Department of Consumer Affairs
Veterinary Medical Board

Multidisciplinary Advisory Committee Meeting

Department of Consumer Affairs
1747 N. Market Blvd.
1st Floor Hearing Room
Sacramento, California

Tuesday, August 28, 2018
10:00 a.m.

Committee Members

Jeff Pollard, DVM
Allan Drusys, DVM
Meg Warner, DVM
Kevin Lazarcheff, DVM
Kristi Pawlowski, RVT
Leah Shufelt, RVT
Stuart Eckmann, Public Member
Jennifer Loredo, RVT, Board Liaison
Richard Sullivan, DVM, Board Liaison

Executive Officer

Jessica Sieferman

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Veterinary Medical Board
1747 N. Market Boulevard, Suite 230, Sacramento, CA 95834
Telephone: 916-515-5220 Fax: 916-928-6849 | www.vmb.ca.gov

MEETING NOTICE and AGENDA
MULTIDISCIPLINARY ADVISORY COMMITTEE

Committee Members
Jeff Pollard, DVM, Chair
Allan Drusys, DVM
Kevin Lazarcheff, DVM
Margaret Warner, DVM
Kristi Pawlowski, RVT
Leah Shufelt, RVT
Stuart Eckmann, Public Member
Jennifer Loredo, RVT
Richard Sullivan, DVM

August 28, 2018
1747 N. Market Blvd.
1st Floor Hearing Room
Sacramento, California

Action may be taken on any item listed on the agenda.

10:00 a.m. Tuesday, August 28, 2018

1. Call to Order/ Roll Call/ Establishment of a Quorum

2. Committee Chair's Remarks, Committee Member Comments, and Introductions

3. Review and Approval of May 22, 2018 Committee Meeting Minutes

4. Election of Multidisciplinary Advisory Committee Vice-Chair

5. Update from the Complaint Process Audit Subcommittee; Potential Recommendation to Full Board

6. Update from the Public and Private Shelters and Minimum Standards and Protocols for Shelter Medicine Subcommittee; Potential Recommendation to Full Board

7. Minimum Standards and Protocols for Dental Radiography Procedures; Potential Recommendation to Full Board

8. Minimum Standards and Protocols for Pet Ambulances; Potential Recommendation to Full Board

9. Public Comment on Items Not on the Agenda
   Note: The Committee may not discuss or take action on any matter raised during this public comment section, except to decide whether to place the matter on the agenda of a future meeting. (Government Code Sections 11125 and 11125.7(a).)

10. Future Agenda Items and Next Meeting Dates
    - November 13, 2018, Sacramento

    A. Multidisciplinary Advisory Committee Assignment Priorities
    B. Agenda Items for Next Meeting

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11. Adjournment

This agenda can be found on the Veterinary Medical Board website at **www.vmb.ca.gov**. Action may be taken on any item on the agenda. The time and order of agenda items are subject to change at the discretion of the Committee Chair and may be taken out of order. In accordance with the Bagley-Keene Open Meeting Act, all meetings of the Committee are open to the public.

This meeting will be webcast, provided there are no unforeseen technical difficulties or limitations. To view the webcast, please visit **thedcapage.wordpress.com/webcasts/.** The meeting will not be cancelled if webcast is not available. If you wish to participate or to have a guaranteed opportunity to observe and participate, please plan to attend at a physical location. Meeting adjournment may not be webcast if it is the only item that occurs after a closed session.

Government Code section 11125.7 provides the opportunity for the public to address each agenda item during discussion or consideration by the Committee prior to the Committee taking any action on said item. Members of the public will be provided appropriate opportunities to comment on any issue before the Committee, but the Committee Chair may, at his or her discretion, apportion available time among those who wish to speak. Individuals may appear before the Committee to discuss items not on the agenda; however, the Committee can neither discuss nor take official action on these items at the time of the same meeting (Government Code sections 11125, 11125.7(a)).

The meeting locations are accessible to the physically disabled. A person who needs disability-related accommodations or modifications to participate in the meeting may make a request by contacting the Committee at (916) 515-5220, email: vmb@dca.ca.gov, or sending a written request to the Veterinary Medical Board, 1747 N. Market St., Suite 230, Sacramento, CA 95834. Providing your request at least five (5) business days prior to the meeting will help ensure availability of the requested accommodations. TDD Line: (916) 326-2297.

MISSION

The mission of the Veterinary Medical Board is to protect consumers and animals by regulating licensees, promoting professional standards and diligent enforcement of the practice of veterinary medicine.

Veterinary Medical Board
1747 N. Market Boulevard, Suite 230, Sacramento, CA 95834
Telephone: 916-515-5220 Fax: 916-928-6849 | www.vmb.ca.gov

MEETING MINUTES
MULTIDISCIPLINARY ADVISORY COMMITTEE

May 22, 2018
1747 N. Market Blvd.
1st Floor Hearing Room
Sacramento, California

10:00 a.m. Tuesday, May 22, 2018

1. Call to Order/Roll Call/Establishment of a Quorum

Multidisciplinary Advisory Committee (MDC) Chair, Dr. Jon Klingborg called the meeting to order at 10:03 a.m. Veterinary Medical Board (Board) Interim Executive Officer, Mr. Ethan Mathes, called roll; eight members of the MDC were present, and a quorum was established. MDC Vice-Chair, Dr. Allan Drusys, was absent.

2. Committee Chair's Remarks, Committee Member Comments, and Introductions

Dr. Klingborg addressed the MDC that this would be the last meeting for Dr. William A. Grant II, Mr. David Johnson, Ms. Diana Woodward Hagle, and himself as their terms with the MDC were ending. He also advised that the agenda item for proposed California Code of Regulations (CCR) section 2035 regarding duties of a supervising veterinarian was supposed to be included on this agenda, as the motion failed to pass at the February 20, 2018 MDC meeting, but that due to an oversight, it was left off the agenda and instead was sent to the Board for their review. Dr. Klingborg stated he will address this issue with the Board tomorrow to determine if they wish to send the issue back to the MDC or vote to approve the proposed regulation.

Members Present
Jon A. Klingborg, Doctor of Veterinary Medicine (DVM), Chair
William A. Grant II, DVM
Jeff Pollard, DVM
David F. Johnson, Registered Veterinary Technician (RVT)
Kristi Pawlowski, RVT
Diana Woodward Hagle, Public Member
Jennifer Loredo, RVT, Board Liaison
Richard Sullivan, DVM, Board Liaison

Staff Present
Ethan Mathes, Interim Executive Officer
Candace Raney, Enforcement Program Manager
Amanda Drummond, Administrative Program Analyst
Tara Welch, Legal Counsel

Guests Present
Cheryl Waterhouse, DVM, Veterinary Medical Board
Cindy Savely, RVT, California Veterinary Medical Association (CVMA) and Sacramento Valley Veterinary Technician Association (SVVTA)
Erica Hughes, California Animal Welfare Organization
Grant Miller, DVM, CVMA
Ken Pawlowski, DVM, CVMA
Leah Shufelt, RVT, CVMA
Linda Tripp, SVVTA and University of California, Davis
Nancy Ehrlich, RVT, California Registered Veterinary Technician Association (CaRVTA)
Valerie Fenstermaker, CVMA

3. Review and Approval of February 20, 2018 Committee Meeting Minutes

The MDC made minor changes to the February 20, 2018 meeting minutes.

- Mr. David Johnson moved, and Dr. Jeff Pollard seconded the motion, to approve the minutes as amended. The motion carried 5-0-3. Dr. William A. Grant II, Ms. Kristi Pawlowski, RVT, and Ms. Diana Woodward Hagle abstained.

4. Election of Multidisciplinary Advisory Committee Chair and Vice-Chair

Dr. Klingborg asked for nominations to the position of MDC Chair; nominations and elections for Vice-Chair will take place at the MDC's next meeting due to the impending four new MDC members. Legal counsel clarified that any individuals nominated to the position would need to be present to accept the nomination.

- Dr. Richard Sullivan moved, and Ms. Jennifer Loredo, RVT, seconded, the motion to nominate Dr. Jeff Pollard to the position of MDC chair. Dr. Pollard accepted the nomination. The motion carried 8-0.

5. Update from the Public and Private Shelters and Minimum Standards & Protocols for Shelter Medicine Subcommittee; Potential Recommendation to Full Board; Review and Possible Action on Recommendation

Dr. Klingborg addressed the MDC and reiterated eight major items were brought forward by the various stakeholders that should be addressed in the discussion before the MDC. He directed that

the duty of the MDC is to review the issues and supporting documents and ensure that nothing is missing and all items are included for shelter medicine minimum standards to be crafted. Dr. Klingborg suggested a goal of the discussion is to address shelter medicine minimum standards issues by drafting proposed regulations and not statutes.

The MDC discussed their concerns with defining an animal shelter, whether that definition should include only public shelters or also include private shelters and humane societies, and the Board's authority to regulate shelters. By creating a definition of a shelter, it may allow RVTs and veterinary assistants (VAs) to provide services to the public's animals outside of their normal scope of practice. Additionally, any shelter registered as a veterinary premises would give the Board the authority to inspect these premises to ensure they are complying with requirements in the Practice Act. A discussion continued amongst the Board and members of the public where they discussed what should or should not be included in the shelter medicine minimum standards.

Legal counsel, Ms. Tara Welch, and Dr. Richard Sullivan recommended that the MDC approach this topic both via regulatory rulemaking and through statute. Business and Professions Code (BPC) Section 4853 provides the Board premises permit authority and authorizes the Board to draft regulations regarding minimum standards for shelter medicine, including a definition of an animal shelter. However, the MDC should keep in mind that there may be a need for additional statutes to provide the Board additional authority to draft clarifying regulation.

The MDC discussed that documents in the packet included all of the items they wanted to encompass for the shelter medicine minimum standards, and they will continue with the subcommittee's work to model the minimum standards after the already existing minimum standards within the Practice Act.

6. Discussion and Consideration of Amendments to RVT Animal Health Care Tasks Regarding Dental Extractions; Potential Recommendation to Full Board; Review and Possible Action on Recommendation

Dr. Pollard addressed the MDC and identified the discussion originated from a public comment from a veterinarian who was concerned about the Practice Act being vague in regard to dental extractions tasks an RVT is able to perform under supervision. Dr. Pollard conducted extensive research, including identifying the acceptable forms of dental extraction by RVTs in other states.

The MDC and members of the public discussed that existing regulations regarding dental extractions had been in practice since 1980 and the regulations continue to work effectively and recommended they should not be changed. It was explained that in general practice, RVTs do the majority of extractions after a DVM has diagnosed a patient and authorized the procedure. By eliminating the ability for RVTs to perform extractions, it could potentially increase costs and cause delays in treatment, and as a result, more consumers may be hesitant to obtain dental services for their pets.

The MDC agreed that this was not an issue that needed to be resolved. Dr. Klingborg stated that he would report the discussion of the proceedings to the Board in his report tomorrow and advise that, at this time, they do not feel any action needs to be taken to amend regulation.

7. Public Comment on Items Not on the Agenda

There were no comments from the public, outside agencies, or associations.

8. Future Agenda Items and Next Meeting Dates

A. Next Meeting Dates

- August 28, 2018, Sacramento
- November 13, 2018, Sacramento

B. Multidisciplinary Advisory Committee Assignment Priorities

Dr. Klingborg reviewed and updated the list of MDC assignment priorities:

- Update from the Complaint Process Audit Subcommittee
- Review minimum standards for shelter medicine
- Election of MDC Vice-Chair

9. Adjournment

Mr. Dave Johnson, RVT, moved to adjourn, and Dr. William A. Grant II seconded the motion.
The MDC adjourned at 2:36pm.

UPDATE FROM COMPLAINT PROCESS AUDIT SUBCOMMITTEE
August 28, 2018

Drs Kevin Lazarcheff & Jeff Pollard met August 09, 2018 in Sacramento to continue the review of closed disciplinary cases of the Veterinary Medical Board (VMB).

Summary of cases reviewed August 9, 2018:

Case #1 - femoral fracture on 9-month-old dog incurred when he was thrown from the bed of the pick-up in which he was not appropriately or legally tied/confined.

