not performed, the cadaver is not used for student practicals, and the case is immediately reported to the Hospital Chief Physician. The Hospital

Chief Physician contacts the relevant Provincial Directorate of Agriculture and Forestry, and the cadaver is managed in accordance with the instructions of the competent authority.

4.2.3. Emergency Instructions

If liquid splashes into the eyes, or a cut or puncture occurs to the hand or another part of the body during a necropsy, the procedure is stopped immediately; the affected eye is flushed at an eye-wash station (using 0.1% iodine solution and eye cups where indicated), and cuts are washed thoroughly with warm soapy water and disinfected with 70% ethyl alcohol before the injury is examined and, where necessary, referred for treatment. This response is set out in the Faculty's existing necropsy-specific SOP and is followed by all staff and students taking part. As already noted in 3.2.3, a post-exposure prophylaxis protocol for zoonotic exposure and an incident-report form covering sharps injuries, bites, and splashes already exist at the Faculty and are being routed to the Biosecurity Committee for formal adoption; these apply equally to injuries sustained in the necropsy room. Once the immediate response has been completed, staff and students proceed through the exit disinfection pool referred to in 3.1.6 before entering the changing rooms.

4.2.4. Waste Management in the Necropsy Unit

Waste generated in the necropsy unit - cadaver remains, tissue, sharps, and contaminated protective equipment - is managed within the Faculty's general waste system described in 2.2.7 and 2.3: cadavers and solid waste are placed in red medical-waste bags labeled "Caution: Medical Waste," sharps are discarded in dedicated puncture-resistant containers, and both are collected under contract by Atlas Katı Atık Yönetim Sanayi ve Ticaret Ltd. Şti. As noted in 2.2.7, the Faculty's temporary medical-waste storage area is located within the necropsy unit itself, from which the contracted company collects material at scheduled intervals (see also 3.1.6). A dedicated written procedure detailing the day-to-day handling of necropsy-specific waste, distinct from the Faculty's general Waste Management Plan, has not yet been finalized and is being referred to the Biosecurity Committee for completion; the Faculty's general medical waste procedure in Appendix 5.8 remains applicable pending this necropsy-specific addendum.

Necropsy waste is placed in the same red medical-waste bags used throughout the Faculty. There is no separate colour code or bag specification specific to Pathology medical waste. The bags are sealed with a plastic cable tie and labelled by Pathology personnel or students, who perform source segregation and packaging. When the bags are ready for collection, trained medical-waste personnel, in accordance with Appendix 15.28, collect the tightly tied bags in the dedicated medical-waste transport container and transport them to the temporary medical-waste storage area without squeezing them. Collection from temporary storage and subsequent disposal remain the responsibility of the Animal Hospital waste service.

4.3. Food Hygiene and Technology Department Laboratories BIOSECURITY Rules

The Department of Food Hygiene and Technology delivers its theoretical courses in the Faculty's classrooms. The biosecurity rules governing its research and student practical laboratories follow the general rules set out in Chapter 2 and Chapter 3 of this guideline. The Department is also associated with the Faculty's dry-cured sausage production facility; a designated academic or administrative person responsible for this facility has not yet been appointed, and no documented quality management system (such as HACCP, ISO 22000, or ISO 9001) currently covers it. Establishing a responsible-person assignment and a documented quality and biosecurity management system for the dry-cured sausage facility should be treated as a priority item in the implementation of this guideline.

4.4. Clinical Sciences Department Laboratory BIOSECURITY Rules

This department comprises the sub-disciplines of Surgery, Obstetrics and Gynecology, Internal Medicine, Radiology, and Breeding and Artificial Insemination. The biosecurity rules applicable to Surgery, Obstetrics and Gynecology, Internal Medicine, and Radiology are addressed within the Animal Hospital's own unit-specific chapters of this guideline, since these disciplines operate primarily through hospital clinics rather than standalone teaching laboratories. The biosecurity rules specific to the Department's Artificial Insemination and Breeding laboratories are set out in 4.4.1 below.

4.4.1. Biosecurity Rules for Artificial Insemination and Breeding Laboratories

The Department's Artificial Insemination and Breeding laboratories carry out reproductive examinations, semen collection and freezing, rectal palpation, blood collection, preputial washing, and microbiological sampling in poultry, farm animals, and horses as part of student practicals and research projects, together with ultrasonography, genital-tract examination, semen collection, artificial insemination, and vaginal cytology in dogs and cats. Farm-animal procedures are carried out at the Faculty's Education and Application Farm and on patients presented to the Animal Hospital; because the Faculty's cattle and buffalo herds hold a current Brucellosis- and Tuberculosis-Free Establishment Certificate, reproductive work on these animals carries a comparatively low baseline pathogen risk. Female and male genital organs retained from slaughterhouses are used for student practicals, and cattle and sheep ovaries collected from slaughterhouses are processed in the in-vitro fertilization and embryo transfer (IVF-ET) laboratory for ongoing research; these materials are washed repeatedly in sterile, antibiotic-containing solutions before use, and all fluids, media, and disposable labware used in oocyte collection, fertilization, and embryo culture are sterile or single-use.

A liquid nitrogen storage and production system is maintained by the Department for freezing sperm, oocytes, embryos, and tissue cultures. As with any liquid-nitrogen installation, the interior of the storage tanks and the production device must be cleaned and disinfected on a regular schedule, and their exterior surfaces disinfected as well, since droplets released during evaporation and refilling can deposit contamination on surrounding equipment and surfaces; production and transfer should be carried out as a closed system wherever the equipment allows, to limit this evaporation-droplet risk. The area must be fitted with a controlled ventilation system to prevent nitrogen-vapor accumulation and consequent oxygen displacement, and personnel handling the tanks must be equipped with cryogenic gloves, face protection, and appropriate footwear.

No certified personnel is assigned to maintain a calibration log for the production device, a usage/maintenance log for the storage tanks, or training-certification records for staff operating the liquid-nitrogen system. Liquid-nitrogen top-ups are recorded indirectly through the delivery receipts issued by the supplying company at each delivery; top-ups are carried out mainly by the supplier's own staff, with Department personnel occasionally performing replenishment when needed.

Biological waste (ovaries, uterine tissue, and other contaminated material) is placed in medical waste bags, and chemical waste (formaldehyde, ethyl alcohol, aceto-orcein, and similar reagents) is collected in dedicated chemical waste containers, consistent with the general disposal rules in 2.2.7. The pressurized gas cylinders (oxygen, carbon dioxide, and nitrogen) used to maintain the controlled atmosphere for oocyte and embryo culture are stored inside the building, within the IVF-ET laboratory itself.

Mobile-clinic visits to external farms carry an additional risk of exposure to reproductive and zoonotic diseases such as brucellosis, tuberculosis, IBR, and trichomoniasis; a formal Faculty-wide protocol governing PPE, vehicle disinfection, and the return-to-campus procedure for these off-site visits does not yet exist and should be

developed as part of this guideline's implementation. Appendix 5.10 sets out a written Mobile Clinic (Ambulatory) and Field Vehicles Biosafety Procedure covering this same scope and should be reviewed by the Biosecurity Committee as a candidate for formal adoption here.

CHAPTER 5

BIOSECURITY RULES IN SUPPORT UNITS

5.1. Sucuk Production Plant BIOSECURITY Rules

The MAKU-VET dry-cured sausage production plant is an existing Faculty facility that processes farm-derived meat. A formal biosecurity SOP and a documented quality-management system have not yet been established. A dedicated SOP should set out personnel access, protective clothing, cleaning and disinfection, equipment hygiene, cold-chain and storage controls, pest control, traceability, waste management, corrective action, and record keeping. HACCP, ISO 22000, and ISO 9001 provide complementary benchmarks for its food-safety and quality-management arrangements. A responsible officer should be formally designated for the plant, and the SOP should be reviewed and approved through the Faculty's governance process.

5.2. Waste collection units and BIOSECURITY rules

Waste segregation by color, sharps handling, and the medical-waste disposal contractor are addressed in 2.2.7 and are not repeated here. At the level of the support units and the farm, physical waste-collection points should be clearly marked (e.g., a "BIOLOGICAL WASTE" sign) and the collection company's pickup days and times posted visibly at each point, consistent with the arrangements already described for the hospital and laboratories. Cleaning and disinfection of the waste containers and transport carts themselves is set out in Appendix 5.9. Management of manure, bedding, urine, and wash-water draining from the animal-housing areas of the farm's support units is not yet documented (row 134) and should be incorporated into the farm's waste-management SOP (see Chapter 6). Until that SOP is finalized, staff should treat bedding and wash-water leaving animal-housing areas as subject to the same collection and disposal rules as other biological waste under 2.2.7.

5.3. BIOSECURITY rules for storage rooms

Storage rooms used across the Faculty and its support units to hold departmental materials and supplies should have temperature, humidity, and ventilation conditions appropriate to the materials stored, be designed to discourage microbial growth, and be emptied and disinfected at defined intervals; food and beverages must never be kept in these spaces.

5.4. BIOSECURITY rules for pharmacies

Personnel access restrictions, controlled-drug double-locked cabinets, the e-prescription and Ministry of Agriculture and Forestry Drug Tracking System, and the cold-chain arrangements for the hospital pharmacy are described in 2.2.6 and are not repeated here. At the physical/facility level, pharmacy rooms must be kept at temperature, humidity, and ventilation conditions appropriate to the medicinal products stored, and must be equipped with fire extinguishers and a first-aid kit for use in case of an accidental spill or exposure. A dedicated internal log for tracking opened multidose vials currently in use - distinct from the opening-date labeling already required under 2.2.6 - is not currently maintained (row 124) and should be introduced so that multiple opened vials of the same product can be reconciled against dispensing records.

5.5. BIOSECURITY rules for classrooms

Consistent with the general prohibition on carrying laboratory or clinical protective clothing beyond work areas (cf. 2.2.3), staff and students at MAKU-VET are currently required not to wear laboratory coats, scrubs, or other clinical/laboratory clothing into classrooms, the library, or the cafeteria (row 217). Adequate heating and ventilation must be provided in all classrooms and lecture halls, and food and beverages must not be brought into classrooms, in line with the general prohibition on eating and drinking outside designated break areas set

out elsewhere in this guide. A periodic cleaning and disinfection routine for classroom furniture and high-touch surfaces (desks, seating, door handles, lecterns) exists in draft form but still requires a specific list of approved disinfectants before it can be formally adopted (row 217); finalizing this list remains a pending item.

5.6. BIOSECURITY rules for showers and toilets

Hygiene and disinfection protocols must be established for all shower and toilet areas used by staff, students, and visitors, and liquid soap and paper towels must be kept available at all times. At the Animal Hospital, shower/toilet and changing-area cleaning is already tracked with posted charts recording when cleaning staff have serviced each area, checked periodically by hospital management (row 231). Elsewhere at MAKU-VET - including the Laboratory Animal Production and Experimental Research Center (Deney Hayvanları Üretim ve Deneysel Araştırma Merkezi) - cleaning staff currently service shower and toilet areas on a weekly-inspection basis, topping up consumables as needed, but no equivalent posted schedule/checklist is displayed there (row 231).

5.7. Quarantine Unit Biosecurity Rules

The Education, Research, and Application Farm maintains a quarantine unit for animals arriving from outside the farm, including a dedicated buffalo quarantine facility (row 33); the farm's own quarantine arrangements are described in 6.1 and are not repeated here. The following general procedural rules apply to any quarantine unit operated at MAKU-VET, farm-level or otherwise: a defined one-way personnel entry/exit route through a changing area with sequential donning and doffing of PPE; physical zoning that distinguishes contaminated ("red") from clean ("blue") areas, indicated on facility signage; a quarantine log recording each animal's entry and exit dates and daily health observations; immediate escalation of any sign of illness to the responsible personnel; disposal of single-use materials per the Faculty's waste-management rules (2.2.7); cleaning followed by disinfection of holding areas once vacated. Isolation and quarantine facilities within the Animal Hospital's clinical service - including the small-animal isolation ward and the large-animal isolation/quarantine area - are addressed separately in Chapter 7, which should be consulted for hospital-level isolation and quarantine rules.

5.8. BIOSECURITY rules for liquid waste storage tanks

Sodium hydroxide (NaOH) is widely used as a disinfectant and decontamination agent to inactivate viruses and bacteria present in quarantine, hospital, and laboratory liquid waste before disposal, with the required concentration and contact time varying by target microorganism. Where NaOH is used, appropriate PPE (gloves, goggles, face shield) is required, solutions must be prepared in plastic or glass - never metal - containers, and gross organic material (blood, tissue fragments) should be removed by pre-cleaning, since organic matter reduces NaOH's effectiveness (cf. 2.3.1).

None of this is currently in place at MAKU-VET: there is no liquid-waste neutralization tank or system, and NaOH-based (or equivalent) decontamination of liquid waste is not performed anywhere on campus (rows 135, 136). Liquid waste from the isolation unit and operating rooms is discharged directly into the municipal sewage system without any chemical or thermal pretreatment (row 139). This is a significant, unaddressed biosecurity gap - potentially infectious or contaminated liquid waste currently leaves Faculty premises without any neutralization step. Until a neutralization tank and a NaOH (or equivalent) decontamination protocol are installed and a written SOP is issued, isolation- and surgery-derived liquid waste should be regarded as an active point of environmental and public-health risk requiring remediation.

CHAPTER 6

BIOSECURITY RULES FOR THE EDUCATION, RESEARCH, AND APPLICATION FARM AND EXTRAMURAL TRAININGS

The Education, Research, and Application Farm - covering the cattle-buffalo and sheep-goat units addressed in this chapter - is administratively part of the Agricultural, Livestock and Food Research and Application Center (Tarım, Hayvancılık ve Gıda Araştırmaları Uygulama ve Araştırma Merkezi), a university-wide center distinct from the Faculty (see Definitions, 2.1). Faculty staff and students conduct teaching, clinical, and research activities at the Farm under an inter-unit arrangement with that Center rather than through direct Faculty ownership or management; day-to-day farm management and oversight rest with the Center's own governing board, referred to in this guideline as the Farm Commission (see 6.1). This administrative distinction does not affect the biosecurity rules set out below, which apply to Faculty staff, students, and animals at the Farm regardless of which unit holds administrative responsibility for the site.

6.1. Biosecurity Rules for Cattle-Buffalo and Sheep-Goat Units

The MAKU-VET Education, Research, and Application Farm maintains active cattle, buffalo, sheep, and goat units, with an approximate current headcount of 146 cattle, 41 buffalo, 170 goats, and 53 sheep. The farm does not house any separate animal compartments dedicated to experimental or research purposes. The cattle and buffalo herds hold a Tuberculosis- and Brucellosis-Free Herd Certificate; the sheep and goat units are not currently covered by this certification.

A dedicated sick-animal infirmary is maintained, separated by unit, and a quarantine unit receives animals introduced from outside the farm, including a specific buffalo quarantine unit. Farm entrances are equipped with both a vehicle disinfection pool and a tire/wheel disinfection system, and personnel and students are issued dedicated boots, aprons, coveralls, or single-use PPE for farm work that may not be worn outside the farm boundary. Campus pasture areas are available for the sheep and goat units, and the entire farm perimeter is enclosed by fencing and gates to prevent entry by stray or wild animals. Feed is held in a dedicated depot within the farm boundaries, with feed hygiene and mycotoxin control supported through technical assistance from feed suppliers.

The neonatal calf unit is completely isolated from the adult cattle herd: a footbath is used at its entrance, responsible staff wear single-use coveralls when entering, and calves are housed individually in single hutches during their first month of life to limit neonatal mortality and disease spread. Bedding materials (straw, sawdust) used across the farm's and hospital's large-animal paddocks are stored on wooden pallets to keep them off damp ground and prevent mold (e.g., *Aspergillus* spp.) and rodent contamination, as already noted in 2.4.2.

Manure management differs by species: the cattle and buffalo unit uses automatic scrapers feeding closed liquid manure pits (approximately 150-200 tons capacity for cattle, approximately 50 tons for buffalo). Dead animals are disposed of by burial in a deep pit on university-owned land, with each disposal recorded through a formal report. The burial pit is located approximately 5 km from the Faculty and approximately 1 km from the nearest farm buildings. A dedicated action plan governs the farm's response to any suspicion of a notifiable disease. Overall farm management and oversight rest with the Farm Commission - the governing board of the Agricultural, Livestock and Food Research and Application Center (Tarım, Hayvancılık ve Gıda Araştırmaları Uygulama ve Araştırma Merkezi) referenced in the introduction to this chapter - rather than the Faculty directly.

Species-specific risk classification for the cattle-buffalo and sheep-goat units. Building on the general Class 1-4 patient/animal risk classification framework introduced in 1.1, the following worked example applies that framework to the farm's ruminant population, modeled on comparable international veterinary faculty ruminant-biosecurity practice:

Class	Housing regime	Named examples relevant to MAKU-VET's cattle, buffalo, sheep, and goat units
Class 1 (Green)	Normal housing	Non-infectious disease or injury with no transmission risk; trauma or non-infected wounds; routine pre- and post-operative patients; non-contagious newborn calves, kids, or lambs
Class 2 (Green)	Normal housing	Low-transmissibility infection without multidrug resistance, moderate contagion, or relevant zoonotic risk; examples include localized wound infection or uncomplicated bacterial pneumonia.
Class 3A (Orange)	Barrier nursing	Laboratory-confirmed multidrug-resistant organism; suspected MDR infection or colonization pending laboratory confirmation.
Class 3B (Orange)	Barrier nursing	Moderately contagious disease, zoonotic agent, or contagious dermatologic infection; viral respiratory disease or diarrhoea without systemic signs where barrier precautions are indicated.
Class 4 (Red)	Isolation	Diarrhoea with fever and/or leukopenia in adults; respiratory disease with oral/nasal ulceration plus fever and/or leukopenia; abortion or perinatal death of unknown origin with fever and/or leukopenia; any of the notifiable zoonotic diseases already listed in 1.2 (rabies, brucellosis, anthrax, bovine tuberculosis, and the full Ek-1 list)

This table should guide the housing and handling decisions taken in the farm's sick-animal infirmary and quarantine unit and should be read together with the notifiable-disease action plan referenced above.

Milking parlor and dairy hygiene. MAKU-VET does not currently document a milking-parlor-specific disinfection protocol - that is, a written specification of the footbath product/concentration and the pre- and post-milking teat-disinfection chemicals used at the farm's own milking parlor. Pending confirmation of MAKU-VET's actual current product and concentration, the following protocol is recommended as a starting point, adapted from Doğusan (2026b): a footbath solution of approximately 3% copper sulfate at the parlor entrance, replaced at least weekly or sooner if visibly soiled; a strict milking order proceeding from first-lactation healthy animals, to healthy multiparous cows, to animals suspected of or with a history of mastitis, and only then to the actively infected clinical-mastitis group, so that cross-contamination during milking is minimized; teat cleaning before milking with an alkaline-based cleaning agent to remove gross soiling, followed by a dedicated pre-milking teat disinfectant; and, after milking, application of a 1% iodine- or chlorhexidine-based post-milking teat disinfectant/sealant to reduce new intramammary infection risk while the teat canal remains open.

Recommended equine unit biosecurity protocol. MAKU-VET does not currently have a documented, species-specific biosecurity protocol for the equine unit addressing diseases such as equine influenza or EHV-1, including quarantine and vaccination tracking for newly arrived horses. Pending adoption of a formal MAKU-VET equine protocol - and until MAKU-VET's own vaccination and quarantine schedule dates are set by the responsible clinicians - the following recommended protocol, adapted from established equine hospital/farm biosecurity practice, should govern the equine unit:

- *Newly arrived horses* should be quarantined and observed for signs of contagious disease (fever, nasal discharge, cough, diarrhoea) before joining the resident herd, with vaccination status (equine influenza, EHV-1) and history verified and recorded at entry, consistent with the farm's existing quarantine unit procedures (5.7).
- *Foal and mare biosecurity:* for foals **≤ 21 days of age**, barrier-nursing precautions should be mandatory for anyone in direct contact or entering the mare-foal stall - disposable gloves and a footbath or foot mat at every entry point - because neonatal foals and periparturient mares are at elevated risk of shedding and acquiring enteric pathogens. Examination gloves should be discarded on leaving the stall, and entry should be limited to people whose contact with the foal/mare is actually required.
- Colic case management: colic cases (pre- and post-operative, acute, and chronic/recurrent) should be managed with hand washing before and after handling every patient, and horses that are Salmonella-suspected or Salmonella-positive should be isolated under Class 4 precautions (see the Class 1-4 framework in 1.1); diarrhoeal horses without fever or leukopenia should be managed under provisional Class 3 barrier nursing, with the subtype assigned as soon as the likely cause is established, while diarrhoeal horses with fever, leukopenia, or haemorrhagic diarrhoea should be escalated to Class 4 isolation. Any equipment shared with a colic case (nasogastric tube, pump, bucket) should be cleaned with soap and water and disinfected before reuse.
- Deceased horse management: a deceased or euthanized horse should be moved to necropsy or cold-room storage as soon as possible; if same-day transport is not possible, the cadaver should be held in cold storage rather than left at ambient temperature. The disposal route - necropsy, cremation, or licensed rendering - should be chosen according to whether a definitive diagnosis is required and the owner's wishes, and horses that were housed under Class 3A/3B or Class 4 precautions should have their cadaver and any necropsy/rendering paperwork clearly marked with their class, so that downstream handlers (necropsy staff, rendering-plant personnel) apply the appropriate precautions.

6.2. Biosecurity Rules for Extramural Trainings

MAKU-VET students and staff undertake extramural training and ambulatory/mobile-clinic activities at premises outside the Faculty's direct administration. At present, MAKU-VET has no protocol governing the personal protective equipment, vehicle disinfection, or return-to-campus procedures required for these off-site visits; Appendix 5.10 (Mobile Clinic and Field Vehicles Biosafety Procedure) provides a written procedure covering this scope and should be reviewed by the Biosecurity Committee alongside the recommended protocol below. Given that such visits create a recurring pathway for disease introduction between external premises and the Faculty's farm and hospital populations, this is a significant gap; the following recommended protocol, synthesized from established veterinary faculty practice for equivalent external consultations and food-facility visits, should be adopted pending MAKU-VET's own formal procedure.

General field/ambulatory and external-consultation visits. Modeled on a three-phase preparation/during/after structure used for comparable external consultations at peer institutions:

- Preparation: any animal suspected beforehand of a Class 3B or Class 4 contagious disease (see the framework in 1.1) should be excluded from the visit rather than presented at the external site. Staff and students should wear site-dedicated coveralls and boots that are not the same attire worn inside the Faculty, and should take only the equipment and material actually necessary for the visit; where feasible, a separate, dedicated kit (needles, syringes, basic instruments) should be maintained for extramural use rather than shared with clinic stock.
- *During the visit:* hands should be washed or sanitized after examining each individual patient, and any equipment shared between patients - endoscopes, nasogastric tubes, stethoscopes, and similar reusable instruments - should be cleaned and disinfected between patients rather than carried over uncleaned.
- *After the visit:* attire worn during the visit must never be brought back into Faculty buildings; it should be removed and discarded (if single-use) or laundered/disinfected at or immediately after the external site, and footwear and vehicle tires should be disinfected both before leaving the external site and again before re-entering campus. All equipment used should be labeled and logged as having been taken off-site, and cleaned/disinfected before being returned to general clinic use.

Slaughterhouse, zoo, and food-processing facility student visits. Because MAKU-VET operates no slaughterhouse, zoo, or pig farm of its own, students requiring exposure to these settings visit external, third-party facilities, and the following practice - adapted from comparable veterinary faculties' food-science extramuros training - should govern such visits:

- Before each visit, students must declare any illness that could be transmitted to animals or food products, and must declare any other livestock facility, farm, or animal-containment/waste-storage area they have visited within the preceding 48 hours; a student reporting a relevant contagious illness should not enter the production area.
- On arrival, students and staff should change into facility-appropriate protective clothing - a single-use lab coat or coverall, disposable cap or hairnet, and clean or disposable boots/overshoes - rather than wearing personal outdoor clothing into the production area, and should wash hands at entry, ideally at a knee- or foot-operated washbasin where available, and again on exit.
- Movement through the facility should follow a one-way, clean-to-dirty walking path (e.g., from the cutting/processing area toward the slaughter area) rather than crossing back and forth between clean and dirty sectors; if this order cannot be followed, attire should be changed and boots re-disinfected before continuing.
- Boots and other equipment dedicated to a given external facility should be disinfected at that facility on a regular (at least weekly) basis, and should not be used at any other facility or brought back to campus.
- Any illness, unusual mortality, or notifiable-disease signs observed during an extramural or food-facility visit must be reported immediately to the supervising faculty member and, where applicable, to the host institution, consistent with the notifiable-disease action plan described in 6.1.

CHAPTER 7

HOSPITAL BIOSECURITY RULES

7.1. IMAGING UNITS

The Imaging Unit serves all hospital clinics and is equipped with digital radiography (DR), computed radiography (CR), a C-arm fluoroscopy unit, a portable radiography generator, and a CT scanner, operating on a 24/7 basis. In accordance with Appendix 15.29, the Radiology Supervisor is responsible for the maintenance and cleaning of the radiology devices, equipment, and patient table. Users must follow the supervisor's cleaning instructions, report contamination or equipment defects promptly, and ensure that no subsequent patient is exposed before the required cleaning and disinfection have been completed.

7.1.1. Radiology unit

Radiology personnel are required to wear dosimeters, read and logged quarterly, and the room and equipment are licensed by the competent national nuclear regulatory authority. Imaging of patients with suspected infectious disease is deferred to the end of the day whenever possible, with no concurrent patient admission and the room or corridor closed to other traffic during the procedure; the portable unit is preferred for such patients so that imaging can be performed at the patient's own cage, stall, or isolation cubicle rather than transporting them through the hospital. The routing principles in 7.2.5 and 7.8 also apply. The cassette or detector plate is protected in a sealed plastic sleeve and retrieved only by hands that have not otherwise contacted the patient. Following any infectious case, the room and equipment are cleaned and disinfected under the routine procedure; a written protocol for portable/bedside imaging of non-transportable patients, covering corridor closure, student assignment and post-procedure cleaning, has been drafted and forwarded to the Committee. Lead aprons, thyroid shields and dosimetry badges are personal protective equipment as set out in 2.2.2. A colored tag or label flagging "possible infectious case" should be attached to the imaging request itself so that risk status travels with the order and is visible to the technician before the patient enters the room, rather than depending on a verbal handoff, and a disposable plastic sheet or protective pad should cover the imaging table for such patients. Following use on a confirmed or suspected infectious patient, the lead apron and gloves should be sprayed down with a compatible disinfectant in addition to the routine room and equipment cleaning already described, and apron ties, thyroid-shield straps and head straps - easily missed during routine wipe-down - should be added to a weekly cleaning schedule. These arrangements are set out in the Faculty's written Radiology Unit Rules procedure (MAKÜ.HH.47, dated 11.05.2022). Appendix 5.6 sets out the Faculty's general radioactive-substance safety instructions (dosimetry, ALARA, shielding, waste segregation); these apply to any isotope-based work distinct from the ionizing-imaging equipment described above, should such work be undertaken elsewhere at the Faculty.

7.1.2. Ultrasound unit

Hand hygiene is performed between every patient regardless of infectious status, as set out in 2.2.1. The probe is covered with a disposable protective sleeve for patients with suspected infectious or multidrug-resistant disease, and the probe and cable are disinfected after each examination with a product compatible with the equipment; equipment-specific disinfection protocols for probes, cables and other diagnostic accessories exist in principle but their validated, written specifics have not yet been consolidated and circulated - cross-reference 2.3.5. Coupling gel is dispensed from a clean stock and never replenished by dipping a used probe into a shared reservoir. The disposable protective sleeve already used for suspected infectious or multidrug-resistant cases also serves as the unit's disposable probe cover, so no separate probe-cover system needs to be introduced. The disposable ultrasound pad or sheet placed under a patient for a single examination should be bagged and discarded into the medical-waste stream described in 2.2.7, rather than the domestic waste stream, whenever used on a suspected infectious patient.

7.2. SMALL ANIMAL EXAMINATION AND DIAGNOSTIC AREAS

The small animal clinic occupies a physically separate area from the large animal, equine, and wildlife/exotic clinics. Owners may access waiting areas, examination rooms and common areas, but not the surgery block, ICU, hospitalization, infectious units or quarantine areas.

7.2.1. General Rules and Attire

Standard scrubs and clinic slippers are worn as set out in 2.2.3. Students carry their own stethoscopes, thermometers and hand instruments, and are individually responsible for disinfecting them; glass thermometers are prohibited and only electronic thermometers are used. Hand hygiene and glove changes between patients are supervised by the attending clinician.

7.2.2. Examination Room Protocol

Patients move through registration, triage, referral to the relevant clinic, examination, and discharge or admission, tracked through the E-Vet electronic patient record system. Examination tables and contact surfaces are wiped down between patients. A fixed, one-way inter-clinic patient transport route with defined contamination-prevention rules does not currently exist and should be established - a gap.

7.2.3. Sample Collection and Transportation

Sample handling follows the general laboratory-facing procedure already set out in 3.2.10: containers are labeled and transported separately from request forms. A secondary sealed-pouch system is not currently used, samples instead being carried in a dedicated sample-transport case; this gap is expected to narrow once E-Vet fully replaces paper request forms for sample ordering.

7.2.4. Cleaning, Disinfection and Waste Management

Disinfectants, dilutions and surface protocols follow 2.3, and waste color-coding follows 2.2.7. Validated, unit-specific written protocols for endoscopes, ultrasound probes and anesthesia circuits used in the small animal clinic remain to be consolidated, as noted in 7.1.2.

7.2.5. Infectious Patient Management

Patients presenting signs of suspected infectious disease are routed directly to isolation rather than to the general waiting area or an examination room. Patients arriving without prior notice are redirected by triage staff straight to the hospital's dedicated infectious unit. At discharge, owners receive verbal guidance from the attending clinician on home isolation, protection of other animals, and human health risk. In the Department of Obstetrics and Gynecology, this is complemented by a signed owner information and consent form that includes a card on infectious and zoonotic disease risk (see Appendix 15). These arrangements are set out in the Faculty's written Infectious/Suspected-Infectious Patient Procedure (MAKÜ.HH.45, dated 11.05.2022).

For the small animal clinic specifically, the patient risk classification introduced in 1.1 should be applied with the following worked, species-specific examples, complementing rather than repeating the per-pathogen intensive-care precautions already set out in 7.7.1 for feline leukemia virus, feline panleukopenia, canine parvovirus, and leptospirosis: Class 2 (routine care) should include uncomplicated feline upper respiratory disease (feline viral rhinotracheitis/calicivirus complex) and localized wound infections caused by non-resistant bacteria; Class 3A (laboratory-confirmed multidrug-resistant organism) should include a confirmed methicillin-resistant *Staphylococcus* (MRSP/MRSA) infection; Class 3B (moderately contagious and/or zoonotic) should include

dermatophytosis (ringworm) and canine infectious respiratory disease complex (kennel cough, including canine parainfluenza and canine influenza); Class 4 (isolation) should include canine distemper and any patient presenting clinical signs consistent with rabies. These examples are illustrative starting points for the Biosecurity Committee to formalize into the small animal clinic's admission and triage criteria, on the same model already adopted for the equine clinic in 7.4.2.

7.3. SMALL ANIMAL OPERATION AND SURGERY UNITS

Separate surgical suites are maintained for the small animal clinic; septic and aseptic procedures are separated by scheduling and by dedicated instrument sets rather than by dedicated rooms.

7.3.1. Surgery Entry and Attire Rules

Entry to the operating theatre follows a clean/dirty line: only personnel who have completed a surgical scrub wear sterile attire beyond that point, and shoe covers, mask and cap are put on before entering. Hand hygiene, gloving and the unpacking of sterile surgical packs follow the general PPE rules of 2.2.2 and 2.2.3. A dedicated PPE donning/doffing area and hand-hygiene station is located in the hospital's pre-operative room, and staff changing rooms are located within the surgical block itself.

The surgical hand-scrub itself follows a fixed sequence, mandatory for every member of the surgical team before any aseptic procedure: remove all rings, bracelets and other jewelry from the hands and wrists, and confirm that mask and cap are correctly and securely in place before starting. Wet the hands and forearms with water up to the elbow, then scrub for five minutes using a surgical hand brush charged with 7.5% povidone-iodine scrub solution (or, if using a brush already impregnated with 4% chlorhexidine gluconate, apply that brush directly without adding povidone-iodine). Using the bristle side of the brush, systematically cover the fingertips, nail beds and interdigital spaces, then each side of the forearm up to the elbow, giving every zone at least 10 brush strokes before moving on. Rinse the hands and forearms by holding the hands above elbow level so that water flows continuously from the fingertips toward the elbow and drips off at the elbow - never in the reverse direction, since water flowing from the elbow back toward the hands would recontaminate them. Enter the operating room without fully drying the hands or waiting for the residual antiseptic film to dry, consistent with the antiseptic's intended contact action. This protocol applies identically in the large-animal surgery units (7.5.1).

7.3.2. Anesthesia Induction Area

In the small animal clinic, the induction area is not physically separated from the operating room, although an active anesthetic gas scavenging system is in use - a gap: physical separation of induction from the operating room itself has not yet been achieved and should be considered in future facility planning. Patients are groomed or cleaned before induction wherever feasible to limit contamination carried into the theatre.

Anesthesia equipment used in this area follows a defined cleaning and disinfection sequence between cases, replacing the previously unconsolidated note on this point (cross-reference 7.1.2 and 7.2.4): endotracheal (ET) tubes are cleaned inside and out with soap and water, then soaked in a chlorhexidine solution in a large container for at least 15 minutes, rinsed with hot water without allowing the tube to touch the sink or basin, and left to dry before being returned to storage; any ET tube that has touched the floor is disinfected again before use. Anesthesia machine valves, reservoir bags and circuit adaptors are cleaned separately from the ET tubes: valves are washed with water and dried, while reservoir bags and adaptors are each soaked in a chlorhexidine solution for at least 15 minutes, then thoroughly rinsed and dried before the next case. Oxygen delivery tubing is disinfected on the same principle - cleaned with soap and water and soaked in a chlorhexidine solution for at

least 15 minutes, with particular attention to the patient-end connector - before being reused on the next patient. This protocol applies identically to the large-animal anesthesia and induction area (7.5.1).

7.3.3. Surgery Area

Clean/dirty zoning as described in 7.3.1 is maintained throughout the procedure, and traffic in and out of the room is minimized while a case is underway.

7.3.4. Surgical Procedure Rules

Aseptic technique for the surgical team and the patient's surgical site is mandatory for every procedure, regardless of septic/aseptic classification. Instruments used for septic cases are never shared with a concurrent aseptic case.

7.3.5. Surgical Management of Infectious Patients

Patients with suspected or confirmed infectious disease are scheduled at the end of the operating list whenever possible, and the theatre and equipment are fully cleaned and disinfected immediately afterward before the room is used again.

7.3.6. Waste Management

Surgical sharps, contaminated drapes and single-use items are discarded through the same red-bag and sharps-container system used hospital-wide, as set out in 2.2.7.

7.3.7. Sample Collection

Intra-operative specimens (biopsies, cultures) are labeled and transported under the general procedure of 3.2.10; request forms are not yet separated from specimen containers in a secondary pouch system, the same institution-wide gap noted in 7.2.3.

Disinfection, Cleaning and Hygiene

After every procedure, the theatre, instrument trolleys, and anesthesia equipment are cleaned and disinfected before the next case, using the agents and dilutions set out in 2.3. For an infectious or suspected-infectious case, all surgical equipment is then placed in a ziplock plastic bag labeled with the patient information or suspected infection, as required by Appendix 15.47, before it is transferred through the hospital's designated dirty-area and washing/sterilization route. Reusable surgical textiles (drapes, gowns, and wraps) should be tracked by wash-to-sterilization cycle count, and any tear or hole found during pre-laundry inspection requires retirement and replacement rather than return to a surgical set.

Personnel, Student and Visitor Access

Only personnel and students assigned to the case may enter the operating theatre; owners and other visitors are not permitted beyond the pre-operative area. The number of students present is limited by the responsible surgeon to those needed for the procedure.

7.4. LARGE ANIMAL EXAMINATION AND DIAGNOSTIC AREAS

The large animal clinic occupies a physically separate area from the small animal, equine, and wildlife/exotic clinics.

7.4.1. General Rules and Attire

Clinic attire, boots and coveralls follow the standard clothing policy of 2.2.3. No physical barrier currently prevents footwear used in the equine or ruminant clinics from also being worn into the small animal clinic - a gap; dedicated, non-interchangeable footwear per clinic area should be introduced.

7.4.2. Patient Admission and Preparation

The registration–triage–referral–examination–discharge/admission flow described in 7.2.2 applies equally to large animal patients; those with suspected infectious disease are routed directly to isolation rather than a standard examination room. For the equine clinic specifically, the patient risk classification introduced in 1.1 should be applied with the following worked, species-specific examples so that clinicians have concrete criteria rather than only the abstract category definitions: Class 3B (barrier-nursing) should include Rhodococcus equi infection where the case presents a relevant zoonotic or transmission risk, presenting as respiratory distress and fever in foals under 10 months of age; Class 4 (isolation) should include strangles (Streptococcus equi subsp. equi), salmonellosis, the neurological form of equine herpesvirus-1 (EHV-1), and abortion occurring between 150 and 300 days of gestation. These examples are illustrative starting points for the Biosecurity Committee to formalize into the equine clinic's admission and triage criteria.

For cattle and other ruminant patients presenting to the hospital's large animal clinic - as distinct from the farm-level risk classification already established for the Education and Application Farm's resident herd in 6.1 - the same Class 1-4 framework should be applied with the following worked, hospital-specific examples so that admission and triage decisions are not left only to the farm-level table: Class 2 (routine care) should include a chronic paratuberculosis (Johne's disease) case presenting for a weight-loss or chronic-diarrhea work-up without acute systemic signs; Class 3B (moderately contagious and/or zoonotic) should include suspected or confirmed bovine viral diarrhea (BVD) and contagious ecthyma (orf), the latter warranting particular care given its zoonotic potential to handlers and its transmissibility by direct and fomite contact; Class 4 (isolation) should include any presentation consistent with foot-and-mouth disease or another of the notifiable diseases already listed in 1.2, pending notification to and instruction from the Provincial/District Directorate of Agriculture and Forestry. These examples are illustrative starting points for the Biosecurity Committee to formalize into the large animal clinic's admission and triage criteria, complementing rather than duplicating the farm-level table already set out in 6.1; the disease selections above follow the cattle- and ruminant-specific biosecurity risk priorities described in Doğusan (2026a, 2026b).

7.4.3. Sample Collection and Transportation

Sample handling follows the general procedure of 3.2.10 and 7.2.3; farm-origin or large-volume specimens are transported in the same sample-carrying case, pending resolution of the secondary-pouch gap noted there.

7.4.4. Hygiene Protocols

Hand hygiene stations follow 2.2.1. Unlike the farm entrances, which have vehicle-wheel and boot disinfection systems, the large animal clinic entrance itself has no dedicated footbath or wheel-disinfection basin, a gap worth closing given the regular movement of animals and vehicles between the farm and the hospital, roughly 3 km apart.

7.5. LARGE ANIMAL OPERATION AND SURGERY UNITS

As with small animals, the equine, cattle and other large-animal surgery areas are kept physically separate, with separate time slots and instrument sets for septic and aseptic cases.

7.5.1. Surgery Entry and Attire Rules

Entry follows the same clean/dirty line and scrub-attire principle described in 7.3.1: hand hygiene, gloving and the donning of sterile surgical outfits take place in the designated preparation area before entry, with sterile packs unpacked only inside the clean zone.

Anesthesia and Induction

The induction area is used for sedation, positioning and intubation prior to hoist- or ramp-assisted transfer to the operating table. No institution-specific facts distinguish large-animal gas-scavenging arrangements from the small-animal system described in 7.3.2; the same principle of active scavenging should be applied wherever equipment allows. The ET tube and anesthesia-equipment disinfection protocol set out in 7.3.2 applies identically here, given the shared risk of cross-contamination between patients through reused airway and breathing-circuit equipment.

7.5.2. Equine Surgery Unit

The casting area used to bring horses down for induction, the padded recovery box used for post-anesthetic recovery, and the hoist/sling system for transferring recumbent horses to and from the operating table all exist at MAKU-VET but are currently non-functional and out of service. Restoring this equipment is a facility priority, since its absence forces improvised handling of recumbent equine patients during the highest-risk phase of anesthetic recovery. Once returned to service, these areas are to be treated and disinfected as contaminated zones after every use, on the same principle as the operating theatre itself.

7.5.3. Cattle Surgery Unit

Standing procedures under sedation or local anesthesia are preferred where clinically appropriate, given the non-functional casting/hoist equipment described in 7.5.2; recumbent procedures requiring casting are limited accordingly until that equipment is restored.

7.5.4. Post-operative Patient Management

Recovering large-animal patients are monitored separately from ambulatory patients wherever possible; see 7.7.2 for post-operative intensive-care monitoring of large animals.