DVM performed a repair that fell below the SOC based on the EW report conclusions. The sad detail is that the DVM recognized the substandard repair at the time.

Case #2 - DVM with multiple complaints (details not relevant). Salient elements as regards the closed case audit review subcommittee, revolve around the LANGUAGE the EW used in the report:
1) “If a more thorough exam had been performed…perhaps the OVH incision would have been noted.”
2) “The callous & cavalier attitude that staff & Dr. exhibit….”

Case #3 - Another DVM with multiple complaints. In this case there was a prior citation & fine [define]. Again, details not relevant except that the EW report includes “fuzzy writing” [my characterization]. “The records have the appearance of being adequate however there are multiple issues”.

Case #4 - Horrible case mishandling of a dog that presented profoundly sick, underwent an unnecessary surgical procedure, ended up comatose at the EC the next day where it died. The EW wrote. “the fact that Dr. X did not consider all the facts doesn’t make Dr. X incompetent however it does make me question Dr. X’s competency.” The accusation [define] stated, “the patient presented with signs *conclusive* of diabetes mellitus…” The result is a legal document that is inaccurate (at best) as to the medical details of the case due primarily to the “fuzzy writing” of the EW.

Extra Credit:

Case #5 - Parole violation. Included decision for additional 3-year probation, excellent EW report, excellent work by DAG, vigorous defense by respondent’s attorney. Significance as regards the subcommittee was mostly to illustrate the process (complaint, investigation, hearing, decision, probation monitoring).

Case #6 - Tremendously sad case with a sad outcome for the patient due or related to substance abuse by the DVM. Highlight of case as regards the subcommittee was the EW report - shout out to Dr. Beth Parvin, in-house VMB medical consultant, who follows a template with formatting & spacing & underlining, & footnoting that makes it much

easier for the reader, veterinarian, DAG, layperson. This is the model which EW should aspire to emulate.

RECOMMENDATIONS:

- Continue EW training
  - Involve as many experts as possible
  - Consider coordination of training with MDC subcommittee and VMB staff
  - Continue Closed Case Review as need & number of cases dictate

- Quality control; better trained experts result in:
  - Better opinions; defined as opinions more solid in the medicine and in the application of the VPA
  - Better briefs by Deputy Attorney Generals (DAGs)
  - Better decisions by Administrative Law Judges (ALJs)
  - And arguably, fairer treatment of respondents & consumers

Shelter Minimum Standards Report
By Jennifer Loredo, RVT
Richard Sullivan, DVM

July, 2018

We have taken the work that Jon Klingborg, DVM, and David Johnson, RVT, presented at the last meeting which was agenda item 5, pages 2-7 of 13. We would strongly recommend that everyone, especially the new members of the MDC, review the webcast of the May 22nd meeting to refresh your memory on the discussion for this set of regulations. The discussion starts at approximately the 7th minute and goes for two hours plus; it will put all of the following into proper context.

In the first section we finally decided to remove entirely; we left it in the report for reference; we have included a definition of shelter medicine under the proposed section 2030.6.

Underlined language is new language, stricken language is language to be removed from the current language and language in blue are changes that have been made since the last MDC meeting.

After the first section, we have listed:

Sec. 2035. Duties of Supervising Veterinarian.
Sec. 2035.5 Duties of Supervising Veterinarian and Animal Health Care Tasks for R.V.T. and Veterinary Assistant in the Shelter Setting.
Section 4840. Authorized Services by Technicians and Assistants.

Proposed new sections:

Section 2030.6. Minimum Standards – Animal Shelter Medicine in a Fixed Facility.
Section 2030.7. Minimum Standards – Animal Shelter Ambulatory Medicine

Also included for your reference is the completed work of Sections 2030 – 2030.5 that has been forwarded to the VMB from the MDC (separate document titled "CCR Sections 2030-2030.5: Language for Minimum Standards of Alternate Premises") .

Please note that the numbers and letters in parenthesis and in bold refer back to our existing Minimum Standards to show you where they came from and to show that we haven't missed any of the existing regulations.

BEGINNING OF REPORT:

~~For the purposes of this section, an "animal shelter" is defined as any city and county animal care and control agency, public or private organization that contracts with a city or county to house animals and provides on site veterinary services to those animals.~~

~~An animal shelter that provides on site veterinary services shall have a premises permit and a Licensee Manager as set forth in 2030.05.~~

~~The Minimum Standards shall conform to the Small Animal Fixed Facility (20302.1) or Large Animal Fixed Facility (2030.15) based on the species housed within the animal shelter.~~

CCR 2035. Duties of Supervising Veterinarian.

(a) The supervising veterinarian shall be responsible for determining the competency of the R.V.T., permit holder or veterinary assistant to perform allowable animal health care tasks.

(b) A supervising veterinarian shall not delegate any function or allowable animal health care task to an R.V.T. or veterinary assistant that requires ~~extensive~~clinical skill and judgment ~~and~~ that is beyond the training and demonstrated competency of the R.V.T. or veterinary assistant.

(c) The supervising veterinarian of an R.V.T., permit holder or veterinary assistant shall make all decisions relating to the diagnosis, treatment, management and future disposition of the animal patient.

(d) The supervising veterinarian shall have examined the animal patient prior to the delegation of any animal health care task to an R.V.T., permit holder or veterinary assistant. The examination of the animal patient shall be conducted at such time as good veterinary medical practice requires consistent with the particular delegated animal health care task.

(e) Rabies vaccines may be administered to an owned animal upon redemption from an animal shelter and pursuant to the direct order, written order, or telephonic order of a veterinarian licensed or authorized to practice in this state.

Note: Authority cited: Sections 4808 and 4836, Business and Professions Code. Reference: Sections 4836, 4836.1, 4840 and 4840.9, Business and Professions Code.
(e) would not be necessary if animals were vaccinated for rabies on intake like they are for other vaccines.
(e) is in conflict with our "Animal Vaccine Practice" minimum standards.

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CCR Section 2035.5 Duties of Supervising Veterinarian and Animal Health Care Tasks for R.V.T. and Veterinary Assistant in the Shelter Setting

(a) Notwithstanding subsection (c) of section 2035 and pursuant to subdivision (b) of section 4840 of the code, limited medical care may be provided in a shelter setting by an R.V.T. or veterinary assistant for the specific purpose of controlling infectious and zoonotic disease, controlling acute pain, and preventing environmental contamination if all the following are met:

(1) The supervising veterinarian has direct knowledge of the animal population and examines the animal(s) at such time as good veterinary medical practice requires consistent with the particular delegated animal health care tasks.

(2) The supervising veterinarian establishes written orders for:

(A) The indirect supervision of an R.V.T. or veterinary assistant for vaccinations and prophylactic control of internal parasites and external parasites on intake.

(B) The indirect supervision of an R.V.T. for the treatment of medical conditions based on an animal's symptoms.

() The direct supervision of a veterinary assistant by an R.V.T. for the treatment of medical conditions based on an animal's symptoms.

(3) Treatment rendered under paragraph (2) may only be continued under the direction of a licensed veterinarian.

(b) Emergency animal care may be rendered by an R.V.T. pursuant to section 2069.

(c) An R.V.T. or veterinary assistant shall not diagnose, perform surgery, or prescribe pursuant to
section 4840.2 of the code.

(d) The supervising veterinarian shall maintain whatever physical presence is reasonable within the facility to ensure that the requirements in subsections (a) through(c) are met.

(e) Animals that have been adopted and returned to the shelter by the owner for treatment of a medical condition shall be examined by a veterinarian prior to treatment or dispensing medication pursuant to section 2032.1, unless the care is continued treatment of an existing medical condition prior to the animal being

adopted and the R.V.T. is following the treatment protocol established be the veterinarian.

BPC 4840. Authorized services by technicians and assistants

(a) Registered veterinary technicians and veterinary assistants are approved to perform those animal health care services prescribed by law under the supervision of a veterinarian licensed or authorized to practice in this state.

(b) Registered veterinary technicians and veterinary assistants may perform animal health care services on those animals impounded by a state, county, city, or city and county agency pursuant to the direct order, written order, or telephonic order of a veterinarian licensed or authorized to practice in this state.

(c) Registered veterinary technicians may apply for registration from the federal Drug Enforcement Administration that authorizes the direct purchase of sodium pentobarbital for the performance of euthanasia as provided for in subdivision (d) of Section 4827 without the supervision or authorization of a licensed veterinarian.

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CCR 2030.6 Minimum Standards – Animal Shelter Medicine in a Fixed Facility

For purposes of these regulations, "animal shelter facility" shall mean a building where veterinary medicine and its various branches are being practiced and where veterinary services are being provided to stray, unwanted, or seized animals that are deposited or impounded by a privately or publicly operated agency or organization. An animal shelter facility shall meet the following standards:

(a) All instruments, apparatus, and apparel shall be kept clean and sanitary at all times. **{2030}**

(b) Indoor lighting for halls, wards, reception areas, and examining and surgical rooms shall be adequate for their intended purpose. **{2030 (a)}**

(c) Fire precautions shall meet the requirements of local and state fire prevention codes. **{2030 (f)(1)}**

(d) The facility, temperature, and ventilation shall be maintained so as to assure the comfort of all patients. **{2030 (f)(2)}**

(e) The floors, table tops, and counter tops in areas where animals are being treated shall be made of a material suitable for regular disinfecting and cleaning and shall be cleaned and disinfected regularly. **{2030 (g)(7)}**

(f) The animal shelter facility shall have a reception area and office, or a combination of the two. **{2030(b)}**

(g) The animal shelter facility shall have an examination room separate from other areas of the facility and be of sufficient size to accommodate the doctor, assistant, patient, and client. **{2030(c)}**

(h) Current veterinary reference materials shall be readily available at the facility. **{2030(f)(9)}**

(i) All drugs and biologicals shall be stored and maintained according to the manufacturer's recommendations and administered, prescribed, and dispensed in compliance with state and federal laws. **{2030(f)(6)}**

(j) The animal shelter facility shall have the ability to provide diagnostic radiological services. Radiological procedures shall be conducted in accordance with Health and Safety Code standards. **{2030 (f)(4)}**

(k) The animal shelter facility shall have the ability to provide clinical pathology and histopathology diagnostic laboratory services. **{2030 (f)(5)}**

(l) The animal shelter facility shall have appropriate drugs, including oxygen, and equipment to provide immediate emergency care. **{2030 (f)(12)}**

(m) The disposal of waste material shall comply with all applicable federal, state, and local laws and regulations. **{2030 (f)(3)}**

(n) If animals are housed or retained for treatment, the following shall be provided: **{2030 (d)}**

  (1) Compartments or exercise runs or areas for animals shall be consistent with husbandry standards and shall be comfortable, sanitary, and provide for effective separation of animals and waste products. **{2030 (d)(1)}**

  (2) Effective separation of known or suspected contagious animals. **{2030 (d)(2)}**

(3) Prior notice to the client if there are to be no personnel on-site during any time an animal is left at the facility. For purposes of this paragraph, prior notice may be accomplished by posting a sign in a place and manner conspicuous to the clients at the primary entrance of the premises, stating that there may be times when there are no personnel on the premises. **{2030 (d)(3)}**

(4) When medically and/or species appropriate for a given species, –where animals are kept on the veterinary premises for 24 hours or more, the animals shall be provided with an opportunity for proper exercise. Compliance with this paragraph may be achieved by the use of exercise runs/areas or by providing the animal with the opportunity for outdoor walks. **{2030.1 (a)}**

(o) When the facility is closed, a sign shall be posted and visible outside the primary entrance with a telephone number and location where emergency care is available. An answering machine or service shall be used to notify the public when the facility will be re-opened and where after-hours emergency care is available. If no after-hours emergency care is available, full disclosure shall be provided to the public prior to rendering services. **{2030 (e)}**

(p) Anesthetic equipment in accordance with the procedures performed shall be maintained in proper working condition and available at all times. **{2030 (f)(10)}**

(q) Sanitary methods for the disposal of deceased animals shall be provided**. {2030 (f)(7)}**

(r) When the client has not given the veterinarian authorization to dispose of his or her deceased animal, the veterinarian shall retain the carcass in a freezer for at least 14 days prior to disposal. **{2030(f)(7)}**

(s) If aseptic surgery is performed, the following shall be provided**: {2030 (g)}**

(1) A room, separate and distinct from all other rooms, shall be reserved for aseptic surgical procedures that require aseptic preparations. A veterinarian may perform emergency aseptic surgical procedures in another room when the room designated for aseptic surgery is occupied or temporarily unavailable. **{2030 (g)(1)}** The board may exempt a facility that is currently registered with the board but does not have a separate aseptic surgery room, where the board determines that it would be a hardship for the facility to comply with the provisions of this paragraph. In determining whether a hardship exists, the board shall give due consideration to the following factors: **{2030 (g)(1)(B)}**

(A) Zoning limitations. **{2030 (g)(1)(B)(1)}**

(B) Whether the facility constitutes a historical building. **{2030 (g)(1)(B)(2)}**

(C) Whether compliance with this requirement would compel the veterinary practice to relocate to a new location. **{2030 (g)(1)(B)(3)}**

(2) Storage in the surgery room shall be limited to items and equipment normally related to aseptic surgery and surgical procedures. Equipment not normally related to surgery and surgical procedure includes, but is not

limited to, equipment used for dental prophylaxis, autoclaves, and non-surgical radiographic equipment. **{2030 (g)(2)}**

(3) Open shelving is prohibited in the surgical room. **{2030 (g)(3)}**

(4) The surgical room shall not contain a functional sink with an open drain. **{2030 (g)(4)}**

(5) Surgery room doors shall be able to be fully closed, fill the entire door space, be made of a material suitable for regular disinfecting and cleaning, and be cleaned and disinfected regularly, and not provide access from outside the facility when aseptic surgery services are provided. **{2030 (g)(5)}**

(6) The surgery room shall be well-lighted, have equipment for viewing radiographs, and have effective emergency lighting with a viable power source. **{2030 (g)(6)}**

(7) Surgical instruments and equipment shall be:

a. Adequate for the type of surgical procedures performed. **{2030 (g)(8)(A)}**

b. Sterilized as required by the surgical procedure performed and instruments used. **{2030 (g)(8)(B)}**

(8) In any sterile procedure, a separate sterile pack shall be used for each animal. **{2030 (g)(9)}**

(9) All instruments, packs, and equipment shall be sterilized and have an indicator that reacts to and verifies sterilization. **{2030 (g)(10)}**

(10) The following attire shall be required for aseptic surgery: **{2030 (g)(11)}**

(A) Each member of the surgical team shall put on an appropriate sanitary cap and sanitary mask that covers his or her hair and mouth, nose, and any facial hair, except for eyebrows or eyelashes. All members of the surgical team who will be handling the instruments or touching the surgical site shall wear sterilized surgical gowns with long sleeves and sterilized gloves. **{2030 (g)(11)(A)}**

(B) Ancillary personnel in the surgery room shall wear clean clothing, footwear, sanitary cap, and mask. **{2030 (g)(11)(B)}**

(t) When performing clean surgery, the instruments used to perform such surgery shall have been sterilized, and the surgeon(s) and ancillary personnel shall wear appropriate apparel. **{2030 (h)}** For purposes of this subsection, "clean surgery" shall mean the performance of a surgical procedure for the treatment of a condition and under circumstances that, consistent with the standards of good veterinary medicine, do not warrant the use of aseptic surgical procedures. **{2030 (h)}**

Note: Authority cited: Sections 4808 and 4854, Business and Professions Code. Reference: Sections 4854 and 4883, Business and Professions Code.

2030.7 Minimum Standards – Animal Shelter Ambulatory Medicine

For purposes of these regulations, an "animal shelter ambulatory practice" shall mean the practice of shelter medicine at a location outside a fixed facility where veterinary medicine and its various branches are being practiced. Animal shelter ambulatory practice shall meet the following minimum standards:

(a) All instruments, apparatus, and apparel shall be kept clean and sanitary at all times. **{2030}**

(b) Prior notice shall be given to the client when the practice is closed. An answering machine or service shall be used to notify the public when the facility will be re-opened and where after-hours emergency care is available. If no after-hours emergency care is available, full disclosure shall be provided to the public prior to rendering services. **{2030 (e)}**

(c) The disposal of waste material shall comply with all applicable federal, state, and local laws and regulations. **{2030 (f)(3)}**

(d) The animal shelter ambulatory practice shall have the ability to provide diagnostic radiological services. Radiological procedures shall be conducted in accordance with Health and Safety Code standards. **{2030 (f)(4)}**

(e) The animal shelter ambulatory practice shall have the ability to provide clinical pathology and histopathology diagnostic laboratory services **{2030 (f)(5)}**

(f) All drugs and biologicals shall be stored and maintained according to the manufacturer's recommendations and administered, prescribed, and dispensed in compliance with state and federal laws. **{2030(f)(6)}**

(g) Current veterinary reference materials shall be readily available. **{2030(f)(9)}**

(h) The animal shelter ambulatory practice shall have the appropriate drugs and equipment to provide immediate emergency care at a level commensurate with the specific veterinary medical services provided. **{2030 (f)(12)}**

(i) When performing clean surgery, the instruments used to perform such surgery shall have been sterilized, and the surgeon(s) and ancillary personnel shall wear appropriate apparel. **{2030 (h)}** For purposes of this subsection, "clean surgery" shall mean the performance of a surgical procedure for the treatment of a condition and under circumstances that, consistent with the standards of good veterinary medicine, do not warrant the use of aseptic surgical procedures. **{2030 (h)}**

Note: Authority cited: Sections 4808 and 4854, Business and Professions Code. Reference: Sections 4825.1, 4854, and 4883, Business and Professions Code.

CCR Sections 2030 – 2030.05: Language for Minimum Standards of Alternate Premises.
Already approved at the February 2018 MDC meeting and is now at the VMB.
Language included for reference only.

2030. Minimum Standards

The facilities and practice types in sections 2030.1 through 2030.5 are premises pursuant to section 4853 of the code and shall be registered with the board and meet all of the requirements in section 2030.05. If the facility or practice type is operated from a building or facility that is the licensee manager's principal place of business and the building or facility is registered with the board, the facility or practice type shall be considered a mobile unit and exempt from independent registration with the board.

Note: Authority cited: Sections 4808 and 4854, Business and Professions Code. Reference: Sections 4853, 4854, and 4883, Business and Professions Code.

2030.05. Minimum Standards - Licensee Manager.

(a) A Licensee Manager is the California licensed veterinarian named as the Licensee Manager on a facility's premises permit.
(b) The Licensee Manager is responsible for ensuring that the premises for which he/she is manager complies with the requirements in sections 4853, 4854, 4855 and 4856 of the code. The Licensee Manager is responsible for ensuring that the physical and operational components of a premises meet the minimum standards of practice as set forth in sections 2030 through 2032.5 of the California Code of Regulations, Title 16, Division 20, Article 4.
(c) The Licensee Manager is responsible for ensuring that no unlicensed activity is occurring within the premises or in any location where any function of veterinary medicine, veterinary surgery or veterinary dentistry is being conducted off the premises under the auspices of this premises license.
(d) The Licensee Manager shall maintain whatever physical presence is reasonable within the facility to ensure that the requirements in subdivisions (a) – through (c) are met.
(e) Each licensed veterinarian shall be responsible for their individual violations of the Veterinary Medicine Practice Act or any regulation adopted thereunder.

Note: Authority cited: Sections 4808 and 4854, Business and Professions Code. Reference: Sections 4853, 4854, 4855, 4856, and 4883, Business and Professions Code.

CCR Sections 2030.1 – 2030.5:
Language for Minimum Standards of Alternate Premises.
Already approved at the February 2018 MDC meeting and is now at the VMB.
Language included for reference only.

PREMISES PERMIT PROPOSED REGULATION FROM THE MDC

Section 2030.1. Minimum Standards – Small Animal Fixed Facility.

For purposes of these regulations, a "small animal fixed facility" shall mean a building where veterinary medicine and its various branches are being practiced and where veterinary services are being provided to household pets. A small animal fixed facility shall meet the following minimum standards:

(a) All instruments, apparatus, and apparel shall be kept clean and sanitary at all times. **{2030}**
(b) Indoor lighting for halls, wards, reception areas, examining and surgical rooms shall be adequate for their intended purpose. **{2030 (a)}**
(c) Fire precautions shall meet the requirements of local and state fire prevention codes. **{2030 (f)(1)}**
(d) The facility, temperature, and ventilation shall be maintained so as to assure the comfort of all patients. **{2030 (f)(2)}**
(e) The floors, table tops, and counter tops in areas where animals are being treated shall be made of a material suitable for regular disinfecting and cleaning, and shall be cleaned and disinfected regularly. **{2030 (g)(7)}**
(f) Shall have a reception area and office, or a combination of the two. **{2030(b)}**
(g) Shall have an examination room separate from other areas of the facility and of sufficient size to accommodate the doctor, assistant, patient, and client. **{2030(c)}**
(h) Current veterinary reference materials shall be readily available at the facility. **{2030(f)(9)}**
(i) All drugs and biologicals shall be stored and maintained according to the manufacturer's recommendations and administered, prescribed, and dispensed in compliance with state and federal laws. **{2030(f)(6)}**
(j) Shall have the ability to provide diagnostic radiological services. Radiological procedures shall be conducted in accordance with Health and Safety Code standards. **{2030 (f)(4)}**
(k) Shall have the ability to provide clinical pathology and histopathology diagnostic laboratory services**. {2030 (f)(5)}**
(l) Shall have appropriate drugs, including oxygen, and equipment to provide immediate emergency care. **{2030 (f)(12)}**
(m) The disposal of waste material shall comply with all applicable federal, state, and local laws and regulations. **{2030 (f)(3)}**
(n) If animals are housed or retained for treatment, the following shall be provided: **{2030 (d)}**
    (1) Compartments or exercise runs or areas for animals shall be consistent with husbandry standards and shall be comfortable, sanitary, and provide for effective separation of animals and waste products. **{2030 (d)(1)}**
    (2) Effective separation of known or suspected contagious animals. **{2030 (d)(2)}**

CCR Sections 2030.1 – 2030.5:
Language for Minimum Standards of Alternate Premises.
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(3) Prior notice shall be given to the client if there are to be no personnel on-site during any time an animal is left at the facility. For purposes of this paragraph, prior notice may be accomplished by posting a sign in a place and manner conspicuous to the clients at the primary entrance of the premises, stating that there may be times when there are no personnel on the premises. **{2030 (d)(3)}**

(4) When medically and/or species appropriate for a given species, -where animals are kept on the veterinary premises for 24 hours or more, the animals shall be provided with an opportunity for proper exercise. Compliance with this section may be achieved by the use of exercise runs/areas or by providing the animal with the opportunity for outdoor walks. **{2030.1 (a)}**

(o) When the facility is closed, a sign shall be posted and visible outside the primary entrance with a telephone number and location where emergency care is available. An answering machine or service shall be used to notify the public when the facility will be re-opened and where after-hours emergency care is available. If no after-hours emergency care is available, full disclosure shall be provided to the public prior to rendering services. **{2030 (e)}**

(p) Anesthetic equipment in accordance with the procedures performed shall be maintained in proper working condition and available at all times. **{2030 (f)(10)}**

(q) Sanitary methods for the disposal of deceased animals shall be provided**. {2030 (f)(7)}**

(r) When the client has not given the veterinarian authorization to dispose of his or her deceased animal, the veterinarian shall be required to retain the carcass in a freezer for at least 14 days prior to disposal. **{2030(f)(7)}**

(s) If aseptic surgery is performed, the following shall be provided**: {2030 (g)}**

(1) A room, separate and distinct from all other rooms shall be reserved for aseptic surgical procedures which require aseptic preparations. A veterinarian may perform emergency aseptic surgical procedures in another room when the room designated for aseptic surgery is occupied of temporarily unavailable. **{2030 (g)(1)}** The board may exempt a facility which is currently registered with the board, but does not have a separate aseptic surgery room, where it determines that it would be a hardship for the facility to comply with the provisions of this section. In determining whether a hardship exists, the board shall give due consideration to the following factors: **{2030 (g)(1)(B)}**

(A) Zoning limitations. **{2030 (g)(1)(B)(1)}**

(B) Whether the facility constitutes a historical building. **{2030 (g)(1)(B)(2)}**

(C) Wether compliance with this requirement would compel the veterinary practice to relocate to a new location. **{2030 (g)(1)(B)(3)}**

(2) Storage in the surgery room shall be limited to items and equipment normally related to aseptic surgery and surgical procedures. Equipment not normally related to surgery and surgical procedure includes, but in not limited to, equipment used for dental prophylaxis, autoclaves and non-surgical radiographic equipment. **{2030 (g)(2)}**

(3) Open shelving is prohibited in the surgical room. **{2030 (g)(3)**

CCR Sections 2030.1 – 2030.5:
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Already approved at the February 2018 MDC meeting and is now at the VMB.
Language included for reference only.