7.5.5. Emergency and Accident Response

Emergency response to large-animal handling incidents (kicks, falls, entrapment during casting) draws on the Faculty's general emergency contact list, which is current and accessible to relevant units, and on generator back-up, confirmed adequate for cold-chain, isolation ventilation and intensive-care equipment during power loss.

7.5.6. Training and Surveillance

Large-animal handling and biosecurity training is delivered as part of the twice-yearly biosecurity training cycle provided to students and staff.

Surgical Management of Infectious Patients

As in 7.3.5, infectious or suspected-infectious large-animal surgical cases are scheduled last, and the theatre, casting/recovery equipment (once restored to service) and instruments are fully disinfected immediately afterward.

Waste Management

Large-animal surgical waste (soiled bedding, single-use drapes, sharps) is managed through the same red-bag/domestic-waste separation used hospital-wide, as set out in 2.2.7.

Sample Collection

Sample handling follows 7.4.3 and 3.2.10.

Disinfection, Cleaning and Hygiene

Cleaning agents and dilutions follow 2.3. For infectious or suspected-infectious large-animal surgical cases, surgical equipment and contaminated reusable linen are cleaned and disinfected, then placed in ziplock plastic bags labeled with the patient information or suspected infection, in accordance with Appendix 15.47, before transfer through the designated dirty-area and washing/sterilization route. The cycle-count logging and hole/tear retirement system described for small-animal surgical textiles in 7.3 applies identically to large-animal surgical linen.

Personnel, Student and Visitor Access

As in 7.3, access to the large-animal operating theatre is limited to assigned clinical staff and students; owners are not permitted beyond the admission/preparation area.

7.6. WILDLIFE AND EXOTIC ANIMAL UNIT

The hospital accepts wildlife and exotic-pet patients, with dedicated examination, isolation and rehabilitation areas.

7.6.1. GENERAL PRINCIPLES

Every wildlife or exotic admission is treated as a potential infectious/zoonotic risk until assessed; genus and species are recorded for each exotic patient, and venomous reptiles are handled only under specialist protocols. Formal external protocols exist with the municipality, the Directorate of Nature Conservation and National Parks (DKMP), shelters, and zoos for the intake, transport and rehabilitation of wildlife and exotic animals. A dedicated Wildlife Rescue and Rehabilitation Center coordinates with the Faculty; however, animals arriving from it are not currently kept on a biosecurity track fully isolated from the rest of the hospital end-to-end, and instead follow the same admission and isolation protocols as other infectious-risk patients described in 7.8.

7.6.2. EXOTIC PET ANIMALS CLINICAL BIOSECURITY

A species-based rapid risk classification at intake, dedicated waiting areas, mandatory use of transport boxes, and species-specific PPE have not yet been formally defined for exotic/wildlife admissions and should be developed as a standard intake checklist - a gap.

7.6.3. BIOSECURITY PRACTICES FOR WILD ANIMALS

Wild animals are examined and housed separately from owned exotic pets wherever possible, given differing zoonotic risk profiles. Handling equipment and PPE specific to the species involved are not shared with the small or large animal clinics without disinfection per 2.3.

7.6.4. WASTE MANAGEMENT

Waste from this unit follows the general color-coding and disposal rules of 2.2.7.

7.6.5. SUSPECTED INFECTIONS AND ZOONOTIC CONDITIONS

Suspected zoonoses such as rabies, psittacosis, salmonellosis or mycobacteriosis are immediately reported to the Hospital Chief Physician; for a notifiable disease, the Hospital Chief Physician contacts the Provincial Directorate of Agriculture and Forestry and communicates any official instructions. A "High-Risk Patient - Closed to Visitors" sign should be posted on the cage or enclosure of any wildlife or exotic patient handled under suspected-zoonotic precautions, both to prevent unsupervised visitor or student contact and to flag the patient at a glance during rounds; this complements the already-noted absence of a contact-tracing list for staff and students exposed to zoonotic or highly contagious inpatients (cross-reference 7.8), which should be extended to cover wildlife/exotic-unit personnel specifically once adopted. Field visits and mobile-clinic outings associated with wildlife/exotic work follow the same PPE, vehicle-disinfection, and return-to-campus rules already set out in Appendix 5.10 (Mobile Clinic and Field Vehicles Biosafety Procedure) and 6.3 (Extramural Trainings), applied with the species-appropriate gloves, coveralls, and footwear called for elsewhere in this section.

7.7. POST-OPERATIVE CARE AND INTENSIVE CARE UNIT

Small- and large-animal intensive care units are physically separate from one another. These units operate under the Faculty's written Intensive Care Unit Procedure (MAKÜ.HH.08, dated 01.03.2020).

7.7.1. Small Animal Intensive Care

Capacity comprises 2 dedicated intensive-care cages in addition to the 9-cage small animal isolation unit described in 7.8.1. Students handling infectious or suspected-infectious ICU patients wear single-use gown, mask, cap, gloves and shoe covers, and their contact with such patients is limited accordingly.

Concrete, per-pathogen precautions should be applied within this general framework rather than relying only on a generic "infectious or suspected-infectious" label. A cat with confirmed or suspected Feline Leukemia Virus (FeLV) infection (Class 3B, per the classification introduced in 1.1) should be housed at least one cage away from other cats where caseload allows, with a cage card noting the diagnosis, and students or staff in contact with this patient should avoid handling other cats hospitalized in the ICU during the same round wherever possible. A cat with suspected or confirmed feline panleukopenia (Class 4) should be placed as far as possible from other cats, with at least one empty cage separating it from any other cat, a cage card identifying the suspected/confirmed pathogen, and the same restriction on simultaneous handling of other cats. A dog under 1.5 years of age presenting vomiting, diarrhea and/or leukopenia should be managed as a parvovirus suspect until test results return, with a cage card reading "PARVO SUSPECT" (updated to "PARVO" upon confirmation), and staff or students assigned to the case should, where possible, have no contact with other dogs under 1.5 years of age for the duration of their shift. A patient identified as leptospirosis-suspected or -confirmed (Class 3B) should be segregated within the ICU using dedicated equipment (feeding/water bowls, thermometer, stethoscope, per 7.8.1) and handled with the barrier precautions set out in 2.2.2, given the zoonotic risk posed by contact with infected urine.

7.7.2. Large Animal Intensive Care

Housed separately from the small animal ICU. Unlike the small animal unit, the large animal isolation/ICU entrance does not currently have a dedicated PPE donning/doffing point or hand-hygiene station - a gap.

7.8. INPATIENT ANIMAL CARE UNIT

Hospitalized patients are separated into cages or stalls according to infection status and clinical criticality. Cage cards recording the responsible clinician, feeding instructions, infection status and visiting permission are posted on cages in the ICU, infectious units and hospitalization ward by the responsible faculty member and staff, although a formal color-coded risk-classification scheme for these cards is still only at the planning stage. A general consent form is completed by owners at triage, but no separate written consent specific to hospitalization or ICU admission, covering visiting hours or acceptance of the owner's personal items (blankets, leashes, toys), currently exists. These arrangements are set out in the Faculty's written Hospitalization Unit Procedure (MAKÜ.HH.05, dated 01.03.2020).

7.8.1. Small Animals: Infectious and Non-infectious

The small animal isolation unit has 9 cages plus the 2 ICU cages noted in 7.7.1, with dedicated equipment sets - stethoscope, thermometer, feeding and water bowls - kept separate from general clinic equipment, and a PPE/hand-hygiene station at the entry point. Waste and laundry leaving isolation follow the standard waste procedure of 2.2.7.

Reduction of Biosecurity Precautions for Small Animals in Isolation

7.8.2. Large Animals: Infectious and Non-infectious

A large-animal isolation/quarantine area exists, but red/dirty and blue/clean zone separation, a one-way personnel route, PPE change points and a site plan have not yet been prepared for it. It also lacks HEPA filtration or negative-pressure ventilation, as does the small animal unit, and has no PPE/hand-hygiene station at its entrance, unlike the small animal isolation unit.

Reduction of Biosecurity Precautions for Large Animals in Isolation

As in 7.8.1, the same step-down criteria, named deciding authority (the Hospital Chief Physician or the clinician in charge of the large-animal isolation/ICU unit), and standard record form should apply once formalized by the Biosecurity Committee; no separate large-animal-specific process exists today. No contact-tracing list has ever been kept for staff or students exposed to zoonotic or highly contagious inpatients in either isolation unit, a gap that should be closed together with the step-down protocol above.

7.8.3. Deceased Inpatients

When a hospitalized patient dies or is euthanized, the referring clinical unit places the cadaver in a closed, leak-proof transport container or thick leak-proof body bag, notifies the Department of Pathology, and transfers it under the species- and risk-based matrix in Appendix 5.11. Companion and small exotic/wildlife cases use an approved stretcher or closed transport box; horses, cattle, buffalo, sheep, goats, and other large-animal species use only the dedicated forklift and appropriate transport container. The referring unit retains responsibility until documented handover at the Pathology/Necropsy delivery point; Pathology records receipt and, where necropsy

is deferred, stores the cadaver in the +4°C cold room. Transport equipment is cleaned and disinfected after use. A formal necropsy request, where one is submitted, is handled under the procedures already set out in 4.2.

CHAPTER 8

ANTIMICROBIAL RESISTANCE (AMR) SURVEILLANCE AND CONTROL

8.1. Definition and Scope of AMR

Antimicrobial resistance (AMR) - the multidrug resistance phenomenon already defined in 2.1 - is recognized by the World Organisation for Animal Health (WOAH), the Food and Agriculture Organization (FAO), and the World Health Organization (WHO), acting jointly under the Tripartite One Health framework, as one of the foremost global health threats of the coming decades. As a veterinary teaching hospital, diagnostic laboratory complex, and production/teaching farm treating companion animals, food-producing livestock (cattle, water buffalo, sheep, goats, poultry), horses, and wildlife, MAKU-VET sits directly at the intersection where antimicrobial use in clinical and farm practice, zoonotic transmission of resistant organisms between animals, students, staff, and visitors, and environmental dissemination of resistant bacteria through waste, manure, and wastewater all converge. Injudicious, prolonged, or empirical antimicrobial use in the Animal Hospital, the diagnostic laboratories, or the Education, Research and Application Farm can select for resistant organisms such as methicillin-resistant *Staphylococcus aureus* (MRSA), multidrug-resistant Enterobacteriaceae, and resistant *Salmonella enterica*; once established, these organisms may spread between patients, to people, and into the environment through direct contact, shared equipment, and contaminated surfaces. This chapter defines the scope of AMR surveillance and control relevant to MAKU-VET's teaching and clinical mission: the national and institutional monitoring frameworks within which the Faculty operates (8.2), and the concrete biosecurity measures - prudent antimicrobial use, screening and isolation of MDR-positive patients, environmental control, and hand hygiene - through which the introduction and onward spread of resistant organisms are minimized (8.3).

8.2. Monitoring and Surveillance Programs

Türkiye participates in the WOAH/FAO/WHO Tripartite One Health framework for combating antimicrobial resistance. At the national level, a National Action Plan to Combat Antimicrobial Resistance (2026–2030) has been published, coordinated by the Ministry of Health together with the Ministry of Agriculture and Forestry and the Ministry of Environment, Urbanization and Climate Change as principal partners; its strategic objectives include strengthening One Health surveillance of antimicrobial resistance and antimicrobial consumption, promoting the rational use of antimicrobials, and controlling antimicrobial use in animal health specifically. In the veterinary and food-producing animal sector, the Ministry of Agriculture and Forestry's General Directorate of Food and Control (GKGM) has previously coordinated a National Veterinary Antibiotic Resistance Monitoring Project, undertaken jointly with the General Directorate of Agricultural Research and Policies and university veterinary faculties, to build a sustainable national surveillance framework for antimicrobial resistance in food-producing animals. MAKU-VET's diagnostic microbiology laboratory (see Chapter 4) and clinics are expected to participate in and align with these evolving national efforts, and any unusual or unexpected resistance pattern identified in a patient should be reported promptly to the Biosecurity Committee, consistent with the patient classification system described in Chapter 7. Internally, MAKU-VET does not yet operate a dedicated, periodic environmental surveillance program specifically targeting multidrug-resistant organisms (e.g., MRSA, MDR Enterobacteriaceae) in clinical areas; establishing one - alongside the routine disinfection-efficacy sampling already identified as a future quality-assurance priority (see 2.3.3 and Chapter 9) - should be considered as MAKU-VET's AMR surveillance capacity develops.

As MAKU-VET's AMR surveillance capacity develops, clinics and the diagnostic microbiology laboratory should periodically summarize the resistance patterns observed among bacteria isolated from clinical cases and report these summaries to the Biosecurity Committee - for example, as part of the twice-yearly review cycle described in 9.2 - so that emerging resistance trends can inform both clinical practice and this guideline's own antimicrobial-

use recommendations. Any such summary should explicitly state that it reflects only the isolates from cases actually submitted to the laboratory for culture and susceptibility testing, and may not represent the true prevalence of resistance in the wider patient population, since testing is not performed systematically for every case; this methodological caveat should accompany every resistance-pattern report to the Committee, so that the data are not over-interpreted as more representative than they actually are.

8.3. Biosecurity Measures for AMR Prevention

Prudent antimicrobial use is the primary biosecurity measure against AMR: antimicrobial therapy should be initiated only after clinical diagnosis, and, wherever culture and susceptibility testing (antibiogram) is feasible, empirical broad-spectrum treatment should be avoided in favor of an agent selected on the basis of laboratory results. All veterinary antimicrobial prescribing at MAKU-VET is subject to the Ministry of Agriculture and Forestry's General Directorate of Food and Control (GKGM) Veterinary Physician E-Prescription and Medicine Tracking System (Veteriner Hekim E-Reçete ve İlaç Takip Sistemi, İTS), which requires electronic prescription and end-to-end traceability of veterinary medicinal products; however, unlike Belgium's AMCRA, which publishes species-specific (dog, cat, horse, poultry, cattle, pig) prudent-antimicrobial-use formularies setting out first-choice, second-choice, and reserve antimicrobials for each species, Türkiye does not appear to have an equivalent official, species-specific national antimicrobial-use guideline - the İTS system tracks and records prescriptions but does not itself constitute species-specific clinical prescribing guidance. Critical-use antimicrobials - third- and fourth-generation cephalosporins and fluoroquinolones in particular - should be reserved for cases where susceptibility testing confirms no effective alternative exists, and the broadest-spectrum molecules should be treated as a last resort rather than a first choice. Patients known or suspected to be infected with, or carriers of, multidrug-resistant organisms (e.g., MRSA, MDR Enterobacteriaceae) should be screened and managed as Class 3A patients and physically separated from other patients as far as possible, following the isolation and inpatient care procedures set out in Chapter 7; bandaging or handling of wounds known to be infected with such organisms should be performed in low-traffic areas that can be readily cleaned and disinfected afterward. Environmental cleaning and disinfection following the standards and protocols established in 2.3 remain essential to preventing environmental persistence of resistant organisms and cross-contamination between patients. Hand hygiene, as set out in 2.2.1, remains the single most effective and lowest-cost measure available to prevent the transmission of resistant organisms between patients, staff, and students, and its consistent application before and after every patient contact is the foundation on which all other AMR-prevention measures in this chapter rest.

CHAPTER 9

QUALITY ASSURANCE AND BIOSECURITY MANAGEMENT

9.1. Quality Standards and Accreditation

This biosecurity guideline itself constitutes the Faculty's primary internal quality standard for biosecurity: adherence to the procedures set out in the preceding chapters is the baseline against which biosecurity practice at MAKU-VET is assessed through annual department-level self-evaluation reports and central oversight by the Biosecurity Committee, including the Committee's periodic inspection and control responsibilities under Appendix 16, as well as through periodic revision by the Biosecurity Committee. Laboratory-specific quality and safety frameworks, including ISO 15189 and ISO 15190, are addressed in 3.3 and are not repeated here; the present section concerns institution-wide quality assurance rather than laboratory accreditation specifically. At the level of the existing MAKU-VET sucuk production plant, HACCP, ISO 22000, and ISO 9001 provide complementary benchmarks for food-safety and quality management. A documented quality-management system and formal biosecurity SOP should be developed for the plant; these arrangements complement, rather than substitute for, the biosecurity measures described elsewhere in this guideline.

At present, biosecurity training for students and staff is provided once a year as part of the academic calendar. Participants who attend the training receive a certificate.

9.2. Audits and Inspections

Biosecurity monitoring and inspection at MAKU-VET follows a two-tier model. Each department completes an annual self-evaluation report under the responsibility of its designated faculty member, using standardized "Biosecurity Monitoring and Inspection" checklists covering the laboratories, clinical services, and support units described throughout this guideline. The Biosecurity Committee provides central oversight by reviewing the departmental reports, following up identified deficiencies, and carrying out the periodic inspection and control functions assigned in Appendix 16, including checking whether biosecurity rules are implemented in the units and controlling medical-waste management activities. Committee-level oversight complements, rather than replaces, department-level self-evaluation. More structured internal/external audits, such as those used at some peer institutions, may be considered as a future enhancement.

This guideline itself is reviewed twice per year, with the Biosecurity Committee responsible for coordinating updates. The procedure governing that review cycle - how revisions are proposed, approved, and communicated to staff and students - is described in Chapter 10 (Programme Surveillance and Updates) and is not repeated here.

A specific gap in the current audit and inspection framework concerns environmental verification of disinfection efficacy. As noted in 2.3.3, MAKU-VET does not currently conduct routine environmental sampling (e.g., surface swabbing or microbiological testing) to confirm that cleaning and disinfection protocols achieve their intended effect. Present audits verify that procedures are followed, but not that they are effective. Establishing such a program is accordingly a priority for future quality assurance efforts.

9.3. Documentation and Record Keeping

This guideline calls for the creation and maintenance of records across nearly all of its chapters - including training attendance records, incident and injury reports, waste disposal and destruction records, equipment maintenance and calibration logs, and cleaning and disinfection schedules - each described in its respective chapter rather than

repeated here. This section addresses only the general status of standardized documentation and forms across the Faculty.

Some standard forms already exist in a consistent, Faculty-wide format. Visitor registration is maintained through the institutional E-Vet system rather than a paper log, and standardized quarantine log and incident report forms are already in use. Other forms called for by this guideline have not yet been developed in standardized form: an environmental sampling form, a temperature/humidity monitoring log, and a disinfectant preparation form are all currently missing from the Faculty's documentation set, even though the underlying practices they would support are referenced elsewhere in this guideline (see 2.3.3 and 9.2 above). Until these are developed, departments may rely on ad hoc or locally improvised documentation, which limits consistency and comparability across units.

Developing these missing forms as standardized annexes to this guideline is recommended as a task for the Biosecurity Committee, to be coordinated with the twice-yearly review cycle described in 9.2 and in Chapter 10.

Beyond written records, MAKU-VET currently lacks two standardized visual-communication mechanisms found at peer institutions.

CHAPTER 10

CRISIS SCENARIOS AND BIOSECURITY UNIT MANAGEMENT

This chapter addresses two related aspects of the Biosecurity Committee's ongoing responsibility for MAKU-VET's biosecurity posture: readiness to respond to acute crises affecting the Faculty and its hospital, and the standing tasks through which the Committee maintains, reviews, and improves this guideline and the training that supports it over time.

10.1. CRISIS SCENARIOS

10.1.1. Types of Crisis Scenarios

A veterinary teaching hospital and faculty campus can face several distinct categories of crisis, each calling for a different response. Notifiable disease outbreaks or epidemics - such as avian influenza, foot-and-mouth disease, or other diseases listed under the İhbarı Mecburi Hayvan Hastalıkları Yönetmeliği (see 1.2) - require rapid case detection, isolation, and coordination with official veterinary authorities. Natural disasters, including fire, earthquake, and flood, threaten the physical safety of personnel, students, and animals and may require building evacuation; the Laboratory Animal Production and Experimental Research Center already maintains fire, earthquake, and epidemic-disease emergency plans, with safety signage and exit routing in place, although a dedicated written procedure for the emergency evacuation of animals specific to that unit is still being developed. Mass-casualty or multi-patient-influx events - for example, a road accident involving several farm animals, or a mass poisoning - can overwhelm routine hospital capacity and call for triage arrangements. Utility failures, particularly loss of electrical power affecting cold-chain storage, isolation-unit ventilation, or intensive-care equipment, form a distinct risk category. Biosecurity breaches such as a chemical or biological spill, a sharps injury, or an unrecognized exposure to an infectious case are addressed procedurally elsewhere in this guideline (see 2.3, 3.2.3), but also constitute a crisis category in their own right when they affect multiple people, patients, or areas at once.

Beyond this general taxonomy, it is useful to work through a set of specific "model scenarios," one epidemic and/or zoonotic disease per major unit, so that each part of the Faculty has a concrete worked example to follow rather than only an abstract category. The list below adapts, and completes, the species-based crisis-scenario structure found in Liège's own equivalent chapter - where the same nine headings exist but each currently contains only the words "currently under preparation" - so that MAKU-VET is the first of the two institutions to actually work through it:

- **Farm (Cattle-Buffalo/Sheep-Goat) - Foot-and-Mouth Disease:** Triggered by vesicular lesions of the mouth, feet, or teats, or by drooling and lameness, observed in the cattle, buffalo, sheep, or goat units of the Education, Research, and Application Farm (see 6.1). FMD is Disease No. 1 on the notifiable-disease list (1.2), so the finding immediately engages that reporting mechanism. First step: isolate the affected animal(s) in the farm's existing sick-animal infirmary or quarantine unit (6.1), restrict farm entry beyond the vehicle and tire disinfection points already in place, and immediately report the finding to the Hospital Chief Physician; the Hospital Chief Physician contacts the Provincial Directorate of Agriculture and Forestry per 1.2, while the Biosecurity Committee is informed internally.
- **Farm - Brucellosis/Bovine Tuberculosis:** Triggered by a positive serological or PCR result, an unexplained abortion cluster, or a reactive tuberculin test in the cattle or buffalo herd, which currently holds a Brucellosis- and Tuberculosis-Free Herd Certificate (6.1) - a status a confirmed case would place directly at risk. Connects to the reproductive and artificial-insemination work described in 4.4.1, since infected reproductive tissue is a plausible exposure route for staff and students. First step: suspend the affected animal(s) from breeding and milking activity, immediately report the suspicion to the Hospital Chief Physician; the Hospital Chief

Physician contacts the Provincial Directorate of Agriculture and Forestry per 1.2, while the Biosecurity Committee is informed internally, and follow the herd-certification authority's protocol for protecting the remaining herd's disease-free status.

- **Small Animal Hospital - Rabies:** Triggered by a dog or cat presenting with an unexplained bite history, unusual aggression, or progressive neurological signs, at the small animal clinic described in 7.2. Rabies is Disease No. 4 on the notifiable-disease list (1.2) and also carries an acute human-exposure dimension for any staff, student, or owner who has had contact with the animal. First step: route the patient directly to the small animal isolation unit (7.2.5, 7.8.1) rather than a general examination room, restrict further handling to the minimum necessary personnel, and immediately report the suspicion to the Hospital Chief Physician. The Hospital Chief Physician contacts the Provincial Directorate of Agriculture and Forestry and, where human exposure requires, coordinates any Public Health Directorate communication; the Biosecurity Committee is informed internally.
- **Small Animal Hospital - Canine Parvovirus:** Triggered by acute hemorrhagic gastroenteritis in an unvaccinated or incompletely vaccinated puppy presenting to the small animal clinic. Unlike rabies, parvovirus is not on the official notifiable-disease list, but it is one of the hospital's most consequential nosocomial risks given its environmental persistence. First step: place the patient directly in the small animal isolation unit (7.8.1), apply the enhanced disinfection measures described in 2.3, and limit student and staff contact to those assigned to the case, logging the admission on the unit's cage-card system (7.8).
- **Equine Unit - Equine Influenza/EHV-1:** Triggered by fever, nasal discharge, or coughing in a recently arrived or competition-exposed horse at the farm's equine unit or the hospital's equine clinic (7.4–7.5), or by neurological signs suggestive of the EHV-1 myeloencephalopathic form, which would overlap with the notifiable equine encephalomyelitis category (No. 20, see 1.2). This scenario also supplies the equine unit's own missing species-specific biosecurity content flagged in 6.1. First step: isolate and quarantine the affected horse away from the rest of the equine population, suspend new arrivals, and, if a notifiable form is suspected, immediately report it to the Hospital Chief Physician; the Hospital Chief Physician contacts the Provincial Directorate of Agriculture and Forestry per 1.2, while the Biosecurity Committee is informed internally.
- **Highly Pathogenic Avian Influenza (HPAI) - Hospital Sample/Case Response:** HPAI may be suspected in birds or bird-derived specimens presented to the Animal Hospital or submitted for diagnostic examination. HPAI is Disease No. 13 on the notifiable-disease list (1.2). First step: immediately report the suspicion to the Hospital Chief Physician, who contacts the Provincial Directorate of Agriculture and Forestry per 1.2 and communicates the official instructions; inform the Biosecurity Committee internally, isolate or secure the relevant patient/specimen, and follow the official instructions for containment, testing, and transfer.
- **Necropsy/Pathology - Tuberculosis or Anthrax:** Triggered by gross necropsy findings consistent with tuberculosis (multifocal granulomas) or anthrax (splenomegaly, unclotted dark blood, absence of rigor mortis) in the necropsy hall described in 4.2. Both diseases appear on the notifiable-disease list (1.2), and anthrax in particular requires the elevated precautions already referenced in 3.1.6 and 4.2.2. First step: follow the concrete necropsy-to-crisis sequence set out in 10.1.2 below - halting the procedure, notifying the chain of command, and preserving specimens for confirmatory testing - rather than only the general cross-reference that has existed between these two sections until now.

10.1.2. Emergency Response Protocols

MAKU-VET does not currently have a written outbreak-response plan for a suspected or confirmed epidemic disease such as avian influenza or foot-and-mouth disease, nor a defined chain of command for deciding on

closure or quarantine measures once such a case is suspected. This is a significant gap: while the legal duty to notify the Provincial or District Directorate of Agriculture and Forestry is well established (see 1.2), the internal operational question - who at MAKU-VET decides to close a unit, restrict admissions, or impose quarantine while awaiting the official authorities' response, and in what sequence - remains undefined, and should be resolved as a priority, most naturally through the Dean's Office, the Hospital's Chief Physician, and the Biosecurity Committee acting jointly. By contrast, resilience against utility failure is already established: generator capacity is confirmed sufficient to maintain the cold chain, isolation-unit ventilation, and intensive-care equipment through a power outage, so that patient care and sample integrity are not compromised. For natural disasters and mass-casualty events, response currently relies on the general emergency-plan arrangements already described for individual units, such as the Laboratory Animal Production and Experimental Research Center (see Chapter 3), rather than on a Faculty-wide crisis protocol; extending such unit-level plans into a coordinated, campus-wide emergency response protocol is recommended as this guideline's crisis-management function matures.

The connection between necropsy findings and this crisis-response chain - until now only a mutual cross-reference between 4.2.2 and this chapter, on both the MAKU-VET and Liège sides of the comparison - can be made concrete as a single step sequence. Where gross or histopathological findings during a necropsy raise suspicion of a notifiable or epidemic disease (see the necropsy/pathology model scenario in 10.1.1), the procedure should be: (1) halt the necropsy immediately at the point suspicion arises; (2) immediately notify the Hospital Chief Physician; (3) preserve and package the relevant specimens under the precautions already described in 3.1.6 and 4.2.1 for official confirmatory testing, rather than continuing routine sample handling; (4) the Hospital Chief Physician contacts the Provincial Directorate of Agriculture and Forestry through the mechanism described in 1.2, communicates the official instructions, and informs the Biosecurity Committee and Dean's Office internally; and (5) decide jointly, under the official instructions, whether the necropsy hall itself should be temporarily closed to further cases pending the outcome. Setting out this sequence explicitly closes a loop that both 4.2.2 and Liège's Chapter 15 have flagged but neither has yet spelled out in step-by-step form.

10.1.3. Communication and Reporting

Formal notification of notifiable and reportable animal diseases to the Provincial or District Directorate of Agriculture and Forestry is governed by Law No. 5996 and the İhbarı Mecburi Hayvan Hastalıkları Yönetmeliği, as set out in 1.2; that legal and procedural basis is not repeated here. Internally, active-crisis reporting follows the chain in 1.2: any person who identifies or suspects a notifiable disease immediately reports it to the Hospital Chief Physician, who contacts the Provincial Directorate of Agriculture and Forestry and communicates the official instructions to the relevant Faculty units. The Dean's Office and Biosecurity Committee are informed internally and support coordination, documentation, and implementation of precautions. MAKU-VET also maintains a current emergency contact list - covering the Provincial Directorate of Agriculture and Forestry, the Provincial Health Directorate, and the Public Health Directorate - that is accessible to the relevant units, so that the offices to be contacted during a crisis are known in advance rather than located under time pressure. Coordination between occupational-safety structures and biosecurity governance also has an established channel: the Occupational Health and Safety Board and the Biosecurity Committee coordinate through the twice-yearly academic general assembly meeting, which provides a recurring forum for raising and resolving cross-cutting safety and biosecurity issues, including those arising from a crisis event. What remains to be formalized is the internal authority and timeline for closure, quarantine, and other operational measures during an active crisis.

10.2. FUTURE TASKS OF THE BIOSECURITY UNIT

10.2.1. Programme Surveillance and Updates

The Biosecurity Committee is responsible for the continuous maintenance of this guideline. As already noted in Chapter 9, the guideline is reviewed twice per year, with the Committee coordinating the revision cycle: proposed changes - arising from regulatory updates, incident experience, departmental feedback, or newly identified gaps such as those flagged throughout this guideline - are drafted, circulated to the relevant department heads and unit managers for comment, and, once approved by the Committee, communicated to staff and students through the same channels used for biosecurity training (see 10.2.2) and, where relevant, the twice-yearly academic general assembly meeting described in 10.1.3. This same twice-yearly cycle should also draw on the antimicrobial-resistance surveillance data already flowing to the Biosecurity Committee under the reporting arrangement described in 8.2 - any unusual or unexpected resistance pattern identified in a patient - so that emerging resistance trends are weighed alongside incident and inspection findings when each round of revisions is planned, rather than being tracked only within Chapter 8 in isolation. Beyond the guideline text itself, a further surveillance task remains to be established: MAKU-VET does not currently prepare an annual post-incident surveillance file or yearly evaluation report consolidating biosecurity violations, injuries, sharps and other cutting/piercing-instrument injuries, biological-fluid exposures, and disinfection non-conformities across departments. Establishing such a consolidated annual report - distinct from the annual department self-evaluation reports and Committee oversight described in Chapter 9 - would give the Biosecurity Committee a Faculty-wide, trend-level view of where incidents and non-conformities recur, and should be treated as a priority future task.

10.2.2. Training and Education

Biosecurity training is already embedded in MAKU-VET's academic calendar: students receive training before beginning clinical, laboratory, and farm applications, and staff receive equivalent training, both delivered twice per year. Attendance forms and assessment or examination records are kept for these sessions, providing a documented basis for confirming that students and staff have received and understood the guideline's requirements before working in clinical or laboratory areas. A gap remains, however, in closing the loop between training and practice: biosecurity violations are not currently reported or logged in any formal way, which means that recurring lapses cannot be identified and fed back into the training programme's content or emphasis. As a future task, the Biosecurity Committee should establish a simple violation-reporting mechanism - feeding into the annual surveillance report described in 10.2.1 - so that training content can be adjusted where specific rules are repeatedly disregarded, rather than relying solely on twice-yearly refresher sessions of fixed content. Linking training records, incident reports, and the guideline's own review cycle in this way would turn training from a one-way instructional exercise into part of the Faculty's ongoing biosecurity feedback loop.

11. REFERENCES

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APPENDICES

Supporting procedures, forms, and reference material

Appendix 1: AUTOCLAVE OPERATION AND STERILIZATION CONTROL PROCEDURE

1. Purpose

The purpose of this procedure is to ensure the safe autoclaving of biological waste generated in the laboratory and materials requiring sterilization, verify and document sterilization effectiveness, and define the actions to be taken in the event of a malfunction.

2. Scope

This procedure covers all autoclaves used in the laboratory, autoclave operators, biological waste sterilized by autoclave, and reusable laboratory materials.

3. Responsible Personnel

- Laboratory supervisor
- Graduate students
- Laboratory technical personnel
- Biosecurity officer

4. Procedure

4.1 Waste Preparation

- Biological waste intended for autoclaving must be placed only in heat-resistant, autoclavable bags marked with the biohazard symbol.
- Bags must be filled to no more than two-thirds of their capacity and tied loosely enough to allow steam penetration.
- Tubes containing contaminated liquids must be sterilized in suitable secondary containers with their caps loosened.

4.2 Sterilization Process

- The autoclave capacity must not be exceeded.
- Materials must be arranged so that steam circulation is not obstructed.
- An appropriate cycle must be selected, such as 121°C for at least 15-20 minutes or another validated cycle.
- The lid must not be opened before the cycle is complete.

4.3 Verification of Sterilization

- A chemical indicator, such as sterilization indicator tape, must be used in every cycle.
- The indicator tape must be checked for the required color change.
- A biological indicator containing Geobacillus stearothermophilus must be used at intervals defined in the quality plan.
- The absence of growth indicates successful sterilization.

4.4 Sterilization Failure

If the sterilization indicator tape does not change color, the biological indicator shows growth, or the cycle is not completed, the load must not be considered sterile. The materials must be autoclaved again, the device must be taken out of service, the laboratory supervisor must be informed, technical service must be called, and the device must not be returned to use until verification tests are successful.

4.5 Maintenance and Calibration

- Periodic maintenance must be performed in accordance with the manufacturer recommendations.
- Calibration must be performed by an authorized service provider.
- Daily cleaning must be performed by the user.
- Maintenance records must be archived.

Appendix 2: SAFE CENTRIFUGE OPERATION AND DECONTAMINATION PROCEDURE

1. Purpose

The purpose of this procedure is to prevent aerosol generation, biological leakage, and contamination during centrifuge use and to standardize safe operation, decontamination, and record keeping.

2. Scope

This procedure covers all centrifuges used in the laboratory.

3. Procedure

- Samples must be processed in sealed rotors or buckets, or in leak-proof carriers, whenever possible.
- Before operation, tubes must be checked for cracks, leakage, and cap integrity.
- The centrifuge must not be operated until the rotor is balanced.
- The centrifuge lid must not be opened until the device has come to a complete stop.

4. Aerosol Generation or Leakage

- If tube breakage or leakage is suspected, the device must be stopped immediately.
- The lid must remain closed for approximately 30 minutes to allow aerosols to settle.
- Appropriate personal protective equipment must be worn, and the rotor and internal surfaces must be decontaminated with a suitable disinfectant.
- Broken or leaking tubes must be disposed of in accordance with the biological-waste procedure.
- The incident must be reported to the laboratory supervisor and recorded on the Incident Notification Form.

5. Maintenance and Records

- After each use, the centrifuge must be inspected for visible contamination and disinfected when necessary.
- Routine cleaning and disinfection must be performed at least weekly and more frequently during intensive use.
- Periodic maintenance and calibration must be performed in accordance with the manufacturer recommendations.
- Maintenance, disinfection, and malfunction records must be retained regularly.

Appendix 3: SAFE OPERATION OF PCR AND OTHER AEROSOL-GENERATING LABORATORY EQUIPMENT

1. Purpose

The purpose of this procedure is to ensure the safe operation of PCR devices, thermal blocks, homogenizers, sonicators, shakers, grinders, and similar equipment and to minimize aerosol generation, biological leakage, and cross-contamination.

2. Scope

This procedure covers all laboratory equipment that may generate aerosols.

3. Procedure

- Procedures that may generate aerosols must be performed in a Class II biological safety cabinet whenever possible.
- Before operation, sample tubes, containers, and rotors must be checked to ensure that their lids are fully closed.
- Equipment must be operated in accordance with the manufacturer instructions, and its capacity must not be exceeded.
- After the procedure, equipment surfaces must be cleaned with an appropriate disinfectant, such as 70% alcohol.
- Used disposable materials must be discarded in biological-waste containers.

4. Incident Response

- In the event of a sample spill, leakage, or tube breakage, the device must be stopped immediately.
- Unauthorized personnel must be prevented from entering the area.
- Appropriate personal protective equipment must be used, and the spilled material must be cleaned with a suitable disinfectant.
- The incident must be reported to the laboratory supervisor, and an Incident Notification Form must be completed.
- All required decontamination procedures must be completed before the device is returned to use.

Appendix 4: LABORATORY CLEANING AND DECONTAMINATION PROCEDURE

1. Purpose

The purpose of this procedure is to maintain a hygienic laboratory environment, reduce contamination risk, and standardize cleaning and disinfection activities.

2. Scope

This procedure applies to all laboratories used for teaching, research, and diagnostic purposes. Departments may select disinfectants and cleaning materials appropriate to their working conditions.

3. Responsible Personnel

- Laboratory supervisor
- Academic and technical personnel working in the laboratory
- Students using the laboratory during practical sessions

4. Cleaning and Disinfection Agents

The disinfectants used by the Department must be specified below:

- **Surface disinfectant: _____**
- **Equipment disinfectant: _____**
- **Spill and decontamination disinfectant: _____**
- **Contact time: _____**

5. Procedure

- Workbenches must be cleaned with a suitable disinfectant before and after each work session.
- Laboratory floors must be cleaned according to the established cleaning schedule.
- Equipment surfaces must be cleaned in accordance with the manufacturer instructions.
- The applicable spill procedure must be followed in the event of a sample spill or contamination.
- Disposable materials must be discarded in the appropriate waste containers.
- Appropriate personal protective equipment must be worn during cleaning.

6. Cleaning Frequency

- **Workbenches: Before and after each work session**
- **Laboratory floors: _____**
- **Equipment surfaces: _____**
- **Door handles, sinks, and high-touch surfaces: _____**
- **Other: _____**

7. Records

- Laboratory Cleaning Tracking Form
- Spill and Incident Notification Form
- Disinfectant preparation records: the disinfectant name, preparation date, and dilution ratio must be stated on the label.

Appendix 5: BURDUR MAKÜ FACULTY OF VETERINARY MEDICINE - BIOSAFETY AND LABORATORY SAFETY PROCEDURES

This appendix reproduces the full compiled biosafety/laboratory-safety document, which bundles eleven separate procedures. Each procedure was approved by the Biosafety Commission and the Dean of the Burdur Mehmet Akif Ersoy University Faculty of Veterinary Medicine (Prof. Dr. Mehmet Çağrı Karakurum).

5.1 Laboratory Safety Procedure

Purpose: This procedure has been prepared to ensure safe working conditions in the laboratories of Burdur MAKU Faculty of Veterinary Medicine.

Scope: The activities described in this procedure cover all student, clinical, and research laboratories of the Faculty.

Application - General rules to be followed in laboratories

Physical Safety and Area Access

1. Doors must be kept closed at all times when entering and exiting laboratories, and access to work areas by unauthorized persons must be strictly limited.
2. Consuming food and drinks, storing food materials, smoking, putting on or taking off contact lenses, and applying cosmetic products/makeup are strictly prohibited in laboratory areas.
3. Care should be taken not to work alone in laboratories for security reasons; in cases where working outside of working hours or working alone is mandatory, emergency communication protocols must be activated.
4. The front of fire exits, emergency showers, eyewash stations, fire extinguishers, and electrical panels must be kept clear at all times, and no physical obstacles that would impede access should be present.
5. The locations of large equipment and chemical cabinets used in the laboratory should not be changed without the approval of authorized persons and a detailed risk assessment.

Personal Protective Equipment (PPE) and Hygiene

1. In all laboratory work, Personal Protective Equipment (PPE) appropriate for the risk level of the work (lab coat, gloves, protective goggles, or face shield) must be used completely.
2. While working in the laboratory, long hair must be tied back; dangling jewelry, rings, and piercings should be removed against the risk of potential contamination and physical accidents.
3. Clothing that completely covers the body should be preferred against biological or chemical spills and splashes; working in short pants, shorts, or skirts is strictly prohibited.
4. Laboratory coats must always be worn buttoned in the working area, and these coats must never be worn in common areas such as rest rooms, offices, or cafeterias.
5. Fluid-proof and puncture-resistant work shoes or boots that completely cover the top of the feet and the heel must be used in laboratory, clinical, and necropsy units.

6. Used shoes or boots must not be taken out of their own working area; suitable disinfectant foot baths at least 15 cm deep must be used to prevent pathogen transfer during transitions between clean and dirty areas.
7. Before leaving the laboratory and immediately after removing gloves, hands must be washed with an appropriate antibacterial soap or rubbed with an alcohol-based hand antiseptic when water is not available.