(4) The surgical room shall not contain a functional sink with an open drain. **{2030 (g)(4)}**
(5) Surgery room doors shall be able to be fully closed, fill the entire door space, be made of a material suitable for regular disinfecting and cleaning, and shall be cleaned and disinfected regularly, and not provide access from outside the facility when aseptic surgery services are provided. **{2030 (g)(5)}**
(6) The surgery room shall be well lighted, shall have equipment for viewing radiographs and shall have effective emergency lighting with a viable power source. **{2030 (g)(6)}**
(7) Surgical instruments and equipment shall be:
(8) Adequate for the type of surgical procedures performed. **{2030 (g)(8)(A)}**
(9) Sterilized as required by the surgical procedure performed and instruments used. **{2030 (g)(8)(B)}**
(10) In any sterile procedure, a separate sterile pack shall be used for each animal. **{2030 (g)(9)}**
(11) All instruments, packs, and equipment shall be sterilized and have an indicator that reacts to and verifies sterilization. **{2030 (g)(10)}**
(12) The following attire shall be required for aseptic surgery: **{2030 (g)(11)}**
    (A) Each member of the surgical team shall put on an appropriate sanitary cap and sanitary mask which covers his or her hair and mouth, nose and any facial hair, except for eyebrows or eyelashes. All members of the surgical team who will be handling the instruments or touching the surgical site shall wear sterilized surgical gowns with long sleeves and sterilized gloves. **{2030 (g)(11)(A)}**(B) Ancillary personnel in the surgery room shall wear clean clothing, footwear, sanitary cap and mask. **{2030 (g)(11)(B)}**

(t) When performing clean surgery, the instruments used to perform such surgery shall have been sterilized and the surgeon(s) and ancillary personnel shall wear appropriate apparel. **{2030 (h)}** For purposes of this section, "clean surgery" shall mean the performance of a surgical procedure for the treatment of a condition and under circumstances which, consistent with the standards of good veterinary medicine, do not warrant the use of aseptic surgical procedures. **{2030 (h)}**

Note: Authority cited: Sections 4808 and 4854, Business and Professions Code. Reference: Sections 4854 and 4883, Business and Professions Code.

CCR Sections 2030.1 – 2030.5:
Language for Minimum Standards of Alternate Premises.
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Language included for reference only.

Section 2030.15. Minimum Standards – Large Animal Fixed Facility.

For purposes of these regulations, a "large animal fixed facility" shall mean a building where veterinary medicine and its various branches are being practiced and where veterinary services are being provided to equine and food animals and livestock as defined in section 4825.1 (c) and (d) of the code. A large animal fixed facility shall meet the following minimum standards:

(a) All instruments, apparatus, and apparel shall be kept clean and sanitary at all times**. {2030}**

(b) Indoor lighting for halls, wards, reception areas, examining and surgical rooms shall be adequate for their intended purpose**. {2030 (a)}**

(c) Fire precautions shall meet the requirements of local and state fire prevention codes**. {2030 (f)(1)}**

(d) The facility, temperature, and ventilation shall be maintained so as to assure the comfort of all patients. **{2030 (f)(2)}**

(e) The floors, table tops, and counter tops in areas where animals are being treated shall be made of a material suitable for regular disinfecting and cleaning, and shall be cleaned and disinfected regularly. **{2030 (g)(7)}**

(f) Shall have a reception area and office, or a combination of the two. **{2030(b)}**

(g) Shall have an examination room separate from other areas of the facility and of sufficient size to accommodate the doctor, assistant, patient, and client. **{2030(c)}**

(h) Current veterinary reference materials shall be readily available at the facility**. {2030(f)(9)}**

(i) All drugs and biologicals shall be stored and maintained according to the manufacturer's recommendations and administered, prescribed, and dispensed in compliance with state and federal laws. **{2030(f)(6)}**

(j) Shall have the ability to provide diagnostic radiological services. Radiological procedures shall be conducted in accordance with Health and Safety Code standards. {**2030 (f)(4)}**

(k) Shall have the ability to provide clinical pathology and histopathology diagnostic laboratory services. **{2030 (f)(5)}**

(l) Shall have appropriate drugs and equipment to provide immediate emergency care. **{2030 (f)(12)}**

(m) The disposal of waste material shall comply with all applicable federal, state, and local laws and regulations. **{2030 (f)(3)}**

(n) If animals are housed or retained for treatment, the following shall be provided**: {2030 (d)}**

(1) Compartments or exercise areas for animals shall be consistent with husbandry standards and shall be comfortable, sanitary, and provide for effective separation of animals and waste products. **{2030 (d)(1)}**

(2) Effective separation of known or suspected contagious animals. **{2030 (d)(2)}**

(3) Prior notice shall be given to the client if there are to be no personnel on-site during any time an animal is left at the facility. For purposes of this paragraph,

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prior notice may be accomplished by posting a sign in a place and manner conspicuous to the clients at the primary entrance of the premises, stating that there may be times when there are no personnel on the premises. **{2030 (d)(3)}**

(4) When medically appropriate for a given species, where animals are kept at the facility for 24 hours or more, the animals shall be provided with an opportunity for proper exercise. Compliance with this section may be achieved by the use of exercise areas or by providing the animal with the opportunity for outdoor walks. **{2030.1 (a)}**

(o) When the facility is closed, a sign shall be posted and visible outside the primary entrance with a telephone number and location where emergency care is available. An answering machine or service shall be used to notify the public when the facility will be re-opened and where after-hours emergency care is available. If no after-hours emergency care is available, full disclosure shall be provided to the public prior to rendering services. **{2030 (e)}**

(p) Anesthetic equipment in accordance with the procedures performed shall be maintained in proper working condition and available at all times. **{2030 (f)(10)}**

(q) Sanitary methods for the disposal of deceased animals shall be provided. **{2030 (f)(7)}**

(r) If aseptic surgery is performed, the following shall be provided: **{2030 (g)}**

(1)A room, separate and distinct from all other rooms shall be reserved for aseptic surgical procedures which require aseptic preparations. A veterinarian may perform emergency aseptic surgical procedures in another room when the room designated for aseptic surgery is occupied of temporarily unavailable. **{2030 (g)(1)}** The board may exempt a facility which is currently registered with the board, but does not have a separate aseptic surgery room, where it determines that it would be a hardship for the facility to comply with the provisions of this section. In determining whether a hardship exists, the board shall give due consideration to the following factors: **{2030 (g)(1)(B)}**

(A) Zoning limitations. **{2030 (g)(1)(B)(1)}**(B) Whether the facility constitutes a historical building. **{2030 (g)(1)(B)(2)}**

(C) Whether compliance with this requirement would compel the veterinary practice to relocate to a new location. **{2030 (g)(1)(B)(3)}**

(2) Storage in the surgery room shall be limited to items and equipment normally related to aseptic surgery and surgical procedures. Equipment not normally related to surgery and surgical procedure includes, but in not limited to, equipment used for dental prophylaxis, autoclaves and non-surgical radiographic equipment. **{2030 (g)(2)}**

(3) Open shelving is prohibited in the surgical room. **{2030 (g)(3)**

Surgery room doors shall be able to be fully closed, fill the entire door space, be made of a material suitable for regular disinfecting and cleaning, and shall be cleaned and disinfected regularly, and not provide access from outside the. facility when aseptic surgery services are provided. In cases where the size of the animal prevents entry to the hospital via a regularly-sized door, doors for outside access are permitted as long as such doors are

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(4) able to be fully closed, fill the entire door space and be made of a material suitable for regular disinfecting and cleaning, and shall be cleaned and disinfected regularly. **{2030 (g)(5)}**

(5) The surgery room shall be well lighted, shall have equipment for viewing radiographs and shall have effective emergency lighting with a viable power source. **{2030 (g)(6)}**

(6) Surgical instruments and equipment shall be:

(A) Adequate for the type of surgical procedures performed. **{2030 (g)(8)(A)}**

(B) Sterilized as required by the surgical procedure performed and instruments used. **{2030 (g)(8)(B)}**

(7) In any sterile procedure, a separate sterile pack shall be used for each animal. **{2030 (g)(9)}**

(8) All instruments, packs, and equipment shall be sterilized and have an indicator that reacts to and verifies sterilization. **{2030 (g)(10)}**

(9) The following attire shall be required for aseptic surgery: **{2030 (g)(11)}**

(A) Each member of the surgical team shall put on an appropriate sanitary cap and sanitary mask which covers his or her hair and mouth, nose and any facial hair, except for eyebrows or eyelashes. All members of the surgical team who will be handling the instruments or touching the surgical site shall wear sterilized surgical gowns with long sleeves and sterilized gloves**. {2030 (g)(11)(A)}**

(B) Ancillary personnel in the surgery room shall wear clean clothing, footwear, sanitary cap and mask. **{2030 (g)(11)(B)}**

(s) When performing clean surgery, the instruments used to perform such surgery shall have been sterilized and the surgeon(s) and ancillary personnel shall wear appropriate apparel**. {2030 (h)}** For purposes of this section, "clean surgery" shall mean the performance of a surgical procedure for the treatment of a condition and under circumstances which, consistent with the standards of good veterinary medicine, do not warrant the use of aseptic surgical procedures. **{2030 (h)}**

Note: Authority cited: Sections 4808 and 4854, Business and Professions Code. Reference: Sections 4854 and 4883, Business and Professions Code.

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2030.2. Small Animal Mobile Facility.

For purposes of these regulations, a "small animal mobile facility" shall mean a mobile unit or vehicle where veterinary medicine and its various branches are being practiced and where veterinary services are being provided to household pets. A small animal mobile facility shall meet the following minimum standards: **{2030.2}**

(1) All instruments, apparatus, and apparel shall be kept clean and sanitary at all times. **{2030}**

(b) Shall have hot and cold water. **{2030.2 (a)(1)}**

(c) Shall have a 110-volt power source for diagnostic equipment. **{2030.2 (a)(2)}**

(d) Shall have a collection tank for disposal of waste material**. {2030.2 (a)(3)}**

(e) Indoor lighting for halls, wards, reception areas, examining and surgical rooms, which shall be adequate for its intended purpose. **{2030.2 (b)(1)]**

(f) Fire precautions shall meet the requirements of local and state fire prevention codes**. {2030.2 (b)(3)}**

(g) The facility, temperature, and ventilation controls shall be maintained so as to assure the comfort of all patients**. {2030.2 (b)(4)}**

(h) The floors, table tops, and counter tops shall be made of a material suitable for regular disinfecting and cleaning, and shall be cleaned and disinfected regularly. **{2030.2 (a)(5)}**

(i) Shall have an examination room of sufficient size to accommodate the doctor, assistant, patient, and client. **{2030.2 (b)(2)}**

(j) Current veterinary reference materials shall be readily available at the facility. **{2030(f)(9)}**

(k) All drugs and biologicals shall be stored and maintained according to the manufacturer's recommendations and administered, prescribed, and dispensed in compliance with state and federal laws. **{2030(f)(6)}**

(l) Shall have the ability to provide diagnostic radiological services. Radiological procedures shall be conducted in accordance with Health and Safety Code standards. **{2030 (f)(4)}**

(m) Shall have the ability to provide clinical pathology and histopathology diagnostic laboratory services**. {2030 (f)(5)}**

(n) Shall have appropriate drugs, including oxygen, and equipment to provide immediate emergency care. **{2030.2 (c)}**

(o) The disposal of waste material shall comply with all applicable federal, state, and local laws and regulations**. {2030 (f)(3)}**

(p) If animals are housed or retained for treatment, the following shall be provided**: {2030 (d)}**

  (1) Compartments or exercise runs or areas for animals shall be consistent with husbandry standards and shall be comfortable, sanitary, and provide for effective separation of animals and waste products. **{2030.2 (a)(6)}**

  (2) Effective separation of known or suspected contagious animals. **{2030 (d)(2)}**

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(3) When medically appropriate for a given species, where animals are kept at the facility for 24 hours or more, the animals shall be provided with an opportunity for proper exercise. Compliance with this section may be achieved by the use of exercise runs/areas or by providing the animal with the opportunity for outdoor walks. **{2030.1 (a)}**

(4) Prior notice shall be given to the client if there are to be no personnel on-site during any time an animal is left at the facility. **{2030 (d)(3)}**

(q) Prior notice shall be given to the client when the facility is closed. An answering machine or service shall be used to notify the public when the facility will be re-opened and where after hour emergency care is available. If emergency services are not provided by the facility, a legible list of contact information for facilities or practices that provide emergency services shall be provided to the client. If no after-hour emergency care is available, full disclosure shall be provided to the public prior to rendering services. **{2030.2 (d)}**

(r) Anesthetic equipment in accordance with the procedures performed shall be maintained in proper working condition and available at all times. **{2030 (f)(10)}**

(s) Sanitary methods for the disposal of deceased animals shall be provided. **{2030 (f)(7)}**

(t) When the client has not given the veterinarian authorization to dispose of his or her deceased animal, the veterinarian shall be required to retain the carcass in a freezer for at least 14 days prior to disposal. **{2030.2 (e)}**

(u) If aseptic surgery is performed, the following shall be provided: **{2030.2 (b)(5)}**

(1) A room, separate and distinct from all other rooms, which shall be reserved for aseptic surgical procedures. A veterinarian may perform emergency aseptic surgical procedures in another room when the room designated for aseptic surgery is occupied of temporarily unavailable. **{2030.2 (b)(5)}**

(2) Shall have an examination area separate from the surgery room. **{2030.2 (b)(5)(A)}**

(3) Storage in the surgery room shall be limited to items and equipment normally related to surgery and surgical procedures. Equipment not normally related to surgery and surgical procedure includes, but is not limited to, equipment used for dental prophylaxis, autoclaves, and non-surgical radiographic equipment**.** **{2030.2 (b)(5)}**

(4) Open shelving is prohibited in the surgical room. **{2030 (g)(3)}**

(5) The surgical room shall not contain a functional sink with an open drain. **{2030 (g)(4)}**

(6) The surgery room shall be well lighted, shall have equipment for viewing radiographs and shall have effective emergency lighting with a viable power source. **{2030 (g)(6)}**

(7) Surgical instruments and equipment shall be:

(A) Adequate for the type of surgical procedures performed. **{2030 (g)(8)(A)}**

(B) All instruments, packs, and equipment shall be sterilized and have an indicator that reacts to and verifies sterilization **{2030 (g)(10)}**

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(C) A separate sterile pack shall be used for each animal. **{2030 (g)(9)}**

(8) Surgery room doors shall be able to be fully closed, fill the entire door space, be made of a material suitable for regular disinfecting and cleaning, and shall be cleaned and disinfected regularly. **{2030 (g)(5)}**

(9) The following attire shall be required:

(A) Each member of the surgical team shall put on an appropriate sanitary cap and sanitary mask which covers his or her hair and mouth, nose and any facial hair, except for eyebrows or eyelashes. All members of the surgical team who will be handling the instruments or touching the surgical site shall wear sterilized surgical gowns with long sleeves and sterilized gloves. **{2030 (g)(11)(A)}**

(B) Ancillary personnel in the surgery room shall wear clean clothing, footwear, sanitary cap and mask. **{2030 (g)(11)(B)}**

(10) When performing clean surgery, the instruments used to perform such surgery shall have been sterilized and the surgeon(s) and ancillary personnel shall wear appropriate apparel. **{2030 (h)}** For purposes of this section, "clean surgery" shall mean the performance of a surgical procedure for the treatment of a condition and under circumstances which, consistent with the standards of good veterinary medicine, do not warrant the use of aseptic surgical procedures. **{2030 (h)}**

Note: Authority cited: Sections 4808 and 4854, Business and Professions Code. Reference: Sections 4853 and 4854, Business and Professions Code.

Section 2030.3. Minimum Standards – Animal Vaccination Practice.

For purposes of these regulations, an "animal vaccination practice" shall mean a location where the scope of veterinary practice is limited to only vaccinations and preventative procedures for parasite control. An animal vaccination practice shall meet the following minimum standards: **{2030.3 (a)}**

(a) All instruments, apparatus, and apparel shall be kept clean and sanitary at all times. **{2030. }**

(b) Diagnostic tests shall not be performed, and dangerous drugs shall not be prescribed or dispensed. {**2030.3 (l)}**

(c) A veterinarian must remain on site throughout the duration of a vaccination practice. The veterinarian is responsible for proper vaccination and preventative procedures for parasite control and the completeness of recommendations made to the public by the paraprofessional staff that the veterinarian supervises or employs. The veterinarian is responsible for documenting that the patient appears healthy enough

to receive vaccines or preventable parasiticides as well as providing consultation and referral of clients when disease is detected or suspected. **{2030.3 (b)}**

(d) Lighting shall be adequate for the procedures to be performed in the vaccination practice. **{2030.3 (e)}**

(e) Fire precautions shall meet the requirements of local and state fire prevention codes. **{2010 (f)(1)}**

(f) When applicable, floors, table tops, and counter tops in areas where animals are being treated shall be made of a-material suitable for regular disinfecting and cleaning, and shall be cleaned and disinfected regularly. **{2030.3 (f)}**

(g) The disposal of waste material shall comply with all applicable federal, state, and local laws and regulations. **{2030.3 (c)}**

(h) Current veterinary reference materials shall be readily available at the practice. **{2030 (f)(9)}**

(i) All drugs and biologicals shall be stored, and maintained according to the manufacturer's recommendations and administered in compliance with state and federal laws**. {2030.3 (d)}**

(j) Shall have the appropriate drugs and equipment to provide immediate emergency care at a level commensurate with the specific veterinary medical services provided**. {2030.3 (i)}**

(k) Equipment shall be of the type and quality to provide for the delivery of vaccines and parasiticides in the best interest of the patient and with safety to the public. **{2030.3 (g)}**

(l) Fresh, clean water shall be available for sanitizing and first aid. Disposable towels and soap shall be readily available. **{2030.3 (h)}**

(m) A legible list of contact information for facilities or practices that provide or advertise emergency services shall be provided to the client**. {2030.3 (j)}**

(n) Maintain records of all vaccinations and drugs administered to each patient for a minimum of three (3) years from the date that they were administered**. {2030.3 (k)}**

(o) The veterinarian shall be identifiable to the public, including, but not limited to the posting of the veterinarian's license, as set forth in section 4850 of the code. **{2030.3 (m)}**

Note: Authority cited: Sections 4808 and 4854, Business and Professions Code. Reference: Sections 4853, 4854, and 4883, Business and Professions Code.

Section 2030.4. Minimum Standards – Small Animal House Call Practice.

For purposes of these regulations, a "small animal house call practice" shall mean one in which veterinary medicine and its various branches are being practiced and where veterinary services are being provided to household pets at the location where the animal resides. A small animal house call practice shall meet the following minimum standards:

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(a) All instruments, apparatus, and apparel shall be kept clean and sanitary at all times. **{2030**}
(b) General anesthesia and aseptic surgical procedures shall not be performed.
(c) Prior notice shall be given to the client when the practice is closed. An answering machine or service shall be used to notify the public when the practice will be re-opened and where after-hours emergency care is available. If no after-hours emergency care is available, full disclosure shall be provided to the public prior to rendering services. **{2030 (e)}**
(d) A legible list of contact information for facilities or practices that provide emergency services shall be provided to the client. **{2030.3 (m)}**
(e) The disposal of waste material shall comply with all applicable federal, state, and local laws and regulations. **{2030 (f)(3)}**
(f) Shall have the ability to provide diagnostic radiological services. Radiological procedures shall be conducted in accordance with Health and Safety Code standards**. {2030 (f)(4)}**
(g) Shall have the ability to provide clinical pathology and histopathology diagnostic laboratory services. **{2030 (f)(5)}**
(h) All drugs and biologicals shall be stored and maintained according to the manufacturer's recommendations and administered, prescribed, and dispensed in compliance with state and federal laws**. {2030(f)(6)}**
(i) Sanitary methods for the disposal of deceased animals shall be provided. **{2030 (f)(7)}**
(j) When the client has not given the veterinarian authorization to dispose of his or her deceased animal, the veterinarian shall be required to retain the carcass in a freezer for at least 14 days prior to disposal. **{2030.1 (b)}**
(k) Shall have the appropriate drugs and equipment to provide immediate emergency care at a level commensurate with the specific veterinary medical services provided. **{2030 (f)(12)}**
(l) Current veterinary reference materials shall be readily available**. {2030(f)(9)}**
(m) When performing clean surgery, the instruments used to perform such surgery shall have been sterilized and the surgeon(s) and ancillary personnel shall wear appropriate apparel. **{2030 (h)}**
(n) For purposes of this section, "clean surgery" shall mean the performance of a surgical procedure for the treatment of a condition and under circumstances which, consistent with the standards of good veterinary medicine, do not warrant the use of aseptic surgical procedures. **{2030 (h)}**

Note: Authority cited: Sections 4808 and 4854, Business and Professions Code. Reference: Sections 4854 and 4883, Business and Professions Code.

CCR Sections 2030.1 – 2030.5:
Language for Minimum Standards of Alternate Premises.
Already approved at the February 2018 MDC meeting and is now at the VMB.
Language included for reference only.

2030.5. Minimum Standards – Large Animal Ambulatory Practice.

For purposes of these regulations, a "large animal ambulatory practice" shall mean a practice where veterinary medicine and its various branches are being practiced either at the location of the animal or by operating in more than one location providing veterinary services to large animals belonging to multiple clients that are not permanently housed or boarded at that location(s). For purposes of this section, large animal pertains to equine and food animals and livestock, as defined in subdivisions (c) and (d) of section 4825.1 of the code. A large animal ambulatory practice shall meet the following minimum standards:

(a) All instruments, apparatus, and apparel shall be kept clean and sanitary at all times. **{2030}**

(b) Prior notice shall be given to the client when the practice is closed. An answering machine or service shall be used to notify the public when the facility will be re-opened and where after-hours emergency care is available. If no after-hours emergency care is available, full disclosure shall be provided to the public prior to rendering services. **{2030 (e)}**

(c) The disposal of waste material shall comply with all applicable federal, state, and local laws and regulations. **{2030 (f)(3)}**

(d) Shall have the ability to provide diagnostic radiological services. Radiological procedures shall be conducted in accordance with Health and Safety Code standards. **{2030 (f)(4)}**

(e) Shall have the ability to provide clinical pathology and histopathology diagnostic laboratory services **{2030 (f)(5)}**

(f) All drugs and biologicals shall be stored and maintained according to the manufacturer's recommendations and administered, prescribed, and dispensed in compliance with state and federal laws. **{2030(f)(6)}**

(g) Current veterinary reference materials shall be readily available. **{2030(f)(9)}**

(h) Shall have the appropriate drugs and equipment to provide immediate emergency care at a level commensurate with the specific veterinary medical services provided. **{2030 (f)(12)}**

(i) When performing clean surgery, the instruments used to perform such surgery shall have been sterilized and the surgeon(s) and ancillary personnel shall wear appropriate apparel**. {2030 (h)}** For purposes of this section, "clean surgery" shall mean the performance of a surgical procedure for the treatment of a condition and under circumstances which, consistent with the standards of good veterinary medicine, do not warrant the use of aseptic surgical procedures. **{2030 (h)}**

Note: Authority cited: Sections 4808 and 4854, Business and Professions Code. Reference: Sections 4825.1, 4854, and 4883, Business and Professions Code.