Work Discipline and Sample Management

1. Acting on the principle of "Universal Precautions," all biological samples (blood, body fluids, tissues) and laboratory chemicals must be assumed to be potentially infectious or toxic at all times.
2. Mouth pipetting is strictly prohibited in the laboratory; mechanical pipettors or bulbs must always be used for this process.
3. Procedures that may cause aerosol and droplet formation in working areas during centrifugation, vortexing, or vigorous shaking must be performed inside Biological Safety Cabinets (Class II).
4. To minimize the risk of breakage and spillage, leak-proof secondary containment vessels must be used when transporting chemical or biological substances from one area to another within the laboratory.
5. All containers, bottles, tubes, and samples used must be legibly labeled to include the content name, concentration, date, name of the person who prepared it, and international hazard warning symbols.
6. User manuals for the devices used in the laboratory and Material Safety Data Sheets (MSDS/SDS) for the chemicals must be kept in the work area, easily accessible to everyone in an emergency.

Decontamination and Waste Management

1. At the end of the work, after benches and equipment are mechanically cleaned of gross organic matter, they must be disinfected with a disinfectant suitable for the type of agent (e.g., 0.1% [1,000 ppm] sodium hypochlorite for low-organic-load contamination) for the minimum contact time specified in Appendix 5.5 or by the manufacturer, whichever is more protective.
2. All sharps and pointy object waste (needle tips, scalpels, broken glass) must be disposed of directly in dedicated hard-plastic, puncture-resistant sharps boxes, and needle tips should never be recapped.
3. Contaminated liquid and solid wastes must be collected in red medical waste bags in accordance with laboratory waste management procedures; these waste boxes should be tightly sealed and sent to the waste storage area when they are three-quarters (3/4) full.
4. No special-purpose chemical container that is empty or cleaned in the laboratory should be reused for the storage of another material with unknown content.

Emergency, Accident, and Spill Response

1. In the event of a chemical or biological material splash into the eyes, the eyes must immediately be washed with plenty of water at the eyewash station for at least 15 minutes, and then medical attention must be sought.
2. In large-scale infectious material or dangerous chemical spills, the area must be evacuated immediately, doors must be closed, and a warning sign must be hung; after waiting for the aerosols to settle (approximately 30 minutes), intervention should be made with full PPE.
3. Any type of spill, splash, needlestick injury, injury, or near-miss incident that occurs in the laboratory must be immediately reported to the laboratory supervisor and formally recorded.
4. In accidents, emergencies, fires, or building evacuation processes, emergency plans and the instructions of the relevant authorized personnel must be fully complied with.

5. Before starting a completely new experimental protocol or procedure, a "Risk Assessment" must be performed and documented by the relevant personnel in order to identify possible biological and chemical hazards that may occur.

5.2 Procedure for the Use of Chemical Substances

Application - General rules to be followed when working with chemical substances

Transport, Safety, and Storage

1. When transporting chemical substances inside or outside the laboratory, unbreakable, leak-proof secondary containment vessels/containers must always be used to prevent the risk of breakage and spillage; incompatible chemicals that may react with each other and create a hazard must not be transported together, and chemicals must strictly not be taken out of the laboratory without the approval of the responsible supervisor.
2. Only the minimum amount of flammable/hazardous chemicals required for that day's experimental procedure should be kept on the workbenches (provided they are kept away from heat and spark sources such as burner flames and electric heaters), and bottles must always be kept closed when not in use.

Labeling and Identification

1. All chemical containers, bottles, and samples in the work area must be legibly labeled to include the full name of the contents, concentration, date of preparation, the name of the preparer, and Global Harmonized System (GHS/CLP) hazard pictograms.
2. Chemical containers whose labels have fallen off, are illegible, or whose physical integrity is compromised (swollen, leaking, crystallized) must strictly not be used or opened; in such cases, the laboratory safety officer must be notified immediately to initiate the hazardous waste protocol.

Personal Protection and Emergency Awareness

1. Touching, tasting, or smelling chemicals with bare hands is strictly prohibited; even if gloves are used, any chemical that comes into contact with the skin must immediately be washed with plenty of water at the eyewash station/body shower for at least 15 minutes, regardless of its concentration.
2. All personnel who will work in the laboratory are mandatory required to learn the locations of safety signs, emergency showers, eyewash stations, and spill kits before starting work.
3. Interventions in spills, splashes, or accidents that may occur must not be made randomly; they must always be carried out in accordance with the "Instructions for Chemical Substance Accidents" and the specific procedures specified in the Safety Data Sheet (SDS) of that chemical.

Chemical Manipulation, Fume Hood, and Heating

1. A fume hood must strictly be used when working with toxic, volatile, flammable, and foul-smelling substances; during work, the sash of the fume hood should be kept at the lowest possible level to act as a shield against splashes.
2. Chemicals in sealed systems with lids or stoppers must strictly not be heated directly.
3. While heating liquid inside a test tube, the tube must be gently shaken continuously, and the open end of the tube must not be pointed towards anyone in the laboratory against sudden bumping/boiling.

Reagent Use and Contamination Prevention

1. Mouth pipetting during the transfer of liquid chemicals is strictly prohibited; appropriate mechanical pipettors or pipette bulbs/props must always be used, and the same pipette must not be inserted into different solution bottles.
2. To prevent exothermic reactions and violent splashes, water must strictly never be poured onto acids or solid bases; acid or base should always be added slowly to the water while constantly stirring.
3. Chemicals taken from their bottle or remaining after use must never be put back into the original bottle to avoid compromising the purity of the stock reagent, and a used pipette must not be dipped into the original bottle.
4. Solid chemicals must always be taken with a clean spatula, and the inner parts of bottle caps must not contact the table surface and should be placed upside down to prevent contamination.

Spills, Mercury, and Waste Management

1. Waste chemicals must strictly not be poured down the sinks; they must be collected in labeled waste canisters/carboys segregated according to chemical incompatibility, and wastes that can react with each other must never be poured into the same canister.
2. Broken glass contaminated with chemicals should not be thrown into general trash bins; it must be disposed of in a dedicated hard-plastic, puncture-resistant sharps box as contaminated sharps/pointy hazardous waste.
3. In the event of a possible mercury thermometer breakage/spill, traditional methods such as sprinkling sulfur must not be applied; it must be collected using a special 'Mercury Spill Kit' that captures mercury vapor and isolated as hazardous waste.
4. When a chemical spills into the laboratory environment, the area must be isolated immediately, and it must be cleaned by technical personnel using chemical spill kits (absorbent pads, neutralizers) appropriate for the type of spill, with full PPE (Personal Protective Equipment).

Working with Radioactive Substances

1. All work carried out with radioactive materials must be conducted based on the international ALARA (As Low As Reasonably Achievable) principle, aiming to minimize personnel exposure, and by strictly complying with the institution-specific "Radioactive Substance Safety Instructions."

Biological Material and Biosafety

1. Laboratory personnel working with pathogenic or potentially infectious biological agents (bacteria, viruses, fungi, parasites) are mandatory required to provide the Biosafety Level (BSL 1–4) infrastructure conditions appropriate for the Risk Group (Risk Group 1–4) of the agent being worked on and to fully implement biosafety procedures in accordance with international standards.
2. In emergency accident situations such as the splashing or spilling of infectious materials or contamination of personnel (needlestick, mucosal splash, etc.), the area must be isolated immediately, and intervention must be made without delay according to the "Instructions for Infected Material Accidents."

5.3 Chemical Substance Storage Procedure

Purpose: This procedure has been prepared for the safe storage of chemical substances procured for use in the laboratories of Burdur MAKU Faculty of Veterinary Medicine.

Scope and Responsibilities: The activities described in this procedure cover all administrative and academic units of the Faculty.

Application - Rules to be Followed During the Procurement and Storage of Chemical Substances

Procurement, Inventory, and Labeling

1. All chemicals to be procured for the laboratories must contain hazard pictograms in accordance with the Global Harmonized System (GHS/CLP) standards; chemicals whose packaging or label does not meet these standards must strictly not be purchased or accepted.
2. The processes of dividing and dispensing chemicals from their original packaging into smaller containers must strictly be performed under a fume hood and with appropriate Personal Protective Equipment (PPE) against the risk of inhalation and splashing.
3. The new containers of the divided chemicals must be permanently labeled to include the full name of the substance, its concentration/purity, amount, date of preparation, the name of the preparer, and the GHS hazard symbols on its original packaging.
4. Only a minimum stock of chemical substances sufficient for near-term studies should be kept in the laboratories, and overstocking should be avoided.

Safety Data Sheets

1. Every chemical in the laboratory inventory must have an up-to-date 16-section Safety Data Sheet (SDS) compliant with the GHS format. These sheets must be kept readily available in a printed folder or in an instantly accessible digital system in a way that is easily accessible to everyone in the areas where chemicals are stored and used.

Storage Conditions and Physical Safety

1. Doors must be kept locked to prevent unauthorized persons from accessing chemical storerooms, and there must be warning signs appropriate for the hazards in the contents (flammable, corrosive, toxic) on the laboratory/storeroom doors and relevant cabinets.
2. Chemical substances must be stored away from heat sources (ovens, autoclaves, steam pipes, etc.) and direct sunlight; in environments where ventilation and temperature control suitable for the physicochemical properties of the substance are provided.
3. Chemicals must not be left continuously on the workbenches; they must be put back into their respective storage areas/cabinets immediately after their use is finished.
4. Chemicals on the shelves must be placed in a way that they do not hang over the edge of the shelf to prevent them from tipping over; there must be fall-prevention barriers (shelf lips) on laboratory shelves.
5. Frequently used and especially dangerous/heavy liquid chemicals must be stored below eye level (between shoulder and knee height); large bottles must never be placed on the upper shelves.
6. Using wheeled stools or chairs to access chemicals on the upper shelves is strictly prohibited; safe and approved laboratory step stools/ladders with non-slip bases must be used.

Chemical Incompatibility and Segregation

1. Chemicals must strictly not be arranged on shelves or in cabinets solely in alphabetical order; they must be physically segregated from each other according to their hazard classes (flammables, oxidizers, acids, bases, toxics, etc.) in accordance with the chemical storage matrix.
2. Incompatible chemicals that may react violently with each other (e.g., acids and bases, or flammables and oxidizers) must not be stored in the same cabinet. Flammable liquids must strictly be stored in fire-resistant, approved flammable storage safety cabinets.

3. Corrosive substances (acids) must be stored in acid-resistant (polyethylene, etc.) secondary containment vessels to prevent the corrosion of metal shelves and to contain leaks.

Emergency Access and Facility Safety

1. The front of fire extinguishers, emergency showers, eyewash stations, first aid kits, as well as electrical panels and gas valves must be kept clear at all times, and no obstacles should be present on the access routes to this equipment.
2. Laboratory and storeroom exit routes and stairs must be completely free of obstructions in terms of evacuation safety; fire extinguishers compliant with NFPA standards must be available in areas where flammable chemicals are stored.

Appendices to this procedure:

- *Appendix 1 - Symbols and Signs on Hazardous Substance Labels and Precautions to Be Taken:* graphic/pictogram chart; no extractable text; refer to the original PDF for the pictogram chart.
- *Appendix 2 - Hazardous Substance Storage Procedure:* the Chemical Storage Matrix indicates which classes should or should not be stored together to prevent categorized chemical substances from interacting with each other and causing hazardous reactions. Key incompatibility outcomes noted in the matrix: Corrosives + Flammables = Explosion/Fire; Corrosives + Toxics = Toxic Gas; Flammables + Oxidizers = Explosion/Fire; Acids + Bases = Corrosive Fumes/Heat. The full matrix diagram is graphic and is not reproduced here.
- *Appendix 3 - Chemicals That Must Not Be Mixed Together: see Appendix 8 of this guide* for the full chemical-incompatibility table, which corresponds to this appendix of the original document.

5.4 Instructions for Chemical Substance Accidents

Purpose: To determine the basic rules that must be followed during and after accidents that may occur while working with chemical substances in the laboratories of Burdur MAKU Faculty of Veterinary Medicine.

Scope: The activities described in this procedure cover all student, diagnostic, and research laboratories of the Faculty.

Surface Contamination and Spills

1. The toxicity and volatility of the spilled chemical must be evaluated according to the data in the Safety Data Sheet (SDS). One should not simply wait for a volumetric limit such as 5 liters to be reached; if the spilled substance is highly toxic, flammable, or poses a respiratory risk (e.g., concentrated acids or toxic solvents), the area must be evacuated immediately.
2. If a flammable liquid is spilled, do not operate ordinary electrical switches, lighting controls, fans, plugs, or other equipment not rated for hazardous locations in or near the vapor zone. Eliminate ignition sources only from a safe location using a designated remote or external disconnect or hazardous-location-rated equipment. Open-flame heaters must not be used; close gas valves or stop the release only when the control is immediately accessible and safe to operate.
3. The spill area must be restricted, doors must be closed and locked, and the area must be isolated by hanging warning signs to prevent other employees from entering.
4. The spill must not be intervened with ordinary cleaning materials; it must be intervened using professional "Chemical Spill Kits" appropriate for the type of substance (acid neutralizer, solvent absorbent, etc.) and appropriate Personal Protective Equipment (PPE) (mask, gloves, protective goggles).

5. All contaminated materials used in cleaning (absorbent pads, gloves) must be disposed of in properly labeled yellow hazardous waste boxes, and the incident must immediately be reported to the laboratory safety officer and formally recorded.

Personnel Contamination and First Aid

1. The victim must immediately warn their colleagues. Clothing contaminated with chemicals must be removed instantly. If taking the clothing off over the head creates a risk of face/eye contamination, the clothing must be removed by cutting it.
2. Regardless of its concentration, any chemical that comes into contact with the skin or eyes must be washed with plenty of continuous water at the emergency shower or eyewash station for at least 15 minutes. Another acid or base must never be used to neutralize the chemical on the skin.
3. While the washing process is ongoing, a colleague must check the SDS form of the spilled substance (e.g., calcium gluconate gel is required for hydrofluoric acid burns), and emergency medical assistance (112) must be called.
4. Following medical intervention, the incident must be reported to the responsible faculty member, and the "Laboratory Accident Report Form" must be filled out completely.

Fire and Smoke Detection: RACE and PASS Protocols

1. When a fire or dense smoke is detected, other employees in the area must be warned immediately, and the building evacuation protocol must be initiated by pressing the nearest fire alarm button.
2. To prevent the spread of fire and toxic smoke, laboratory doors and fume hood sashes must be closed, provided that the exit route is not blocked.
3. Intervention: an appropriate type of fire extinguisher must be used only if the fire is in its initial stage (small), the personnel have received fire extinguisher training, and the escape route will remain open.
4. Scene safety: absolutely no attempt should be made to clean up the surroundings after the fire is extinguished or during the fire (risk of toxic soot and reignition). The scene must be left isolated until "safe" approval is given by the fire department or the authorized OHS (Occupational Health and Safety) unit, and the situation must be reported to the responsible faculty member.

5.5 Instructions for Infected Material Accidents

Purpose: To determine the basic rules that must be followed during accidents that may occur while working with infected materials in the laboratories and hospital clinics of Burdur MAKU Faculty of Veterinary Medicine.

Scope: The activities described in this procedure cover all student, diagnostic, and research laboratories, and hospital clinics of the Faculty.

Biological Spill Disinfection Matrix

Spill type	Organic load	Final available chlorine	Minimum wet contact time
Contaminated surface or small spill after removal of visible organic matter	Low	0.1% (1,000 ppm)	15 minutes
Small spill of culture or infectious liquid	Moderate	0.5% (5,000 ppm)	20 minutes
Large-volume spill; blood, serum, tissue, feces, or necropsy material	High	0.5% (5,000 ppm)	30 minutes

The disinfectant must be applied over absorbent material from the outer edge toward the center and kept visibly wet for the full contact time. The concentrations in this table are final available-chlorine values; dilution

ratios must be calculated from the stock product's labeled available-chlorine concentration. Gross organic matter must be removed before disinfection where safe. If the manufacturer's current instructions require a longer contact time or a different concentration for the target agent or material, the more protective requirement applies. Prion-suspect material and other agent-specific exceptions must be managed under the applicable dedicated procedure.

Response to Surface Contamination and Spills

1. When blood, culture, or infectious liquid is spilled outside the Biological Safety Cabinet, the area must be evacuated immediately due to the risk of pathogen aerosolization, doors must be closed, and one must wait for at least 30 minutes for the aerosols to settle.
2. Before starting the intervention, the spill area must be isolated with warning signs; the personnel who will perform the cleaning must strictly wear appropriate Personal Protective Equipment (PPE) (fluid-proof gown, double-layer nitrile gloves, N95/FFP3 mask, and face shield).
3. Broken glass or needles must strictly not be picked up by hand; they must be picked up using tongs, forceps, or a dustpan and disposed of directly into a dedicated hard-plastic, puncture-resistant sharps waste box.
4. The spill must be completely covered slowly with absorbent materials (paper towels or absorbent pads) to prevent splashing and aerosol formation, and it must be ensured that the liquid is absorbed.
5. The spill must be treated using the row in the Biological Spill Disinfection Matrix above that matches the spill type and organic-load category. The disinfectant must not be poured directly onto the spill; it must be applied slowly in a circular motion from the outer edge toward the center over the absorbent material.
6. The absorbent material must remain visibly wet for the full minimum contact time specified in the matrix. It must then be collected and disposed of in a red medical waste bag, and the floor must be wiped one last time with detergent water or an appropriate surface disinfectant.
7. After carefully removing the PPE and disposing of them in medical waste, hands must be washed thoroughly and disinfected, and the incident must immediately be reported to the laboratory safety officer and an accident record form must be filled out.

Personnel Contamination and First Aid

1. The victim must immediately warn their colleagues around them; protective clothing or personal clothes contaminated with infected liquid must be removed instantly in a way that prevents the agent from coming into contact with the face and mucous membranes (by cutting if necessary).
2. The area in contact with the skin must be washed with plenty of water and antibacterial soap; in case of eye, nose, or mouth (mucous membrane) contamination, continuous washing must be performed at the eyewash station or with clean water/saline solution for at least 15 minutes.
3. After first aid application, the incident must be evaluated as an "emergency," the type of biological agent exposed to (suspicion of rabies, brucella, anthrax, etc.) must be definitively reported to the healthcare teams, and medical support and Post-Exposure Prophylaxis (vaccination/antibiotics) must be initiated immediately.
4. Following emergency medical intervention, the situation must immediately be reported to the laboratory supervisor and the Occupational Health and Safety unit.

5.6 Radioactive Substance Safety Instructions

Purpose: It covers the basic rules that must be applied in the event of an accident that may occur during work with radioactive substances in the laboratories of Burdur MAKU Faculty of Veterinary Medicine.

Scope: These safety instructions cover the diagnostic and research laboratories of the Faculty that work with radioactive substances.

Application - Working with Radioactive Substances and Safety Instructions

Facility, Access, and Storage

1. The international radiation warning symbol (Trefoil) must strictly be present on the entrance doors of laboratories where radioactive substances are worked with; the area must be open only to authorized/trained personnel, and doors must always be kept locked when no work is being performed.
2. Radioactive stocks must be stored in a refrigerator or deep freezer in locked boxes to prevent unauthorized access; additionally, these boxes must be lined with shielding (lead or plexiglass) appropriate for the type of isotope.
3. Equipment that comes into contact with radioactive material and is allocated solely for these studies (pipettes, centrifuges, tube racks/supports, etc.) must be labeled with the radiation symbol, and this equipment must strictly not be taken to "clean (non-radioactive)" areas.

ALARA Principle and Personal Protection

1. Every personnel working in the radioactive area must strictly wear institutionally allocated personal dosimeters (collar, waist, or ring dosimeters) to keep exposure below legal limits.
2. All studies must be planned according to the ALARA (As Low As Reasonably Achievable) principle, which minimizes radiation exposure: procedure time must be kept to a minimum, maximum distance must be maintained from the source, and physical shielding/shields appropriate for the radiation type of the isotope (plexiglass for beta radiation, lead for gamma radiation) must be used.
3. During work, a fluid-proof gown, protective goggles/face shield, and strictly double-layer nitrile gloves must be worn; the outer glove must be changed frequently to reduce the risk of contamination.
4. All open procedures performed with radioactive isotopes that are volatile, can gasify, or carry the risk of aerosol formation (e.g., Iodine-125) must be carried out in certified special radioisotope fume hoods with carbon filters.

Monitoring, Spills, and Waste Management

1. The work area, equipment, and hands must be continuously scanned before, during, and at the end of the procedure with a handheld detector (Geiger-Müller counter or scintillation detector) appropriate for the isotope used, and the measurement results must be recorded.
2. In the event of a radioactive substance spill, the area must be isolated immediately; the cleaning process must be carried out from the outside in using special radioactive decontamination solutions/foams, and decontamination must continue until the area is measured with a detector and the radiation drops to normal background levels.
3. Radioactive wastes must strictly not be mixed with general or medical wastes; they must be segregated according to the type of isotope, its physical state as solid or liquid, and its half-life, and collected in special shielded and radiation-labeled waste containers.
4. At the end of the work, all protective clothing must be removed, hands must be washed thoroughly, and immediately before leaving the laboratory, hands, soles of the feet, and the gown area must be scanned for the last time with a detector to ensure there is no contamination.

5.7 Hazardous Chemical Waste Procedure

Purpose, Scope, and Legal Basis

1. This procedure has been prepared to ensure the classification, segregation at the source, collection, and disposal of hazardous chemical and genotoxic wastes generated in the laboratories and clinics of Burdur MAKU Faculty of Veterinary Medicine, in accordance with the "Waste Management Regulation" of the Republic of Turkey Ministry of Environment, Urbanization and Climate Change and international EPA (Environmental Protection Agency) standards.

Definitions and Waste Characterization

1. Hazardous Chemical Waste: according to EPA standards, these are substances that have at least one of the following four characteristics - flammable, corrosive, reactive, and toxic.
2. Genotoxic/Cytotoxic Waste: agents that create mutagenic, carcinogenic, or teratogenic effects on cell DNA (e.g., ethidium bromide, antineoplastic drugs, formaldehyde) and any kind of material contaminated with them.

Segregation and Collection of Liquid Chemical Wastes

1. Liquid wastes must strictly not be poured down the sinks. Wastes must be accumulated by segregating them at the source according to the chemical incompatibility matrix; acids and bases, or oxidizers and flammables must STRICTLY not be collected in the same waste canister.
2. Organic Solvent Wastes: waste solvents must strictly be collected in two separate High-Density Polyethylene (HDPE) canisters as "Halogenated" (containing chlorine, fluorine, bromine, iodine; e.g., chloroform, dichloromethane) and "Non-Halogenated" (e.g., ethanol, acetone, methanol). Mixing these two groups may cause toxic gas emissions and explosions, and is also a reason for rejection at disposal facilities.
3. Formaldehyde/formalin wastes, which are intensively used in pathology laboratories, must be collected in their own original containers or in compatible HDPE containers, inside leak-proof secondary transport boxes, without being mixed with other chemicals, as they are carcinogenic (category 1B).

Management of Genotoxic Wastes: Ethidium Bromide

1. Ethidium bromide (EtBr) gels used for DNA staining in faculty laboratories, contaminated gloves, and paper towels must be collected in thick, leak-proof, hard plastic genotoxic waste boxes with pedals or lids, labeled specifically for this substance only. EtBr wastes must strictly not be treated with bleach (sodium hypochlorite) for decontamination purposes because this can cause toxic gas formation.
2. Liquid EtBr wastes (electrophoresis buffers) must be delivered to the storage after being inactivated by passing them through appropriate carbon filters or by collecting them in special canisters as liquid genotoxic waste.

Labeling, Storage, and Transport

1. All chemical waste canisters and solid waste bins in the laboratory must have a legible "Hazardous Waste Label" on them. This label must strictly include the full chemical name of the waste, its hazard class (GHS pictogram), and the date the waste started to accumulate. The full chemical name must be written out, using "Sulfuric Acid" rather than the formula H2SO4. The phrase "Unknown Waste" is strictly prohibited.
2. Solid and liquid waste containers must not be completely filled against the possibility of chemical expansion or gas emission; they must always be filled to a maximum of 75% (3/4) to prevent pressure build-up, and when full, they must be tightly sealed and immediately delivered to the Hazardous Chemical Waste Storage Officer.

5.8 Medical and Biological Waste Management Procedure

Purpose, Scope, and Legal Basis

1. This procedure has been prepared to ensure the segregation at the source, collection, transport, and disposal of medical and biological wastes generated in the laboratories, clinics, and pathology/necropsy units of Burdur MAKU Faculty of Veterinary Medicine without causing harm to human health, animals, and the environment.
2. Procedures are carried out in full compliance with World Health Organization (WHO) standards and the provisions of the "Regulation on the Control of Medical Wastes" of the Republic of Turkey Ministry of Environment, Urbanization and Climate Change, and cover all academic/administrative personnel and cleaning staff producing medical waste within the Faculty.

Definitions and Waste Characterization

1. Infectious Waste: any blood, body fluid, laboratory culture, vaccine stocks, excreta of animals under quarantine, and personal protective equipment (gloves, gowns), gauze, and filters contaminated with these, which are known or suspected to carry pathogenic agents (especially Class 3A, Class 3B, and Class 4 patients).
2. Pathological Waste: tissues, organs, body parts, fetuses, and animal carcasses resulting from operations, necropsies, or anatomical dissections.
3. Sharps and Pointy Object Waste: any kind of waste such as syringes, syringe needles, scalpels, lancets, suture needles, broken glass tubes, slides-coverslips, and petri dishes that can cause percutaneous injuries (disrupting skin integrity) and infection transmission through pricking/puncturing.

Segregation and Collection of Wastes at the Source

1. Infectious and pathological wastes must be disposed of in tear- and burst-resistant red medical waste bags bearing the "International Biohazard" emblem and the phrase "CAUTION MEDICAL WASTE"; these bags must be kept inside hard protective bins with pedals and lids.
2. Medical waste bags must be filled to a maximum of three-quarters (3/4) of their volume; they must strictly not be compressed, and when full, their mouths must be sealed leak-proof with a plastic cable tie.
3. The double-bag method must strictly be used to prevent pathogen leakage in wastes containing large amounts of liquid, likely to leak, or belonging to Class 4 (Highly Infectious/Zoonotic) patients.
4. Sharps and pointy object wastes must strictly not be disposed of in red bags; they must be disposed of directly into dedicated hard-plastic, puncture- and tear-resistant, leak-proof "Sharps/Pointy Object Waste Boxes."
5. Used syringe needles must strictly not be attempted to be recapped, bent, or broken to prevent needlestick injuries, and their tips must be disposed of in the waste box as a whole without being manually separated from the syringe.

Transport, Labeling, and Storage

1. Labels containing the name of the unit producing the waste, the date, and the name of the responsible person must strictly be affixed to the bags accumulated and tied in the departments, and no unlabelled bag should be accepted.
2. Medical waste bags must strictly not be carried by hand or leaning against the body; the transport process must only be carried out with leak-proof, lidded, wheeled, and washable special medical waste transport carts/containers allocated for this job.

3. When sharps/pointy object waste boxes are 3/4 full, their lids must be closed and locked, they must never be opened again, and the waste inside must not be attempted to be emptied into another container.
4. It is a legal obligation to provide periodic occupational health and safety training to all personnel who collect, transport, and store wastes regarding the health risks posed by the wastes (infectious diseases, needlestick), bloodborne pathogens, and emergency measures to be taken in the event of an accident.

5.9 Medical Waste Equipment Cleaning Plan and Procedure

Purpose, Scope, and Legal Basis

1. This procedure has been prepared to determine the cleaning and disinfection standards for thick plastic, lidded, and wheeled waste containers and transport carts used to transport medical wastes generated in the clinics, laboratories, and departments of Burdur MAKU Faculty of Veterinary Medicine, in a way that protects employee health and the environment.
2. These rules cover all support and cleaning personnel who use medical waste carts, transfer them to the temporary storage area, and are responsible for the cleaning of this equipment.

Personal Protective Equipment (PPE) and Safety

1. Since there is a high risk of splashing and aerosols during the collection of medical wastes and the washing of equipment, the personnel performing the procedure must strictly wear a fluid-proof heavy-duty gown, thick rubber/nitrile gloves, waterproof rubber boots, and a face shield against liquid splashes along with an N95/FFP3 mask.

Cleaning and Disinfection Steps

1. When cleaning medical waste containers, do not use high-pressure water, including water from pressurized water machines or power washers, because it can aerosolize pathogens and expose personnel through inhalation. Use low-pressure water and mechanical brushing instead.
2. Since disinfectants become ineffective in the presence of organic matter (blood, feces, etc.), after the container is emptied, the gross organic dirt on the inner and outer surfaces must first be completely cleaned and rinsed with the help of soap or detergent water and a brush.
3. To the inner and outer surfaces of the pre-cleaned container, 0.1% (1,000 ppm) sodium hypochlorite or an equivalent hospital-grade surface disinfectant should be applied in routine low-organic-load situations; if there has been a leakage of blood or infectious liquid inside the container, 0.5% (5,000 ppm) sodium hypochlorite should be used.
4. The disinfectant must remain visibly wet on the container surfaces for the minimum contact time specified in the Biological Spill Disinfection Matrix in Appendix 5.5 for the applicable organic-load category.

Rinsing, Discharge, and Drying

1. After the waiting period is over, the container must be rinsed with clean water. The contaminated wastewater resulting from the washing and disinfection process must strictly not be poured into rainwater drains or the open environment; it must be discharged directly into the sewage system.
2. The washed waste containers must be left to air dry completely by turning them upside down or leaving their lids open, in order to prevent bacterial and fungal growth inside them and to prevent the newly inserted medical waste bag from getting wet and losing its resistance; a new bag must strictly not be inserted while the inside is wet.

5.10 Mobile Clinic, Ambulatory Service, and Field Vehicles Biosafety Procedure

Pre-Field Visit Preparation and Personnel/Student Criteria

1. All personnel and students who will participate in farm or field visits must wear their clean street/daily clothes before leaving the Faculty. Boarding mobile clinic vehicles with gowns or scrubs worn in the faculty clinics is strictly prohibited.
2. In order to prevent cross-contamination between different animal species (e.g., African Swine Fever, Avian Influenza), personnel/students going on a field visit are required to confirm that they have not entered a different pig/wild boar area within the last 48 hours or a poultry/exotic animal area within the last 6 days.

In-Vehicle Hygiene and Order

1. The consumption of food and beverages in mobile clinic vehicles is only permitted inside the vehicle cabin (in the clean area) or in specifically authorized rest areas on the farm; food consumption is prohibited in intervention areas or next to dirty equipment.
2. The floors, door handles, steering wheels, and other hand contact surfaces of the vehicles must be wiped with surface disinfectants at the end of each day; vehicles must be thoroughly washed and disinfected inside and out at least once a week.

Biosafety Rules to Be Followed in the Field and on Farms

1. Upon arriving at the farm, before getting out of the vehicle, a clean, field-specific coverall (disposable or washable) and fluid-proof, thick rubber/plastic boots must strictly be worn. In farms where there is a suspicion of infectious disease, disposable overshoes must be worn over the boots.
2. Examination gloves must strictly be changed when moving between different animal groups (e.g., calves and adults) in the field; hands must be washed with plenty of water and soap between each group, or disinfected with a hand antiseptic if water is not available.
3. The use of gloves and fluid-proof gowns is mandatory when intervening with animals showing symptoms of infectious diseases such as mastitis, diarrhea, or pneumonia.

Post-Visit and Return to Clinic: Dirty Material Management

1. Immediately before leaving the farm, the boots used must be scrubbed free of gross organic matter such as feces and mud with a brush, washed, and disinfected.
2. If there is no water or disinfection facility in the field or farm, the dirty boots and coveralls must be placed in two nested, leak-proof, thick plastic bags and tied shut to prevent contaminating the inside of the vehicle, and cleaning and disinfection procedures must be performed upon returning to the Faculty.
3. All medical tools and equipment used in the field, such as thermometers, stethoscopes, stomach tubes, and mouth gags, must be cleaned in the field as soon as the procedure is finished and disinfected with 0.5% chlorhexidine or 70% alcohol.
4. No tool, equipment, or sample returning from field work with mobile vehicles should be brought into the clean examination and operation areas of the main hospital (Ruminant/Equine/Small Animal Clinics) without undergoing a complete disinfection process.

5.11 Cadaver Vehicle and Transport Equipment Biosafety Procedure

Cadaver Preparation and Characteristics of Transport Containers

1. Animals that die or are euthanized in the faculty clinics, external farms, or isolation units must strictly be placed in leak-proof, closed transport containers or thick, leak-proof body bags before being removed from their area.

2. Especially when transporting the cadavers of patients with Class 3A/3B (Barrier) and Class 4 (High) infectious/zoonotic status, the Necropsy Department must be notified in advance.

Transport Procedure and Personnel Safety Within and Outside the Faculty

Species- and Risk-Based Cadaver Transport Matrix

Species / source	Packaging and risk communication	Equipment and route	Responsible unit and handover
Dogs, cats, small companion animals, and small exotic/wildlife cases	Closed, leak-proof transport container or thick leak-proof body bag. For Class 3A/3B, Class 4, suspected notifiable, or suspected zoonotic cases, notify Pathology before movement.	Approved stretcher or closed transport box. Use the designated low-traffic route; do not pass through clean clinic areas or heavy pedestrian traffic.	The referring clinical unit prepares and completes the handover record. It remains responsible until Pathology accepts and records receipt at the Pathology/Necropsy delivery point; Pathology moves deferred cases to the +4°C cold room.
Horses, cattle, buffalo, sheep, goats, and other large-animal species	Closed, leak-proof body bag inside an appropriate transport container. Notify Pathology before movement when the case carries an infectious, notifiable, or zoonotic warning.	Dedicated forklift only, with an appropriate transport container; no dragging or open transport. Use the approved route to the Pathology/Necropsy delivery point.	The referring large-animal or isolation unit prepares the cadaver. The Vehicle Directorate or authorized transport team operates the forklift. Pathology accepts at the delivery point and records the handover.
Cadavers collected from external farms, fields, or outside facilities (any species)	Closed, leak-proof body bag or transport container, with the available clinical history and risk information supplied before arrival.	Authorized cadaver collection vehicle to the Pathology/Necropsy delivery point. Large-animal species are unloaded only with the dedicated forklift; the vehicle and route must avoid clean areas and heavy pedestrian traffic.	The external submitting unit provides the case and risk information. The Vehicle Directorate or authorized transport team transports it. Pathology receives and records acceptance, then uses the +4°C cold room if necropsy is deferred.

Risk modifier for every row: Class 3A/3B, Class 4, suspected notifiable, and suspected zoonotic cases require advance notification to Pathology, sealed packaging, and the same documented handover; no alternative equipment or route may be used without Pathology and the referring unit recording the decision before movement.

1. Deceased large animals must not be dragged in the clinic corridors or transported out in the open; they must be transported to the Pathology/Necropsy Department as soon as possible, solely using a forklift allocated for this purpose and an appropriate transport container.
2. Routes for the Cadaver Collection Vehicle/Truck and forklifts are defined by the species- and risk-based matrix above. These vehicles must not enter clean clinic areas or regions with heavy pedestrian traffic, and every transfer ends at the Pathology/Necropsy delivery point, where Pathology records receipt.

3. The personnel loading and transporting the cadaver into the vehicle are mandatory required to wear a heavy-duty waterproof coverall or gown, thick nitrile/rubber gloves, and washable steel-toed rubber boots.

Cleaning and Disinfection of the Cadaver Vehicle and Container

1. Immediately after the cadaver is left in the cold room or delivery point in the Pathology/Necropsy area, the waterproof container in which the cadaver was transported, the bed of the cadaver truck, and the tires/bucket of the forklift must be washed.
2. The cleaning of vehicles and equipment must be done with the professional high-pressure washer located at the necropsy dock/delivery point. During the washing process, personnel must strictly use a face shield and mask against splashes and aerosols.
3. The cadaver vehicle bed, tires, and transport containers, which have been completely cleared of gross organic dirt (blood, urine, feces) with pressurized water and detergent, must then be thoroughly disinfected with 0.5% (5,000 ppm) sodium hypochlorite or an equivalent approved surface disinfectant and kept visibly wet for at least 30 minutes. Without a complete disinfection, these vehicles must not return to the hospital courtyard or depart for a new assignment.

Appendix 6: LABORATORY SAFETY PROCEDURE - GENERAL RULES TO BE FOLLOWED IN LABORATORIES

1. Special attention must be paid to opening and closing laboratory doors when entering or exiting a laboratory.
2. Eating, drinking, smoking, or applying makeup in laboratories is strictly prohibited.
3. Personal Protective Equipment (PPE), including lab coats, safety goggles, and gloves, must be worn at all times as appropriate for laboratory work and specific hazards.
4. Safety goggles and gloves, as specified by PPE requirements, must be used where there is a risk of injury or chemical exposure.
5. Lab coats, as part of PPE, must be buttoned up properly at all times during laboratory activities.
6. Clothing that covers the body must be worn to protect against spills and splashes (short sleeves, shorts, or skirts are not suitable).
7. Closed-toe shoes that cover the heel and the top of the foot must be worn (open shoes and slippers are not suitable).
8. To reduce the risk of contamination, these clothes should be removed when leaving the laboratory.
9. Safety goggles, as part of PPE, must be worn when handling chemicals or whenever risk assessments indicate.
10. All solid and liquid substances should be considered potentially hazardous.
11. Fire exits, safety showers, and eye-wash stations must be kept accessible and unobstructed at all times.
12. Mouth pipetting or placing pipettes in the mouth is strictly prohibited.
13. All waste must be disposed of in containers in accordance with laboratory waste management procedures.
14. Unnecessary materials and apparatus should not be kept in the work area.
15. All containers, bottles, and samples must be labeled to show the name, date, hazard information, and other data required by the system.
16. Using containers or bottles other than those specifically manufactured for lab use can lead to major accidents; therefore, they should not be used for any reason.
17. All containers and bottles, whether full or empty, must be properly stored and maintained.
18. Upon completion of work, the workspace and materials used must be cleaned, all devices and utilities must be turned off, and equipment must be returned to its designated place.
19. Hands must be washed thoroughly when leaving the laboratory.
20. In case of eye accidents, the eye should be rinsed with running water for twenty minutes until medical assistance arrives.
21. In case of injury, request or administer first aid. Immediately notify the laboratory supervisors and the dean's office, provide a brief written report detailing the incident, and ensure the event is properly recorded in accordance with laboratory procedures.
22. In the event of spills, breakages, or accidents, promptly notify laboratory supervisors and the dean's office, and record the incident following laboratory reporting procedures.

23. Instructions from emergency personnel and the dean's office must be followed during accidents, emergencies, and evacuation procedures.
24. The location of chemicals or electrical devices should not be changed without prior notification and a risk assessment.
25. Operating instructions for laboratory equipment must be located near the device and clearly visible.
26. Employees must conduct regular risk assessments for their work areas.
27. Employees must regularly conduct risk assessments for their own work areas; they should not wait for others or supervisors to perform this assessment.
28. Fire extinguishers are placed in appropriate locations throughout the building and laboratory. If a fire extinguisher is used, the building supervisor must be informed so that replacement and refilling can be arranged. Misuse of fire extinguishers is prohibited.
29. Where working outside normal hours or alone is necessary, emergency communication protocols must be activated.
30. Users must be fully informed about the potential hazards of chemical substances or equipment before using them.
31. All hazardous incidents and accidents must be reported immediately to the laboratory supervisor and the dean's office using established reporting forms or systems.
32. A risk assessment must be conducted to identify potential hazards whenever a brand-new task is undertaken.

Appendix 7: INSTRUCTIONS FOR CHEMICAL SUBSTANCE AND INFECTIOUS MATERIAL ACCIDENTS

7.1 Instructions for Chemical Substance Accidents

Surface Contamination

1. If it can be done without entering the vapor cloud or exposing personnel, contain the spread using compatible spill-control materials; do not approach an unsafe spill.
2. If safe to do so, isolate the spill zone by closing doors and posting warning signs.
3. Warn your colleagues immediately. If the spill presents a fire, explosion, toxic-exposure, or respiratory hazard, evacuate, close doors if safe, isolate the area, activate the alarm where required, and contact the designated emergency response service.
4. For a flammable-liquid spill, do not operate ordinary electrical switches, lighting controls, fans, plugs, or other equipment not rated for hazardous locations in or near the vapor zone. Eliminate ignition sources only from a safe location using a designated remote or external disconnect or hazardous-location-rated equipment. Close a gas valve or stop the release only when the control is immediately accessible and safe to operate.
5. Clean up the spilled substance only if it is a small, incidental spill that trained personnel can manage safely using the SDS, appropriate PPE, and the correct chemical spill kit; otherwise, leave the area isolated for the designated emergency responders.
6. Dispose of contaminated materials in labeled containers.
7. Report the incident to the responsible faculty member.

Personnel Contamination

1. Warn colleagues immediately.
2. Remove contaminated clothing immediately.
3. Flush affected body parts with copious amounts of water (using safety showers, sinks, or eyewash stations) for 15–20 minutes.
4. Administer first aid as needed.
5. Report the incident to the responsible faculty member and complete the lab accident report form.

Fire/Smoke Detection

1. Close the door and activate the nearest fire alarm.
2. Warn colleagues immediately.
3. Use a fire extinguisher only if you have been trained, and the fire is small.
4. After the fire is extinguished, clear the surrounding area.
5. Report the incident to the faculty in charge.

7.2 Instructions for Infectious Material Accidents

Surface Contamination

1. Identify and isolate the contaminated area.

2. Warn your colleagues immediately.
3. Collect broken glass using tongs or forceps.
4. Cover the spilled liquid with absorbent material (paper towels or filter paper) until fully absorbed, and repeat the process if necessary.
5. Apply disinfectant to the absorbent material according to the Biological Spill Disinfection Matrix in Appendix 5.5.
6. Maintain the spill visibly wet for the minimum contact time specified in the Biological Spill Disinfection Matrix in Appendix 5.5.
7. Remove the absorbent material, then clean with alcohol or a detergent solution.
8. Dispose of contaminated material immediately into designated waste containers.
9. Notify the personnel in charge.

Personnel Contamination

1. Wash the affected body part with soapy water, rinse eyes with eyewash solution, or rinse the mouth with saline solution.
2. Remove contaminated clothing.
3. Administer first aid and treat the situation as an emergency.
4. Notify the faculty member in charge.
5. For hypochlorite concentration, preparation, contact time, and spill-size or organic-load categories, follow the Biological Spill Disinfection Matrix in Appendix 5.5.

7.3 Risk Assessment Table

Hazard	Probability	Consequence / Impact	Risk Level	Control Measures
Broken glass	Low	Minor injury	Low	Careful handling, use of forceps/tongs
Contact with laboratory materials	Low	Minimal risk	Low	Use of gloves
Liquid spill	Low	Slip hazard	Low	Immediate cleaning
Chemical spill	Low	Poisoning / explosion / burn / corrosion	High	Immediate cleaning, notify responsible personnel
Contamination with infectious material	Low	Risk of infectious disease	High	Disinfection, personal hygiene/cleaning, notify responsible personnel

Appendix 8: CHEMICALS THAT SHOULD NOT BE MIXED TOGETHER

Chemical	Incompatible Substances
Alkali metals	Water, CO_2, carbon tetrachloride, and other chlorinated hydrocarbons
Ammonia, anhydrous	Mercury, halogens, calcium hypochlorite, and hydrogen fluoride
Ammonium nitrate	Acids, metal powders, flammable liquids, chlorates, nitrites, sulfur, finely divided organic or explosive substances
Aniline	Nitric acid and H_2O_2
Acetic acid	Chromic acid, nitric acid, hydroxyl derivatives, ethylene glycol, perchloric acid, peroxides, and permanganates
Acetylene	Copper, including copper pipes, halogens, silver, mercury and substances containing them, mixtures of concentrated sulfuric and nitric acids
Acetone	Mixtures of concentrated sulfuric and nitric acids
Copper	Acetylene, azides, and H_2O_2
Bromine	Ammonia, acetylene, butadiene, butane, hydrogen, sodium carbide, turpentine, and finely divided metals
Mercury	Acetylene, fulminic acid, and ammonia
Phosphorus pentoxide	Water
Silver	Acetylene, oxalic acid, tartaric acid, and ammonium components
Hydrogen peroxide (H_2O_2)	Chromium, copper, iron, most other metals and metal salts, flammable liquids and other explosive substances, aniline, and nitromethane
Hydrogen sulfide	Nitric acid vapor and oxidizing gases
Hydrocarbons	Fluorine, chlorine, bromine, chromic acid, and sodium peroxide
Iodine	Acetylene and ammonia
Carbon, activated	Calcium hypochlorite and all oxidizing agents
Chlorates	Ammonium salts, acids, metal powders, sulfur, and finely divided organic or explosive substances
Chlorine dioxide	Ammonia, methane, phosphine, and hydrogen sulfide

Chemical	Incompatible Substances
Chromic acid	Acetic acid, naphthalene, camphor, alcohol, glycerol, turpentine, and other flammable liquids
Nitric acid	Acetic acid, chromic acid, hydrocyanic acid, aniline, carbon, hydrogen sulfide, easily nitrated liquids, gases, and other substances
Oxygen	Oils and greases, hydrogen and flammable liquids, solids, and gases
Oxalic acid	Silver and mercury
Flammable liquids	Ammonium nitrate, chromic acid, H_2O_2, nitric acid, sodium peroxide, and halogens
Perchloric acid	Acetic anhydride, bismuth and its alloys, alcohol, paper, wood, and other organic materials
Potassium permanganate	Glycerol, ethylene glycol, benzaldehyde, and sulfuric acid
Cyanides	Acids
Sodium	Carbon tetrachloride, CO_2, and water
Sodium azide	Lead, copper, and other metals can create unstable, explosive compounds and cause pipe explosions in plumbing.
Sodium peroxide	Any oxidizing substance, including methanol, glacial acetic acid, acetic anhydride, benzaldehyde, carbon disulfide, glycerol, ethyl acetate, furfural, chlorates, perchlorates, permanganates, and water
Sulfuric acid	Chlorates, perchlorates, permanganates, and water

Appendix 10: DISINFECTANT PREPARATION FORM

Source: MAKU-VET Biosecurity Guide, 9.3 Documentation and Record Keeping - to support consistent use of the Biological Spill Disinfection Matrix in Appendix 5.5 and the related cleaning procedures.

Required fields: product name and manufacturer; stock available-chlorine concentration; final available-chlorine concentration in % and ppm; preparation date and time; working-solution expiry; product lot number; preparer's name and initials; and verifier's name and initials.

Appendix 13: OBSTETRICS AND GYNECOLOGY DEPARTMENT - OWNER BIOSECURITY INFORMATION AND CONSENT FORM

Source: MAKU-VET Biosecurity Guide, 7.2.5 Infectious Patient Management. The content was reproduced and translated from the Obstetrics and Gynecology Department Biosecurity Information Form in the laboratory procedures source folder. This form is signed by owners in the Department of Obstetrics and Gynecology and also serves as a starting resource for the dedicated Obstetrics/Gynecology section flagged as a future structural addition in 7.2.5.

Information on Biosecurity and Infectious Diseases

Biosecurity rules are applied in the clinic to protect animal health, other patients, animal owners, students, and staff. Obstetrics and gynecology cases may involve *Brucella* spp., *Chlamydia abortus*, *Leptospira* spp., *Campylobacter* spp., *Listeria monocytogenes*, and other bacterial, viral, or fungal infectious agents. Some of these agents are zoonotic.

Rules the Owner Must Follow

- I will follow all instructions given by staff.
- I will not allow my animal to have contact with other animals.
- I will not enter examination and treatment areas without permission.
- I will use personal protective equipment when required.
- I will not touch birth material or abortion material with bare hands.
- I will observe hand hygiene.

Procedures That May Be Performed If Necessary

Ultrasonography, vaginal examination, rectal examination, blood sampling, cytological sampling, bacteriological sampling, surgical interventions, assisted delivery, cesarean section, and other diagnostic and therapeutic procedures.

Information and Consent

I have received sufficient explanation regarding infectious diseases, zoonotic risk, biosecurity rules, and the diagnostic and therapeutic procedures that may be applied. I accept the clinic's biosecurity rules and sign this form of my own free will.

Owner's Name and Surname: _____ Signature: _____ Date (dd/mm/yyyy): _____ Veterinarian: _____ Signature: _____ Date (dd/mm/yyyy): _____

Appendix 14: DEPARTMENT-SPECIFIC LABORATORY CLEANING AND DECONTAMINATION PROCEDURES

Source: completed department-specific versions of the generic Laboratory Cleaning and Decontamination Procedure template reproduced in Appendix 4 and collected from nine departments in the laboratory procedures source folder. The general purpose, scope, application steps, and record types set out in Appendix 4 apply to each department below; only the department-specific disinfectants, equipment-specific steps, cleaning frequencies, responsible person, and records actually kept are reproduced here.

22.1. Anatomy Department

Responsible: Lecturer Erdi TOPUZ

Disinfectants used:

- Surface disinfectant: sodium hypochlorite (diluted chlorine solution, 0.1–0.5%)
- Worktables: quaternary ammonium compounds
- Dissection instruments (forceps, scalpel handles, scissors, etc.): a lipase-containing pre-cleaning solution, followed by an instrument disinfectant of 70% isopropanol/ethanol with a corrosion inhibitor
- Spill/decontamination disinfectant: 0.1% (1000 ppm) sodium hypochlorite for general surfaces, 0.5% (5000 ppm) for blood and heavy biological-material spills
- Contact time: follow the Biological Spill Disinfection Matrix in Appendix 5.5 for the applicable spill type and organic-load category, or the manufacturer's current instructions where they are more protective

Cleaning frequency:

- Worktables: before and after each session
- Laboratory floors: once a week, or more frequently when required
- Dissection instruments: after each session
- Door handles, sinks, and frequently touched surfaces: once a week

Records: Laboratory Cleaning Tracking Form; Spill/Incident Report Form; disinfectant preparation records.

22.2. Biochemistry Department

Responsible: Assoc. Prof. Dr. Hale ERGİN EĞRİTAĞ

Disinfectants used:

- Surface disinfectant: 70% ethanol, 70% isopropyl alcohol, 0.1% sodium hypochlorite solution
- Equipment disinfectant: 70% alcohol and distilled water for general equipment cleaning; commercial descalers may be used
- Spill/decontamination disinfectant: 0.1% (1,000 ppm) sodium hypochlorite for routine low-organic-load contamination and 0.5% (5,000 ppm) for blood or heavy biological-material spills; sodium bicarbonate or a neutralizing agent for acid spills; dilute acetic acid for base spills. Contact time follows the Biological Spill Disinfection Matrix in Appendix 5.5.

Sodium hypochlorite solutions are prepared fresh daily where possible, or renewed per manufacturer guidance; gross organic soil is removed mechanically before the disinfectant is applied; solutions are stored in light-proof containers.

Purpose	Approved concentration	Preparation and contact-time reference
General surface disinfection	0.1% (1,000 ppm)	Prepare from the verified stock product; use the low-organic-load category in Appendix 5.5.
Blood or biological-material spill	0.5% (5,000 ppm)	Prepare from the verified stock product; use the moderate- or high-organic-load category in Appendix 5.5.

Cleaning frequency:

- Worktables: before and after each session
- Laboratory floors: once a week, or more frequently when required
- Equipment surfaces: once a month and after visible soiling
- Door handles, sinks, and frequently touched surfaces: once a week

Records: Laboratory Cleaning Tracking Form; Spill/Incident Report Form; disinfectant preparation records.

22.3. Food Hygiene and Technology Department

Responsible: Asst. Prof. Dr. Erdi ŞEN

Disinfectants used:

- Surface disinfectant: 1% Zephiran (benzalkonium chloride), 70% ethanol; laboratories are also UV-disinfected before and after use
- Equipment disinfectant: distilled water, 1% Zephiran, 70% ethanol, plus UV for the biosafety cabinet; citric acid and commercial descalers for the distilled-water device
- Spill/decontamination disinfectant: for the Food Microbiology Laboratory, 0.1% (1,000 ppm) sodium hypochlorite for routine low-organic-load contamination and 0.5% (5,000 ppm) for blood or heavy biological-material spills, peracetic acid (0.2–0.5%), or hydrogen peroxide (6%); for the Food Chemistry Laboratory, sodium bicarbonate or a neutralizing agent for acid spills, citric acid or dilute acetic acid for base spills. Contact time follows the applicable product instructions and the Biological Spill Disinfection Matrix in Appendix 5.5 where hypochlorite is used.
- Contact time: 5 minutes for Zephiran, 1–2 minutes for ethanol, 15–20 minutes for the spill/decontamination disinfectant

Cleaning frequency:

- Worktables: before and after each session
- Laboratory floors: once a week
- Equipment surfaces: twice a month
- Door handles, sinks, and frequently touched surfaces: once a week

Records: Laboratory Cleaning Tracking Form; Spill/Incident Report Form; disinfectant preparation records.

22.4. Microbiology Department

Responsible: Lecturer Sibel YAMAN

Disinfectants used:

- Surface disinfectant: 70% ethanol or 70% isopropyl alcohol
- Equipment disinfectant: 70% alcohol and distilled water for general equipment cleaning
- Spill/decontamination disinfectant: 0.1% (1000 ppm) sodium hypochlorite for general surfaces, 0.5% (5000 ppm) for blood and heavy biological-material spills
- Contact time: follow the Biological Spill Disinfection Matrix in Appendix 5.5 for the applicable spill type and organic-load category, or the manufacturer's current instructions where they are more protective

CO_2 incubator cleaning and disinfection: the device is switched off, unplugged, and allowed to reach room temperature; shelves, shelf supports, and removable parts are taken out and cleaned per the manufacturer's instructions; interior surfaces are wiped with 70% ethanol or 70% isopropyl alcohol (corrosive chemicals, phenolic compounds, and high-concentration sodium hypochlorite must not be used on stainless-steel surfaces); surfaces are fully dried before the device is reassembled; the water reservoir is drained, cleaned, and refilled with sterile or distilled water (a suitable antifungal/antimicrobial additive may be used if recommended by the manufacturer); HEPA filter replacement and maintenance follow manufacturer recommendations; temperature and CO_2 levels are checked once the device is restarted, before it is returned to use.

Distilled-water device cleaning: a mixture of 10% formic acid, 10% acetic acid, and 80% distilled water is used; commercial descalers may also be used, but hydrochloric acid must not be used; the descaler is added to the evaporator to a level exceeding the highest limescale buildup, the unit is heated to approximately 70°C, held for approximately 20 minutes, then drained and rinsed several times with tap water.

Sodium hypochlorite solutions are prepared fresh daily where possible, or renewed per manufacturer guidance; gross organic soil is removed mechanically before the disinfectant is applied; solutions are stored in light-proof containers.

Purpose	Approved concentration	Preparation and contact-time reference
General surface disinfection	0.1% (1,000 ppm)	Prepare from the verified stock product; use the low-organic-load category in Appendix 5.5.
Blood or biological-material spill	0.5% (5,000 ppm)	Prepare from the verified stock product; use the moderate- or high-organic-load category in Appendix 5.5.

Cleaning frequency:

- Worktables: before and after each session
- Laboratory floors: once a week, or more frequently when required
- Equipment surfaces: once a month and after visible soiling
- Door handles, sinks, and frequently touched surfaces: once a week

Records: Laboratory Cleaning Tracking Form; Spill/Incident Report Form; disinfectant preparation records.

22.5. Obstetrics and Gynecology Department

Responsible: Lecturer Yavuz MUSABEŞEOĞLU (Department Biosecurity Officer)

Scope: examination rooms, operating rooms, and laboratories used for teaching, research, and diagnostic purposes.

Disinfectants used:

- Surface disinfectant: Zephiran (benzalkonium chloride)
- Equipment disinfectant: Zephiran / 70% ethyl or isopropyl alcohol, diluted with distilled water as appropriate
- Spill/decontamination disinfectant: the disinfectant designated by the institution

Operating table cleaning and disinfection: equipment and surfaces in the operating room are cleaned every morning; the operating table is wiped with Zephiran solution (diluted 1:10 with distilled water) before and after every use; at the end of the working day, if no further surgery is scheduled, the operating room is cleaned and disinfected, after which a UVC lamp is run with the doors closed.

Cleaning frequency:

- Worktables: before and after each session
- Examination room, operating room, and laboratory floors: per the designated cleaning plan
- Operating rooms: after every operation, and every morning and evening
- Equipment surfaces: 70% ethyl or isopropyl alcohol for sensitive medical devices, Zephiran for other equipment
- Door handles, sinks, and frequently touched surfaces: every morning and evening, and immediately upon detection of contamination

Records: Laboratory Cleaning Tracking Form; Spill/Incident Report Form; disinfectant preparation records.

22.6. Parasitology Department

Responsible: Research Assistant Dr. Mustafa Furkan PALA

Disinfectants used:

- Surface disinfectant: 70% ethanol, ethanol with silver nitrate
- Equipment disinfectant: distilled water and 70% ethanol. UV-disinfect the PCR cabinet and clean the pH meter with its designated alcohol-based cleaning solution.
- Spill/decontamination disinfectant: 0.1% (1000 ppm) sodium hypochlorite for general surfaces, 0.5% (5000 ppm) for blood and heavy biological-material spills
- Contact time: follow the Biological Spill Disinfection Matrix in Appendix 5.5 for the applicable spill type and organic-load category, or the manufacturer's current instructions where they are more protective

Cleaning frequency:

- Worktables: before and after each session
- Laboratory floors: once a week
- Equipment surfaces: cleaned according to use; equipment not in use is cleaned once a month
- Door handles, sinks, and frequently touched surfaces: once a week

Records: Laboratory Cleaning Tracking Form; disinfectant preparation records.

22.7. Pathology Department

Responsible: Lecturer Dr. Leyla Elif Özgü AYÖZGER

Disinfectants used:

- Surface disinfectant: 70% ethanol or 70% isopropyl alcohol
- Equipment disinfectant: where the device instructions do not specify a protocol, 70% alcohol and distilled water are used for general equipment cleaning; on paraffin-contact equipment, surfaces other than thin plastic and metal parts are cleaned with 70% alcohol and distilled water after xylene punch application; routine microscope cleaning is carried out by the supplier's own service personnel; the autoclave is cleaned with citric acid salt dissolved in hot water, then rinsed with plenty of distilled water; the automated tissue processor has its own automatic cleaning program, which runs a xylene/70% alcohol/distilled water series
- Necropsy-room surfaces: do not mix sodium hypochlorite with detergent or any other cleaner. First remove gross organic material. Clean the surface with the approved detergent and water using mechanical action, rinse thoroughly, and allow the surface to drain or dry as practicable. Then apply the approved sodium-hypochlorite product at the final available-chlorine concentration and for the contact time specified in the Biological Spill Disinfection Matrix in Appendix 5.5. Keep the surface visibly wet for the full contact time. Ad hoc mixing of sodium hypochlorite with detergent is prohibited.
- Controlled disinfectant-preparation record: record the product name and manufacturer; verified stock available-chlorine concentration; final available-chlorine concentration in % and ppm; dilution; preparation date and time; working-solution expiry; product lot number; preparer's name and initials; verifier's name and initials; required PPE; and material-compatibility restrictions.
- Necropsy room foot bath: 2 parts sodium hypochlorite + 8 parts water
- Necropsy room instruments: soaked in 70% alcohol for 1 hour after visible soiling is removed with a surface-active detergent
- Spill/decontamination disinfectant: 0.1% (1000 ppm) sodium hypochlorite for general surfaces, 0.5% (5000 ppm) for blood and heavy biological-material spills
- Contact time: follow the Biological Spill Disinfection Matrix in Appendix 5.5 for the applicable spill type and organic-load category

Cleaning frequency:

- Worktables: before and after each session
- Laboratory floors: once a week (the necropsy room after every procedure, due to contamination)
- Equipment surfaces: once a month or after visible soiling
- Door handles, sinks, and frequently touched surfaces: once a week (the necropsy room after every procedure, due to contamination)
- Other: instruments and equipment used during necropsy (electric saw, etc.) are cleaned after every procedure

Records: Laboratory Cleaning Tracking Form; Spill/Incident Report Form; disinfectant preparation records.

22.8. Pharmacology and Toxicology Department

Responsible: Asst. Prof. Dr. Murat BAYEZİT

Disinfectants used:

- Surface disinfectant: Teksol (70%), ethanol (70%); the cell-culture laboratory's Class II cabinet also has a UV-assisted air purifier
- Equipment disinfectant: ethanol (70%), plus UV for the Class II biosafety cabinet; commercial descalers as directed
- Contact time: 1–2 minutes for both Teksol and ethanol

Cleaning frequency:

- Worktables: before and after each session
- Laboratory floors: once a week
- Equipment surfaces: twice a month
- Other: the cell-culture laboratory's Class II cabinet is cleaned weekly with a UV-assisted air purifier

Records: disinfectant preparation records.

22.9. Virology Department

Responsible: Research Assistant Yakup Sinan ORTA; Lecturer Ozan KOÇLU

Disinfectants used:

- Surface disinfectant: 70% ethanol, 1% sodium hypochlorite; laboratories are UV-disinfected before and after use
- Equipment disinfectant: distilled water, 70% ethanol, plus UV for the biosafety cabinet; citric acid for the distilled-water device
- Spill/decontamination disinfectant: 0.1% (1000 ppm) sodium hypochlorite for general surfaces, 0.5% (5000 ppm) for blood and heavy biological-material spills
- Contact time: 1–2 minutes for ethanol; follow the Biological Spill Disinfection Matrix in Appendix 5.5 for the applicable spill type and organic-load category

CO_2 incubator cleaning and disinfection: the device is switched off, unplugged, and allowed to reach room temperature; shelves and removable parts are taken out and cleaned per the manufacturer's instructions; interior surfaces are wiped with 70% ethanol (corrosive chemicals, phenolic compounds, and high-concentration sodium hypochlorite must not be used on stainless-steel surfaces); surfaces are fully dried before the device is reassembled; the water reservoir is drained, cleaned, and refilled with sterile or distilled water (a suitable antifungal/antimicrobial additive may be used if recommended by the manufacturer); HEPA filter replacement and maintenance follow manufacturer recommendations; temperature and CO_2 levels are checked once the device is restarted, before it is returned to use.

Cleaning frequency:

- Worktables: before and after each session
- Laboratory floors: once a week, or more frequently when required
- Equipment surfaces: once a month and after visible soiling
- Door handles, sinks, and frequently touched surfaces: once a week

Records: Laboratory Cleaning Tracking Form; Spill/Incident Report Form; disinfectant preparation records.

Appendix 15: MAKÜVET ANIMAL HOSPITAL OFFICIAL DOCUMENTS

This appendix contains English translations of the current official documents received from the MAKÜVET Animal Hospital. Each source document is retained as a separate sub-appendix with its official document number, publication date, update date, and form fields.

Appendix 15.1: ANIMAL HOSPITAL WORKING PROCEDURES AND PRINCIPLES

T.C.
BURDUR MEHMET AKİF ERSOY UNIVERSITY
FACULTY OF VETERINARY MEDICINE
ANIMAL HOSPITAL WORKING PROCEDURES AND PRINCIPLES

CHAPTER ONE

Purpose, Scope, Basis and Definitions

Aim

ARTICLE 1- The purpose of these procedures and principles;

(1) Mehmet Akif Ersoy University Faculty of Veterinary Medicine Animal Hospital Polyclinic and Emergency Clinics; To determine the procedural principles of outpatient or inpatient treatment services for sick animals brought for examination, diagnosis and treatment.

(2) Necessary for the healthy execution of all services and operations of the units affiliated to the Animal Hospital; To determine the Hospital Organization Chart and the Job Descriptions of all administrative and academic staff working in the hospital.

(3) To determine the procedures and principles of Animal Hospital, Emergency Clinic, Hospitalization, Intensive Care, Radiology Unit, Clinical Diagnostic Laboratory, Operating Room, Quarantine, Infected Animal Examination Hall, Clinical Skills Laboratory, In Vitro Fertilization Laboratory services.

(4) To determine the biosecurity rules that must be followed throughout the Animal Hospital and to ensure their implementation.

(5) To organize the participation of Faculty of Veterinary Medicine students in Emergency Clinic Watches.

(6) To prepare a suitable environment for students of the Faculty of Veterinary Medicine to conduct education and clinical practices and to determine the rules that students must follow in clinical courses.

Scope

ARTICLE 2 (1) This procedures and principles document; It covers the provisions regarding the working purposes, organizational chart, duties of the management bodies and working style of the Animal Hospital, which operates under the Deanship of Burdur Mehmet Akif Ersoy University Faculty of Veterinary Medicine.

Legal basis

ARTICLE 3 (1) This Directive is based on the provisions of the "Animal Hospitals Regulation" published in the Official Gazette dated 21.12.2011 and numbered 28149; Article 11 of the Veterinary Services, Plant Health, Food and Feed Law No. 5996 dated 11.06.2010; According to Articles 22/d and 33 of the Higher Education Law No. 2547, Burdur Mehmet Akif Ersoy University

Veterinary Faculty Education and Examination Regulation published in the Official Gazette dated 20.09.2018 and numbered 330541. relevant articles, Burdur Mehmet Akif Ersoy University Faculty of Veterinary Medicine Procedures and Principles Regarding Clinical Practice Courses, Environmental Law No. 2872 dated 08.08.1983, dated 02.04.2015 and No. 29314. It was prepared based on the Waste Management Regulation and the Civil Servants Law No. 657.

Definitions

ARTICLE 4 (1) In this document of procedures and principles;

Rector: Rector of Burdur Mehmet Akif Ersoy University

Rectorate: Burdur Mehmet Akif Ersoy University Rectorate

Dean: Burdur Mehmet Akif Ersoy University, Faculty of Veterinary Medicine

Dean's Office: Burdur Mehmet Akif Ersoy University Faculty of Veterinary Medicine

Faculty: Burdur Mehmet Akif Ersoy University Faculty of Veterinary Medicine

Head of Department: Burdur Mehmet Akif Ersoy University, Faculty of Veterinary Medicine, Head of Clinical Sciences Department

Animal Hospital Commission: The commission established by the Chief Physician for the efficient and orderly operation of Animal Hospital services.

Emergency Clinical Commission: The commission, chaired by the Chief Physician, consisting of the Deputy Heads of the Clinical Sciences Department, Heads of Departments affiliated to the Department of Clinical Sciences, and the Emergency Clinic Coordinator.

Chief Physician: Administrative, financial, technical and health services of the Animal Hospital; The faculty member who ensures that the procedures are carried out within the framework of laws, regulations, directives and instructions and who is legally responsible to the ministry according to the Animal Hospitals Regulation of the Republic of Turkey Ministry of Agriculture and Forestry, dated 21.12.2011 and numbered 28149, and who serves as the Head of the Clinical Sciences Department of Burdur Mehmet Akif Ersoy University Faculty of Veterinary Medicine.

Responsible Manager: Administrative, financial, technical and health services of the Animal Hospital; The veterinarian who ensures that the treatment is carried out within the framework of laws, regulations, directives and instructions and is legally responsible to the ministry together with the Head Physician in accordance with the Animal Hospitals Regulation of the Republic of Turkey Ministry of Agriculture and Forestry, dated 21.12.2011 and numbered 28149.

Deputy Chief Physician: He is a faculty member at Burdur Mehmet Akif Ersoy University, Faculty of Veterinary Medicine, Department of Clinical Sciences, who is appointed by the Head Physician after being recommended by the Head Physician and approved by the Dean's Office.

Animal Hospital: Burdur Mehmet Akif Ersoy University Faculty of Veterinary Medicine Animal Hospital.

Faculty Member: Faculty members working in the Departments affiliated with the Department of Clinical Sciences.

Responsible Faculty Member: Included in the faculty member list prepared monthly in line with the request of the Department of Clinical Sciences and the information and instructions of the Department heads, approved by the dean's office and announced on the faculty website; Faculty members responsible for the healthy conduct of health services in small animal, large animal and horse clinics.

Research assistant: Research assistants appointed in accordance with Article 33 (a), Article 50 (d) or assigned in accordance with Article 35 of the Higher Education Law, working in the Departments of Clinical Sciences.

Lecturer: Veterinarians who are assigned to the Animal Hospital from other units of the university by the Rectorate in order to ensure that the services provided at the Animal Hospital continue without interruption, or whose main place of duty is the Clinical Sciences Department of the Faculty of Veterinary Medicine and who are in the Lecturer Staff.

Veterinarian: Veterinarians with administrative staff at Burdur Mehmet Akif Ersoy University Faculty of Veterinary Medicine.

Veterinarian on Duty: Research Assistants, Lecturers and Veterinarians assigned to keep Emergency Clinical Duty in accordance with the list prepared monthly by the Emergency Clinical Commission and approved by the Dean's Office.

On Duty Duty: Research Assistants, Lecturers and Veterinarians assigned to keep on duty duty in accordance with the list prepared monthly by the Emergency Clinical Commission and approved by the Dean's Office.

Triage Physician: Veterinarians in the faculty position who are appointed as Triage Physicians in accordance with the list prepared monthly by the Emergency Clinical Commission and approved by the Dean's Office.

Radiology Unit Supervisor: Veterinarians appointed as Radiology Unit Supervisors in accordance with the list prepared monthly by the Emergency Clinical Commission and approved by the Dean's Office.

Master's and doctoral students: Registered at Burdur MAKÜ Health Sciences Institute and continuing their master's or doctoral studies in one of the Departments of Clinical Sciences; Carrying out animal hospital clinical services and procedures; Veterinarians who assist in accordance with the instructions of the Head Physician, head of the department, faculty member on duty and the responsible administrator.

Faculty of Veterinary Medicine undergraduate students: Registered at Burdur MAKÜ Faculty of Veterinary Medicine and attending Clinical Practice courses offered by the Department of Clinical Sciences in semesters 5 through 9 or the VEHİP program in semester 10; In accordance with the instructions of the dean's office, the faculty member responsible for the coordination of Clinical Practice Courses and students, the VEHİP chief coordinator, the Head Physician, the assistant Head Physician, the faculty member on duty and the responsible administrator, under the supervision of the faculty member in charge of the clinic where he/she continues the course, and to Burdur Mehmet Akif Ersoy University Veterinary Faculty Clinical Practice Courses. For the purpose of training in the clinical services carried out at the Animal Hospital in accordance with the relevant Procedures and Principles document and in Emergency Clinical Watches in accordance with the Procedure for Participating in Emergency Clinical Watches for Undergraduate Students numbered MAKÜ.HH.39; Veterinary faculty students who participated as assistants, observers and students.

Emergency Clinic Supervisor: A faculty member determined by the Emergency Clinical Commission and working in one of the Departments of the Department of Clinical Sciences.

Hospitalization Officer: Permanent faculty members working in the Department of Clinical Sciences, designated by the Head of the Clinical Sciences Department for the management and control of the Hospitalization Units.

Intensive Care Supervisor: Permanent faculty members working in the Department of Clinical Sciences, designated by the Head of the Clinical Sciences Department for the management and control of the Intensive Care Units.

Clinical Skills Laboratory Supervisor: Permanent faculty members working in the Clinical Sciences Department, designated by the Clinical Sciences Department Head for the management and control of the Clinical Skills Laboratory.

Veterinary Health Technician: Veterinary Health Technicians working in the Clinical Sciences Department who are involved in the execution of clinical services at the Animal Hospital.

Veterinary Health Technician: Staff Veterinary Health Technicians working in the Clinical Sciences Department who are involved in the execution of clinical services at the Animal Hospital.

Biologist: Staff Biologists working in the Clinical Sciences Department who are responsible for the services provided in the Animal Hospital clinical diagnostic laboratory.

Laborator: Staff Laboratories working in the Clinical Sciences Department who are responsible for the services provided in the Animal Hospital laboratories and sterilization units.

Animal Caregiver: Staff Animal Caretakers who are responsible for the general non-sanitary cleaning and maintenance of the Animal Hospital Hospitalization and Intensive Care Units.

Permanent Workers: Permanent Workers responsible for cleaning the Animal Hospital Clinics and the study rooms of the faculty members in the Department of Clinical Sciences.

CHAPTER TWO

Governing Bodies and Duties of the Hospital

Animal Hospital Governing Bodies

ARTICLE 5 (1) The governing bodies of Burdur Mehmet Akif Ersoy University Faculty of Veterinary Medicine Animal Hospital are as follows:

a) Chief Physician

b) Animal Hospital Commission

c) Emergency Clinical Commission

Chief Physician's Office

ARTICLE 6

(1) Chief Physician is the faculty member appointed by the Dean to the Head of the Clinical Sciences Department of the Faculty of Veterinary Medicine for a period of 3 years in accordance with Article 21 of the Higher Education Law No. 2547. The department head whose term has expired can be reappointed.

(2) Chief physician; Administrative, financial, technical and health services of the Animal Hospital; It is responsible for ensuring that the work is carried out within the framework of laws, regulations, directives and instructions.

(3) The Chief Physician selects a maximum of 2 (two) faculty members among the faculty members working in the Clinical Sciences Department of the Faculty of Veterinary Medicine as his assistants and submits them to the approval of the dean. Deputy chief physicians assist the Head Physician in carrying out the services and administrative affairs of the Animal Hospital, according to the distribution of duties to be made by the Head Physician. When the Head Physician is not on duty, one of these assistants acts

as the Head Physician. The term of office of deputy chief physicians ends with the term of office of the Head Physician.

Animal Hospital Commission

ARTICLE 7

(1) It consists of the Chief Physician, Deputy Chief Physicians, the Responsible Manager, a representative chosen from among the veterinarians on Emergency Clinical Duty working in the Department of Clinical Sciences, a representative chosen from among the other staff working in the Animal Hospital who is a biologist, veterinary health technician, or member of laboratory personnel, and a fifth-year student representative of the Faculty of Veterinary Medicine.

(2) Established for the efficient and orderly operation of Animal Hospital services.

The Animal Hospital Commission holds an Evaluation Meeting in the first week of each fall and spring academic term where the problems experienced in the operation of the hospital, possible practices to improve the quality of the services provided, and the requests of the staff and students of the Faculty of Veterinary Medicine are evaluated.

(3) Before the meeting, a rapporteur is appointed among the commission members, and the discussions and decisions taken at the meeting are signed by the commission members and forwarded to the Head Physician as a recommendation.

(4) When there is an issue that needs to be reported to the Deanship at the evaluation meeting, the Chief Physician's Office forwards the relevant meeting minutes to the Deanship with a cover letter.

Emergency Clinical Commission

ARTICLE 8

(1) Under the chairmanship of the Chief Physician, it consists of Deputy Chief Physicians, Heads of Departments affiliated to the Department of Clinical Sciences, and the Emergency Clinic Coordinator.

(2) The Emergency Clinical Commission appoints a faculty member from the departments affiliated with the Department of Clinical Sciences as the Emergency Clinic Supervisor for 2 (two) years. The Emergency Clinic Coordinator whose term of office has expired can be re-elected using the same procedure.

(3) Members of the Emergency Clinic Commission have the authority to inspect the Emergency Clinic and obtain information from the staff on duty at any time they wish.

(4) The powers, responsibilities and duties of the Emergency Clinical Commission are stated in the document numbered MAKÜ.HH.38.

CHAPTER THREE

Organization Chart

Article 9

(1) The Animal Hospital organizational chart is specified in the document numbered MAKÜ.HH.01 attached to the directive.

CHAPTER FOUR

Animal Hospital Staff Job Descriptions and Procedures to be Implemented in the Animal Hospital

Article 10

(1) Documents explaining the job descriptions of the staff working at the Animal Hospital are stated in the annex of these procedures and principles in the order below.

Chief Physician: Document number MAKÜ.HH.15

Deputy Head Physician: document number MAKÜ.HH.16

Hospital Responsible Manager: Document number MAKÜ.HH.17

Responsible faculty member: Document number MAKÜ.HH.18

On-duty veterinarian: document number MAKÜ.HH.19

Veterinarian on duty: Document number MAKÜ.HH.20

Triage veterinarian: document number MAKÜ.HH.21

PhD/master's student: document number MAKÜ.HH.23

Emergency clinic supervisor: Document number MAKÜ.HH.24

Hospitalization responsible: Document number MAKÜ.HH.25

Intensive care manager: Document number MAKÜ.HH.26

Medical waste officer: document number MAKÜ.HH.27

Clinical skills laboratory supervisor: Document number MAKÜ.HH.30

Clinical diagnostic laboratory responsible: Document number MAKÜ.HH.31

Veterinary health technician: document number MAKÜ.HH.32

Laboratory: Document number MAKÜ.HH.33

Pharmacy/consumables manager: document number MAKÜ.HH.34

Animal caretaker: document number MAKÜ.HH.35

Permanent worker: document number MAKÜ.HH.36

Patient registrar/admission officer: document number MAKÜ.HH.37

Emergency Clinical Commission: document number MAKÜ.HH.38

(2) Animal Hospital Organization Chart, procedures to be followed and documents containing various forms are stated in the annex of these procedures and principles in the order below.

Organizational chart: document number MAKÜ.HH.01

Hospital workflow chart: document number MAKÜ.HH.02

Notifiable diseases: Document number MAKÜ.HH.03

Patient owner consent form: document number MAKÜ.HH.04

Hospitalization procedure: document MAKÜ.HH.05

Cage delivery report: Document number MAKÜ.HH.06

Hospitalization unit commitment: document numbered MAKÜ.HH.07

Intensive care unit procedure: document number MAKÜ.HH.08

Intensive care unit commitment: document number MAKÜ.HH.09

deceased patient procedure: document number MAKÜ.HH.10

Hospitalization/intensive care unit follow-up chart: Document number MAKÜ.HH.11

deceased patient report: document number MAKÜ.HH.12

Incident reporting form: document number MAKÜ.HH.13

Hospital cleaning procedure: document number MAKÜ.HH.14

Procedure for Undergraduate Students to Participate in Emergency Clinical Watches: Document number MAKÜ.HH.39

Clinical diagnostic laboratory procedure: document number MAKÜ.HH.40

Procedure for sending samples to preclinical sciences department laboratories: Document number MAKÜ.HH.41

CHAPTER FIVE

Miscellaneous and Final Provisions

Personnel Need

ARTICLE 11

(1) The technical and administrative personnel needs of the Head Physician's office are met by personnel appointed by the dean upon the recommendation of the Head Physician.

Revolving Fund Transactions

ARTICLE 12

(1) Pricing for services provided in the animal hospital is carried out through the revolving fund accounts of the Faculty of Veterinary Medicine.

(2) Needs such as consumables and fixtures required to be used in all units within the animal hospital are met from the Revolving Fund budget of the Faculty of Veterinary Medicine, with the recommendation of the Head Physician and the approval of the dean's office.

(3) Faculty members working at the Faculty of Veterinary Medicine; They can benefit from fee-based procedures within the hospital within the scope of their thesis work or scientific research, provided that they deposit the fee to the revolving fund account of the Faculty of Veterinary Medicine.

Situations for which there is no provision

ARTICLE 13

(1) In cases where there is no provision in this Regulation; Law No. 2547, other relevant legislation provisions, decisions of the Senate, University Executive Board, Faculty Board, Faculty Executive Board, Faculty of Veterinary Medicine Department of Clinical Sciences and Chief Physician are applied.

Force

ARTICLE 16

(1) These procedures and principles come into force as of the date they are approved by the Faculty Board of TC Burdur Mehmet Akif Ersoy University Faculty of Veterinary Medicine.

(2) After this document of procedures and principles comes into force, Burdur Mehmet Akif Ersoy University Faculty of Veterinary Medicine Clinical Practice Principles and Procedures and Principles Regarding the Services of Clinical and Pre-Clinical Sciences Departments shall cease to be in force.

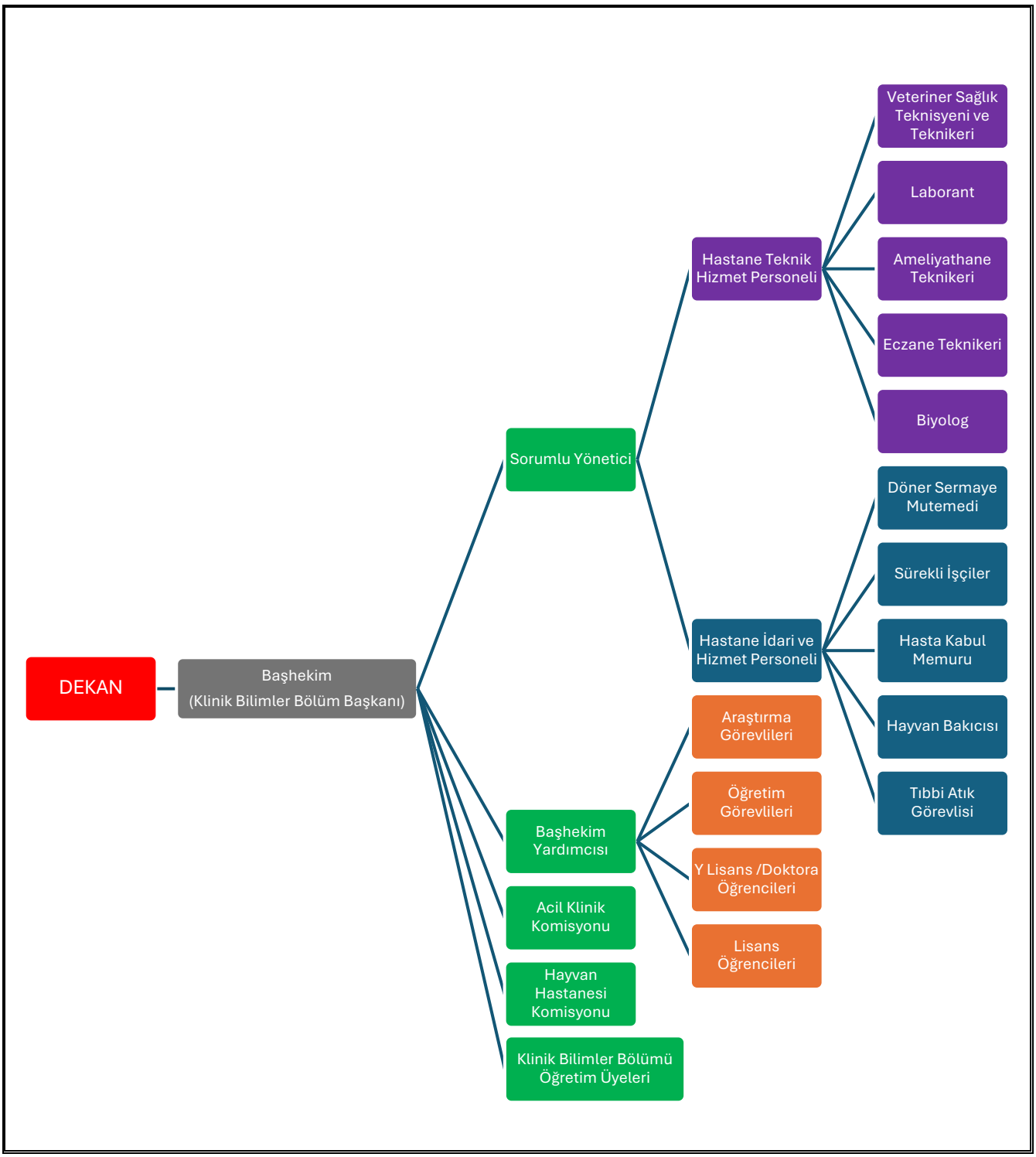
Executive

ARTICLE 17

(1) These Procedures and Principles are carried out by the Head of the Department of Clinical Sciences on behalf of the Dean of the Faculty of Veterinary Medicine.