Dental Radiographs (rads) and Standard of Care (SOC) Subcommittee

August 28, 2018
Leah Shufelt, RVT
Jeff Pollard, DVM

The subcommittee is tasked with looking into making intra-oral dental radiographs a requirement in the practice of veterinary dentistry.

DEFINITIONS

Standard of Care (SOC): The term "standard of care" is a legal term rather than a medical term and is typically defined as the level and type of care that a reasonably competent and skilled health care professional, with a similar background and in the same community, would have provided under similar circumstances. The standard of care is determined by expert testimony during trial as to what a reasonable, prudent doctor would do in the same or similar circumstances. Standard of care is a moving target and is determined by common practices in the area.

Dental radiographs (rads or X-rays): intra-oral digital dental radiographs taken while animal patient is anesthetized. Does not typically refer to skull radiographs.

Pre-op labwork: No standard exists.....it depends on practice philosophy. A common practice is CBC and minichem (GLU, CRE, ALP, ALT, BUN, TP) for pets less than 8 years and a full chem if older than 8 years. Varies with species, breed, age, history.

CE: Continuing education. The California VMB requires 36 hrs/2yrs for DVMs, 1 hour of which must cover the judicious use of antibiotics. 18 hrs/2yrs are required for RVTs.

AVDC: American Veterinary Dental College

Gingivostomatitis: typically, a multifactorial condition in cats where the host's immune system responds inadequately to chronic oral antigenic stimulation of various origins. Dental-related conditions, including periodontal disease and dental resorption are chronic inflammatory processes which may play a role. However, no specific bacterium is associated with this condition.

CUPS: chronic ulcerative paradental stomatitis, typically of dogs. Stomatitis is a chronic, debilitating bacterial infection and inflammation of the oral tissues that usually begins in the periodontium (the gums and soft tissue surrounding the teeth) or the oropharyngeal area. It may occur concurrently with gingivitis or glossitis (inflammation of the tongue).

COHAT: Comprehensive Oral Health Assessment & Treatment. Often referred to as teeth cleaning, dental prophylaxis, dental, dentistry.

AVMA PLIT: American Veterinary Medical Association Professional Liability Insurance Trust. Provides liability insurance & license defense (against VMB actions) for veterinarians.

AAHA: American Animal Hospital Association. Responsible for 2013 Dental Guidelines

Informed consent: is providing -

1. The diagnosis or nature of the patient's ailment.
2. The general nature of the proposed treatment and the reason for the treatment.
3. The risks or dangers involved in the proposed treatment.
4. The probability or prospects of success.
5. Alternative treatments along with the risks associated with those alternatives.
6. The prognosis or risk if no treatment or procedure is performed.
7. In veterinary medicine, discussion of costs of the various alternative treatments.

when "informed consent" is offered, ALL of the options must meet the standard of care. A client cannot be offered a choice among options where one or more is substandard care.

Waiver: statement indicates that the client has been made aware of the treatment(s) or test(s) which he or she is waiving, as well as the consequences of not getting the recommended treatment(s) or test(s). At the end of this statement, the client absolves the veterinary practice from all liability associated with the lack of care given at the client's discretion.

Issues:

medical necessity not agreed upon by veterinary community

Estimated number of general practice veterinarians offering dental rads: unknown and varies by geography but nowhere anticipated to be over 30%

Can a practice be deemed SOC if the majority of DVMs don't do it?

If dental rads are required, should they be done in all cases? Whole mouth rads? Before and after extractions?

Pros:

AVDC position (SOC)
reveal pathology not otherwise recognized without dental rads

Professional liability coverage (PLIT Summer 2015) - see accompanying newsletter

Cons:
Cost to the practice owner of acquiring equipment $10-15K
Training staff & DVMs
Added time to procedure
Longer anesthesia time for pet
Added cost to pet owner
Fewer DVMs offering care?
Fewer pets presented for care?

https://www.avdc.org/radiographs.html

Dental Radiographs (X-rays) in Veterinary Patients

Dental radiographs are one of the most important diagnostic tools available to a veterinary dentist. They allow the internal anatomy of the teeth, the roots and the bone that surrounds the roots to be examined.

Intra-oral radiographs are made using small radiographic films or digital sensors placed inside the patient's mouth, and provide superior quality for examination of individual teeth or sections of the jaws compared with standard-sized veterinary radiographs. Because veterinary patients will not cooperate when a radiograph or sensor is placed in the mouth, taking dental radiographs requires that the patient is anesthetized or sedated.

Your veterinarian or veterinary dental specialist will make a recommendation whether or not to take radiographs of all the teeth ("full-mouth radiographs"), based on the reason for presentation of the patient and the results of initial visual examination of the mouth. It is common for a patient referred for one specific problem to have additional oral problems – these may only become apparent if full-mouth radiographs are made. Full-mouth radiographs also establish a base-line for future comparison.

The radiation risk to the patient from taking dental radiographs is minimal. AVDC veterinary dental specialists make use of digital imaging systems when possible,

which significantly reduces the radiation exposure for the patient and veterinary staff present.

AVDC veterinary dental specialists are trained in interpreting dental radiographs and digital images, and are willing to review dental radiographs on request from general veterinary practitioners.

2013 AAHA Dental Care Guidelines for Dogs and Cats*

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ABSTRACT

Veterinary dentistry is constantly progressing. The purpose of this document is to provide guidelines for the practice of companion animal dentistry for the veterinary profession. Dental care is necessary to provide optimum health and optimize quality of life. Untreated diseases of the oral cavity are painful and can contribute to local and systemic diseases. This article includes guidelines for preventive oral health care, client communication, evaluation, dental cleaning, and treatment. In addition, materials and equipment necessary to perform a medically appropriate procedure are described. (*J Am Anim Hosp Assoc* 2013; 49:75–82. DOI 10.5326/JAAHA-MS-4013)

Introduction

Veterinary medical dental care is an essential component of a preventive healthcare plan. Quality dental care is necessary to provide optimum health and quality of life. If left untreated, diseases of the oral cavity are painful and can contribute to other local or systemic diseases.[1,2] The purpose of this document is to provide guidelines for the practice of companion animal dentistry. A list of definitions to enhance the understanding of this article is provided in **Table 1**.

The dental health care team is obligated to practice within the scope of their respective education, training, and experience. It is imperative that the dental health care team remains current with regard to oral care, operative procedures, materials, equipment, and products. The team members must attain appropriate continuing education through courses such as those offered by the American Animal Hospital Association, the American Veterinary Medical Association, the annual Veterinary Dental Forum, industry and private facilities; by reading the Journal of Veterinary Dentistry; and by reading other appropriate journals and medical texts.[3–7]

Facility Requirements

Dental procedures result in aerosolized bacteria and particulate matter. Using a dedicated space is recommended for nonsterile dental procedures. The dedicated dental space must be separate from the sterile surgical suite and needs to be placed in a low-traffic area. New practices and those planning on remodeling should incorporate a separate dental suite into the blueprint.

Appropriate ventilation and anesthetic scavenging systems must also be used. Low-heat, high-intensity lighting, and equipment for magnifying the target area are required to adequately and safely visualize the oral cavity and its structures. The operating table must allow for drainage and be constructed of impervious, cleanable material.

Materials, Instruments, and Equipment

As with dental techniques, it is important to keep the dental materials up-to-date and veterinarians must be aware of what

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*This document is intended as a guideline only. Evidence-based support for specific recommendations has been cited whenever possible and appropriate. Other recommendations are based on practical clinical experience and a consensus of expert opinion. Further research is needed to document some of these recommendations. Because each case is different, veterinarians must base their decisions and actions on the best available scientific evidence, in conjunction with their own expertise, knowledge, and experience.These guidelines are supported by generous educational grants from Hill's Pet Nutrition, Merial, Ltd., Virbac Animal Health, and PDx BioTech, and are endorsed by the American Veterinary Dental College.

TABLE 1

Definitions that Pertain to Dental Guidelines*

Term	Definition
Dental chart	A written and graphical representation of the mouth, with adequate space to indicate pathology and procedures (see Table 5 for included items)
Dental prophylaxis	A procedure performed on a healthy mouth that includes oral hygiene care, a complete oral examination, and techniques to prevent disease and to remove plaque and calculus from the teeth above and beneath the gum line before periodontitis has developed
Dentistry	The evaluation, diagnosis, prevention, and/or treatment of abnormalities in the oral cavity, maxillofacial area, and/or associated structures. Nonsurgical, surgical, or related procedures may be included
Endodontics	The treatment and therapy of diseases of the pulp canal system
Exodontia (extraction)	A surgical procedure performed to remove a tooth
Gingivitis	Inflammation of the gingiva without loss of the supporting structure(s) shown with X-ray
Oral surgery	The surgical invasion and manipulation of hard and soft tissue to improve/restore oral health and comfort
Orthodontics	The evaluation and treatment of malpositioned teeth for the purposes of improving occlusion and patient comfort and enhancing the quality of life
Periodontal disease	A disease process that begins with gingivitis and progresses to periodontitis when left untreated
Periodontitis	A destructive process involving the loss of supportive structures of the teeth, including the periodontium, gingiva, periodontal ligament, cementum, and/or alveolar bone
Periodontal surgery	The surgical treatment of periodontal disease. This is indicated for patients with pockets $>$ 5 mm, class II or III furcation exposure, or inaccessible areas
Periodontal therapy	Treatment of tooth-supporting structures where periodontal disease exists. This involves the nonsurgical removal of plaque, calculus, and debris in pockets; and the local application of antimicrobials
Periodontium	The supporting structures of the teeth, including the periodontal ligament, gingiva, cementum, and alveolar and supporting bone
Pocket	A pathologic space between supporting structures and the tooth, extending apically from the normal site of the gingival epithelial attachment

*Some of these definitions were derived from descriptions in Holmstrom *et al.* (2004).[3]

materials are considered appropriate for the treatment of dental conditions. Commonly used materials can be found by consulting a dental text and attending continuing education programs presented by a dental specialist.

Instruments and dental equipment require routine and frequent maintenance. Maintenance information can be found in some dental texts and through the manufacturer. Instruments must be sharp and properly stored, and instruments in poor condition need to be replaced. A written protocol needs to be established and followed for equipment and instrument care.

As with human dentistry, instruments that enter the oral cavity should be sterilized. Packets organized by dental procedure (e.g., examination, extraction, periodontal surgery) should be prepared and sterilized before use.

Recommended materials, instruments, and equipment for performing dental procedures are listed in **Tables 2** and **3**. Consult the reference list associated with these guidelines for recommendations and information on ordering equipment.[3–7]

Operator Protection

Pathogens and debris such as calculus, tooth fragments, and prophy paste are aerosolized during dental procedures. Irrigating the oral cavity with a 0.12% chlorhexidine solution before dental scaling decreases bacterial aerosolization.[8]

The safety of the operator must be ensured during dental procedures by using radiographic, oral, respiratory, skin, eye, and ear protective devices (**Table 4**). Ergonomic considerations include proper seating, fatigue mats for standing, and proper positioning of both the patient and materials to minimize immediate and chronic operator injuries. Provide the operator with instruction on proper instrument handling techniques.

Patient Assessment

History and Physical Examination

The history must include prior home dental hygiene delivered by the client; diet; access to treats and chews; chewing habits; current and previous dental care and procedures; prior and current diseases, including any behavioral issues and allergies; and medications or supplements currently administered. Perform a physical examination of all body systems based on the species, age, health status, and temperament of the animal. If the patient is presented for a complaint not related to dentistry, give due consideration to the primary complaint, performing the diagnostic tests and treatments indicated. Establish priorities if multiple procedures are indicated.