Appendix 15.2: MAKÜ.HH.01 ORGANIZATION CHART

HAYVAN HASTANESİ	**ORGANIZATION CHART**	
PUBLICATION DATE: 01.02.2020	UPDATE DATE: 24.07.2026	DOCUMENT NO: MAKÜ.HH.01



Chairman of the Unit Quality Commission	**Head of Clinical Sciences Department**	**Dean of the Faculty of Veterinary Medicine**

Prof. Dr. Burcu M. BALKAN	**Prof. Dr. A. Reha AĞAOĞLU**	**Prof. Dr. M. Çağrı KARAKURUM**

Appendix 15.3: MAKÜ.HH.02 HOSPITAL WORKFLOW PROCEDURE

HAYVAN HASTANESİ	**HOSPITAL WORKFLOW PROCEDURE**	
PUBLICATION DATE: 01.03.2020	UPDATE DATE: 24.07.2026	DOCUMENT NO: MAKÜ.HH.02

1. Purpose: To determine the functioning of the hospital, to increase the quality of patient care and patient-owner satisfaction, to determine the working order of the staff, to ensure the effective use of hospital resources, to ensure the correct and regular use of the patient registration system, to determine the duties and responsibilities in judicial or notifiable cases.

2. Scope: It covers all activities carried out and the responsibilities of the staff in the period from the patient's first application until discharge.

3. Responsible parties

Head Physician
Deputy Head Physician
Responsible Manager
Research Assistant
Lecturer
Veterinarian
Triage Physician
On Duty Veterinarian
Responsible Faculty Member
Unit managers
Biologist
Veterinary Health Technician
Veterinary Health Technician
Operating Room Technician
Pharmacy Technician
Laboratory Assistant
Patient admission/registrar
Revolving fund trustee
Pharmacy and Consumables Coordinator
Undergraduate and Postgraduate Students
Pet Sitter
permanent worker

4. Flow of Activity

4.1. Patient admission and registration

- Patient owners who come to the Animal Hospital with their own means come to the relevant clinic according to the type of animal they bring (large animal, small animal, horse or donkey) and register at the patient admission/registration desk.
- Sick; If it is brought through an institution that has made a protocol with the Animal Hospital, the procedure is carried out in accordance with the relevant protocol.
- The patient admission/registration officer notifies the triage physician.
- The patient is taken to the triage area.

4.2. triage

- Before the examination, the General Information and Examination Acceptance Consent Form (MAKÜ.HH.48) is filled out and signed by the Patient Owner.

- Triage physician; takes anamnesis from patient owners, performs mucosal examination on the patient, and records the patient's body temperature, pulse and respiratory rate in the hospital software program. According to the complaint, clinical status and Triage Procedure (MAKÜ.HH.22), it directs the patients to the relevant clinic with their file/refers them through the patient follow-up program.
- If the patient's condition is urgent, he/she notifies the Emergency Clinic Duty Officer without delay.
- If the patient has symptoms/suspicion of infectious disease, the Infectious Diseases Procedure (MAKÜ.HH.46) is applied.
- If symptoms/suspects of a notifiable disease are detected during the examination (MAKÜ.HH.03), the Responsible Manager is immediately notified.

4.3. Examination

- The patient goes to Internal Medicine, Surgery, Obstetrics and Gynecology or Fertilization and Artificial Insemination Clinics with the guidance of the triage physician; It is the responsibility of the Responsible Faculty Members in accordance with the list announced monthly by the Department of Clinical Sciences; Res. Asst., Inst. See. or Vet. He is examined by doctors. Meanwhile, Master's or PhD students can assist in clinical procedures with the knowledge of the Responsible Faculty Members.
-During the examination procedures, undergraduate students at the Animal Hospital are also allowed to participate in the process as assistants.
-If laboratory analyzes or medical imaging are required during the examination of the patient, the patient owner is informed before the relevant applications and the fee is paid according to the Burdur MAKÜ Faculty of Veterinary Medicine Revolving Fund Clinical Services tariff.
- The results of the analyzes or medical imaging reports are added to the patient file/patient follow-up program.
- If a notifiable disease (MAKÜ.HH.03) is detected during the examination, the Responsible Manager is immediately notified. The situation is recorded in the patient tracking software.

4.4. Treatment

- The treatment and fee to be applied to the patient are explained to the patient and his/her approval is obtained. The patient owner's consent form (MAKÜ.HH.04) is filled out and signed. This document is added to the patient file.
- If the treatment to be performed is a surgical intervention, the procedures to be performed during the operation are explained to the patient owner and information is given about the operation fee. The "Patient owner consent form (MAKÜ.HH.04)" is filled out and signed, indicating that the patient owner accepts the operation. This document is added to the patient file.
- If the operation cannot be performed on the same day, an operation appointment is made for a later day and the patient is told what to do before the operation and the patient is sent home.
- On the day of the operation, the patient is asked to come fasting 12 hours in advance.
- After the operation, the patient is kept under observation in the clinic where the operation was performed until he wakes up. The patient is then either discharged or taken to the intensive care unit, according to the decision of the owner and the relevant Veterinarian.
- The treatment to be performed; As for medical treatment, the drugs and materials to be used in the treatment are prescribed and the relevant materials and drugs are taken from the pharmacy/consumable warehouse.
- Treatment is performed in examination/treatment rooms. During the treatment, the responsible veterinarian or an assigned undergraduate, master's or doctoral student does not leave the patient's side.
- During the treatment, the patient is kept under observation and the owner is ensured not to leave the hospital.
- If the treatment will be long-term; If the patient accepts after being informed about the fee; The patient can be taken to the hospitalization unit for a daily fee in accordance with the hospitalization procedure (MAKÜ.HH.05).

- If the treatment will last a long time but the patient will go home every day; Each time the patient arrives, the responsible veterinarian who initiates and follows up the treatment is notified.
- During the treatment, consultation may be requested from other clinics if necessary.
- If the patient's condition is serious, the patient is taken to the intensive care unit in accordance with the intensive care procedure (MAKÜ.HH.08).
- Treatment; If it is still not concluded at 16.00, the time when the night shift of the Emergency Clinic starts; The patient is referred to the Emergency Clinic and the Emergency Clinic Duty Officer is given the necessary information about the treatment.

4.5. Conclusion of the patient:

a. Discharge: The patient's clinical procedures are completed, the medications that the patient will continue to use, if any, are prescribed, the necessary fees are collected against the revolving fund receipt, and the patient is discharged from the Animal Hospital.

b. Hospitalization: Patients whose treatment will continue, whose daily commute to the hospital will be a problem, and who need to rest after the operation, are admitted to the Intensive Care or Hospitalization units for a daily fee, with the approval of the patient owners and the knowledge of the Head Physician. Care and treatments in intensive care or hospitalization units are carried out according to the Hospitalization Procedure (MAKÜ.HH.05) or Intensive Care Unit Procedure (MAKÜ.HH.08).

c. Death: deceased patient procedure (MAKÜ.HH.10) is applied for the patient whose life has ended, Deceased-Patient Report (MAKÜ.HH.12) is prepared, and the patient is delivered to the patient owner in an appropriate manner. If the patient owner does not want to receive his patient, a medical waste procedure is applied to the cadaver.

4.6. employee safety

- Hospital staff use personal protective equipment.
- Employees have encountered or will encounter; violence, harassment, insults, etc. In case of incidents, the Hospital Security Officer intervenes within the scope of his authority and job description and reports the situation to the Head Physician by filling out the "Incident Reporting Form" (MAKÜ.HH.13).
- In case of a work accident, the "Work Accident Notification Form" is filled out and submitted to the Head Physician.

4.7. waste management

- Produced in the hospital; Medical waste, hazardous waste and domestic waste are thrown into waste bins specific to these wastes within the hospital.
- Waste bins are periodically checked and emptied by the Responsible Manager.

4.8. hospital cleaning

- The cleaning of the hospital is done according to the Cleaning Procedure (MAKÜ.HH.14)
- After the cleaning is done, the checklist in the area where the cleaning is done is filled out and signed by the person doing the cleaning.

Chairman of the Unit Quality Commission	Head of Clinical Sciences Department	Dean of the Faculty of Veterinary Medicine
Prof. Dr. Burcu M. BALKAN	Prof. Dr. A. Reha AĞAOĞLU	Prof. Dr. M. Çağrı KARAKURUM

Appendix 15.4: MAKÜ.HH.03 LIST OF NOTIFIABLE ANIMAL DISEASES

HAYVAN HASTANESİ	**LIST OF NOTIFIABLE ANIMAL DISEASES**	
PUBLICATION DATE: 01.03.2020	UPDATE DATE: 24.07.2026	DOCUMENT NO: MAKÜ.HH.03

In this document; T.R. The "List of Notifiable Animal Diseases" and "Quarantine Periods and Diagnosis Methods for Notifiable Diseases" prepared in accordance with the Regulation on Notifiable Animal Diseases and Notification of the Ministry of Agriculture and Forestry No. 2011/27823 and the circular published by GKGM are included.

A. Notifiable Animal Diseases

1- Alum (FMD)
2- Bovine brucellosis
3- Bovine tuberculosis
4- Rabies
5- Bluetongue
6- Rinderpest
7- Bovine spongiform encephalopathy (BSE)
8- Sheep and goat brucellosis
9- Sheep and goat plague (PPR)
10- Sheep goat flower
11- Anthrax
12- Scrapie
13- Avian influenza
14- Newcastle disease
15- Pullorum
16- Poultry typhoid
17- Glanders
18- Dourine
19- Infectious anemia of horses
20- Equine encephalomyelitis (all types, including Venezuelan equine encephalomyelitis)
21- African horse plague
22- African swine fever
23- Classic swine fever
24- Vesicular disease of pigs
25- Small hive worm (Aethina tumida)
26- American foulbrood of bees
27- Tropilaelaps mite
28- Cat spongiform encephalopathy (FSE)
29- Lumpy skin disease
30- Vesicular stomatitis
31- Rift Valley fever
32- Contagious bovine pleuropneumonia

33- Enzootic bovine leukosis

34- Epizootic hemorrhagic disease (EHD) of deer

B. Quarantine Periods and Diagnosis Methods for Notifiable Diseases

NAME OF THE DISEASE	CORD DURATION After Final Healing or Death	DIAGNOSIS
Rinderpest	21 days	Clinical Diagnosis + laboratory confirmation
Handle	30 days	Clinical Diagnosis + Type Determination
Sheep-Goat Flower	21 days	Clinical Diagnosis/Laboratory Diagnosis
Sheep-Goat Plague	21 days	Laboratory Diagnosis
Anthrax	15 days	Laboratory Diagnosis
Tuberculosis	Allergic tests are performed at 60-day intervals in infected businesses. If the whole herd receives a negative response in the last two tests, the cordon is lifted.	Clinical Diagnosis in Slaughterhouse Slaughter + Allergic Testing in Business
Glanders	If the second test is negative 20 days after the first test, the cord is removed.	Live Animal Allergic Test/Serological Test
Bovine Brucellosis	30 days after the infected animal is removed from the herd	Laboratory Diagnosis
Sheep Brucellosis	30 days after the infected animal is removed from the herd	Laboratory Diagnosis
Rabies	6 months for meat-eaters, equids and cattle, 3 months for sheep-goats, pigs and poultry.	Laboratory Diagnosis
bluetongue	40 days	Laboratory Diagnosis
Nodular Exanthem of Cattle	28 days	Laboratory Diagnosis
Newcastle	21 days after culling and disinfection in case of disease detection / 30 days surveillance and control in vaccine-related positivity	Laboratory Diagnosis
Pullorum	If the herd is negative in the last two tests performed 21 days apart, the quarantine is lifted.	Laboratory Diagnosis

Chicken Typhoid	If the herd is negative in the last two tests performed 21 days apart, the quarantine is lifted.	Laboratory Diagnosis

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Prof. Dr. Burcu M. BALKAN	**Prof. Dr. A. Reha AĞAOĞLU**	**Prof. Dr. M. Çağrı KARAKURUM**

Appendix 15.5: MAKÜ.HH.04 ANIMAL OWNER CONSENT FORM

HAYVAN HASTANESİ	**ANIMAL OWNER CONSENT FORM**	
PUBLICATION DATE: 01.03.2020	UPDATE DATE: 24.07.2026	DOCUMENT NO: MAKÜ.HH.04

I/the patient signed below.....,
I have been informed and understood about the diagnosis and treatment planning made by the Veterinarian ....., alternative treatments, results and undesirable side effects. I accepted the treatment/surgery to be applied.
It was explained to me that the planning may change due to new situations that may arise during/during the treatment period, I understood and accepted it.
I was informed, understood and accepted the possible risks that may arise if the treatment/surgery is not applied, cost calculations according to alternative applications of my treatment, and consultation from other physicians if deemed necessary.
All the questions I had about the treatment/surgery of my patient were answered. I was told that the success of the treatments depends on me, that I should follow the care and recommendations at home, and that I should apply the drugs in the prescriptions in appropriate dosages and durations. I understood and accepted it.
I was informed, understood and accepted that the treatments/surgeries and other medical services to be performed will be carried out with care, but the results of the medical procedures cannot be guaranteed.
After accepting the treatment, I give permission for the radiographs, photographs, videos and other documents of my patient to be used as anonymised data in educational and/or scientific studies. Permission to share my personal data with third parties and institutions, including public institutions and organizations..... (write "I give" or "I do not give" in your handwriting.)
..... (write “I have read, I understand, I accept” in your handwriting).

Date:.....

Patient Owner's Name-Surname:.....
T.R. Identification Number: .....
Address: .....
Telephone: .....
Signature : .....

Veterinarian's Name-Surname: .....
Date: .....
Signature : .....

PLEASE READ CAREFULLY BEFORE SIGNING!

Appendix 15.6: MAKÜ.HH.05 HOSPITALIZATION UNIT PROCEDURE

	HOSPITALIZATION UNIT PROCEDURE	
PUBLICATION DATE: 01.03.2020	UPDATE DATE: 24.07.2026	DOCUMENT NO: MAKÜ.HH.05

1. Purpose: To determine the functioning of the Hospitalization Unit in the Animal Hospital, to increase the quality of patient care and patient owner satisfaction, to determine the working order of the staff, to ensure the effective use of hospital resources, and to ensure the correct and regular use of the patient registration system.

2. Scope: It covers all activities carried out and the responsibilities of the staff during the period from admission of patients to the hospitalization unit, daily care/feeding and discharge.

3. Responsible parties

Head Physician
Deputy Head Physician
Hospitalization manager
Research Assistant
Lecturer
Veterinarian
Undergraduate and Postgraduate Students
On Duty Veterinarian
Responsible Faculty Member
Pet Sitter
Medical Waste Personnel

4. Flow of Activity

4.1. Patient admission and registration for hospitalization

- Patients referred to the hospitalization unit from clinics or from institutions that have a protocol with the Animal Hospital can be admitted by applying the Hospitalization Procedure (MAKÜ.HH.05).

4.2. Admission of patients to the hospitalization unit

- Responsible faculty members, hospitalization officers, research assistants, lecturers, or veterinarians admitting patients to the hospitalization unit must notify the hospitalization officer, receive the patient cage against a delivery report (MAKÜ.HH.06), complete and sign the Hospitalization Unit Undertaking (MAKÜ.HH.07), and deliver it to the Hospitalization Officer.
- Animals to be hospitalized; If they will be brought to hospitalization units for thesis, study or project purposes; Before patients are brought to the Hospitalization Unit, the responsible veterinarian applies to the Chief Physician for the relevant study with the decision taken from MAKÜ-HADYEK and the MAKÜVET Animal Hospital Scientific Study Permit Application Form (MAKÜ.HH.52). With the approval of the Head Physician, hospitalization or intensive care unit may be used.
- It is mandatory to collect a hospitalization fee from all inpatients (including thesis, study and project animals) admitted to the hospitalization unit.
- Hospitalization fee may not be charged for patients coming from public institutions that have a protocol with the animal hospital.

- After the patient is taken to the cage in the hospitalization unit, all responsibility lies with the veterinarian who brought the patient. Responsible veterinarian; During the patient's stay, he/she is responsible for the patient's care, feeding, navigation, medication administration and health monitoring, as well as cage cleaning.
- If the patient dies, the responsible veterinarian is obliged to notify the hospitalization officer about the situation, apply the deceased patient procedure (MAKÜ.HH.10) and ensure that the deceased patient is removed to cold storage in accordance with the medical waste procedure.
- If the responsible veterinarian is a permanent faculty member, he/she is obliged to hang a hospitalization unit patient follow-up form containing only his/her name/surname and contact information. If he/she is not a permanent staff member, he/she is obliged to hang a patient follow-up form (MAKÜ.HH.11) containing the name/surname and contact information of both himself and the permanent faculty member with whom he treats the patient, on the cage he receives.
- Responsible veterinarian; Any dog breed patient admitted to the hospitalization unit that does not have walking difficulties is obliged to walk the patient on a leash twice a day, in the morning and in the evening, and if there is defecation during the walk, he/she is obliged to put the feces in a suitable garbage bag and throw it into the fecal garbage bin in the hospitalization unit. While performing this application, the responsible veterinarian may receive assistance from undergraduate and graduate students taking the application course in the clinical sciences department, provided that they are under his/her supervision.
- Responsible veterinarian; The patient is obliged to clean the feces, urine or other excretions in the cages or intensive care cabins he/she has received with a report twice a day, in the morning and in the evening, and to clean and fill the food and water containers. While performing this practice, the responsible veterinarian may receive assistance from undergraduate students taking the practice course in the clinical sciences department, provided that they are under his/her supervision, or from veterinarians on duty on weekends and public holidays, provided that he/she is the main responsibility.
- Animal caretakers or permanent workers in hospitalization units are responsible for cleaning the area outside the cages and intensive care cabins, emptying the garbage bins, and cleaning the windows and doors. Animal caretakers or cleaning staff will clean and disinfect the cage or intensive care cabins after the patient leaves.
- Responsible veterinarians are obliged to immediately report the situation to the hospitalization officer if they encounter any negative situation (flooding, broken glass, electrical contact, etc.) during their stay in the hospitalization units.
- Everyone entering the hospitalization unit, including the hospitalization manager, intensive care unit manager, assigned students, veterinarians, lecturers, research assistants, the Head Physician, deputy Head Physicians, and other faculty members, must wear protective equipment appropriate to the risk level.
- Patient owners and other non-official personnel are prohibited from entering the hospitalization units for any reason. Responsible Veterinarians, along with the Hospitalization Officer, are responsible for the implementation of this ban.

- It is forbidden to take photographs and share them on social media accounts in hospitalization units without the knowledge of the Hospitalization Unit Coordinator, for any reason.

4.3. Miscellaneous provisions

- If it is determined that the rules regarding cage cleaning/maintenance and patient care are not followed, the responsible Veterinarian is warned verbally by the Hospitalization Officer. If it is determined that the situation has not been corrected within the period from the warning to half a working day, the responsible Veterinarian is warned in writing by the Chief Physician. If it is determined that the situation has not been corrected half a working day after this warning, the patient is sent to Burdur Municipality Street Animal Rehabilitation Center and the Responsible Veterinarian cannot admit a patient to the Hospitalization Unit for a half-year.
- If the Responsible Veterinarian is a Master's or PhD student, the situation is notified in writing to the Advisor Faculty Member by the Chief Physician.

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Prof. Dr. Burcu M. BALKAN	Prof. Dr. A. Reha AĞAOĞLU	Prof. Dr. M. Çağrı KARAKURUM

Appendix 15.7: MAKÜ.HH.06 CAGE / CABIN HANDOVER RECORD

HAYVAN HASTANESİ	**CAGE/CABIN HANDOVER RECORD**	
PUBLICATION DATE: 01.03.2020	UPDATE DATE: 24.07.2026	DOCUMENT NO: MAKÜ.HH.06

…./…./20…

I received the cage/cabin whose number is given below, clean, complete and without any damage to any of its parts.

DELIVERED CAGE/CABIN NO:	

Receiver	**Submitted by**
Name/Surname:	**Name/Surname:**
Signature:	**Signature:**

…./…./20…

I delivered the cage/cabin whose number is given below, clean, complete and without any damage to any parts.

DELIVERED CAGE/CABIN NO:	

Receiver	**Submitted by**
Name/Surname:	**Name/Surname:**
Signature:	**Signature:**

Appendix 15.8: MAKÜ.HH.07 HOSPITALIZATION UNIT UNDERTAKING

HAYVAN HASTANESİ	**HOSPITALIZATION UNIT UNDERTAKING**	
PUBLICATION DATE: 01.03.2020	UPDATE DATE: 24.07.2026	DOCUMENT NO: MAKÜ.HH.07

I have read and understood the Hospitalization Procedure document numbered MAKÜ.HH.05 of TC Burdur MAKÜ Animal Hospital.

According to this document; I accept and undertake that I understand the rules that I must follow in the hospitalization unit, that I will comply with the relevant rules, and that I know the sanctions that I will face if I do not comply.

Date: .....

Responsible Veterinarian Name-Surname: .....

Mobile telephone: .....

Advisor Faculty Member Name-Surname, Title: .....

For Master's and PhD students

SIGNATURE	
Responsible Veterinarian	Advisory Faculty Member For Master's and PhD students

PLEASE READ CAREFULLY BEFORE SIGNING!

Appendix 15.9: MAKÜ.HH.08 INTENSIVE CARE UNIT PROCEDURE

HAYVAN HASTANESİ	**INTENSIVE CARE UNIT PROCEDURE**	
PUBLICATION DATE: 01.03.2020	UPDATE DATE: 24.07.2026	DOCUMENT NO: MAKÜ.HH.08

1. Purpose: To determine the functioning of the Intensive Care Unit in the Animal Hospital, to increase the quality of patient care and patient owner satisfaction, to determine the working order of the staff, to ensure the effective use of hospital resources, and to ensure the correct and regular use of the patient registration system.

2. Scope: It covers all activities and responsibilities of the staff in charge during the period from admission of patients to the intensive care unit, daily care/feeding and discharge.

3. Responsible parties

Head Physician
Deputy Head Physician
Intensive care manager
Research Assistant
Lecturer
Veterinarian
Undergraduate and Postgraduate Students
On Duty Veterinarian
Lecturer
Responsible Faculty Member
Pet Sitter
Medical Waste Personnel

4. Flow of Activity

4.1. Patient admission and registration to the intensive care unit

- Patients referred from clinics or institutions that have a protocol with the Animal Hospital can be admitted to the intensive care unit.

4.2. Admission of patients to the intensive care unit:

- Responsible faculty members, intensive care supervisors, research assistants, lecturers, or veterinarians admitting patients to the intensive care unit must notify the Intensive Care Unit Manager, receive the cage or cabinet against a delivery report (MAKÜ.HH.06), complete and sign the Intensive Care Unit Undertaking Form (MAKÜ.HH.09), and deliver it to the Intensive Care Unit Manager.
- Animals that will be taken into intensive care; If they are brought for the purpose of thesis, study or project; Before patients are brought to the Intensive Care Unit, the responsible veterinarian applies to the Chief Physician for the relevant study with the decision taken from MAKÜ-HADYEK and the MAKÜVET Animal Hospital Scientific Study Permit Application Form (MAKÜ.HH.52). With the approval of the Head Physician, hospitalization or intensive care unit may be used.
- It is mandatory to collect a hospitalization fee for all inpatients admitted to the intensive care unit (including thesis, study and project animals).
- Hospitalization fee may not be charged for patients coming from public institutions that have a protocol with the animal hospital.

- Once the patient is taken into the cage/cabinet in the intensive care unit, all responsibility lies with the veterinarian who brought the patient. Responsible veterinarian; During the patient's stay, he/she is responsible for the patient's care, feeding, navigation, medication administration and health monitoring, as well as cage cleaning.
- If the patient dies, the responsible veterinarian is obliged to notify the intensive care unit manager, apply the Deceased Patient Procedure (MAKÜ.HH.10) and ensure that the deceased patient is removed to cold storage in accordance with the medical waste procedure.
- If the responsible veterinarian is a permanent faculty member, he/she is obliged to hang a hospitalization unit patient follow-up form containing only his/her name/surname and contact information; if he is not a permanent staff member, he/she is obliged to hang a patient follow-up form (MAKÜ.HH.11) containing the name/surname and contact information of both himself and the permanent faculty member with whom he treats the patient, on the cage/cabin he receives.
- Responsible veterinarian; The patient is responsible for cleaning the patients admitted to the intensive care unit twice a day, in the morning and in the evening, and cleaning and filling their food and water containers. While performing this practice, the responsible veterinarian may receive assistance from undergraduate students taking the practice course in the clinical sciences department, provided that they are under his/her supervision, or from veterinarians on duty on weekends and public holidays, provided that he/she is the main responsibility.
- Animal caretakers or permanent workers in intensive care units are responsible for cleaning the area outside the cages and intensive care cabins, emptying the garbage bins, and cleaning the windows and doors. Animal caretakers or cleaning staff will clean and disinfect the cage or intensive care cabins after the patient leaves.
- Responsible veterinarians are obliged to immediately report the situation to the intensive care unit manager when they encounter any negative situation (flooding, broken glass, electrical contact, etc.) during their stay in the intensive care units.
- Everyone entering the intensive care unit, including the intensive care officer, assigned students, veterinarians, lecturers, research assistants, the Head Physician, assistant Head Physicians, and other faculty members, must wear protective equipment appropriate to the risk level.
- It is forbidden for patient owners and other non-commissioned personnel to enter the intensive care units for any reason, without the knowledge of the Intensive Care Supervisor, and to take photographs and share them on social media accounts. Responsible Veterinarians, together with the Intensive Care Supervisor, are responsible for the implementation of this ban.

4.3. Miscellaneous provisions

- If it is determined that the rules regarding cage cleaning/maintenance and patient care are not followed, the responsible Veterinarian will be warned verbally by the Intensive Care Officer. If it is determined that the situation has not been corrected within the period from the warning to half a working day, the responsible Veterinarian is warned in writing by the Chief Physician. If it is determined that the situation has not been corrected half a working day after this warning, the care and responsibility of the patient is carried out by the Intensive Care Officer. After the patient recovers, he is sent to Burdur

Municipality Stray Animal Rehabilitation Center and the Responsible Veterinarian cannot admit a patient to the Intensive Care Unit for a semester.

- If the Responsible Veterinarian is a Master's or PhD student, the situation is notified in writing to the Advisor Faculty Member by the Chief Physician.

Faculty of Veterinary Medicine Chairman of the Quality Commission	Head of Clinical Sciences Department	Dean of the Faculty of Veterinary Medicine
Prof. Dr. Burcu M. BALKAN	**Prof. Dr. A. Reha AĞAOĞLU**	**Prof. Dr. M. Çağrı KARAKURUM**

Appendix 15.10: MAKÜ.HH.09 INTENSIVE CARE UNIT UNDERTAKING

HAYVAN HASTANESİ	**INTENSIVE CARE UNIT UNDERTAKING**	
PUBLICATION DATE: 01.03.2020	UPDATE DATE: 24.07.2026	DOCUMENT NO: MAKÜ.HH.09

I have read and understood the Intensive Care Unit Procedure document numbered MAKÜ.HH.08 of TC Burdur MAKÜ Animal Hospital.

According to this document; I accept and undertake that I understand the rules that I must follow in the intensive care unit, that I will comply with the relevant rules, and that I know the sanctions that I will face if I do not comply.

Date: .....

Responsible Veterinarian Name-Surname: .....

Mobile telephone: .....

Advisor Faculty Member Name-Surname, Title: .....

For Master's and PhD students

SIGNATURE	
Responsible Veterinarian	Advisory Faculty Member For Master's and PhD students

PLEASE READ CAREFULLY BEFORE SIGNING!

Appendix 15.11: MAKÜ.HH.10 DECEASED-PATIENT PROCEDURE

	DECEASED-PATIENT PROCEDURE	
PUBLICATION DATE: 01.03.2020	UPDATE DATE: 24.07.2026	DOCUMENT NO: MAKÜ.HH.10

1. Purpose: To organize the procedures that take place in cases of death occurring in Animal Hospitals, Emergency Clinics, hospitalization or intensive care units, until the patient is handed over to the owner, referred to pathology for necropsy or transferred to cold storage.

2. Responsible parties

Head Physician
Deputy Head Physician
Responsible Manager
Research Assistant
Lecturer
Veterinarian
Triage Physician
On Duty Veterinarian
Lecturer
Responsible Faculty Member
Undergraduate and Postgraduate Students
Pet Sitter
Medical Waste Officer

3. Workflow

- In Animal Hospitals, Emergency Clinics, hospitalization or intensive care units, the patient's death is determined by respiratory, pulse and pupillary reflex examination.
- Devices connected to the patient, if any, are removed. If the patient dies during the surgery, any incisions that leave body cavities exposed are stitched closed.
- The veterinarian informs the patient owner that the patient is dead.

3.1. If the incident occurred during working hours;

- The patient owner is informed.
- If the patient is hospitalized or discharged in the intensive care unit, the cage from which the patient exits is cleaned and made ready for use. The cage/cabin delivery report is signed and the cage/cabin is delivered to the Hospitalization Officer.

a. If the patient owner wants to take in his deceased patient:

- Two deceased patient reports (MAKÜ.HH.12) are filled out, one is added to the patient file, and the other is given to the patient owner.
- deceased patient is delivered appropriately.

b. If the patient owner wants to have a necropsy performed on his deceased patient:

- Two deceased patient reports are filled out, one is added to the patient file, and the other is given to the patient owner.
- The deceased patient is referred to pathology for necropsy by filling out the relevant forms.

c. If the patient owner does not want to take his deceased patient:

- Two deceased patient reports are filled out, one is added to the patient file, and the other is given to the patient owner.
- deceased patient is treated according to the medical waste procedure.

3.2. If the incident occurred outside working hours;

3.2.1.If the patient died in the Emergency Clinic

- The incident is recorded in the Duty Book by the veterinarian on duty.

a. If the patient owner wants to take in his deceased patient:

- Two deceased patient reports (MAKÜ.HH.12) are filled out, one is added to the patient file, and the other is given to the patient owner.
- deceased patient is delivered appropriately.

b. If the patient owner wants to have a necropsy performed on his deceased patient:

- Two deceased patient reports (MAKÜ.HH.12) are filled out, one is added to the patient file, and the other is given to the patient owner.
- The deceased patient is transferred to cold storage by filling out the relevant forms, and is referred to pathology for necropsy on the next working day.

c. If the patient owner does not want to take his deceased patient:

- Two deceased patient reports (MAKÜ.HH.12) are filled out, one is added to the patient file, and the other is given to the patient owner.
- deceased patient is treated according to the medical waste procedure.

3.2.2. If the patient was hospitalized or died in the intensive care unit during the Emergency Clinic Watch

- The incident is reported to the Veterinarian responsible for the patient by the veterinarian on duty.
- The responsible veterinarian is told to inform the patient owner.
- The incident is recorded in the Duty Book. After applying the following procedure; The cage/cabin where the patient stays is cleaned and made ready for use.

a. If the patient owner wants to take in his deceased patient:

- Two deceased patient reports (MAKÜ.HH.12) are filled out, one is added to the patient file, and the other is given to the patient owner.
- deceased patient is delivered appropriately.

b. If the patient owner wants to have a necropsy performed on his deceased patient:

- Two deceased patient reports (MAKÜ.HH.12) are filled out, one is added to the patient file, and the other is given to the patient owner.
- The deceased patient is transferred to cold storage by filling out the relevant forms, and is referred to pathology for necropsy on the next working day.

c. If the patient owner does not want to take his deceased patient:

- Two deceased patient reports (MAKÜ.HH.12) are filled out, one is added to the patient file, and the other is given to the patient owner.
- deceased patient is treated according to the medical waste procedure.

Chairman of the Unit Quality Commission	Head of Clinical Sciences Department	Dean of the Faculty of Veterinary Medicine
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Appendix 15.12: MAKÜ.HH.11 HOSPITALIZATION AND INTENSIVE CARE PATIENT MONITORING CHART

HAYVAN HASTANESİ	**HOSPITALIZATION AND INTENSIVE CARE PATIENT MO**
PUBLICATION DATE: 01.03.2020	UPDATE DATE: 24.07.2026

Protocol No.				Responsible Veterinarian:
Patient Owner Name and Surname				
patient's				Responsible Students:
Type		Age		
race		Gender		
Complaint				

Drug, Dosage, Way of Administration and Frequency						

Appendix 15.13: MAKÜ.HH.12 DECEASED-PATIENT REPORT

HAYVAN HASTANESİ	**DECEASED-PATIENT REPORT**	
PUBLICATION DATE: 01.03.2020	UPDATE DATE: 24.07.2026	DOCUMENT NO: MAKÜ.HH.12

Protocol No.:		**patient owner**	
patient's		name surname	
Type		**Responsible Veterinarian**	
race		name surname	
age			
date of death			
hour of death			

STAMP/SIGNATURE
Veterinarian Who Detected Death

Appendix 15.14: MAKÜ.HH.13 INCIDENT NOTIFICATION FORM

HAYVAN HASTANESİ	**INCIDENT NOTIFICATION FORM**	
PUBLICATION DATE: 01.03.2020	UPDATE DATE: 24.07.2026	DOCUMENT NO: MAKÜ.HH.13

THE INCIDENT HAPPENED		
LOCATION	HISTORY	TIME
THE WAY THE EVENT HAPPENED		
THOSE INVOLVED IN THE INCIDENT		
NAME SURNAME		
GENDER		
TURKISH ID NO.		
CONTACT INFORMATION		
NAME SURNAME		
GENDER		
TURKISH ID NO.		
CONTACT INFORMATION		
THOSE WHO SEEN THE EVENT		
NAME SURNAME		
GENDER		
TURKISH ID NO.		
CONTACT INFORMATION		
NAME SURNAME		
GENDER		
TURKISH ID NO.		
CONTACT INFORMATION		
RESULT OF THE INCIDENT		

EDITOR OF THE DOCUMENT	
NAME SURNAME	SIGNATURE

Appendix 15.15: MAKÜ.HH.14 HOSPITAL CLEANING PROCEDURE

	HOSPITAL CLEANING PROCEDURE	
PUBLICATION DATE: 01.03.2020	UPDATE DATE: 24.07.2026	DOCUMENT NO: MAKÜ.HH.14

1. Purpose: To determine the cleaning rules that must be followed in the Animal Hospital to prevent healthcare-associated infections and to ensure that the cleaning in the hospital is carried out correctly and effectively.

2. Scope: It covers the cleaning activities that must be followed in all units of the hospital.

3. Responsible parties

Head Physician
Deputy Head Physician
Responsible Manager
Pet Sitter
permanent worker

4. Flow of Activity

- Cleaning works of the hospital are carried out in the period and order determined by the Responsible Manager.
- The hospital is divided into the following areas for cleaning activities, and different cleaning equipment (mops, cleaning trolleys, etc.) with signs on them are used for these areas.
- Equipment belonging to one unit cannot be used in another unit.

High Risk Areas: Quarantine, Infected Animal Clinic, Necropsy Room, Medical Waste Unit

Risky Areas: Operating rooms, intensive care unit, hospitalization unit, emergency clinic, treatment rooms

Low Risk Areas: Examination Rooms, Treatment Rooms, Patient Preparation Rooms, Vaccination Room, Triage Room, Clinical Diagnosis Laboratory, Color Doppler Room, Endoscopy Room, Radiology, Tomography

Normal areas: Rooms and corridors in administrative sections, patient waiting room, patient reception/registration area, on-duty veterinarian rooms, lecture halls, elevators, stairs, academic and administrative staff offices.

4.1. General rules for cleaning

- Cleaning personnel must wear the work clothes provided to them.
- Each area should be cleaned with the cleaning equipment specific to that area.
- Hands should be washed after cleaning.
- Cleaning personnel must wear gloves during cleaning.
- While cleaning, dry sweeping and shaking should never be done.
- Mop and cloth brushes should be replaced when the time comes.

Chairman of the Unit Quality Commission	Head of Clinical Sciences Department	Dean of the Faculty of Veterinary Medicine

Prof. Dr. Burcu M. BALKAN	**Prof. Dr. A. Reha AĞAOĞLU**	**Prof. Dr. M. Çağrı KARAKURUM**

Appendix 15.16: MAKÜ.HH.15 HEAD PHYSICIAN DUTY DESCRIPTION

HAYVAN HASTANESİ	**CHIEF PHYSICIAN**	**JOB DESCRIPTION**
PUBLICATION DATE: 01.03.2020	UPDATE DATE: 24.07.2026	DOCUMENT NO: MAKÜ.HH.15

1. Information about the task
Unit: Burdur Mehmet Akif Ersoy University Faculty of Veterinary Medicine Animal Hospital
Name of the position: Chief Physician
2. Scope of duty
Administrative, financial and technical services of the Animal Hospital; To ensure compliance with laws, regulations, directives and instructions.
3. List of authorities, responsibilities and duties
3.1. Animal Hospital services; To ensure that it is carried out in line with the decisions of the Dean's Office, Clinical Sciences Department and Animal Hospital Commission and within the framework of existing laws, regulations and directives.
3.2. of the hospital; To ensure that it operates in accordance with the provisions of the "Animal Hospitals Regulation" dated 21.12.2011 and numbered 28149 of the Ministry of Agriculture and Forestry of the Republic of Turkey.
3.3. To manage, monitor, and supervise all personnel involved in clinical services at the Animal Hospital, including the Responsible Manager, faculty members, research assistants, instructors, veterinarians, veterinary health technicians, biologists, laboratory technicians, pharmacy technicians, operating room technicians, animal caregivers, and permanent workers.
3.4. Monthly regarding hospital services; To ensure the preparation of the responsible faculty member, emergency clinic, triage and on-call lists.
3.5. To ensure coordination of clinical services in the animal hospital.
3.6. Ensuring that records of patients coming to the animal hospital are kept.
3.7. To make the necessary arrangements for the best possible functioning of clinics, emergency clinics, intensive care units, medical imaging and hospitalization units, clinical diagnosis and clinical skill laboratories.
3.8. To issue instructions and ensure their implementation so that hospital services can be carried out in an orderly manner.
3.9. All kinds of consumables, medicines, serum, chemicals, etc. needed by the hospital. To identify their needs and ensure their supply.
3.10. To ensure that necessary device or building repair works are carried out in the Animal Hospital.
3.11. To chair the Emergency Clinic and Animal Hospital Commissions.
3.12. To create an Animal Hospital Emergency Action Plan and to inform all Hospital staff about this matter.
3.13. To perform other duties assigned by the Dean's Office.

Chairman of the Unit Quality Commission	Head of Clinical Sciences Department	Dean of the Faculty of Veterinary Medicine
Prof. Dr. Burcu M. BALKAN	**Prof. Dr. A. Reha AĞAOĞLU**	**Prof. Dr. M. Çağrı KARAKURUM**

Appendix 15.17: MAKÜ.HH.16 DEPUTY HEAD PHYSICIAN DUTY DESCRIPTION

	DEPUTY CHIEF PHYSICIAN	JOB DESCRIPTION
PUBLICATION DATE: 01.03.2020	UPDATE DATE: 24.07.2026	DOCUMENT NO: MAKÜ.HH.16

1. Information about the task
Unit: Burdur Mehmet Akif Ersoy University Faculty of Veterinary Medicine Animal Hospital
Name of the position: Deputy Chief Physician
2. Scope of duty
To ensure that the administrative, financial and technical services of the Animal Hospital are carried out together with the Head Physician.
3. List of authorities, responsibilities and duties
3.1. To work together with the Head Physician in carrying out the services and administrative affairs provided by the Animal Hospital, according to the task distribution to be made by the Head Physician.
3.2. To act as the Head Physician when the Head Physician is not on duty.
3.3. To perform these duties when the Emergency Clinic, Hospitalization and Clinical Skills Laboratory Supervisors are not on duty.
3.4. To perform other duties assigned by the Dean's Office and the Chief Physician.
3.5. The terms of office of deputy chief physicians end with the term of office of the Head Physician.

Chairman of the Unit Quality Commission	Head of Clinical Sciences Department	Dean of the Faculty of Veterinary Medicine
Prof. Dr. Burcu M. BALKAN	Prof. Dr. A. Reha AĞAOĞLU	Prof. Dr. M. Çağrı KARAKURUM

Appendix 15.18: MAKÜ.HH.17 HOSPITAL RESPONSIBLE MANAGER DUTY DESCRIPTION

	HOSPITAL RESPONSIBLE MANAGER	JOB DESCRIPTION
PUBLICATION DATE: 01.02.2020	UPDATE DATE: 24.07.2026	DOCUMENT NO: MAKÜ.HH.17

1. Information about the task
Unit: Burdur Mehmet Akif Ersoy University Faculty of Veterinary Medicine Animal Hospital
Name of the position: Hospital Responsible Manager

2. Scope of duty

Administrative, financial, technical and health services of the Animal Hospital; To ensure compliance with laws, regulations, directives and instructions.

3. List of authorities, responsibilities and duties

3.1. To ensure that the information of patients and patient owners coming to the Animal Hospital is regularly recorded in the patient tracking software program.
3.2. To submit a copy of the records kept at the Animal Hospital during the inspections of the Ministry of Agriculture and Forestry of the Republic of Turkey to the personnel who come to the inspection.
3.3. Staff working in the hospital; In cases such as leaving the job, being assigned to another unit or a new staff member starting to work in the hospital, notifying the governorship in writing about the staff member who starts or quits the job.
3.4. In case of detection or suspicion of a notifiable disease in animals brought to the hospital (MAKÜ.HH.03), immediately report the situation to the Hospital Chief Physician and take the necessary initial measures. The Hospital Chief Physician contacts the Provincial Directorate of Agriculture and Forestry and communicates the official instructions; the Hospital Responsible Manager supports implementation and documentation.
3.5. of the hospital; To ensure that it operates in accordance with the provisions of the "Animal Hospitals Regulation" dated 21.12.2011 and numbered 28149 of the Ministry of Agriculture and Forestry of the Republic of Turkey.
3.6. Together with the Head of the Department of Clinical Sciences, to manage, monitor, and supervise all personnel involved in hospital clinical services, including research assistants, lecturers, veterinarians, veterinary health technicians, biologists, laboratory workers, animal caregivers, and permanent workers.
3.7. To prepare the monthly Emergency Clinic Duty List and the list of on-duty triage physicians together with the Hospital Emergency Clinic Supervisor and submit it to the Emergency Clinic Commission.
3.8. To ensure the working order of the technical and administrative service personnel working in the hospital and to supervise their work in accordance with the legislation.
3.9. To identify all kinds of needs of the hospital and report them to the Hospital Chief Physician.
3.10. To identify the device or building repair works that need to be done in the Animal Hospital and convey them to the Chief Physician.
3.11. Ensuring that medications prescribed and used in the animal hospital are entered into the drug tracking system (ITS) and vaccines are entered into the vaccine tracking system (ATS).
3.10. To perform other duties assigned by the Chief Physician.

Chairman of the Unit Quality Commission	Head of Clinical Sciences Department	Dean of the Faculty of Veterinary Medicine

Prof. Dr. Burcu M. BALKAN	**Prof. Dr. A. Reha AĞAOĞLU**	**Prof. Dr. M. Çağrı KARAKURUM**

Appendix 15.19: MAKÜ.HH.18 RESPONSIBLE FACULTY MEMBER DUTY DESCRIPTION

	RESPONSIBLE LECTURER	JOB DESCRIPTION
PUBLICATION DATE: 01.02.2020	UPDATE DATE: 24.07.2026	DOCUMENT NO: MAKÜ.HH.18

1. Information about the task

Unit: Burdur Mehmet Akif Ersoy University Faculty of Veterinary Medicine Animal Hospital

Name of the position: Included in the list of responsible faculty members prepared by the clinical department chairs upon the instructions of the clinical sciences department chair and approved by the dean's office; They are faculty members working in small animal, large animal and horse clinics. The clinical services provided by the relevant faculty members while they were on duty; They are obliged to do so in accordance with the law, regulations, directives and instructions.

2. Scope of duty

All services and operations of the department and units affiliated to the department; To carry out the academic staff's monthly clinical duty list calendar prepared by the relevant department head and approved by the dean's office, in accordance with the provisions of the law, statute, regulation, directive and instruction. Acting in accordance with the mission and vision of the Faculty of Veterinary Medicine and acting in accordance with hospital operations and procedures.

4. List of authorities, responsibilities and duties

4.1. On-duty faculty member; He is responsible for all education/training and clinical service activities that take place in the clinic and on the date he is on duty.

4.2. In charge of the clinic of the department where he is located; research assistants, lecturers, veterinarians or master's/doctoral students; Supervising routine clinical practices such as examination, examination, treatment, intervention and patient follow-up. Getting information when necessary.

4.3. To ensure that all forms that need to be filled in during the follow-up and treatment of patients (patient registration, hospitalization, intensive care, cage delivery report, consent forms, etc.) are completed and the necessary forms are signed together with the faculty member on duty.

4.4. To carry out or have applications made to increase the clinical knowledge and skills of veterinary faculty students who come to the clinics where they are on duty, and to ensure that the applications are entered in the student logbooks.

4.5. Veterinary faculty students who come to the clinics where he is on duty during his duty; To follow the arrival and departure times of the clinics with the attendance report and to check the suitability of the clinic uniforms (dark blue doctor's suit, white coat, name badge with name/surname and student number, slippers/shoes to be worn only in the clinic)

4.6. While continuing clinical services in the animal hospital; To wear clinical uniforms determined by the Head Physician, if available, or a doctor's suit or white coat, and slippers/sneakers to be worn only in the hospital. Wearing an identification badge.

Chairman of the Unit Quality Commission	Head of Clinical Sciences Department	Dean of the Faculty of Veterinary Medicine
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Appendix 15.20: MAKÜ.HH.19 DUTY VETERINARIAN DUTY DESCRIPTION

	DUTY VETERINARIAN	JOB DESCRIPTION
PUBLICATION DATE: 01.02.2020	UPDATE DATE: 24.07.2026	DOCUMENT NO: MAKÜ.HH.19

1. Information about the task

Unit: Burdur Mehmet Akif Ersoy University Faculty of Veterinary Medicine Animal Hospital

Name of the position: On-Duty Veterinarian. Eligible personnel: research assistants, lecturers, and veterinarians.

Job Description: Refers to Research Assistants, Lecturers or Veterinarians appointed in accordance with the list prepared by the Emergency Clinical Commission and approved by the Dean's Office.

2. Scope of duty

To ensure that day and night shifts are carried out within the framework of the relevant guidelines and instructions published monthly by the Animal Hospital Emergency Clinical Commission.

3. General rules

3.1. On-duty veterinarian; He/she must come to the animal hospital in his/her clinical uniform 15 minutes before the shift time.

3.2. In line with the duty list prepared by the Emergency Clinical Commission and approved by the dean's office, the physician cannot leave the On-Duty Physician Room unless necessary during the shift.

3.3. On-duty veterinarian; In case of being late or not coming to the shift, except for urgent and force majeure reasons (illness, accident, death, etc.), the Chief Physician must notify the Chief Physician at least 8 hours before the shift time.

3.4. Veterinarians on duty; If they have chosen to receive additional payments in accordance with the Directive on the Procedures and Principles to be Applied in the Distribution of Additional Payments to be Made from Revolving Capital Incomes of the Faculty of Veterinary Medicine of the Republic of Turkey Burdur Mehmet Akif Ersoy University, they continue to work at night or after the official holiday. Veterinarians who do not prefer to benefit from additional payment must work 40 hours per week.

3.6. The veterinarian who will be on duty cannot leave the guard post before the veterinarian who will be on duty next time arrives. The veterinarian who will take over the watch fills in and signs the Emergency Clinic Watch Delivery Book and the Emergency Clinic Consumables and Medication Tracking Book and delivers it to the veterinarian who will take over the watch.

3.7. seizures; It is kept as day (08.00 to 16.00) and night (16.00 to 08.00) on working days, and 12 hours (08.00 to 20.0 and 20.00 to 08.00) or 24 hours (08.00 to 08.00) on public holidays.

3.8. During working days, patients treated at Animal Hospital Clinics cannot be referred to the Emergency Clinic before the end of working hours (17.30). The information of the patients who will be referred to the Emergency Clinic and the necessary treatment practices are forwarded to the veterinarian on duty along with the patient file by the veterinarian who performs the daytime treatments of the patient.

3.9. On-duty veterinarian; The veterinarian cannot leave the shift area without giving information to the veterinarian who will take charge of the shift, such as the important events that occurred during his shift, the medication to be administered, and the patient to be followed.

3.10. The veterinarian who will take charge; If the veterinarian does not arrive on duty, the veterinarian who will deliver the shift reports the situation to the Responsible Manager, and the Responsible

Manager reports the situation to the Chief Physician. After taking the necessary precautions, the veterinarian who has completed his duty can leave the duty area.

3.11. If it is desired to change shifts between employees, approval must be obtained by contacting the Responsible Manager.

4. List of authorities, responsibilities and duties

4.1. Animal Hospital emergency clinical services; To ensure that it is carried out in line with the decisions of the Emergency Clinical Commission and within the framework of existing laws, regulations and guidelines.

4.2. Answering calls coming to the clinic during emergency clinic shifts held at night and on public holidays.

4.3. To record patients coming to the Emergency Clinic on public holidays and night shifts, using the patient tracking program.

4.4. To provide necessary medical interventions to incoming patients.

4.5. Belongs to the emergency clinic; To ensure the protection of medicines, tools, devices and all other materials.

4.7. To keep attendance records of the students of the Faculty of Veterinary Medicine who attend the emergency shift and to report it to the Emergency Clinic Supervisor after the shift.

4.8. To ensure the participation of the students of the Faculty of Veterinary Medicine who participate in the emergency duty in the practices.

4.9. Patients in large and small animal clinics, hospitalization and intensive care units and infectious diseases clinics; Carrying out maintenance, feeding, treatment and cage cleaning. To record the treatment procedures in the hospitalization or intensive care unit follow-up chart by specifying the name/surname and date.

4.10. To call a Call Duty Officer for interventions requiring expertise other than basic veterinary practices (injection, intravenous catheter application, simple skin stitching, bandage, dressing, etc.), in line with the monthly Emergency Clinical Duty list prepared by the Emergency Clinical Commission and approved by the Dean's Office.

4.11. If any damage occurs to the devices or materials in the emergency clinic during the shift, report the situation to the Emergency Clinic Coordinator.

4.12. To record the consumables and medications used during the Emergency Clinic Watch in the Emergency Clinic Consumables and Medication Tracking Book.

4.13. If patients arriving during a shift or hospitalization and intensive care units are Ex, apply the deceased patient procedure (MAKÜ.HH.10) and prepare a Deceased-Patient Report (MAKÜ.HH.12).

4.14. To perform other duties assigned by the Chief Physician.

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Appendix 15.21: MAKÜ.HH.20 ON-CALL VETERINARIAN DUTY DESCRIPTION

	ON-CALL VETERINARIAN	JOB DESCRIPTION
PUBLICATION DATE: 01.02.2020	UPDATE DATE: 24.07.2026	DOCUMENT NO: MAKÜ.HH.20

1. Information about the task

Unit: Burdur Mehmet Akif Ersoy University Faculty of Veterinary Medicine Animal Hospital

Name of the position: On-Duty Veterinarian. Eligible personnel: research assistants, lecturers, and veterinarians.

Job Description: Refers to Research Assistants, Lecturers and Veterinarians appointed in accordance with the list prepared by the Emergency Clinical Commission and approved by the Dean's Office.

2. General rules

2.1. On-duty veterinarian; When needed, he calls the Veterinarian on Duty on the list prepared by the Emergency Clinical Commission and approved by the Dean's Office, according to his field of expertise, and ensures that the Veterinarian on Duty on Duty comes to the Animal Hospital.

2.2. The Veterinarian on Call Duty keeps his mobile phone on at all times during the days when there is a Call Watch.

2.3. The Veterinarian on Duty goes to the Animal Hospital Emergency Clinic when called by the Emergency Clinic Duty Officer.

2.4. The Veterinarian on Duty on Emergency Duty who goes to the Emergency Clinic Watch records and signs in the Emergency Clinic Duty Book the practices he performed before leaving the Animal Hospital and that he came to the Emergency Clinic for the Request.

Chairman of the Unit Quality Commission	Head of Clinical Sciences Department	Dean of the Faculty of Veterinary Medicine
Prof. Dr. Burcu M. BALKAN	Prof. Dr. A. Reha AĞAOĞLU	Prof. Dr. M. Çağrı KARAKURUM

Appendix 15.22: MAKÜ.HH.21 TRIAGE VETERINARIAN DUTY DESCRIPTION

	TRIAGE VETERINARIAN	JOB DESCRIPTION
PUBLICATION DATE: 01.02.2020	UPDATE DATE: 24.07.2026	DOCUMENT NO: MAKÜ.HH.21

1. Information about the task
Unit: Burdur Mehmet Akif Ersoy University Faculty of Veterinary Medicine Animal Hospital
Position name: Triage Veterinarian
Job Description: Veterinarians or Lecturers appointed as Triage Veterinarians in accordance with the list prepared by the Department of Clinical Sciences and approved by the Dean's Office.
2. Scope of duty: Classifying patients coming to the animal hospital according to their priority and treatment needs and directing them to the relevant clinic.
3. General rules
3.1. Triage veterinarian; He must be present at the animal hospital in his clinical uniform during working hours on the day he is on duty, in accordance with the list prepared by the Department of Clinical Sciences and approved by the Dean's Office.
3.2. The triage veterinarian cannot leave the Animal Hospital during the day he is on duty unless it is necessary.
3.3. The triage veterinarian must be present in the On Duty Veterinarian Room or Triage Room when he is not examining patients on the days he is on duty.
3.4. Triage veterinarian; Except for urgent and force majeure reasons (illness, accident, death, etc.), in case of being late or not arriving on the day of duty, the Chief Physician must notify the Chief Physician at least 12 hours before the working hours.
3.5. Triage veterinarian; He works from 08.30 in the morning until 16.30 in the evening on working days.
3.6. If it is desired to change shifts between employees, approval must be obtained by contacting the Responsible Manager.
4. List of authorities, responsibilities and duties
4.1. To take patients who come to the animal hospital and are registered in the patient admission/registration department to the Triage Room and apply the Triage procedure (MAKÜ.HH.22).
4.2. To perform other duties assigned by the Chief Physician.

Faculty of Veterinary Medicine Chairman of the Quality Commission	Head of Clinical Sciences Department	Dean of the Faculty of Veterinary Medicine
Prof. Dr. Burcu M. BALKAN	Prof. Dr. A. Reha AĞAOĞLU	Prof. Dr. M. Çağrı KARAKURUM

Appendix 15.23: MAKÜ.HH.22 TRIAGE PROCEDURE

HAYVAN HASTANESİ	**TRIAGE PROCEDURE**	
PUBLICATION DATE: 01.03.2020	UPDATE DATE: 24.07.2026	DOCUMENT NO: MAKÜ.HH.22

1. Purpose: To determine the treatment needs of patients applying to the Animal Hospital and direct them to relevant clinics. The aim is to make the time spent by the patient and the owner in the hospital more efficient and to increase the number of patients to be treated.

2. Scope: Covers all patients coming to the animal hospital.

3. Responsible parties

- Chief physician
- Deputy Head Physician
- Responsible manager
- Triage Veterinarian

4. Application

4.1. triage

- Triage Veterinarian; He opens a patient file in the patient tracking program, takes anamnesis from the patient owners, performs a mucosal examination on the patient, and records the patient's body temperature, pulse and respiratory rate both physically in the patient file and in the patient tracking system. Evaluates the patient's complaint and clinical condition according to the Triage Table and directs the patients to the relevant clinic with their file according to the urgency of the situation.

4.2. Triage table

Colour	emergency situation	Clinical appearance
	not urgent The patient's general condition is stable Must see a specialist physician within 60 minutes at most	Minor traumas minor burns Soft tissue and skeletal system injuries mastitis Abscesses Retention secundinarum chronic diseases Vomiting and diarrhea without signs of dehydration conjunctivitis Post operative care Simple wound infection injection-vaccine pregnancy examination General examination
	Urgent Serious injuries and illnesses that are not life-threatening Intervention must be done within 30 minutes	abdominal injury moderate blood loss Gunshot wound that does not damage vital organs having a seizure persistent vomiting breathing difficulties Central nervous system injuries

		Rectovaginal tears Prolapse of vagina and/or uterus prolapse recti Vaginal discharge with systemic symptoms Vomiting and diarrhea as signs of dehydration Wound infection with systemic symptoms Severe musculoskeletal system traumas closed fractures Severe eye injuries
	very serious life threatening Intervention must be taken immediately	Open chest or abdominal injuries serious bleeding respiratory arrest respiratory tract obstruction Major trauma traffic accidents Lethargy and high fever Poisonings anaphylaxis open fractures dystocia 2nd or 3rd degree burns Insect/snake bite with systemic symptoms Shock Coma
	Expectant Severe conditions that cannot be saved with medical intervention	Severe head injuries Severe CNS injuries Severe spinal injuries Other fatal injuries

Chairman of the Unit Quality Commission	Head of Clinical Sciences Department	Dean of the Faculty of Veterinary Medicine
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Appendix 15.24: MAKÜ.HH.23 DOCTORAL / MASTER'S STUDENT DUTY DESCRIPTION

	PhD/MASTER STUDENT	JOB DESCRIPTION
PUBLICATION DATE: 01.02.2020	UPDATE DATE: 24.07.2026	DOCUMENT NO: MAKÜ.HH.23

1. Information about the task

Unit: Burdur Mehmet Akif Ersoy University Faculty of Veterinary Medicine Animal Hospital

Name of the position: Registered at Burdur MAKÜ Health Sciences Institute and continuing master's or doctoral education in one of the Departments of Clinical Sciences; Carrying out animal hospital clinical services and procedures; Veterinarians who assist in accordance with the instructions of the Head Physician, head of the department, faculty member on duty and the responsible administrator.

2. Scope of duty

Carrying out all services and operations of the department and its affiliated units; To provide assistance in accordance with the provisions of the law, statute, regulation and directive, as well as the instructions of the Head Physician, head of the department, faculty member on duty and the responsible administrator.

3. List of authorities, responsibilities and duties

3.1. At the clinic of the department where he studied; under the responsibility of the faculty member on duty and under the supervision of research assistants, lecturers or veterinarians working in the relevant clinic; to perform examination, examination, treatment, intervention and patient follow-up. Completely fill out all forms that need to be filled during the follow-up and treatment of patients (patient registration, hospitalization, intensive care, cage delivery report, etc.) and sign the forms that need to be signed together with the faculty member on duty.

3.2. To provide information to the patient's relatives within the knowledge of the on-duty faculty member or on-duty veterinarians.

3.3. While continuing clinical services in the animal hospital; Wearing a dark blue upper/lower doctor suit determined by the Head Physician's office, a white coat with a name tag on the collar, and slippers or sneakers to be worn only in the hospital.

4. Rules regarding thesis studies to be carried out in the animal hospital

4.1. Students who will be doing a master's or doctoral thesis on patients coming to the Animal Hospital must read MAKÜ.HH.52 before starting their studies. To submit the MAKÜVET Animal Hospital Scientific Study Permit Application Form to the Chief Physician.

4.2. Before taking samples from patients for the thesis study (blood, feces, hair, skin scrapings, urine, etc.), the person who is officially responsible to the patient; To inform the on-duty faculty member and the on-duty veterinarian and to inform the patient owner and have them sign the MAKÜ-HADYEK informed consent document.

4.3. Before taking samples from patients for the thesis study (blood, feces, hair, skin scrapings, urine, etc.), the person who is officially responsible to the patient; To inform the faculty member on duty and the veterinarian on duty.

4.4. To perform other duties assigned by the Chief Physician in accordance with the law, regulations, directives and instructions.

Chairman of the Unit Quality Commission	Head of Clinical Sciences Department	Dean of the Faculty of Veterinary Medicine

Prof. Dr. Burcu M. BALKAN	**Prof. Dr. A. Reha AĞAOĞLU**	**Prof. Dr. M. Çağrı KARAKURUM**

Appendix 15.25: MAKÜ.HH.24 EMERGENCY CLINIC COORDINATOR DUTY DESCRIPTION

	EMERGENCY CLINIC COORDINATOR	JOB DESCRIPTION
PUBLICATION DATE: 01.02.2020	UPDATE DATE: 24.07.2026	DOCUMENT NO: MAKÜ.HH.24

1. Information about the task
Unit: Burdur Mehmet Akif Ersoy University Faculty of Veterinary Medicine Animal Hospital
Name of the position: Emergency Clinic Coordinator
Job Description: An instructor appointed by the Emergency Clinical Commission for a period of 2 (two) years and assigned to one of the Departments of the Department of Clinical Sciences.
2. Scope of duty
Ensuring that the Emergency Clinic is used in a clean, orderly and safe manner.
3. General rules
3.1. The Emergency Clinic Coordinator has the authority to inspect the Emergency Clinic and obtain information from the staff at any time he wishes.
3.2. The Emergency Clinic Coordinator ensures that the stock status of consumables and medicines in the Emergency Clinic is monitored.
3.3. Ensures that devices in the emergency clinic are used appropriately and repaired when necessary.
4. List of authorities, responsibilities and duties
4.1. To ensure that the attendance records of undergraduate students participating in the Emergency Clinic Duty are taken by the Veterinarians on Duty.
4.2. To take and archive the attendance records of undergraduate students participating in the Emergency Clinic Duty.
4.3. Ensuring that the Emergency Clinic, Duty Delivery Book and Emergency Clinic Consumables and Medicine Tracking Book are filled out.
4.4. To ensure that Emergency Clinic Sentinels keep watch in accordance with the job descriptions in the On-Duty Veterinarian Certificate (MAKÜ.HH.19).
4.5. Attending Emergency Clinical Commission meetings.
4.6. To perform other duties assigned by the Chief Physician.

Chairman of the Unit Quality Commission	Head of Clinical Sciences Department	Dean of the Faculty of Veterinary Medicine
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Appendix 15.26: MAKÜ.HH.25 HOSPITALIZATION UNIT COORDINATOR DUTY DESCRIPTION

	HOSPITALIZATION UNIT COORDINATOR	JOB DESCRIPTION
PUBLICATION DATE: 01.02.2020	UPDATE DATE: 24.07.2026	DOCUMENT NO: MAKÜ.HH.25

1. Information about the task
Unit: Burdur Mehmet Akif Ersoy University Faculty of Veterinary Medicine Animal Hospital
Name of the position: Hospitalization Unit Coordinator
Job Description: Permanent faculty members in the Department of Clinical Sciences, appointed by the Department of Clinical Sciences for the management and control of the Hospitalization Units.

2. Scope of duty
Hospitalization units (small and large animals) within the Animal Hospital; Ensuring clean, orderly and safe use.

3. General rules
3.1. In order to admit patients to the hospitalization unit, the following will be given by the Hospitalization Officer; Cage Delivery Report (MAKÜ.HH.06) and Hospitalization Unit Undertaking (MAKÜ.HH.07) must be filled out and signed.
3.2. Only patients brought by permanent faculty members, specifically veterinarians, lecturers, or research assistants, may be admitted to the hospitalization unit after the relevant forms are completed and signed.
3.2. When doctoral or master's students want to admit a patient, the relevant forms must be signed by the doctoral or master's students and the faculty members with whom they treat the patient.

4. List of authorities, responsibilities and duties
4.1. To record the patients coming to the unit, to deliver the cages to the responsible veterinarians in return for a report and to take them back, to have the hospitalization unit commitments signed by the responsible veterinarians and to archive these documents.
4.2. He is responsible for ensuring and monitoring the cleaning of the unit and cages, ensuring the supply of materials such as garbage bags, gloves, cleaning materials, shoe covers, sharps waste bins and disinfectants required in the unit, and reporting any problems that may be encountered in the operation of the unit to the Chief Physician.
4.5. Hospitalization units; To ensure that it is used according to the Hospitalization Procedure (MAKÜ.HH.05).
3.13. To perform other duties assigned by the Chief Physician.

Chairman of the Unit Quality Commission	Head of Clinical Sciences Department	Dean of the Faculty of Veterinary Medicine
Prof. Dr. Burcu M. BALKAN	Prof. Dr. A. Reha AĞAOĞLU	Prof. Dr. M. Çağrı KARAKURUM

Appendix 15.27: MAKÜ.HH.26 INTENSIVE CARE UNIT COORDINATOR DUTY DESCRIPTION

HAYVAN HASTANESİ	**INTENSIVE CARE UNIT COORDINATOR**	**JOB DESCRIPTION**
PUBLICATION DATE: 01.02.2020	UPDATE DATE: 24.07.2026	DOCUMENT NO: MAKÜ.HH.26

1. Information about the task
Unit: Burdur Mehmet Akif Ersoy University Faculty of Veterinary Medicine Animal Hospital
Name of the position: Intensive Care Unit Coordinator
Job Description: Permanent faculty members in the Department of Clinical Sciences, appointed by the Head of the Department of Clinical Sciences for the management and control of the Intensive Care Units.

2. Scope of duty
Intensive care units (small and large animals) within the Animal Hospital; Ensuring clean, orderly and safe use.

3. General rules
3.1. In order to admit patients to the Intensive Care Unit, the following will be given by the Intensive Care Officer; Intensive Care Cabinet Delivery Report (MAKÜ.HH.06) and Intensive Care Unit Undertaking (MAKÜ.HH.09) must be filled and signed.
3.2. Only patients brought by permanent faculty members, specifically veterinarians, lecturers, or research assistants, may be admitted to the Intensive Care Unit after the relevant forms are completed and signed.
3.2. When doctoral or master's students want to admit a patient, the relevant forms must be signed by the doctoral or master's students and the permanent faculty members who treat the patient together.

4. List of authorities, responsibilities and duties
4.1. Registering the patients coming to the unit, delivering the cages to the responsible veterinarians in return for a report and taking them back, having the intensive care unit commitments signed by the responsible veterinarians and archiving these documents.
4.2. He is responsible for ensuring and monitoring the cleaning of the unit, cages and intensive care cages, ensuring the supply of materials such as garbage bags, gloves, cleaning materials, shoe covers, sharps waste bins and disinfectants required in the unit, and reporting any problems that may be encountered in the operation of the unit to the Chief Physician.
4.5. Intensive care units; To ensure that it is used according to the Intensive Care Unit Procedure (MAKÜ.HH.08).
3.13. To perform other duties assigned by the Chief Physician.

Chairman of the Unit Quality Commission	Head of Clinical Sciences Department	Dean of the Faculty of Veterinary Medicine
Prof. Dr. Burcu M. BALKAN	**Prof. Dr. A. Reha AĞAOĞLU**	**Prof. Dr. M. Çağrı KARAKURUM**

Appendix 15.28: MAKÜ.HH.27 MEDICAL WASTE PERSONNEL DUTY DESCRIPTION

	MEDICAL WASTE PERSONNEL	JOB DESCRIPTION
PUBLICATION DATE: 01.02.2020	UPDATE DATE: 24.07.2026	DOCUMENT NO: MAKÜ.HH.27

1. Information about the task
Unit: Burdur Mehmet Akif Ersoy University Faculty of Veterinary Medicine Animal Hospital
Position name: Medical waste personnel
Job Description: Collecting medical waste and transporting it to the medical waste warehouse.

2. Scope of duty

To collect medical waste collected separately at its source, without harming the environment and human health, within the framework of relevant guidelines and instructions and transport it to the medical waste warehouse.

3. General rules

3.1. Medical waste must be collected every day at the time determined by the Hospital Manager.
3.2. Medical waste personnel provided by the institution; Must wear gloves, protective glasses, mask, boots and special orange protective clothing.
3.3. They must comply with working hours and must have their personnel IDs scanned at the kiosks in the faculty or hospital building upon arrival and departure of work.

4. Activity flow

4.1. Medical waste personnel; To collect medical waste, it goes to the clinic/laboratory where it will receive the medical waste with the orange container/container/bucket used only for medical waste transportation.
4.2. Places tightly tied medical waste bags received from clinics or laboratories into the container/container/bucket without squeezing them.
4.3. Transporting the collected medical waste to temporary storage/container; It is done so that the places where patients are treated are as far away as possible from other clean areas and areas with heavy human and patient traffic.
4.4. It cleans and disinfects the medical waste warehouse after each medical waste transportation.
4.5. Immediately reports any injuries that may occur during the collection and transportation of medical waste to the medical waste manager.

Chairman of the Unit Quality Commission	Head of Clinical Sciences Department	Dean of the Faculty of Veterinary Medicine
Prof. Dr. Burcu M. BALKAN	Prof. Dr. A. Reha AĞAOĞLU	Prof. Dr. M. Çağrı KARAKURUM

Appendix 15.29: MAKÜ.HH.28 RADIOLOGY PROCEDURE

HAYVAN HASTANESİ	**RADIOLOGY PROCEDURE**	
PUBLICATION DATE: 01.03.2020	UPDATE DATE: 24.07.2026	DOCUMENT NO: MAKÜ.HH.28

1. Purpose: To determine the functioning of the Radiology Unit in the Animal Hospital, to increase the quality of patient care and patient owner satisfaction, to determine the working order of the staff, and to ensure the effective use of hospital resources.

2. Scope: It covers all the activities carried out and the responsibilities of the staff in the period from the admission of the patients to the radiology unit, their daily care/feeding and until their discharge.

3. Responsible parties

Head Physician

Deputy Head Physician

Responsible Manager

Radiology Unit Manager

Personnel with dosimeter

4. General Rules

- Patients referred from clinics or patients coming to the Emergency Clinic can be admitted to the Radiology Unit.
- In the Radiology unit, there is a Radiology Officer appointed by the Emergency Clinic Commission and approved by the Dean's Office during working hours.
- Outside working hours, if the Veterinarian on Duty at the Emergency Clinic has a dosimeter, he can use the Radiology unit. If it is necessary to take a radiogram during the duty of a Physician on Duty who does not have a dosimeter, the Veterinarian on duty calls the Surgical On-Call Veterinarian who has a dosimeter.
- If the radiology officer is not in the radiology unit when a patient comes to take a radiogram and cannot come when called, the faculty members who have dosimeters in the Department of Surgery are notified and the requested radiogram is taken.
- The Radiology Officer must wear his dosimeter.
- The radiologist cannot perform imaging without using personal protective equipment (lead apron, gonad protector, thyroid protector, lead glove, etc.).

5. Flow of Activity

5.1. Patient admission and registration to the radiology unit

- In order for patients referred from clinics to the radiology unit to be photographed in the radiology unit; A Radiology request must be made by a staff veterinarian through the patient follow-up program and the fee determined for the relevant service must be paid by the patient owner.

- Radiology Unit Manager; records the patient in the Radiology Unit notebook and the Animal Hospital Patient Tracking Program by adding the protocol number and the numbers of the relevant documents.

5.2. Views

- Doors are kept closed during imaging in the radiology unit.
- If the patient needs to be sedated or anesthetized in order to perform imaging, help is received from the Research Assistants in the Department of Surgery.
- The patient is placed in the appropriate position for shooting. At this stage, help can be received from undergraduate, graduate, doctoral students or other Veterinarians. Helping personnel are also ensured to wear protective clothing.
- The radiograms are evaluated within approximately 40 minutes after the shooting and the results are added to the patient's file.
- Radiological images are recorded with protocol numbers on the relevant devices.
- Maintenance and cleaning of the devices and equipment and the table on which the patient is placed are carried out by the Radiology Supervisor.
- Cleaning personnel take part in the cleaning of other parts of the unit.

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Appendix 15.30: MAKÜ.HH.29 PERSONNEL ACCIDENT FORM

HAYVAN HASTANESİ	**PERSONNEL ACCIDENT FORM**	
PUBLICATION DATE: 01.03.2020	UPDATE DATE: 24.07.2026	DOCUMENT NO: MAKÜ.HH.29

WHERE THE ACCIDENT HAPPENED		
LOCATION	HISTORY	TIME

HOW THE ACCIDENT HAPPENED

PERSONNEL WHO HAD AN ACCIDENT	
NAME SURNAME	
GENDER	
TURKISH ID NO.	
CONTACT INFORMATION	

THINGS DONE AFTER THE ACCIDENT

REASON FOR THE ACCIDENT	
CARELESSNESS☐	INTENT☐
NEGLECT☐	BUILDING DEFECT☐
OTHER .....☐	

RESULT OF THE INCIDENT

EDITOR OF THE DOCUMENT	
RESPONSIBLE MANAGER	SIGNATURE

REPUBLIC OF TÜRKİYE BURDUR MEHMET AKİF ERSOY UNIVERSITY
TO THE DEAN'S OFFICE OF THE VETERINARY FACULTY

WORK ACCIDENT REPORT

One of the staff of our faculty……., was subjected to a work accident in the…… unit of our faculty on ...../...../……., around .....:....., at ..... and as a result of this accident, ...

This accident report has been prepared and signed by us on the date of ...../...../..... at the location of ……..

Position Name and Surname Signature Mobile Phone

Accident Scene Responsible:

T.R. ID Number:

Accident Witness:

T.R. ID Number:

Accident Witness:

T.R. ID Number:

Accident Witness:

T.R. ID Number:

Appendix 15.31: MAKÜ.HH.30 CLINICAL SKILLS LABORATORY COORDINATOR DUTY DESCRIPTION

	CLINICAL SKILLS LABORATORY RESPONSIBLE	JOB DESCRIPTION
PUBLICATION DATE: 01.02.2020	UPDATE DATE: 24.07.2026	DOCUMENT NO: MAKÜ.HH.30

1. Information about the task
Unit: Burdur Mehmet Akif Ersoy University Faculty of Veterinary Medicine Animal Hospital
Position name: Clinical Skills Laboratory Supervisor
Job Description: Permanent faculty members in the Department of Clinical Sciences appointed by the Head of the Clinical Sciences Department for the management and control of the Clinical Skills Laboratory.

2. Scope of duty
Clinical skills laboratory within the Animal Hospital; Ensuring clean, orderly and safe use.

3. General rules
3.1. Faculty members using the clinical skills laboratory must fill out and sign the clinical skills laboratory log book.
3.2. Students who want to use the clinical skills laboratory outside of class hours can use the laboratory under the knowledge and supervision of the laboratory manager.

4. List of authorities, responsibilities and duties
4.1. Ensuring that patients, students and faculty members who come to the laboratory fill out the registration book.
4.2. Ensuring the safe use of animal models in the laboratory.
4.3. Ensuring that the laboratory and its equipment (tables, chairs, cabinets, etc.) are cleaned.
4.4. Keeping track of materials such as garbage bags, gloves, cleaning materials, shoe covers, sharps waste bins and disinfectants in the laboratory and informing the Chief Physician to obtain them when necessary.
4.5. Maintaining laboratory order.
4.6. To perform other duties assigned by the Chief Physician.

Chairman of the Unit Quality Commission	Head of Clinical Sciences Department	Dean of the Faculty of Veterinary Medicine
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Appendix 15.32: MAKÜ.HH.31 CLINICAL DIAGNOSTIC LABORATORY COORDINATOR DUTY DESCRIPTION

	CLINICAL DIAGNOSIS LABORATORY RESPONSIBLE	JOB DESCRIPTION
PUBLICATION DATE: 01.02.2020	UPDATE DATE: 24.07.2026	DOCUMENT NO: MAKÜ.HH.31

1. Information about the task

Unit: Burdur Mehmet Akif Ersoy University Faculty of Veterinary Medicine Animal Hospital

Name of the position: Instructors, biologists, laboratory assistants or veterinary health technicians who are assigned to use laboratory analysis devices and give results in the Clinical Diagnostic Laboratory operating within the animal hospital, in accordance with the instructions of the Chief Physician of Burdur MAKÜ Animal Hospital. Relevant personnel provide laboratory services; They are obliged to do so in accordance with the law, regulations, directives and instructions.

2. Scope of duty

All services and operations of the laboratory in which he/she is assigned; To carry out in accordance with the provisions of the law, statute, regulation, directive and instruction.

3. General rules

3.1. Clinical diagnostic laboratory responsible, provided by the institution; Must wear a white laboratory coat with an identification card on the collar, gloves, protective glasses and, if necessary, a mask.

3.2. They must comply with working hours and must have their personnel IDs scanned at the kiosks in the faculty or hospital building upon arrival and departure of work.

3.3. Clinical diagnostic laboratory manager; He is responsible for all analysis service activities that can be carried out in the laboratory he is responsible for.

3.4. The walls, counters and floors of the laboratory are cleaned by the cleaning staff.

3.5. In case of malfunction of the devices in the laboratory, the head of the clinical diagnostic laboratory informs the Responsible Manager.

3.6. When people working in the clinical diagnostic laboratory encounter any accident, the Personnel Accident Form is filled out (MAKÜ.HH.29).

4. Task list

4.1. Using laboratory equipment cleanly and in accordance with the rules.

4.2. Accepting samples from clinics, recording them in the laboratory notebook, and making preliminary preparations for analysis if necessary.

4.3. When an unsuitable sample is received, reject the sample, notify the unit that sent the relevant sample and request a new sample.

4.4. To prepare the results of the analysis in a report and inform the Veterinarian who made the request.

4.5. To turn on and off the devices in the laboratory on a daily basis.

4.6. To carry out daily maintenance of the devices in the laboratory.

4.7. To follow the periodic maintenance and calibration dates of the devices in the laboratory; To inform the Responsible Manager to notify the technical service 15 days before the maintenance date.

4.8. To follow the stock status of consumables used in the laboratory. To inform the relevant deputy Head Physician to purchase new consumables before the stocks run out.

4.9. To provide the necessary information to the personnel who monitor whether the devices used in the hospital are in working order.

4.10. Preventing people other than laboratory personnel from entering the laboratory area.

5. Flow of Activity

5.1. The clinical diagnostic laboratory officer carries out the daily maintenance and use of all devices in the laboratory in accordance with the instructions for use of the relevant device.

5.2. Requests made from Animal Hospital Clinics are made by Faculty Members, Research Assistants, Lecturers and permanent Veterinarians through the patient follow-up program.

5.3. In order for the requested analyzes to be performed, the patient owner must first deposit the analysis fees to the revolving fund.

5.4. If blood analysis will be done; Before taking blood from the patient, the clinical diagnostic laboratory manager should be asked which type of tube will be used for analysis.

5.5. Blood collection tubes are provided by the clinical diagnostic laboratory.

5.6. The clinical diagnostic laboratory officer informs the requesting staff veterinarian about the time of results.

4.7. The protocol number and the department from which it came should be written on the tubes brought to the clinical diagnostic laboratory after blood collection.

5.8. After the work, finished blood tubes or materials that have come into contact with blood are poured into the medical waste bucket.

5.9. A copy of the results of the tests performed is given to the patient owners. The other copy is added to the patient file.

5.10. Each sample arriving at the Clinical Diagnostic Laboratory is recorded in the laboratory notebook.

Chairman of the Unit Quality Commission	Head of Clinical Sciences Department	Dean of the Faculty of Veterinary Medicine
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Appendix 15.33: MAKÜ.HH.32 VETERINARY HEALTH TECHNICIAN DUTY DESCRIPTION

HAYVAN HASTANESİ	**VETERINARY HEALTH TECHNICIAN**	**JOB DESCRIPTION**
PUBLICATION DATE: 01.02.2020	UPDATE DATE: 24.07.2026	DOCUMENT NO: MAKÜ.HH.32

1. Information about the task
Unit: Burdur Mehmet Akif Ersoy University Faculty of Veterinary Medicine Animal Hospital
Position name: Veterinary health technician
Job Description: Person with technical knowledge and skills to assist in clinical and administrative services provided at the Animal Hospital.

3. General rules

3.1. Performs administrative or clinical duties assigned by the Dean's Office or Chief Physician at the Animal Hospital.
3.2. Must wear clinical attire while performing clinical duties.
3.2. They must comply with working hours and must have their personnel IDs scanned at the kiosks in the faculty or hospital building upon arrival and departure of work.

4. List of authorities, responsibilities and duties

4.1. Administrative duties:
- Welcoming patients in the Animal Hospital Patient Admission unit and recording the records of incoming patients into the patient tracking system.
- To inform the triage physician on duty about the arriving patient.
-Issuing revolving fund receipts.

4.2. Clinical tasks:
- Applied to sick animals; examination, dressing, care, shaving, nail cutting, injection, etc. Assisting Veterinarians during clinical practices.