Assessment by Life Stage

Focus on age-related dental conditions and common abnormalities in the dog and cat. From birth to 9 mo of age, evaluate the patient

TABLE 2

Materials Needed for the Practice of Veterinary Dentistry*

Necessary materials

- Antiseptic rinse
- Prophy paste/pumice
- Prophy angle and cups
- Hemostatic agents
- Sealant
- Needles and syringes
- Intraoral digital system or radiographic film
- Measures to prevent hypothermia (e.g., conductive blanket, hot air blanket, circulating water blanket, towels, blankets)
- Gauze and sponges
- Antimicrobial agent for local application
- Suture material (4-0 and smaller)
- Bone augmentation material
- Local anesthetic drugs

Necessary equipment

- Equipment to expose and process intraoral digital radiograph system or intraoral films
- Suction
- A high- and low-speed delivery system for air and water
- Fiber optic light source
- Equipment for sterilizing instruments
- Low- and high-speed hand pieces (minimum two of each)
- Various sizes of round/diamond and cross cut fissure burrs
- Powered scaler with tips for gross and subgingival scaling (ultrasonic, subsonic, or piezoelectric)
- Head or eye loupes for magnification

*Please note that disposable items are for single use only.

for problems related to the deciduous teeth, missing or extra teeth, swellings, juvenile diseases (such as feline juvenile onset periodontitis), occlusion, and oral development. From 5 mo to 2 yr of age, evaluate the patient for problems related to developmental anomalies, permanent dentition, and the accumulation of plaque and calculus. Periodontal diseases may begin during that time period, especially in cats and small-breed dogs. The onset and severity of periodontal diseases varies widely depending on breed,

TABLE 3

Instruments to Include in the Dental Surgical Pack*

- Scalers
- Curettes
- Probes/explorer
- Sharpening materials
- Scalpel
- Extraction equipment (e.g., periosteal elevators, luxating elevators, periodontal elevators, extraction forceps, root tip picks, root tip forceps)
- Thumb forceps
- Hemostats
- Iris, LaGrange, Mayo, or Metzenbaum scissors
- Needle holders
- Mouth mirror
- Retraction aid (e.g., University of Minnesota retractor)

*Instruments must be sterilized by accepted techniques prior to each use. Hand instruments must by properly sharpened and cared for.

TABLE 4

Minimum Protective Devices to be used During Dental Procedures

- Cap or hair bonnet
- Mask
- Goggles, surgical spectacles, or face shield
- Smock
- Gloves
- Earplugs
- Dosimeter
- Protection from radiation (e.g., lead shield)

diet, and home dental care. In a small-breed dog without home dental care, periodontal diseases can start as early as 9 mo of age. In a large-breed dog, periodontal diseases may not start until later. Many small-breed dogs have periodontal diseases by 3 yr of age.[9–12] Beyond 2 yr of age, evaluate the progression of periodontal diseases, damage to tooth structures, occurrence of oral masses, and the existence and adequacy of preventive home dental care. As the animal ages, continue to evaluate the patient for progressive periodontal diseases, oral tumors, and other aspects of dental pathology.[13]

Oral/Dental Examination in the Conscious Patient

Record all findings in the medical record (**Table 5**). Evaluate the head and oral cavity both visually and by palpation. Changes in body weight, eating habits, or other behaviors can indicate dental disease. Specific abnormal signs to look for may include pain; halitosis; drooling; dysphagia; asymmetry; tooth resorption; discolored, fractured, mobile, missing, or extra teeth; inflammation and bleeding; loss of gingiva and bone; and changes in the range of motion or pain in the temporomandibular joint. In addition, the practitioner should assess the patient's occlusion to ensure it is normal, or at least atraumatic. Evaluate the patient's eyes, lymph nodes, nose, lips, teeth, mucous membranes, gingiva, vestibule (i.e., the area between the gum tissue and cheeks), palatal and lingual surfaces of the mouth, dorsal and ventral aspects of the tongue, tonsils, and salivary glands and ducts. Note all abnormalities such as oral tumors, ulcers, or wounds. A diagnostic test strip for the measurement of dissolved thiol levels can be used as an exam room indicator of gingival health and periodontal status.[14]

The oral examination performed on a conscious patient allows the practitioner to design a preliminary diagnostic plan. Take into consideration potential patient pain. Do not offend the patient by probing unnecessarily when such manipulations can be better achieved under anesthesia. Also, realize in many instances that the examiner will underestimate the conditions present because it is impossible to visualize all oral structures

TABLE 5

Items to Include in the Dental Chart and/or Medical Record

- Signalment
- Physical examination, medical, and dental history findings
- Oral examination findings
- Anesthesia and surgery monitoring log and surgical findings
- Any dental, oral, or other disease(s) currently present in the animal
- Abnormal probing depths (described for each affected tooth)
- Dentition chart with specific abnormalities noted, such as discoloration; worn areas; missing, malpositioned, or fractured teeth; supernumerary, tooth resorption; and soft-tissue masses
- Current and future treatment plan, addressing all abnormalities found. This includes information regarding initial decisions, decision-making algorithm, and changes based on subsequent findings
- Recommendations for home dental care
- Any recommendations declined by the client
- Prognosis

when the patient is awake. It is only when the patient has been anesthetized that a complete and thorough oral evaluation can be accomplished successfully. The complete examination includes a tooth-by-tooth visual examination, probing, and radiographic examination. Only then can a precise treatment plan and fees for proposed services be tabulated and discussed with the pet owner(s).

Making Recommendations and Client Education

Discuss the findings of the initial examination and additional diagnostic and/or therapeutic plans with the client. Those plans will vary depending on the patient; the initial findings; the client's ability to proceed with the recommendations; as well as the client's ability to provide necessary, lifelong plaque prevention.

When either an anesthetic examination or procedure is not planned in a healthy patient, discuss preventive healthcare, oral health, and home oral hygiene. Options include brushing and the use of dentifrices, oral rinses, gels and sprays, water additives, and dental diets and chews. Discourage any dental chew or device that does not bend or break easily (e.g., bones, cow/horse hooves, antlers, hard nylon products). The Veterinary Oral Health Council lists products that meet its preset standard for the retardation of plaque and calculus accumulation.[15] Illustrate to the owner how to perform oral hygiene, such as brushing, wiping teeth, application of teeth-coating materials, and the use of oral rinses and gels. Allow the client to practice so they will be able to perform the agreed-upon procedure(s) at home.

All home oral hygiene options, from diet to the gold standard of brushing, along with any of their potential limitations need to be discussed with the client. It is essential that the oral health medical plan is patient-individualized to attain the greatest level of client compliance. For example, "dental" diets and chews can be used until the client is comfortable either brushing or applying an antiplaque gel, rinse, or spray with a wipe. The gold standard is brushing the pet's teeth using a brush with soft bristles either once or twice daily. If the client is either unable or unwilling to persevere with brushing, use any of the other oral hygiene options that the patient will tolerate.

Explain the two-part process involved in a diagnostic dental cleaning and patient evaluation to the client. It is critical that he/she understand the hospital protocol to minimize miscommunication and frustration. The procedure involves both an awake component and an anesthetized component for a complete evaluation. It is not until the oral radiographs have been evaluated that a full treatment plan including costs of the anticipated procedure(s) can be successfully made with any degree of accuracy.

Evaluation of a patient for dental disease involves the awake procedure as the first step. This is where an initial assessment is made. Although many problems may be seen at this point of the evaluation, a thorough diagnosis and treatment plan cannot be determined until charting, tooth-by-tooth examination of the anesthetized patient, and dental radiographs have been taken and evaluated. Studies have demonstrated that much of the pathology in a patient's oral cavity cannot be appreciated until dental radiographs are taken and assessed; therefore, have protocols in place within the practice to give clients ample time to make an informed decision on how they want to proceed with the proposed treatment plan.[16]

Some hospitals may want to do the awake examination and the anesthetic component (charting, cleaning, and dental radiographs) as the first procedure. They can then stage the treatment plan as a second procedure. This will give the hospital staff adequate time to explain to the client the treatment plan, including giving educational information on the diagnosis, reviewing radiographic findings, and going over costs. Other hospitals may want to perform the treatment plan during the first anesthetic event so everything is done at that procedure. Whichever way the hospital chooses, there must be a client communication plan in place so the client is involved and feels comfortable going forward with the proposed treatment plan.

Perform the anesthetized portion of the dental evaluation of charting, cleaning, and radiographs when abnormalities are seen on the awake exam (such plaque or tartar at the free gingival surface of the maxillary canines or fourth premolars) or at least on an annual basis starting at 1 yr of age for cats and small- to medium-breed dogs and at 2 yr of age for large-breed dogs. Details on the recommended frequency of examinations are discussed under Progress or Follow-Up Evaluation (below).

Planning the Dental Cleaning and Patient Evaluation

Use well-monitored, inhalation anesthesia with cuffed intubation when performing dental cleanings. Such techniques increase safety, reduce stress, decrease the chances of adverse sequelae (e.g., inhalation pneumonia), and are essential for thorough and efficient evaluation and treatment of the patient. Attempting to perform procedures on an awake patient that is struggling, under sedation, or injectable anesthesia reduces the ability to make an accurate diagnosis, does not allow adequate treatment, and increases stress and risks to the patient.

Prior to Anesthesia

Preoperative evaluation includes a preanesthetic physical examination. It is crucial to follow the most up-to-date recommendations for preoperative laboratory testing based on the patient's life stage and any existing disease. Preoperative care includes IV catheterization to facilitate administration of IV fluid therapy, preemptive pain management, and antibiotics (when indicated). Review the most up-to-date guidelines on anesthesia, antimicrobial use, fluid therapy, feline life stage, canine life stage, preventive healthcare, pain management, and referral for specific recommendations.[17–25]

Anesthesia

General anesthesia with intubation is necessary to properly assess and treat the companion animal dental patient. It is essential that aspiration of water and debris by the patient is prevented through endotracheal intubation. Cleaning a companion animal's teeth without general anesthesia is considered unacceptable and below the standard of care. Techniques such as necessary immobilization without discomfort, periodontal probing, intraoral radiology, and the removal of plaque and tartar above and below the gum line that ensure patient health and safety cannot be achieved without general anesthesia.[26]

During anesthesia, one trained person is dedicated to continuously monitoring and recording vital parameters, such as body temperature, heart rate and rhythm, respiration, oxygen saturation via pulse oximetry, systemic blood pressure, and end-tidal CO_2 levels *q* 5 min (or more frequently if sudden changes are noted).[27,28] IV fluid therapy is essential for circulatory maintenance. Customize the type and rate of fluids administered according to the patient's needs.[29,30]

Prevention of hypothermia with warming devices is essential because the patient may become wet, and dental procedures can be lengthy.[31,32] Additionally, suction and packing the caudal oral cavity with gauze can prevent aspiration and decrease hypothermia. If packing materials are used, steps must be taken to ensure there is no chance of the material being left behind following extubation. Regardless of whether packing is used, the last step prior to extubation is an examination of the caudal oral cavity to make certain no foreign material is left behind. Proper positioning of the patient by placing them in lateral recumbency can also help prevent aspiration. Provide safe immobilization of the head.

If oral surgery is planned, the institution of an intraoral local anesthetic is warranted in conjunction with the general anesthesia. This decreases the amount of general anesthetic needed and reduces the amount of systemic pain medication required postoperatively.[1,27,33] Local anesthetic blocks can last up to 8 hr, and they decrease hypotension and hypoventilation caused with inhalant anesthetics by reducing the amount of gas needed to maintain a safe anesthetic plane.[3,6,34,35]

Dental Procedures

The terms *prophy*, *prophylaxis*, and *dental* are often misused in veterinary medicine. A professional dental cleaning is performed on a patient with plaque and calculus adhered to some of the teeth, but otherwise has an essentially healthy mouth or mild gingivitis only. The intent of dental cleaning is to prevent periodontitis. Patients with existing disease undergo periodontal therapy in addition to professional dental cleaning. Dental procedures must be performed by a licensed veterinarian, a credentialed technician, or a trained veterinary assistant under the supervision of a veterinarian in accordance with state or provincial practice acts. Practice acts vary from jurisdiction to jurisdiction, and the veterinarian must be familiar with those laws. Surgical extractions are to be performed only by trained, licensed veterinarians. All extractions need to have postextraction, intraoral radiographs. All dental procedures need to be described properly (Table 1), and a consistent method should be used to record findings in the medical record (Table 5).