4.3. To fulfill other duties assigned by the Chief Physician.

Chairman of the Unit Quality Commission	Head of Clinical Sciences Department	Dean of the Faculty of Veterinary Medicine
Prof. Dr. Burcu M. BALKAN	**Prof. Dr. A. Reha AĞAOĞLU**	**Prof. Dr. M. Çağrı KARAKURUM**

Appendix 15.34: MAKÜ.HH.33 LABORATORY ASSISTANT DUTY DESCRIPTION

HAYVAN HASTANESİ	**LABORATORY ASSISTANT**	**JOB DESCRIPTION**
PUBLICATION DATE: 01.02.2020	UPDATE DATE: 24.07.2026	DOCUMENT NO: MAKÜ.HH.33

1. Information about the task

Unit: Burdur Mehmet Akif Ersoy University Faculty of Veterinary Medicine Animal Hospital

Task name: Laboratory

Job Description: Person with technical knowledge and skills to work in the clinical diagnostic laboratory or sterilization units at the Animal Hospital.

3. General rules

3.1. Performs the duties assigned by the Chief Physician in the Clinical Diagnostic Laboratory and Sterilization Units in the Animal Hospital or in other units deemed necessary.

3.2. While performing the assigned duties, the staff must wear clinical uniforms and use the protective materials (mask, glasses, gloves, etc.) provided by the institution.

3.3. On-duty personnel should not leave their place of duty except in cases of necessity and within the hours notified to them.

3.4. Staff cannot prepare food/beverage in laboratories or sterilization units outside the area designated for them within the hospital.

3.5. Staff cannot consume food or beverages in laboratories or sterilization units.

3.5. They must comply with working hours and must have their personnel IDs scanned at the kiosks in the faculty or hospital building upon arrival and departure of work.

4. List of authorities, responsibilities and duties

4.1. Clinical Diagnostic Laboratory

- Using laboratory equipment cleanly and in accordance with the rules.
- Accepting the samples coming from the clinics, recording them in the laboratory notebook, and making preliminary preparations for analysis if necessary.
- When an unsuitable sample is received, rejecting the sample, reporting the situation to the unit that sent the relevant sample, and requesting a new sample.
- To prepare the results of the analysis in a report and inform the Veterinarian who made the request.
- To turn on and off the devices in the laboratory on a daily basis.
- To carry out daily maintenance of the devices in the laboratory.
- To follow the periodic maintenance and calibration dates of the devices in the laboratory; To inform the Responsible Manager to notify the technical service 15 days before the maintenance date.
- To follow the stock status of consumables used in the laboratory. Informing the Responsible Manager to purchase new consumables before stocks run out.
- To provide the necessary information to the personnel who monitor whether the devices used in the hospital are in working order.
- Preventing people other than laboratory personnel from entering the laboratory area.

4.2. Sterilization Unit

- To use the sterilization devices (autoclave, dry sterilizer, etc.) in the sterilization units in the Animal Hospital Obstetrics, Gynecology and Surgery Clinics cleanly and in accordance with the rules.
- Washing and rinsing the instruments in used surgical sets coming from clinics with detergent.
- Separating the cleaned and dried surgical instruments as notified by the clinics, arranging them in their own containers, autoclaving them and placing them in the sterilization units.

-To wash the surgical drapes and surgical boxing aprons coming from the clinics in the washing machines in the units and dry them in the dryers after removing any coarse dirt (tissue pieces, blood clots, hair, etc.). Then autoclave it by placing it in suitable trommels.
- To ensure the washing and drying of clinical clothes such as aprons and doctor's suits, which come from the clinics with coarse dirt (blood clots, feces, hair, tissue pieces, etc.) cleaned.
- To monitor the detergent status to be used in the washing machine in the sterilization units and to notify the Responsible Manager before it runs out.
-Preventing people other than responsible personnel from entering the sterilization unit.
4.3. To fulfill the duties assigned by the Chief Physician.

Chairman of the Unit Quality Commission	Head of Clinical Sciences Department	Dean of the Faculty of Veterinary Medicine
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Appendix 15.35: MAKÜ.HH.34 PHARMACY AND CONSUMABLES COORDINATOR DUTY DESCRIPTION

	PHARMACY AND CONSUMABLES RESPONSIBLE	JOB DESCRIPTION
PUBLICATION DATE: 01.02.2020	UPDATE DATE: 24.07.2026	DOCUMENT NO: MAKÜ.HH.34

1. Information about the task
Unit: Burdur Mehmet Akif Ersoy University Faculty of Veterinary Medicine Animal Hospital
Position name: Pharmacy and Consumables Manager
Job Description: Counting the stock of medicines and consumables in the pharmacy. Reporting to the Responsible Manager.

2. General rules

3.1. Performs the duties assigned by the Chief Physician in the Pharmacy and Consumables Warehouse located in the Animal Hospital.
3.2. On-duty personnel should not leave their place of duty except in cases of necessity.
3.5. They must comply with working hours and must have their personnel IDs scanned at the kiosks in the faculty or hospital building upon arrival and departure of work.

3. List of authorities, responsibilities and duties

3.1. To enter and follow up the stock of the drugs or consumables supplied.
3.2. For running out of supplies or medicines; To notify the Responsible Manager for resupply.
3.3. Ensuring that medicines and vaccines in the pharmacy are stored appropriately.
3.4. To receive payment for medicines or consumables prescribed by the veterinarians on duty and staff at the hospital, to issue a receipt and to deliver the requested medicine or supplies to the patient owner.
3.5. Ensuring cleanliness, order and security of the pharmacy and consumables warehouse.
3.6. To perform other duties assigned by the Chief Physician.

Chairman of the Unit Quality Commission	Head of Clinical Sciences Department	Dean of the Faculty of Veterinary Medicine
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Appendix 15.36: MAKÜ.HH.35 ANIMAL CARETAKER DUTY DESCRIPTION

	ANIMAL SITTER	JOB DESCRIPTION
PUBLICATION DATE: 01.02.2020	UPDATE DATE: 24.07.2026	DOCUMENT NO: MAKÜ.HH.35

1. Information about the task
Unit: Burdur Mehmet Akif Ersoy University Faculty of Veterinary Medicine Animal Hospital
Job name: Animal caretaker
2. Scope of duty
To carry out general cleaning of the hospitalization units within the Animal Hospital.
3. General rules
3.1. Animal caretaker; He/she must wear the clothes provided by the institution (work apron, overalls, t-shirt, etc.). In addition, men and women must comply with the general dress code.
3.2. In case of emergency (fire, fall, crash, theft, attack, etc.), the staff must primarily inform the Chief Physician, and in case of absence, the Faculty Secretariat.
3.3. Staff must comply with working hours and have their staff cards scanned at the kiosk located at the entrance of the Animal Hospital when entering and exiting work hours.
3.4. While cleaning, safety precautions should be taken into consideration. In case of any accident, the personnel accident form (MAKÜ.HH.29) must be filled out and submitted to the Chief Physician.
3.5. He/she should not leave his/her duty place unless necessary.
4. List of authorities, responsibilities and duties
4.1. To clean the areas where animals are kept within the Animal Hospital on a daily basis.
4.2. Cleaning the areas of hospitalization units daily and using detergent and disinfectant materials when necessary.
4.3. Cleaning the cages in the hospitalization unit with disinfectant and detergent after the patient is discharged.
4.4. Initial the control form after daily cleaning and control.
4.5. To notify the Hospitalization Unit Coordinator when you see an emergency situation (death, injury, getting stuck in a cage, etc.) in patients hospitalized in the hospitalization unit during the daily work.
4.6. To perform other duties assigned by the Chief Physician.

Head of Clinical Sciences Department	Dean of the Faculty of Veterinary Medicine
Prof. Dr. A. Reha AĞAOĞLU	**Prof. Dr. M. Çağrı KARAKURUM**

Appendix 15.37: MAKÜ.HH.36 PERMANENT WORKER DUTY DESCRIPTION

	PERMANENT WORKER	JOB DESCRIPTION
PUBLICATION DATE: 01.02.2020	UPDATE DATE: 24.07.2026	DOCUMENT NO: MAKÜ.HH.36

1. Information about the task
Unit: Burdur Mehmet Akif Ersoy University Faculty of Veterinary Medicine Animal Hospital
Mission: Auxiliary Services
Description of the task: To clean the areas defined for them within the framework of Laws No. 657 and 4857, to carry out transportation works and to perform other duties as assigned.

2. General Rules

2.1. Employees must wear clothes provided by the institution (work apron, overalls, t-shirts, etc.). In addition, men and women must comply with the general dress code.
2.2. In case of emergency (fire, fall, crash, theft, attack, etc.), the staff must primarily inform the Chief Physician, and in case of absence, the Faculty Secretariat.
2.3. Staff must comply with working hours and have their staff cards scanned at the kiosk located at the entrance of the Animal Hospital when entering and exiting work hours.
2.4. While cleaning the place, safety precautions should be taken into consideration. In case of any accident, the personnel accident form (MAKÜ.HH.29) must be filled out and submitted to the Chief Physician.
2.5. He/she should not leave his/her duty place unless necessary.

3. List of authorities, responsibilities and duties

3.1. To clean the open and closed areas, lecture halls, classrooms, laboratories, academic and administrative staff study rooms and common areas of the Animal Hospital in accordance with the order determined by the Hospital Manager.
3.2. To regularly empty the domestic waste bins in the open and closed areas of the Animal Hospital and in the study rooms of the academic and administrative staff.
3.3. To check the daily cleanliness of the toilets and showers within the Animal Hospital and on the floors where the Academic Staff's study rooms are located, and to clean them with detergent and disinfectant material when necessary.
3.4. Cleaning the sinks in toilets with liquid cleaning material. Wiping mirrors and taps, replenishing paper towels and liquid soap as needed, initialing the control form.
3.5. Materials, fixtures, machinery-equipment, etc. Carrying goods or loads, loading and unloading.
3.6. Participating in Emergency Clinical Watches within the scope of assignment made by the Chief Physician or Dean's Office.
3.7. To perform other duties assigned by the Chief Physician and the Responsible Manager.

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Appendix 15.38: MAKÜ.HH.37 PATIENT REGISTRATION / ADMISSION CLERK DUTY DESCRIPTION

	PATIENT REGISTRATION/ADMISSION OFFICER	JOB DESCRIPTION
PUBLICATION DATE: 01.02.2020	UPDATE DATE: 24.07.2026	DOCUMENT NO: MAKÜ.HH.37

1. Information about the task
Unit: Burdur Mehmet Akif Ersoy University Faculty of Veterinary Medicine Animal Hospital
Name of the role: Patient registrar/admission officer
Job Description: To welcome patients coming to the animal hospital, record them in the patient registration automation system, and notify the Veterinarian or Triage Doctor on duty. Answering calls to the hospital.

2. General rules

3.1. On-duty personnel should not leave their place of duty except in cases of necessity.
3.2. They must comply with working hours and must have their personnel IDs scanned at the kiosks in the faculty or hospital building upon arrival and departure of work.
3.5. Patients should treat their owners with a friendly attitude.
3.6. He should pay attention to his attire.

3. List of authorities, responsibilities and duties

3.1. To accurately record the information of patients and patient owners coming to the hospital into the patient registration automation system.
3.2. Ensuring that patient record files are properly archived.
3.2. To inform the patient owner about pricing.
3.3. Answering calls to the hospital.
3.6. To carry out the duties assigned by the Chief Physician.

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Appendix 15.39: MAKÜ.HH.38 EMERGENCY CLINIC COMMISSION DUTY DESCRIPTION

	EMERGENCY CLINIC COMMISSION	JOB DESCRIPTION
PUBLICATION DATE: 01.02.2020	UPDATE DATE: 24.07.2026	DOCUMENT NO: MAKÜ.HH.38

1. Information about the task
Unit: Burdur Mehmet Akif Ersoy University Faculty of Veterinary Medicine Animal Hospital
Task name: Emergency Clinical Commission
Job Description: Ensuring and supervising the continuity of the working order of the Emergency Clinic.

2. Formation of the Emergency Clinical Commission:

2.1. Commission; It consists of the Head Physician, assistant chief physicians, Heads of Departments in the Department of Clinical Sciences and the Responsible Manager.

2.2. When necessary, the Dean may chair the Emergency Clinical Committee.

3. General rules

3.1. Members of the Emergency Clinic Commission have the authority to inspect the Emergency Clinic and obtain information from the staff at any time they wish.

3.2. Members of the Emergency Clinic Commission cannot take or use the consumables, medications or devices found in the Emergency Clinic to the clinics of the departments where they work.

3.3. They ensure the appropriate use of devices, other materials and fixtures in the emergency clinic.

4. List of authorities, responsibilities and duties

4.1. To determine the Duty Veterinarians, Necessary Duty Officers, Examination Physicians and Triage Physicians who will be on duty at the Emergency Clinic, and to create monthly rotation schedules and submit them to the approval of the dean's office.

4.2. To create lists of 9th and 10th semester undergraduate students who will participate in Emergency Clinical Watches and to prepare rotation schedules and submit them to the dean's office and to announce them by the end of the 2nd week at the latest from the start date of the semester.

4.3. To obtain the attendance status of VEHIP registered students who attend Emergency Clinic Watches from the Emergency Clinic Coordinator 2 weeks before the end of the Maturation Practice Training. And to identify students registered in VEHIP who have not attended emergency clinical training according to document number MAKÜ.HH.39 and to report these students to the Maturation Practice Training Commission.

4.4. To prepare and announce a duty list during the Intern Compensation Program week for VEHIP registered undergraduate students who did not attend emergency clinic shifts.

4.5. To make and implement decisions regarding hospital operation when necessary.

Chairman of the Unit Quality Commission	Head of Clinical Sciences Department	Dean of the Faculty of Veterinary Medicine
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Appendix 15.40: MAKÜ.HH.39 PROCEDURE FOR UNDERGRADUATE STUDENT PARTICIPATION IN EMERGENCY CLINIC DUTY

	PROCEDURE FOR UNDERGRADUATE STUDENTS TO PARTICIPATE IN EMERGENCY CLINIC SHOCKS	
PUBLICATION DATE: 01.03.2020	UPDATE DATE: 24.07.2026	DOCUMENT NO: MAKÜ.HH.39

1. Purpose: Faculty of Veterinary Medicine 9th and 10th semester students will be able to access 24/7 healthcare services at the Emergency Clinic in the Animal Hospital, IV. To ensure that they attend the first day of the Turkish Veterinary Medical Congress in order to contribute to the provision of their competencies.

2. Scope: It covers the rules that 9th and 10th semester students of the Faculty of Veterinary Medicine must follow regarding participating in Emergency Clinic shifts.

3. Responsible parties

Head Physician
Deputy Head Physician
Emergency Clinic Coordinator
On Duty Veterinarian

4. General rules

4.1. Only 9th and 10th semester students participate in emergency clinics according to the lists determined and announced by the emergency clinic commission.

4.2. Participation in emergency clinic shifts; It is provided at night (from 18.30 to 08.30) on working days and during the day (from 08.30 to 18.30) and at night (from 18.30 to 08.30) on public holidays.

4.3. 9th and 10th semester students must attend an emergency clinic shift at least once during their semester.

4.4. Students who will attend emergency clinic shifts cannot change the shifts they will attend among themselves. Students who cannot attend the shift in any way are required to notify the Emergency Clinic Coordinator.

5. Flow of Activity

5.1. Participation of students in emergency clinics

- Students who will participate in the emergency clinic shift must come to the emergency clinic at the shift time specified in the list and give attendance to the veterinarian on duty in exchange for a signature.
- Students who cannot attend or come to the emergency clinic on time must notify the Emergency Clinic Coordinator.

4.2. emergency clinic shift

- The veterinarian on duty is responsible for undergraduate students who come to the emergency clinic. They are under the supervision of the Veterinarian on Duty during the emergency shift and must comply with the warnings of the veterinarian on duty.
- Students coming to the emergency clinic must wear clinical uniforms (dark blue top/bottom suit, slippers, name badge, white coat).
- Students participating in emergency clinic duty; They cannot bring along any unapproved students or friends other than themselves.

- Students participating in an emergency clinic shift must assist in all medical interventions performed by the veterinarian on duty during the shift.
- Students participating in emergency clinic duty must assist in the care, feeding, treatment and cleaning of patients in hospitalization and intensive care units performed by the veterinarian on duty.
- Students participating in emergency clinic duty cannot spend their free time in an area other than the accommodation rooms and study room designated for them in the animal hospital.
- Students participating in an emergency clinic shift cannot leave the animal hospital during the designated shift hours.

4.3. Separation of students participating in emergency clinic duty

- Students participating in the emergency clinic shift can leave the animal hospital by giving attendance to the veterinarian on duty for a signature when the designated hours are up. If students who participate in an emergency clinic shift do not sign this before leaving the emergency clinic shift, they will be treated as if they did not attend the shift.

4.3. Miscellaneous provisions

- According to the list prepared and announced by the Veterinarian on Duty and the Emergency Clinic Commission, if the students who need to attend the emergency clinic duty do not come to the emergency clinic, the Emergency Clinic Supervisor is notified in writing.

Faculty of Veterinary Medicine Chairman of the Quality Commission	Head of Clinical Sciences Department	Dean of the Faculty of Veterinary Medicine
Prof. Dr. Burcu M. BALKAN	Prof. Dr. A. Reha AĞAOĞLU	Prof. Dr. M. Çağrı KARAKURUM

Appendix 15.41: MAKÜ.HH.40 CLINICAL DIAGNOSTIC LABORATORY PROCEDURE

HAYVAN HASTANESİ	**CLINICAL DIAGNOSTIC LABORATORY PROCEDURE**	
PUBLICATION DATE: 01.03.2020	UPDATE DATE: 24.07.2026	DOCUMENT NO: MAKÜ.HH.40

1. Purpose: To determine the functioning of the Clinical Diagnostic Laboratory in the Animal Hospital, to increase the quality of patient care and patient owner satisfaction, to determine the working order of the staff, and to ensure the effective use of hospital resources.

2. Scope: It includes accepting the samples taken to the clinical diagnostic laboratory, daily maintenance of the devices in the clinical diagnostic laboratory, ensuring laboratory cleanliness and security.

3. Responsible parties

Head Physician

Deputy Head Physician

Responsible Manager

Clinical Diagnostic Laboratory Supervisor

Laboratory Assistant

4. General Rules

- To the clinical diagnostic laboratory; Examples can come from patients coming to animal hospital clinics, research/thesis projects approved by MAKÜ-HADYEK, sub-projects carried out within the scope of the Regional Development Oriented Mission Differentiation project, MAKÜ Experimental Animal Production and Experimental Research Laboratory, and freelance Veterinarians.

4.1. Requesting from Animal Hospital Clinics

- Samples are sent to the clinical diagnosis laboratory by the Responsible Faculty Member, Research Assistant, Lecturer or staff Veterinarians upon request through the patient follow-up program.
- In order for the requested analyzes to be performed, the patient owner must first deposit the analysis fees to the Faculty of Veterinary Medicine Revolving Fund to be recorded as income. Analyzes cannot be made before the revolving fund fee is paid.

4.2. Analysis Within the Scope of the Project

- Examples, TÜBİTAK, BAP etc. If it will be taken and brought to the laboratory within the scope of research projects carried out with supports, the fees for the analyzes must be transferred from the project expenditure items to the Revolving Fund of the Faculty of Veterinary Medicine to be recorded as income.

4.3. Analysis of Samples Coming from Private Veterinarians

- Samples are sent to the clinical diagnosis laboratory by the Responsible Faculty Member, Research Assistant, Lecturer or staff Veterinarians upon request through the patient follow-up program.

- In order for the requested analyzes to be performed, the patient owner must first deposit the analysis fees to the Faculty of Veterinary Medicine Revolving Fund to be recorded as income. Analyzes cannot be made before the revolving fund fee is paid.

5. Flow of Activity

5.1. Acceptance and Registration of Samples to the Clinical Diagnostic Laboratory

- Samples are recorded in the clinical diagnostic laboratory notebook.
- After the study, finished blood tubes or other consumables that have come into contact with blood are thrown into the medical waste bucket.

5.2. Saving and Reporting Analysis Results

- If the samples came from a patient at the Animal Hospital, a copy of the results of the tests performed is given to the owner/veterinarian. The other copy is added to the patient file.
- If the samples come within the scope of research/project, the test results are given to the person making the request.
- The analyzes performed are recorded in the clinical diagnostic laboratory notebook.

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Appendix 15.42: MAKÜ.HH.41 PROCEDURE FOR SENDING SAMPLES TO PRECLINICAL SCIENCES LABORATORIES

HAYVAN HASTANESİ	**PROCEDURE FOR SENDING SAMPLES TO PRE-CLINICAL SCIENCES DEPARTMENT LABORATORIES**	
PUBLICATION DATE: 01.03.2020	UPDATE DATE: 24.07.2026	DOCUMENT NO: MAKÜ.HH.41

1. Purpose: To determine the process of sending samples from the Animal Hospital to the Preclinical Sciences Department Laboratories, to increase patient owner satisfaction, to determine the working order of the staff, and to ensure the effective use of veterinary faculty resources.

2. Scope: It covers the processes of sending the samples taken at the Animal Hospital to the pre-clinical sciences department laboratory and receiving the results.

3. Responsible parties

Head Physician

Deputy Head Physician

Responsible Manager

Instructors in Charge of Pre-Clinical Sciences Department Laboratories

4. General rules

- Samples are sent to the relevant pre-clinical sciences department diagnostic laboratories by the Responsible Faculty Member, Research Assistant, Instructor or staff Veterinarians via the patient tracking software program.
- Before the samples are sent, if necessary, support is requested from the laboratory to be requested for correct sampling.
- In order for the requested analyzes to be performed, the patient owner must first deposit the analysis fees to the Faculty of Veterinary Medicine Revolving Fund to be recorded as income. Analysis cannot be made without submitting the revolving fund receipt.
- For the samples to be sent to the Pre-Clinical Sciences Department laboratories, sample acceptance places and contact phones of the acceptance places are determined in the relevant departments. The heads of the relevant departments are responsible for the sample acceptance without interruption and the organization of the reception areas.
- The results obtained from the Pre-Clinical Sciences Department laboratories are written in the results section of the examination request form and signed by a permanent faculty member who performs the examination and has at least the title of "Doctor".
- The list of responsible faculty members to be determined for the samples to be sent from the clinics to the Preclinical Sciences Department laboratories is determined by the departments providing laboratory services for the following month in the last week of each month and sent to the Preclinical Sciences Department Head. The Department of Pre-Clinical Sciences submits the list of responsible faculty members to the Dean.

- The examination request form showing the results obtained from the units of the Department of Pre-Clinical Sciences is delivered to the Head of the Department of Clinical Sciences. The Department of Clinical Sciences is responsible for delivering the analysis results received to the relevant clinical unit or person. The analysis results obtained from the Preclinical Sciences Department are not given to the animal owner; if they request, they can obtain the results from the department requesting the analysis. - Examination request forms to be sent from clinics are prepared by the Heads of Departments that constitute Pre-Clinical Sciences, which provide laboratory services, together with the revolving fund codes.

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Appendix 15.43: MAKÜ.HH.42 SURGICAL SET HANDOVER PROCEDURE

HAYVAN HASTANESİ	**SURGICAL SET HANDOVER PROCEDURE**	
PUBLICATION DATE: 17.06.2020	UPDATE DATE: 24.07.2026	DOCUMENT NO: MAKÜ.HH.42

1. Purpose: To safely deliver the sterile surgical sets used in surgical operations at MAKÜVET Animal Hospital from the sterilization unit to the operating room, to count them before and after the operation, to record the deficiencies and to ensure traceability of the surgical instruments.

2. Scope: It covers all activities, starting from the completion of the sterilization process of all surgical sets prepared in the sterilization unit, to their pre-operative delivery, use during the operation, post-operative counting and delivery to the re-sterilization unit.

3. Responsible parties

Head Physician

Deputy Chief Physician

Responsible Manager

Faculty Members of the Department of Clinical Sciences

Operating Room Manager

Sterilization Unit Manager

Operating Room Technical Staff

Relevant Auxiliary Health Personnel

Postgraduate Students

4. General Rules

- Only surgical sets that have been sterilized and checked can be used in operations.
- The sets whose sterilization process is completed are checked by the Sterilization Unit Supervisor before delivery.
- All delivery transactions are recorded with "MAKÜ.HH.43. Material Delivery Report".
- Surgical sets are counted immediately after opening before the operation.
- At the end of the operation, all tools and equipment used are counted again.
- Deficiencies detected during the count are stated in the report and reported to the responsible personnel.
- If a missing tool is detected, the necessary research and registration procedures are initiated to eliminate the deficiency.
- All records are kept within the scope of the quality management system.

5. Flow of Activity

5.1. Pre-Operation Material Delivery

- Sterilization indicators are checked by the Sterilization Unit Supervisor.
- Operation and set information to be used is MAKÜ.HH.43. It is recorded in the Material Delivery Report.

- The form is signed by the Sterilization Unit Supervisor and the personnel who will perform the operation and the delivery process is carried out.
- The material delivery report numbered MAKÜ.HH.43 remains with the operation team until the set is brought back to the sterilization unit.

5.2. Pre-Operation Set Counting

- Counting is done by the operation team immediately after the surgical set is opened.
- The tools and equipment that should be included in the set are checked.
- If there are no deficiencies, the "Set has been received complete" section is marked.
- If there is a deficiency, the "Deficiency has been detected" section is marked and written in detail in the explanation section, and the instructor in charge of the operation and the sterilization officer are informed.
- The personnel who receives the set fills in the relevant section and signs it.

5.3. Operation Process

- It is the responsibility of the entire operation team, especially the faculty members, to protect and monitor the surgical instruments used during the operation.
- Regular control is provided to prevent loss of surgical instruments.

5.4. Post-Operation Count

- After the operation is completed, all surgical tools and equipment are counted again.
- If a missing tool is detected, the relevant tool is found and the set is completed.
- If the missing device is not found, the hospital management is notified immediately.

5.5. Return of Sets

- Used surgical sets are counted, checked and received in the sterilization unit.
- During the operation, the delivery and receiving personnel in the operation team in the form numbered MAKÜ.HH.43 fill in the relevant fields and sign it, and the sets are given to the sterilization unit manager.
- In case of missing material, the "There is a missing instrument" section is marked, an explanation is written in the relevant place, the report is completed by mutual signatures. Then the hospital management is notified.
- The records kept are archived within the scope of the quality management system.
- Detected nonconformities are included in the corrective and preventive action process when necessary.
- During the period from receiving the surgical sets from the sterilization unit to returning the sets to the sterilization unit, the instructor in charge of the operation is responsible for protecting the contents of the set and returning them completely after the operation. If a deficiency is detected in the count made in the set content in the sterilization unit after the operation, it is the responsibility of the instructor who performed the operation to explain the reason for the deficiency and compensate it.

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Appendix 15.44: MAKÜ.HH.43 MATERIAL HANDOVER RECORD

HAYVAN HASTANESİ	**MAKÜVET ANIMAL HOSPITAL MATERIAL DELIVERY REPORT**		
PUBLICATION DATE 15.06.2026	UPDATE DATE: 24.07.2026	DOCUMENT NO: MAKÜ.HH.43	
STERILIZATION UNIT DELIVERY RECORD	Date/Time: ____ / ____ / _____	Operation Name: _____ _____	
	Name of the Sets to be Used: _____ _____ _____ _____ _____		
	The above-mentioned set sterilization procedures have been completed, checked and delivered completely.		
	Sterilization Unit Manager Name Surname:	Signature	Delivery Time:
PRE-OPERATION SET COUNT Count immediately after opening the set.	□ Set delivered complete taken.	□ Deficiency has been identified.	Explanation if there is any missing:_____ _____ _____ _____ _____ _____ _____ _____
	Receiver of the Set: Name Surname: _____Duty: _____Signature: _____Time: _____		
	□ All tools are complete.	□ There is a missing tool.	
	Explanation if there is any missing: _____		

POST-OPERATION SET COUNT Count at the end of the operation.	**Submitted by** Name Surname: _____ Signature: _____	Receiver Name Surname:_____ Signature: _____

Appendix 15.45: MAKÜ.HH.44 RADIOLOGY UNIT COORDINATOR DUTY DESCRIPTION

	RADIOLOGY UNIT RESPONSIBLE	JOB DESCRIPTION
PUBLICATION DATE: 01.02.2020	REVISION 1: 01.03.2022 UPDATE DATE: 24.07.2026	DOCUMENT NO: MAKÜ.HH.44

1. Information about the task

Unit: Burdur Mehmet Akif Ersoy University Faculty of Veterinary Medicine Animal Hospital

Name of the position: Radiology Unit Manager

Job Description: Permanent faculty member, radiology technician, radiology technician or health technician in the Department of Clinical Sciences, appointed by the Head of the Clinical Sciences Department for the management and control of the Radiology Units.

2. Scope of duty

The radiology unit within the Animal Hospital; Ensuring clean, orderly and safe use.

3. General rules

3.1. Only patients brought by staff veterinarians, specifically veterinarians, lecturers, research assistants, or faculty members, may be admitted to the Radiology Unit after the relevant forms are completed.

3.2. When doctoral or master's students want to bring a patient, the relevant forms must be signed by the doctoral or master's students and the permanent faculty members who treat the patient together.

4. List of authorities, responsibilities and duties

4.1. Registering patients coming to the unit and archiving the necessary documents

4.2. Ensuring that the imaging system in the unit is cleaned.

4.3. Ensuring the supply of materials such as garbage bags, gloves, cleaning materials, shoe covers and disinfectant required in the unit.

4.4. Reporting any problems that may be encountered in the operation of the unit to the Chief Physician.

4.5. Radiology unit; Ensuring that it is used according to the Radiology Procedure (MAKÜ.HH.28).

3.13. To perform other duties assigned by the Chief Physician.

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Appendix 15.46: MAKÜ.HH.45 DEPARTMENT SECRETARY DUTY DESCRIPTION

	DEPARTMENT SECRETARY	JOB DESCRIPTION
PUBLICATION DATE: 02.03.2022	UPDATE DATE: 24.07.2026	DOCUMENT NO: MAKÜ.HH.45

1. Information about the task
Unit: Burdur Mehmet Akif Ersoy University Faculty of Veterinary Medicine Animal Hospital
Position name: Department secretary
Job Description: To act as the secretariat of the Department of Clinical Sciences and, when necessary, the departments in the Department of Clinical Sciences, to follow up the correspondence and signature works and to preserve the documents deemed necessary.
2. General rules
3.1. They must comply with working hours and must have their personnel IDs scanned at the kiosks in the faculty or hospital building upon arrival and departure of work.
3.2. Must treat all staff with a smile.
3.6. He should pay attention to his attire.
3. List of authorities, responsibilities and duties
3.1. Proper use of rooms and equipment provided by the department head
3.2. To ensure that the files given by the department head are properly archived.
3.3. To carry out the duties assigned by the department head.

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Appendix 15.47: MAKÜ.HH.46 INFECTIOUS DISEASES PROCEDURE

HAYVAN HASTANESİ	**PROCEDURE FOR PATIENTS SUSPECTED OF INFECTIOUS DISEASE**	
PUBLICATION DATE: 11.05.2022	UPDATE DATE: 24.07.2026	DOCUMENT NO: MAKÜ.HH.46

1. Purpose: To determine the procedure that should be followed when patients with suspected infectious diseases come to MAKÜVET Animal Hospital, to increase the quality of patient care and patient owner satisfaction, to determine the working order of the staff, to ensure the effective use of hospital resources, to reduce the possible spread of the disease and to ensure the correct and regular use of the patient registration system.

2. Scope: Starting from the arrival of patients with suspected infectious diseases to MAKÜVET Animal Hospital; It covers all activities carried out during the period from examination, treatment and discharge to discharge and the responsibilities of the staff in charge.

3. Responsible parties

Head Physician
Deputy Head Physician
Infected Animal Clinic and Quarantine Room Unit Manager Intensive
Care Unit Manager
Hospitalization Unit Manager,
Emergency Clinic Coordinator
Triage Physician: a research assistant, lecturer, or veterinarian appointed by the Chief Physician.
Lecturer Veterinarian
On-Duty Veterinarian,
Responsible Faculty Member,
Veterinary Health Technician,
Patient Admission and
Registration Officer, Animal
Caregiver
Medical Waste Personnel

4. Activity Flow

4.1. Patient admission and registration

- Patient owners who come to the Animal Hospital with their own means register at the patient admission/registration desk.
- Sick; If it is brought through an institution that has made a protocol with the Animal Hospital, the procedure is carried out in accordance with the relevant protocol.
- In the patient; If there are complaints of acute vomiting, cough, runny nose, diarrhea and fever, the patient is sent to the infected animal examination clinic. The triage physician is notified. The patient is not sent to the triage room.
- If the patient is taken to the triage room and complaints of acute vomiting, cough, runny nose, diarrhea and fever are detected, the patient is sent to the infected animal examination clinic. The areas the patient contacts are disinfected.

- If a patient with these symptoms comes to the patient registration desk, the triage physician is notified and the patient is sent to the infected animal examination clinic without wasting time. The areas the patient contacts are disinfected.

4.2. Admission of patients to the infected animal clinic:

- Personnel who take patients to the infected animal clinic or assist the attending clinicians, including responsible faculty members, intensive care supervisors, research assistants, lecturers, veterinarians, veterinary health technicians, doctoral and master's students, and veterinary students, must enter through the personnel entrance, remove the work clothes worn at the MAKÜVET Animal Hospital, put on the clothing reserved for the infected animal clinic, and use the required personal protective measures (mask, bonnet, face shield, gloves, shoe covers, etc.).
- Responsible faculty members, intensive care supervisors, research assistants, lecturers, or veterinarians who will examine and treat the patient must take the patient with suspected infectious disease into the clinic through the infected animal clinic patient entrance.
- Patient owners are not allowed into the infected animal clinic.
- The owner of the patient is informed before the procedures to be carried out during the examination of the patient and the fee is paid according to the Burdur MAKÜ Faculty of Veterinary Medicine Revolving Fund Clinical Services tariff.
- Blood, urine, biopsy, etc. When it is necessary to take tissue and body fluid samples, the patient owner; The patient is informed about the restraint (muzzling the animal, holding the feet and neck by the veterinarian, etc.) or sedation/anesthesia that will be applied to the patient while the sample is being taken. The "Patient Owner General Information and Examination Acceptance Consent Form (MAKÜ.HH.42)" is filled out and signed, indicating that the patient accepts the sedation/anesthesia, sampling and restraint, if any. This document is added to the patient's file.

4.3. Performing examination and diagnostic tests in patients with infectious diseases:

- Personnel performing or assisting with the examination and sampling of patients with suspected infectious diseases, including responsible faculty members, intensive care supervisors, research assistants, lecturers, veterinarians, veterinary health technicians, doctoral and master's students, and veterinary students, must use the required personal protective measures (mask, bonnet, face shield, gloves, shoe covers, etc.).
- The patient is given a general examination and the findings are recorded. In line with the symptoms in the patient record file; Expressions such as “acute diarrhea”, “acute vomiting”, “acute cough”, “possibility of infectious disease” should be written.
- Any procedures that may contaminate the environment (blood collection, rectal examination, rectal temperature measurement, abscess manipulations, etc.) should be performed at the end of the examination.
- Care is taken not to spread the samples taken (blood, urine, stool, etc.) within the examination room. Sharps or sharps used during sampling should be handled appropriately and thrown into dedicated hard-plastic, puncture-resistant sharps waste boxes after the procedure is completed.

- Samples of patients with suspected infectious diseases should be placed in ziplock bags, and it should be clearly written on the bags that they have or are suspected of having an infectious disease.
- The samples taken for diagnosis are sent to the Clinical Diagnostic Laboratory or Preclinical Sciences Department Laboratories according to documents numbered MAKÜ.HH.40 and MAKÜ.HH.41.
- People who will take the samples to the diagnostic laboratory; Must wear protective clothing, gloves and mask.
- If patients need intervention in other units of the Animal Hospital (ultrasound, x-ray, surgical operation, etc.), interventions should be postponed to the end of the day, if possible.
- Patients should be transported to the relevant units of the Animal Hospital using a stretcher or transport box in a way that will least contaminate the environment. All surfaces that these animals come into contact with should be cleaned and disinfected.
- After patients undergo ultrasonographic examination, the ultrasound should be cleaned and disinfected with 0.5% chlorhexidine or 70% isopropyl alcohol.
- If patients have had an ECG, the ECG machine and equipment should be cleaned and disinfected with 0.5% chlorhexidine or 70% isopropyl alcohol.
- If a notifiable disease (MAKÜ.HH.03) is detected during the examination, the Responsible Manager should be notified immediately and the patient should be taken to the quarantine room without delay.
- After the examination and/or sampling is completed, the patient is taken to the isolation room in the infected animal clinic with a stretcher or transport box.
- Examination table and other equipment used as soon as the patient leaves the examination room

It should be disinfected with 70% isopropyl alcohol or ethyl alcohol.

4.4. Anesthesia and surgical practices in patients with infectious diseases:

- Surgical procedures on animals with infectious diseases should be postponed until the end of the day, if possible.
- Patients should be transported to the relevant units of the Animal Hospital using a stretcher or transport box in a way that will least contaminate the environment. All surfaces that these animals come into contact with should be cleaned and disinfected.
- If patients who will undergo surgery or anesthesia have or suspect infectious diseases, this should be written on their forms.
- The anesthesia device used in the operation should be cleaned and disinfected after the application.
- The oxygen mask or intubation tube should be cleaned with soap and water after the operation and then rinsed. Then it should be kept in chlorhexidine solution for 15 minutes and then rinsed.

- All surgical equipment should be cleaned and disinfected after the operation. All surgical equipment should then be placed in a ziplock plastic bag. Information about the patient or suspected infection should be written on this bag.
- After the operation, the patient should be taken back to the isolation unit.

4.5. Taking patients with infectious diseases to the isolation room:

- Patients should be placed in individual cages in isolation rooms located in the infected animal clinic. The veterinarian who takes the patient to the isolation unit is obliged to hang a patient follow-up form (MAKÜ.HH.11) containing only his/her name/surname and contact information if he is a permanent faculty member, or if he is not a permanent staff member, a patient follow-up form (MAKÜ.HH.11) containing the name/surname and contact information of both himself and the faculty member with whom he intervened with the patient, on the cage he received.
- A patient who has been taken to the isolation room cannot be taken out of the unit for purposes such as walking or feeding.
- Only responsible faculty members, intensive care supervisors, research assistants, lecturers, veterinarians, veterinary health technicians, assigned cleaning personnel, medical waste officers, doctoral and master's students, and veterinary students may enter the isolation room, and they must use the required personal protective measures (mask, bonnet, face shield, gloves, shoe covers, etc.).
- Once the patient is taken into the cage/cabinet in the isolation room, all responsibility lies with the veterinarian who brought the patient. Responsible veterinarian; During the patient's stay, he/she is responsible for the patient's care, feeding, medication administration, health monitoring, and cage/cabin cleaning.
- Responsible veterinarian; The patient is obliged to clean the cages/cabins of the patients taken to the isolation room twice a day, in the morning and in the evening, and to clean and fill their food and water containers. While performing this practice, the responsible veterinarian may receive assistance from master's/doctoral students and undergraduate students taking a practice course in the clinical sciences department, provided that they are under his supervision, or from veterinarians on duty on weekends and public holidays, provided that he is the main responsibility.
- Medicines used in a patient should be destroyed after the patient is discharged or deceased patient and should not be used in other patients.
- If the patient dies, the responsible veterinarian is obliged to prepare a Deceased-Patient Report (MAKÜ.HH.12) and add it to the patient's file and ensure that the deceased patient is removed to cold storage in accordance with the medical waste procedure.
- Animal caretakers or permanent workers in the isolation units are responsible for cleaning the area outside the cages/cabins, emptying the trash cans, cleaning the windows.

and is responsible for cleaning the doors. Animal caretakers or cleaning staff will clean and disinfect the cages or cabins after the patient leaves.

- Responsible veterinarians are obliged to immediately report the situation to the Responsible Manager of MAKÜVET Animal Hospital when they encounter any negative situation (waterlogging, broken glass, electrical contact, etc.) during their stay in the isolation rooms.
- It is forbidden for patient owners or non-commissioned personnel to enter the isolation rooms for any reason, to take photographs and to share them on social media accounts.

4.6. Conclusion of the patient:

a. Discharge: The patient's clinical procedures are completed, the medications that the patient will continue to use, if any, are prescribed, the necessary fees are collected against the revolving fund receipt, and the patient is discharged from the Animal Hospital.

b. Admission: Patients who will continue their treatment, who will have problems traveling to and from the hospital every day, and who need to rest after the operation, are placed in individual cages in the isolation room, with the approval of the patient owners and the knowledge of the Head Physician. Care and treatments in isolation rooms are carried out according to the Hospitalization Unit Procedure (MAKÜ.HH.05) or Intensive Care Unit Procedure (MAKÜ.HH.08).

c. Death: The end of life patient is treated according to the deceased patient procedure (MAKÜ.HH.10)

4.7. waste management

- Produced in the hospital; Medical waste, hazardous waste and domestic waste are thrown into waste bins specific to these wastes within the hospital.
- Waste bins are periodically checked and emptied by the Responsible Manager.

4.8. Infected animal clinic cleaning

- Cleaning of the infected animal clinic is carried out according to the Cleaning Procedure (MAKÜ.HH.14).
- Cleaning materials (mop, mop, cleaning cloth, detergent, disinfectant, etc.) used in the infected animal clinic can only be used in the infected animal clinic. It cannot be used in an animal hospital or other area.
- After the cleaning is done, the checklist in the area where the cleaning is done is filled out and signed by the person doing the cleaning.

4.9. Miscellaneous provisions

- Any equipment used in the infected animal clinic is prohibited in the Animal Hospital.
- If it is determined that the rules regarding cage cleaning/maintenance and patient care are not followed, the Unit Manager will give a verbal warning. If it is determined that the situation has not been corrected within the period from the warning to half a working day, the responsible Veterinarian is warned in writing by the Chief Physician. If it is determined that the situation has not been corrected half a working day after this warning, the care and responsibility of the patient is carried out by the Head Physician. After the patient recovers, he is sent to Burdur Municipality Street Animal Rehabilitation Center and

The Responsible Veterinarian cannot admit a patient to the Infected Animal Clinic or Isolation Room for a semester and this situation is announced on the Animal Hospital Notice Board. - If the Responsible Veterinarian is a Master's or PhD student, the situation is notified in writing to the Advisor Faculty Member by the Chief Physician. The Responsible Veterinarian cannot admit a

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Appendix 15.48: MAKÜ.HH.47 RULES TO BE FOLLOWED BY ANIMAL OWNERS

HAYVAN HASTANESİ	**RULES THAT PET OWNERS MUST FOLLOW**	
PUBLICATION DATE: 11.05.2022	UPDATE DATE: 24.07.2026	DOCUMENT NO: MAKÜ.HH.47

1. Purpose: To prevent negative situations that patient owners who come to MAKÜVET Animal Hospital may encounter, to ensure that the operation of the hospital continues without interruption, to increase the quality of patient care and patient owner satisfaction, to ensure that the working order of the staff continues without disruption and to reduce the spread of possible infectious diseases.

2. Scope: From the moment the patient owners enter the hospital at MAKÜVET Animal Hospital; It covers all the rules that must be followed during the period from examination, treatment and discharge.

3. Responsible parties

Head Physician

Deputy Head Physician

Infected Animal Clinic and Quarantine Room Unit Manager Intensive Care Unit Manager

Hospitalization Unit Supervisor

Emergency Clinic Supervisor

Biosecurity Officer

Triage Physician: a research assistant, lecturer, or veterinarian appointed by the Chief Physician.

Lecturer Veterinarian

On Duty Veterinarian, Responsible

Faculty Member, Veterinary

Health Technician, Patient

Admission and Registration

Officer, Security Officer

Animal Sitter Medical

waste attendant

4. Rules that patient owners must follow

- Patient owners must comply with these rules prepared within the scope of MAKÜVET Animal Hospital Working Procedures and Principles.
- Administrative units, warehouses, classrooms, laboratories, operation rooms, hospitalization, intensive care and

It is prohibited to enter quarantine units, infected animal clinics and areas where biological/medical waste is located.

- It is mandatory for staff or patient owners' children under the age of 18 to be supervised by an adult in the Animal Hospital.
- Veterinarians on duty may limit patient owners' access to relevant areas if they deem it necessary to ensure that their work is not disrupted during examination and/or treatment or for reasons such as biosecurity.
- If the patient is taken to the infected animal clinic or quarantine room in accordance with the relevant procedure (MAKÜ.HH.45), the owner is not allowed to visit the patient.
- The Infected Animal Clinic Manager may allow the patient owner to visit in special cases such as euthanasia or agony. During the visit, the patient owner should be ensured to use the necessary personal protective equipment.
- Patient owners are prohibited from touching any animal other than their own patient.
- Patient owners; It is forbidden to bring any other healthy animal to the hospital other than the animals they bring for examination, treatment, vaccination, etc.

4.9. Miscellaneous provisions

- All medical procedures performed at MAKÜVET Animal Hospital are subject to the fees determined by Burdur MAKÜ Revolving Fund Management Directorate.

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Appendix 15.49: MAKÜ.HH.48 ANIMAL OWNER GENERAL INFORMATION AND EXAMINATION ACCEPTANCE CONSENT FORM

HAYVAN HASTANESİ	**ANIMAL OWNER GENERAL INFORMATION AND EXAMINATION ACCEPTANCE CONSENT FORM**	
PUBLICATION DATE: 14.10.2020	Rev. 1: 17.11.2021 | UPDATE DATE: 24.07.2026	DOCUMENT NO: MAKÜ.HH.48

It will be done by the Veterinarians working at MAKÜVET Animal Hospital;

- I was informed about the examination, sample taking (blood, urine, biopsy, etc.), medical imaging (x-ray, ultrasonography, etc.) and the restraint procedures to be applied during these procedures (tie the patient's mouth when necessary, immobilize the patient in accordance with the technique of the Veterinarians, etc.).

- I was informed that sedation/anesthesia may be applied to my patient when necessary during the examination, especially during medical imaging procedures.

- I have been informed about the risks that may arise if the necessary examination, sampling or medical imaging procedures are not performed and that consultation from other veterinarians may be requested if deemed necessary.

- All the questions I had about the examination of my patient and the practices to be performed during the examination were answered.

- I was informed that after the results of the examination or analysis are received, some new diagnostic analyzes may be performed according to the results.

- I allow the use of radiographs, photographs, videos and other documents of the patient I have after the examination as anonymised data in educational and/or scientific studies. - I allow my personal data to be shared with third parties and institutions, including public institutions and organizations.☐☐

.....

.....

Write "I have read, I understand, I accept" in your handwriting.

Date:.....

Patient Owner's Name-Surname:.....

T.R. Identification Number: .....

Address: .....

Telephone: .....

Signature : .....

Veterinarian's Name-Surname: .....

Date: .....

Signature : .....

PLEASE READ CAREFULLY BEFORE SIGNING!

Appendix 15.50: MISSING MAKÜ.HH.49 DOCUMENT

Appendix 15.51: MAKÜ.HH.50 OPERATING ROOM TECHNICIAN DUTY DESCRIPTION

HAYVAN HASTANESİ	**OPERATING ROOM TECHNICIAN**	**JOB DESCRIPTION**
PUBLICATION DATE: 01.02.2023	UPDATE DATE: 24.07.2026	DOCUMENT NO: MAKÜ.HH.50

1. Information about the task

Unit: Burdur Mehmet Akif Ersoy University Faculty of Veterinary Medicine Animal Hospital

Name of the position: Operating room technician

Job Description: Person with technical knowledge and skills to perform the duties assigned in animal hospital operating rooms and sterilization units.

3. General rules

3.1. Performs clinical duties assigned by the Chief Physician at the Animal Hospital.

3.2. Must wear clinical attire while performing clinical duties.

3.2. They must comply with working hours and must have their personnel IDs scanned at the kiosks in the faculty or hospital building upon arrival and departure of work.

4. List of authorities, responsibilities and duties

4.1. Administrative duties:

- To ensure that all devices, tools and equipment used in operating rooms and sterilization units are maintained and remain in working order.
- To report malfunctions in devices and equipment used in operating rooms and sterilization units to the Head Physician in accordance with the rules.

4.2. Clinical tasks:

- To make operating rooms ready for surgical procedures in terms of materials and equipment.
- Operation tables in the operation rooms before and after each operation; To check, clean, prepare for operation and create a safe working environment by preparing the necessary support parts.
- To help send any samples taken during the operation to the relevant unit in an appropriate manner.
- Cleaning, disinfecting and/or sterilizing surgical instruments and materials after the operation and making them ready for reuse.
- Assisting in taking the patient to the operating room, positioning him and transferring him to the relevant units after the operation (intensive care, reanimation, hospitalization, etc.).

4.3. To fulfill other duties assigned by the Chief Physician.

Chairman of the Unit Quality Commission	Head of Clinical Sciences Department	Dean of the Faculty of Veterinary Medicine
Prof. Dr. Burcu M. BALKAN	**Prof. Dr. A. Reha AĞAOĞLU**	**Prof. Dr. M. Çağrı KARAKURUM**

Appendix 15.52: MAKÜ.HH.51 PHARMACY TECHNICIAN DUTY DESCRIPTION

HAYVAN HASTANESİ	**PHARMACY TECHNICIAN**	**JOB DESCRIPTION**
PUBLICATION DATE: 01.02.2023	UPDATE DATE: 24.07.2026	DOCUMENT NO: MAKÜ.HH.51

1. Information about the task

Unit: Burdur Mehmet Akif Ersoy University Faculty of Veterinary Medicine Animal Hospital

Position name: Pharmacy technician

Job Description: Keeping stock records of medicines and consumables in the animal hospital pharmacy and ensuring the working order of the pharmacy.

3. General rules

3.1. Performs the duties assigned by the Chief Physician in the pharmacy.

3.2. Must follow the hospital dress code while working in the pharmacy.

3.2. They must comply with working hours and must have their personnel IDs scanned at the kiosks in the faculty or hospital building upon arrival and departure of work.

4. List of authorities, responsibilities and duties

- Ensuring that all devices, tools and equipment used in the pharmacy are maintained and remain in working order.
- For running out of supplies or medicines; To notify the Responsible Manager for resupply.
- To report malfunctions in the devices and equipment used in the pharmacy to the Head Physician in accordance with the rules.
- Ensuring that the medicines in the pharmacy are stored appropriately.
- Delivering narcotic drugs to responsible persons in clinics and preparing and recording a mutual delivery report.
- To deliver the medicines or consumables prescribed and paid for by the Veterinarians on duty and staff at the hospital and to deduct them from the stock.
- To comply with the procedures, instructions, legal and other requirements regarding the operation of the pharmacy.
- Ensuring the cleanliness, order and security of the pharmacy and consumables warehouse.
- To place the medicines and consumables in the pharmacy regularly on the shelves and cabinets and to maintain order.
- To fulfill other duties assigned by the Chief Physician.

Chairman of the Unit Quality Commission	Head of Clinical Sciences Department	Dean of the Faculty of Veterinary Medicine
Prof. Dr. Burcu M. BALKAN	**Prof. Dr. A. Reha AĞAOĞLU**	**Prof. Dr. M. Çağrı KARAKURUM**

Appendix 15.53: MAKÜ.HH.52 ANIMAL HOSPITAL SCIENTIFIC STUDY PERMISSION APPLICATION FORM

HAYVAN HASTANESİ	**MAKÜVET ANIMAL HOSPITAL SCIENTIFIC STUDY PERMISSION APPLICATION FORM**	
PUBLICATION DATE: 16.07.2024	UPDATE DATE: 24.07.2026	DOCUMENT NO: MAKÜ.HH.52

A.1	**INFORMATION ABOUT THE RESEARCHER**	
A.1.1	Name Surname Title:	
A.1.2	Institution / University:	
A.1.3	Department:	
A.1.4	Telephone:	
A.1.5	e-mail address:	
A.1.6.	**Researcher** Signature	**Advisor** Name/Surname/Signature
		*If the study is a Master's or Doctor's thesis, the advisor must also sign it.
A.2	**INFORMATION ABOUT THE RESEARCH**	
A.2.1	Name of the research:	
A.2.2	Status of the Research (Check the appropriate box(es) below.) □ Master's Thesis □ Doctoral Thesis □ Individual Research Project □ Other ……..	
A.2.3	Purpose/Scope:	

A.2.4	Materials and Methods (number, age, type of patient to be used or hospital data system information to be used will be explained): Time period in which the research will be carried out:
A.2.5	Hospital facilities planned to be used (radiology, USG, endoscopy, clinical diagnosis laboratory, operating room, anesthesia device, etc.):
B.1	**RELATED DOCUMENTS**
B.1.1	Burdur Animal Experiments Local Ethics Committee (HADYEK) approval certificate for the study *Required for all research on live animals
D.1	**APPLICATION FORM COMMITMENT**
D.1.1	With this application form, on behalf of myself/the applicant • The accuracy of the information provided in the application, • The research; It will be carried out in accordance with Burdur Mehmet Akif Ersoy University Faculty of Veterinary Medicine Animal Hospital Working Procedures and Principles, procedures and workflow charts determined by the Animal Hospital Chief Physician, and biosafety rules, • I undertake to notify the hospital Head Physician of the situation in writing after the research is completed. .
D.2.1	Applicant Name-Surname: Date (in day/month/year): Signature:

NOTE:

- Just submitting an application is not enough to start the research.
- In order to start the research, the relevant application must be examined within the hospital facilities, the Head Physician must give approval and the dean's office must approve it.

Appendix 15.54: MAKÜ.HH.53 DRESS CODE INSTRUCTION

HAYVAN HASTANESİ	**MAKÜVET ANIMAL HOSPITAL DRESS CODE INSTRUCTION**	
PUBLICATION DATE: 03.08.2026		DOCUMENT NO: MAKÜ.HH.53

1. Purpose: To determine the clothes to be used by the staff working at MAKÜVET Animal Hospital and the faculty members, graduate and undergraduate students participating in training and clinical practices during their work; To ensure hygiene, occupational health and safety, corporate appearance and distinguishability of task groups.

2. Scope: It covers all staff, faculty members, graduate and undergraduate students working or receiving training in the Animal Hospital's clinic, outpatient clinic, laboratory, imaging, operating room, intensive care, hospitalization, isolation and joint working areas.

3. Responsible parties

- Chief Physician and Deputy Chief Physician
- Unit managers
- faculty members
- Veterinarians and other hospital staff
- graduate students
- undergraduate students

4. Application

4.1. General rules

- It is mandatory to use the working clothes specified in this instruction during clinical services and practices within the hospital.
- Working clothes should be clean, tidy, durable and of appropriate size for the user. The hospital logo must be visible on clothing with a logo.
- All users must carry their ID card on their collar, visible from the outside.
- Working clothes should not be used with daily clothes; Clothing contaminated with blood, body fluid or similar material should be changed without delay.
- Long hair should be tied up; nails should be kept short and clean; Jewelry and accessories that may interfere with clinical procedures and hand hygiene should not be used.

4.2. Staff working clothes

- Hospital staff wear uniforms with the hospital logo in colors determined by the Head Physician.
- In cold weather, a fleece jacket with the hospital logo can be worn over the uniform.
- Personnel must carry their personnel identification card on their collar and visibly throughout their work.

4.3. Working clothes of faculty members

- Faculty members use uniforms with the hospital logo, consisting of an upper and lower uniform in the colors determined by the Hospital Chief Physician. A clean white coat with the hospital logo is worn on the uniform.
- Faculty members must carry their ID cards visibly on their collars as long as they are in the hospital.
- In cold weather, a fleece jacket with the hospital logo can be worn over the uniform.

4.4. Graduate students' working clothes

- Master's and doctoral students use the hospital logo uniform, which consists of a petrol blue upper and lower jersey. A clean white coat with the hospital logo is worn on the uniform.
- Students must carry their ID cards visibly on their collars as long as they are in the hospital.

4.5. Working clothes for undergraduate students

- Undergraduate students wear dark blue upper and lower uniforms.
- A clean white apron is worn over the dark blue jersey. The apron is kept closed during the application.
- In cold weather, a fleece jacket with the hospital logo can be worn over the uniform.
- Students must carry their ID cards visibly on their collars as long as they are in the hospital.

4.6. Shoes and hospital slippers

- In the hospital, shoes or hospital slippers reserved for hospital use only are worn.
- Shoes and slippers must be cleanable, have non-slip soles and comply with clinical work safety.
- You cannot leave the hospital with shoes or slippers used in the hospital.

4.7. Special areas and personal protective equipment

- Unit-specific working clothing and personal protective equipment rules also apply in operating rooms, isolation, intensive care, laboratory, imaging and similar special areas.
- According to the risk assessment, gloves, mask, cap, protective apron, glasses, face shield, lead apron or other necessary protective equipment are used.

4.8. Cleaning and preservation

- Each user is responsible for keeping work clothing and hospital shoes/slippers clean, well-maintained and in a usable condition.
- Dirty or contaminated clothing is kept separate from clean clothing and transported in a closed bag or appropriate transport container.
- Work clothes that are worn out, discolored, or whose hospital logo is unreadable are not used.

4.9. Compliance with rules and control

- The Chief Physician and unit managers supervise the implementation of this instruction.
- Persons who do not have appropriate clothing, ID card or hospital shoes/slippers are not allowed into clinical service and practice areas.
- In case of repeated violation of the instructions, the situation is reported to the Chief Physician for the personnel; For students, the relevant faculty member or advisor is notified.

Faculty of Veterinary Medicine Chairman of the Quality Commission	Head of Clinical Sciences Department	Dean of the Faculty of Veterinary Medicine
Prof. Dr. Burcu M. BALKAN	Prof. Dr. A. Reha AĞAOĞLU	Prof. Dr. M. Çağrı KARAKURUM

Appendix 15.55: RULES TO BE FOLLOWED IN THE RADIOLOGY UNIT

RULES TO BE FOLLOWED IN THE RADIOLOGY UNIT

PUBLICATION DATE: 11.05.2022
DOCUMENT NO: MAKÜ.HH.47

1. Purpose

To determine the rules to be followed in the Radiology Unit of the Animal Hospital; ensure that practices are carried out in accordance with the Radiology Procedure (MAKÜ.HH.28); ensure that Hospital personnel and owners perform procedures under appropriate biosecurity conditions; increase personnel and owner satisfaction; and ensure efficient use of Hospital resources.

2. Scope

Covers the rules to be followed in the Radiology Unit of the MAKÜVET Animal Hospital.

3. Responsible parties

- Head Physician
- Deputy Head Physician
- Radiology Unit Coordinator
- Emergency Clinic Coordinator
- Biosecurity Coordinator

Triage Physician: a research assistant, lecturer, or veterinarian appointed by the Head Physician's Office.

- Research Assistant
- Lecturer
- Veterinarian
- Duty Veterinarian
- Responsible Faculty Member
- Veterinary Health Technician

4. Rules to be followed in the Radiology Unit

- Warning signs showing that the Radiology Unit is a radiation area must be posted in locations visible to everyone using the unit.
- Radiation procedures that are not considered to provide a clear benefit must not be performed.
- Owners may not enter the Radiology Unit without the permission of the Radiology Unit Coordinator.
- Persons under 18, pregnant persons and persons who may be pregnant are prohibited from entering the Radiology Unit.
- The lowest possible dose must be used during radiation exposure.

- Interns and undergraduate students over 18 may enter the Radiology Unit under the supervision of the Radiology Unit Coordinator.
- The Radiology Unit Coordinator, other assigned personnel, and students present in the Radiology Unit must wear protective clothing and use equipment appropriate to the nature of the work, as specified in the Radiology Procedure (MAKÜ.HH.28): lead apron, gloves, thyroid shield, protective glasses, lead screen, and gonad shield.
- The Radiology Coordinator must wear their dosimeter.
- Chair of the Unit Quality Commission
- Chair of the Clinical Sciences Department
- Dean of the Faculty of Veterinary Medicine
- Prof. Dr. M. Çağrı KARAKURUM
- Prof. Dr. A. Reha AĞAOĞLU
- Prof. Dr. Hakan ÖNER

Appendix 15.56: DEVICE TRACKING FORM

HAYVAN HASTANESİ	..... DEVICE TRACKING FORM	....Department
		SEPTEMBER 2022
PUBLICATION DATE: 14.09.2022		DOCUMENT NO: MAKÜ.HH.48

NO.	DATE	RESPONSIBLE PERSONNEL	SIGNATURE
1	THURSDAY, 01 SEPTEMBER 2022		
2	FRIDAY, 02 SEPTEMBER 2022		
3	SATURDAY, 03 SEPTEMBER 2022		
4	SUNDAY, 04 SEPTEMBER 2022		
5	MONDAY, 05 SEPTEMBER 2022		
6	TUESDAY, 06 SEPTEMBER 2022		
7	WEDNESDAY, 07 SEPTEMBER 2022		
8	THURSDAY, 08 SEPTEMBER 2022		
9	FRIDAY, 09 SEPTEMBER 2022		
10	SATURDAY, 10 SEPTEMBER 2022		
11	SUNDAY, 11 SEPTEMBER 2022		
12	MONDAY, 12 SEPTEMBER 2022		
13	TUESDAY, 13 SEPTEMBER 2022		
14	WEDNESDAY, 14 SEPTEMBER 2022		
15	THURSDAY, 15 SEPTEMBER 2022		
16	FRIDAY, 16 SEPTEMBER 2022		
17	SATURDAY, 17 SEPTEMBER 2022		
18	SUNDAY, 18 SEPTEMBER 2022		
19	MONDAY, 19 SEPTEMBER 2022		
20	TUESDAY, 20 SEPTEMBER 2022		
21	WEDNESDAY, 21 SEPTEMBER 2022		
22	THURSDAY, 22 SEPTEMBER 2022		
23	FRIDAY, 23 SEPTEMBER 2022		
24	SATURDAY, 24 SEPTEMBER 2022		
25	SUNDAY, 25 SEPTEMBER 2022		
26	MONDAY, 26 SEPTEMBER 2022		
27	TUESDAY, 27 SEPTEMBER 2022		
28	WEDNESDAY, 28 SEPTEMBER 2022		
29	THURSDAY, 29 SEPTEMBER 2022		
30	FRIDAY, 30 SEPTEMBER 2022		

Appendix 15.57: FAULT REPORT FORM

HAYVAN HASTANESİ	**FAULT REPORT FORM**	
PUBLICATION DATE: 14.09.2022		**DOCUMENT NO: MAKÜ.HH.49**

FAULT REPORTER'S		**FAULT INFORMATION**
Unit/Department:		*Subject of the fault:*
Name/Surname:		
Position:		
Date/Time:		
Signature:		
UNIT COORDINATOR / HEAD OF DEPARTMENT		
Name/Surname:		
Signature:		

FAULTY DEVICE INFORMATION
NAME, SURNAME AND TITLE OF THE DEVICE RESPONSIBLE PERSON: If responsibility for the device has not officially been assigned to a member of personnel, responsibility belongs to the unit coordinator* or the Head of Department.
THE FAULTY DEVICE: UNIT/DEPARTMENT WHERE USED: NAME: BRAND: MODEL: SERIAL NO: NUMBER OF FAULTS DURING THE YEAR:
AUTHORIZED SERVICE INFORMATION
Name:
Contact information (telephone and e-mail):
The report must be accompanied by a signed and stamped pro forma invoice from the authorized service provider stating the technical-service fee for repairing the faulty device.

**The coordinators of the MAKÜVET Animal Hospital Emergency Clinic, Intensive Care, Hospitalization, Infectious Diseases Clinic and Quarantine Units.*

This form must be completed for a fault in any device used at the MAKÜVET Animal Hospital and submitted to the Secretariat of the Chair of the Clinical Sciences Department.

Appendix 16: BIOSECURITY AND WASTE COMMITTEE PROCEDURES AND PRINCIPLES

BURDUR MEHMET AKİF ERSOY UNIVERSITY FACULTY OF VETERINARY MEDICINE PROCEDURES AND PRINCIPLES CONCERNING THE BIOSECURITY AND WASTE COMMITTEE

CHAPTER ONE - Purpose, Scope, Legal Basis, Definitions

Purpose

Article 1 - The purpose of these procedures and principles is to regulate the principles concerning the purposes, fields of activity, working groups and working methods of the Biosecurity and Waste Committee of Burdur Mehmet Akif Ersoy University Faculty of Veterinary Medicine.

Scope

Article 2 - These procedures and principles cover the provisions concerning the duties, work, procedures and principles of the Biosecurity and Waste Committee of Burdur Mehmet Akif Ersoy University Faculty of Veterinary Medicine.

Legal basis

Article 3 - These procedures and principles have been prepared on the basis of the Biosecurity Law No. 5977 dated 18.03.2010 and the Regulation of the Ministry of Environment and Urbanization on the Control of Medical Waste, dated 25.01.2017 and numbered 29959.

Definitions

Article 4 - In these procedures and principles:

- **a)** Academic Unit: the Departments of Burdur Mehmet Akif Ersoy University Faculty of Veterinary Medicine;
- **b)** Dean: the Dean of the Faculty of Veterinary Medicine;
- **c)** Faculty Board: the Faculty Board of the Faculty of Veterinary Medicine;
- **d)** Committee: the Biosecurity and Waste Committee;
- **e)** Committee Chair: the Chair of the Biosecurity and Waste Committee elected by the members of the Biosecurity and Waste Committee;
- **f) Committee Members: the members of the Biosecurity and Waste Committee determined by the Faculty Board upon the recommendation of the Department Chairs from different academic units;**
- **g)** Biosecurity: the rules that must be followed to prevent harm to humans, animals and the environment while personnel working in a laboratory or animal hospital work with living microorganisms or toxic substances.

CHAPTER TWO - Establishment, Organizational Structure, Working Principles, Duties and Responsibilities of the Biosecurity and Waste Committee

Establishment of the Biosecurity and Waste Committee

Article 5 - The establishment and organizational structure of the Biosecurity and Waste Committee are as follows:

5.1. Committee members are determined by the Faculty Board, upon the recommendation of the Department Chairs, from different academic units.

5.2. The Committee Chair is elected by the committee members.

5.3. The term of office of committee members is three years. However, the former Committee continues to work until a new Biosecurity and Waste Committee is established. A new member is designated to replace a member whose term has expired or who has left office, in accordance with the procedure specified in Article 5. A member designated to replace a member who leaves office before the end of the term serves for the remaining term of the replaced member.

Duties and powers of the Biosecurity and Waste Committee

Article 6 - The duties and powers of the Biosecurity and Waste Committee are as follows:

6.1. To provide the necessary training to academics, students and service personnel concerning the adoption of biosecurity measures and compliance with the rules in the research laboratories and student laboratories of the Departments of Burdur Mehmet Akif Ersoy University Faculty of Veterinary Medicine and in the Animal Hospital clinics;

6.2. To inform the Dean's Office concerning the placement of biosecurity signs and markings and the elimination of deficiencies;

6.3. To conduct the control and periodic inspections of all activities concerning the management of medical waste in the Departments, from generation to disposal;

6.4. To check whether biosecurity rules are being implemented in the units and, when non-compliance with biosecurity rules is identified, to carry out the necessary correspondence with the Dean's Office.

Working principles of the Biosecurity and Waste Committee

Article 7 - The working principles of the Biosecurity and Waste Committee are as follows:

7.1. The Committee meets twice yearly upon the call of the Committee Chair or by an absolute majority of the committee members.

7.2. One of the members is selected by the Committee as rapporteur to maintain and monitor the relevant records.

7.3. The meeting agenda is notified to committee members at least three days before the meeting.

7.4. The Committee convenes with an absolute majority of its full membership and takes decisions by an absolute majority of those attending the meeting.

7.5. Meeting decisions are signed by the committee members.

Article 8 - The duties of the Committee Chair are as follows:

8.1. The Chair is responsible to the Dean for the Committee's performance of its duties.

8.2. To call the Committee to a meeting and determine the meeting agenda.

8.3. To support the Committee's selection of the rapporteur member.

8.4. To submit the Committee reports to the Dean's Office.

CHAPTER THREE - Final Provisions

Entry into force

Article 9 - These procedures and principles enter into force on the date of acceptance by the Faculty Board.

Implementation

Article 10 - These procedures and principles shall be implemented by the Dean of the Faculty of Veterinary Medicine.

Appendix 17: MOBILE CLINIC AND FIELD PRACTICE PRINCIPLES

MEHMET AKİF ERSOY UNIVERSITY FACULTY OF VETERINARY MEDICINE MOBILE CLINIC AND FIELD PRACTICE PRINCIPLES

CHAPTER ONE - Purpose, Scope, Legal Basis and Definitions

Purpose

Article 1 - The purposes of these Practice Principles are: (1) to regulate the principles of mobile clinic and field practice; and (2) to enable Faculty of Veterinary Medicine students to become familiar with field and village conditions and livestock-related problems, to receive practical training, and to receive education through visits to food businesses.

Scope

Article 2 - These Practice Principles cover the provisions concerning the working arrangements, establishment, duties, powers and responsibilities of the Mobile Clinic and Field Practice Commission in Mobile Clinic and Field Practice activities.

Definitions

Article 3 - In these Practice Principles:

- **a)** Faculty: the Faculty of Veterinary Medicine;
- **b)** Dean's Office: the Dean's Office of the Faculty of Veterinary Medicine;
- **c)** Commission: the Mobile Clinic and Field Practice Commission of the Faculty of Veterinary Medicine.

CHAPTER TWO - Authority, Responsibility and the Mobile Clinic and Field Practice Commission

Authority and responsibility

Article 4 - The Mobile Clinic and Field Practice Program is prepared by the Commission and approved by the Dean's Office. The Commission is obliged to perform its duties within the framework of these Practice Principles.

Establishment of the Mobile Clinic and Field Practice Commission

Article 5 - The Mobile Clinic and Field Practice Commission is formed by the decision of the Faculty Administrative Board upon the recommendation of the relevant Departments, under the chairmanship of a Deputy Dean and consisting of three faculty members, one from each of the Clinical Sciences Department, the Department of Animal Science and Nutrition, and the Department of Food Hygiene and Technology.

Powers and responsibilities of the Mobile Clinic and Field Practice Commission

Article 6 - (1) The powers and responsibilities of the Commission are:

- **a)** to identify and report to the Dean's Office all needs for medicines, materials, instruments and cleaning products required for Mobile Clinic and Field Practice activities;

- **b)** to prepare and submit to the Dean's Office a semester-long list of the faculty members and students who will participate in Mobile Clinic and Field Practice activities;
- **c)** to monitor, direct and supervise the work of faculty members, students and other persons participating in Mobile Clinic and Field Practice activities;
- **d)** to ensure that fourth- and fifth-year students participate in Mobile Clinic and Field Practice activities in groups of no more than 12 students.

(2) Commission members may not use the functions and resources of Mobile Clinic and Field Practice activities for their own Departments.

CHAPTER THREE - Working Principles of Mobile Clinic and Field Practice

Principles concerning faculty members and students who will participate in Mobile Clinic and Field Practice

Article 7 - (1) Within the framework of the Mobile Clinic and Field Practice Program, each student must participate in mobile clinic and field practice for at least four hours. Students who do not participate in or complete mobile clinic and field practice may not graduate. (2) The relevant faculty members and teaching staff must participate in Mobile Clinic and Field Practice activities according to a duty roster prepared before the beginning of each semester. (3) Student attendance is entered in the Protocol Book by the faculty member assigned according to the roster approved by the Dean's Office, and attendance information is submitted to the Dean's Office by the Commission before the end-of-semester examinations. (4) Mobile Clinic and Field Practice activities are recorded and signed by the assigned faculty member/teaching staff member in the Mobile Clinic and Field Practice Protocol Book arranged by the Dean's Office.

Principles concerning the working arrangements of Mobile Clinic and Field Practice

Article 8 - (1) Mobile Clinic and Field Practice activities are conducted at least one day per week during the academic year. (2) Students participating in Mobile Clinic and Field Practice may not bring any other student(s) or other person(s) with them. Students must perform their duties in accordance with the instructions of the assigned faculty members/teaching staff. (3) Faculty members/teaching staff and students participating in Mobile Clinic and Field Practice must wear identity badges approved by the Dean's Office. Students must also wear appropriate clothing during field practice and at food businesses. (4) All procedures, examinations and recommendations made during Mobile Clinic and Field Practice are free of charge. (5) The Dean's Office is responsible for providing, maintaining and renewing a suitably equipped vehicle and driver, together with sufficient materials and medicines, for Mobile Clinic and Field Practice.

CHAPTER FOUR - Miscellaneous and Final Provisions

Entry into force

Article 9 - These Practice Principles enter into force on the date approved by the Faculty Board.

Implementation

Article 10 - These Practice Principles shall be implemented by the Dean of Mehmet Akif Ersoy University Faculty of Veterinary Medicine.

Appendix 18: PATHOLOGY / NECROPSY CASE ACCEPTANCE AND BIOSECURITY SOP

Status: New internal draft; it is not a translation of an existing Animal Hospital procedure and is not operational until approved.

1. Purpose

This SOP defines the minimum biosecurity and operational steps for accepting, triaging, receiving, transporting, conducting, documenting, and closing necropsy cases managed by the Department of Pathology. It connects the hospital-side deceased-patient process with the Department of Pathology's necropsy process and applies the hazard-group controls described in Section 4.2.2 of this guide.

2. Scope and interfaces

This SOP applies to animals that die or are euthanized in the Animal Hospital and are referred for necropsy, and to external cadavers accepted by the Department of Pathology. It begins when a necropsy request or external-case enquiry reaches Pathology and ends when the necropsy record, samples, decontamination record, and waste handover have been completed.

This SOP is read together with Appendix 14.11 for the hospital-side death, owner-notification, and after-hours flow. The hospital-side and Pathology-side processes are connected through the approved transport matrix, the Pathology/Necropsy delivery point, and the written handover record defined in Section 6 below.

It shall be read together with Section 4.2 (necropsy rules), Appendix 5.8 (Medical Waste Procedure), Appendix 5.11 (Cadaver Vehicle and Transport Equipment Biosafety Procedure), Document Availability Inquiry List, item 5 for the Necropsy Room Sign-In and Sign-Out Register, Appendix 14.7 (Pathology cleaning and decontamination procedures), and Appendix 15.11 (Deceased-Patient Procedure). Appendix 15.11 remains the hospital-side procedure and is not replaced by this SOP.

This SOP does not create a cadaver-donation programme. The Faculty's current policy states that cadaver donation is not accepted. Where cadavers originating from the Animal Hospital are considered for teaching, the Hospital Chief Physician is the approving authority; Pathology assesses suitability and documents the case in accordance with the applicable Faculty policy.

3. Roles and responsibilities

The Department of Pathology is responsible for the necropsy hall, the acceptance and hazard assessment of necropsy cases, the safe conduct of necropsies, specimen handling within its areas, local decontamination, and the source-level segregation and handover of necropsy waste.

The Department of Pathology's Necropsy Room Responsible is Dr. Leyla Elif Özgü AYÖZGER. Her institutional e-mail address is layozger@mehmetakif.edu.tr. Her extension number is 2173 and her external telephone number is 0248 213 2173. The current authorised alternate remains to be designated. For a hospital case, the referring clinical unit's designated veterinarian prepares the cadaver and completes the transfer record; the Vehicle Directorate or an authorized transport team operates the approved vehicle or forklift; Pathology receives the cadaver at the Pathology/Necropsy delivery point and records acceptance.

The referring veterinarian or external submitter provides the available clinical history, treatment history, animal environment and housing information, and any suspicion of infectious or notifiable disease. Hospital personnel retain responsibility for the hospital-side deceased-patient process until the cadaver is formally handed over and accepted at the Pathology/Necropsy delivery point; Pathology retains responsibility after the recorded handover.

4. Request, acceptance, and pre-necropsy information

For a hospital case, the request is linked to the deceased-patient process in Appendix 15.11. For an external case, the Department of Pathology receives the request directly and obtains the submitter/owner identification, animal identification, anamnesis, relevant treatment information, environmental and housing history, and any known infectious-disease concern before accepting the cadaver.

The owner or authorised submitter is informed of the nature of the necropsy service, anticipated reporting timeframe, charges where applicable, and any limitation created by disease-notification or

public-health requirements. Necropsy is not commenced until the Department has sufficient information to make an initial hazard assessment.

5. Hazard assessment and case decision

Before transport or opening of the cadaver, the Department of Pathology makes an estimated necropsy hazard-group (HG) assessment from the available anamnesis and the external examination of the cadaver. The assessment is distinct from, but must take account of, the Animal Hospital patient risk class and any suspected infectious agent. The decision is revised if findings during necropsy indicate a higher hazard.

HG1: very low probability of causing disease in humans or animals. The cadaver may be opened with routine equipment; routine necropsy controls and the routine medical-waste route apply.

HG2: agents capable of causing human disease but not considered a serious threat to workers or the community, with treatment or prevention generally available. HG1 controls apply unless the case-specific assessment requires additional precautions.

HG3: severe or potentially fatal disease presenting a serious occupational hazard. If suspected before necropsy, the case is not opened at MAKU-VET and is referred/notified in accordance with the relevant Ministry of Agriculture and Forestry requirements. If HG3 status is recognised during a necropsy, the procedure is stopped, non-essential people leave the room, only the minimum appropriately protected personnel collect essential samples and close the procedure, and the authorities are notified.

HG4: dangerous, life-threatening agents with high transmission concern and no generally available prophylaxis or treatment. Necropsy is not performed, the cadaver is not used for student practicals, and the case is immediately reported to the Hospital Chief Physician. The Hospital Chief Physician contacts the relevant Provincial Directorate of Agriculture and Forestry, and the cadaver is managed in accordance with the instructions of the competent authority.

6. Cadaver preparation, transfer, and receipt

Before removal from a hospital, farm, isolation unit, or external site, the cadaver is placed in a closed, leak-proof transport container or a thick leak-proof body bag. For a patient with a relevant infectious or zoonotic warning, the Department of Pathology is notified before arrival. The cadaver is moved by the approved species- and risk-based route in Appendix 5.11 to the Pathology/Necropsy delivery point; Pathology records receipt and places the cadaver in the +4°C cold room when necropsy is deferred.

On receipt, Pathology verifies the animal/case identity, the available request information, the risk information, the integrity of the outer packaging, and the acceptance decision before the cadaver enters the necropsy workflow. Any damaged, leaking, or inadequately documented cadaver is held away from clean areas and escalated to the responsible personnel before further handling.

Handover occurs at the Pathology/Necropsy delivery point. The referring clinical unit retains responsibility until Pathology verifies the case identity, packaging, risk information, and request and records receipt. If necropsy does not begin immediately, Pathology places the cadaver in the +4°C cold room. After-hours hospital deaths follow Appendix 14.11, including the cold-storage and next-working-day flow; equipment, packaging, and route follow Appendix 5.11.

7. Access, preparation, and personal protective equipment

Access to the necropsy room is limited to authorised necropsy staff, students formally enrolled in the session, and other persons whose presence is specifically required. Everyone entering and leaving signs the necropsy room register in Document Availability Inquiry List, item 5. Personal belongings are left in the clean/changing area; clean-to-dirty movement, the footbath sequence, and exit decontamination route are followed.

Before the procedure, personnel wear the PPE required by the case assessment: puncture- and cut-resistant gloves, with double gloves where indicated; a waterproof disposable apron or coverall; reinforced-toe rubber boots; face mask; and eye protection. Additional respiratory and splash precautions are applied before electric-saw or other aerosol-generating work.

8. Conduct of necropsy and specimen handling

The supervising pathologist briefs personnel on the case risk, task allocation, PPE, specimen plan, emergency arrangements, and waste route before work begins. Instruments are taken from secure storage, the cadaver is positioned using the available safe method, and only the personnel necessary

for the procedure remain in the work area. The procedure is stopped immediately if the anamnesis, gross findings, or incident circumstances raise concern for a notifiable or higher-hazard disease. There is no separate sample-collection room in the necropsy unit. Samples collected during necropsy are placed in closed, labelled containers, with fresh, unfixed, frozen, and fixed samples kept distinct as required by the intended test, and are transferred to the Department of Pathology for subsequent processing.

9. Waste, cleaning, and decontamination

Cadaver remains, tissues, contaminated disposable PPE, and other solid medical waste are segregated at source into red medical-waste bags; sharps are placed directly into dedicated puncture-resistant containers. After the procedure, the cadaver is divided into portions as necessary so that the bag load limits are not exceeded. Pathology personnel or students perform source segregation, packaging, sealing with plastic cable ties, and labeling. When the bags are ready for collection, trained medical-waste personnel, in accordance with Appendix 15.28, collect the tightly tied bags in the dedicated medical-waste transport container and transport them to temporary medical-waste storage without squeezing them. Collection and subsequent disposal remain the responsibility of the Animal Hospital waste service. Instruments, the necropsy table, sinks, high-touch surfaces, and the work area are cleaned and disinfected after every procedure in accordance with Appendix 14.7 and the applicable waste and cleaning procedures.

10. Exposure, spill, and notifiable-disease response

For a cut, puncture, splash, or eye exposure, work stops immediately. Eyes are flushed at the eyewash station where relevant; cuts are washed thoroughly with soap and water and disinfected; the affected person is assessed and referred for treatment as necessary. The incident is managed under the Faculty's post-exposure prophylaxis and incident-report arrangements, and the supervising pathologist ensures that the room and any exposed materials are made safe before work resumes.

Where a notifiable disease is suspected before or during necropsy, the case is managed under the applicable official veterinary notification requirements and the Faculty crisis-response provisions. Routine processing must not continue pending the required decision and instructions.

11. Records, reporting, and closure

The case file must allow the necropsy request, identity and anamnesis, hazard decision, personnel present, specimen record, incident record where applicable, decontamination completion, waste handover, and final report or referral outcome to be traced. The supervising pathologist reviews the file for completeness before the case is closed.