Positioning and safety of the patient is important. Manually stabilize the head and neck when forces are being applied in the mouth. Avoid using mouth gags because they can cause myalgia, neuralgia, and/or trauma to the temporomandibular joint. If a mouth gag is necessary, do not fully open the mouth or overextend the temporomandibular joint. Never use spring-loaded mouth gags. Do not overinflate the endotracheal tube. Always disconnect the endotracheal tube when repositioning the patient to prevent trauma to the trachea.

Essential Steps for Professional Dental Cleaning

The essential steps for a professional dental cleaning and periodontal therapy are described in the following list:

1. Perform an oral evaluation, as described above, for the conscious patient.

2. Radiograph the entire mouth, using either intraoral or digital radiographic systems. Radiographs are necessary for accurate evaluation and diagnosis. In one published report, intraoral radiographs revealed clinically important pathology in 27.8% of dogs and 41.7% of cats when no abnormal findings were noted on the initial examination.[16] In patients with abnormal findings, radiography revealed additional pathology in 50% of dogs and 53.9% of cats.[16] Standard views of the skull are inadequate when evaluating dental pathology. If full mouth films are not taken, the client must be informed that they were not done.
3. Scale the teeth supra- and, most importantly, subgingivally using either a hand scaler or appropriate powered device followed by a hand instrument (i.e., scaler, curette). Do not use a rotary scaler, which excessively roughens the tooth enamel.[36]
4. Polish the teeth using a low-speed hand piece running at no more than 300 revolutions/min with prophy paste that is measured and loaded on a disposable prophy cup for each patient (to avoid cross-contamination).
5. Perform subgingival irrigation to remove debris and polishing paste and to inspect the crown and subgingival areas.
6. Apply antiplaque substances, such as sealants.
7. Provide instructions to the owner regarding home oral hygiene.

Additional Steps for Periodontal Therapy and Other Conditions

8. Evaluate the patient for abnormal periodontal pocket depths using a periodontal probe. The depth that is considered abnormal varies depending on the tooth and size of the dog or cat.[3,4,6,37] In medium-sized dogs, the probing depth should not be $>$ 2 mm, and in the mid-sized cats, the depth should not be $>$ 1 mm.
9. Perform periodontal therapy (Table 1) based on radiographic findings and probing.[38–40]
10. Administer perioperative antibiotics when indicated, either parenterally or locally.[41,42]
11. Perform periodontal surgery to remove deep debris, eliminate pockets, and/or extract teeth. When either pockets or gingival recession is $>$ 50% of the root support, extraction or periodontal surgery is indicated and should be performed by trained veterinarians or referred to a specialist.
12. Biopsy all abnormal masses that are visualized grossly or noted on radiographs. Submit all samples for histopathology to be analyzed by a pathologist qualified in oral tissues analysis.[43]
13. Take postoperative radiographs to evaluate the treatment applied. This is especially important in extraction cases.
14. Examine and rinse the oral cavity. Remove any packing or foreign debris.
15. Recommend referral to a specialist when the primary veterinary practitioner does not have the skills, knowledge, equipment, or facilities to perform a specific procedure or treatment.

Postoperative Management

Maintain an open airway via intubation until the animal is either swallowing or in sternal recumbency. Maintain body temperature and continue IV fluid support as needed. Continuously monitor and record vital signs until the patient is awake. Assess and record pain scores throughout the recovery period, continuing pain management while the pet is in the hospital and upon discharge.[34,44]

Client Education and Follow-up

Postoperative Communication

Client communication is fundamental to the maintenance of oral health. At the time of discharge, discuss all operative procedures and existing/potential complications (e.g., sedation, vocalization, bleeding, coughing, dehiscence, infection, neurologic signs, halitosis, vomiting, diarrhea, anorexia, signs of pain). Discuss immediate postoperative home oral hygiene, including medications and their side effects. Provide antibiotics and medication for inflammation and pain as indicated.[41,42] Discuss any change in diet that might be necessary, such as a change to either soft or premoistened food or to a prescription dental diet. Also indicate the duration of those changes. Provide individualized oral and written instructions at the time of discharge. Establish an appointment for a follow-up examination and further discussion.

Home Oral Hygiene

Home oral hygiene is vital for disease control. Telephone the client the day after the procedure to inquire about the pet's condition, to determine the client's ability to implement the medication and home oral hygiene plan, to answer questions, and address any concerns the client might have. The home oral hygiene plan includes the frequency, duration, and method of rinsing and brushing; applying sealants; and the use of dental diets and dental chews.[45] The Veterinary Oral Health Council has a list of products that are reportedly effective in retarding the accumulation of dental plaque and/or calculus.[46] Some of the details regarding the home oral hygiene plan might best be left for discussion with the client at the first postoperative follow-up evaluation.

Progress or Follow-up Evaluation

With each follow-up examination and telephone communication, repeat the home dental care instructions and recommendations to the client. Set the number and timing of regular follow-up visits based on the disease severity. Although few studies have been performed in dogs and cats, extrapolation from the human literature and guidelines about aging in dogs and cats leads to the following recommendations:[14]

- Dental health care needs to be part of the preventive healthcare examination discussion and should begin at the first appointment at which the patient is seen and continue routinely throughout subsequent exams.
- Examinations *q* 6 mo can help ensure optimal home oral hygiene. At a minimum, evaluate animals with a healthy mouth at least *q* 12 mo.
- Evaluate pets with gingivitis at least *q* 6 mo.
- Evaluate pets with periodontitis at least *q* 3–6 mo.
- Advanced periodontal disease requires examinations *q* 1 mo until the disease is controlled.

Evaluate disease status, such as periodontal disease, on the conscious patient with products that allow an assessment of periodontal health without placing the patient under anesthesia.[14] During subsequent examinations, evaluate client compliance, revise the treatment plan as needed, and redefine the prognosis.

Nutrition

Nutrition plays an important role in oral health; therefore, it is important for the healthcare team to have an understanding of the impact of nutrition on their patients. A properly balanced diet is essential for good general health, including health of oral tissues. For good oral health, it is the form of the diet, not the nutritional content, that is critical for good oral health. A diet that provides mechanical cleansing of the teeth is an excellent way of retarding the accumulation of dental plaque and calculus. Dental diets and chews can be very effective if the owner is unable to brush the teeth. Dental diets work either by "brushing" the crowns of the teeth as the animal chews or by coating an anticalculus agent on the surface of the teeth. Nutrition becomes even more critical in dental health when the client is unable to provide home oral hygiene by brushing.[47] During subsequent examinations, evaluate client compliance, revise the treatment plan as needed, and redefine the prognosis.

Conclusion

Pets can live more comfortable lives if oral health care is managed and maintained. All members of the veterinary team must strive to increase the quality of dental care delivered. Clients must be given options for the optimal care and treatment available for their pets. Dentistry is becoming more specialized, and referral to a veterinary dental specialist or a general practitioner with advanced training and proper equipment is recommended if the necessary expertise and/or equipment are unavailable at the primary veterinarian's office.

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Protecting you through it all

Volume 34 • Number 3
Summer 2015

professional liability

Inside this issue:

Enhanced Services and Value for You

The PLIT unveiled two new features during the AVMA Annual Convention in Boston for the 2016 policy year to make it easier for you to pay for your professional liability coverage and to protect you better. You will be able to choose to pay the premium monthly through an automated fund transfer, and you'll be able to select a higher-limit option of $100,000 for veterinary license defense coverage.

"We want to ensure that AVMA members can always secure the professional liability coverage they need, so we added a new monthly payment option. **Veterinarians will be able to pay their premium in twelve installments, with no extra fees**," says Janet Donlin, DVM, AVMA PLIT CEO. "We've also closely monitored the **veterinary license defense** claim trends, and decided it would be prudent to **add a higher-limit option** to make sure our policyholders are completely protected. We are always looking ahead to provide value and to protect veterinarians through it all."

Continued on page 2

Enhanced Services continued from page 1

Monthly Payment Option for Your Professional Liability Premium (available January 1)

- Automated electronic fund transfer in twelve equal payments
- No extra fees to take advantage of this option

Higher Veterinary License Defense Limit Option (available January 1)

- New limit option of $100,000 for a $112 annual premium
- Doubles coverage from plan 2 for only $13 more per year
- License defense claims are increasing, and the legal fees to respond to a complaint can be costly

And make sure you check out the recent **enhancements to avmaplit.com**, which were made to leverage technology and to strengthen the professional liability user experience; 24/7 you can:

- Review coverage options and make policy changes
- Submit payments
- Report claims (upload medical records and photos)
- Link your practice manager to your account (to make payments and manage policy needs)

The AVMA PLIT is protecting veterinarians through it all.

In this issue of *Professional Liability*, we'll look at three closed claims with older, small-breed dogs that sustained jaw fractures during dental procedures.

Following the claims, you can read about dental trends from the perspective of a board certified veterinary dentist including how to reduce the likelihood of malpractice allegations related to iatrogenic jaw fractures.

Closed Claims

Lawsuits may take years and thousands of dollars to resolve. Please also note that each claim is evaluated on its individual merit and circumstances.

During Ninth Tooth Extraction, Dog's Mandible Fractures

Dr. A was presented an eleven-year-old toy-breed dog. An exam revealed periodontal disease and weight loss. Dr. A took bloodwork, prescribed antibiotics, and scheduled dental surgery for the next day.

During surgery, Dr. A extracted eight teeth. On the ninth tooth—a lower left molar—the dog's mandible fractured. Dr. A referred the dog to a dental specialist, who finished extracting the diseased teeth along with several retained roots and then applied a splint to stabilize the fracture. The dog recovered. The owner alleged that Dr. A was negligent and demanded reimbursement for the medical expenses incurred to repair the fracture.

Dr. A reported the claim to the PLIT office. During the claim review, it was discovered that Dr. A did not discuss the inherent risks of the surgery (like a jaw fracture) and did not recommend radiographs to check for pre-existing pathology. Both the insurance carrier and Dr. A agreed that the standard of care would be difficult to defend, and Dr. A consented to settle the case. Dr. A's insurance carrier negotiated a settlement and paid the owner nearly $4,400 for treatment and follow-up care with the dental specialist.

Two Dental Surgeries, Eight Retained Roots, One Jaw Fracture

Dr. B was presented with a ten-year-old toy-breed dog for a dental procedure. Dr. B extracted five teeth. No radiographs were taken pre- or post-surgery. Sixteen months later, Dr. B was presented with the dog for mouth pain and loose teeth. Dr. B performed dental surgery and extracted seven more teeth. Post-surgery, the dog's mandible felt unstable. Standard radiographs revealed a fracture. Dr. B called the owner and referred the dog to a dental specialist.

Dental radiographs from the specialist revealed a transverse fracture of the right mandible and eight retained roots from the diseased teeth that Dr. B had extracted during both dentals. The specialist repaired the fracture and removed the retained roots. The specialist treated the dog over the course of two months, and the dog recovered.

The owner hired an attorney and alleged that Dr. B was negligent during both dental procedures for failing to remove multiple roots, and that Dr. B was responsible for the fracture.

Dr. B reported the claim to the PLIT office and consented to settle the case. After a claim investigation, the insurance carrier agreed that the standard of care would be difficult to defend and negotiated a settlement with the owner. The insurance carrier paid the owner more than $3,000 for the medical expenses incurred at the specialty clinic, and the case closed.

Dog's Mandible Fractures During Extraction

Dr. C was presented with a six-year-old small-breed dog with severe periodontal disease for a dental procedure. Several loose teeth were extracted without complication. During extraction of the first mandibular premolar, the dog's jaw fractured. Dr. C referred the dog to a specialty hospital for repair. Intraoral radiographs showed significant mandibular bone loss, which had predisposed the dog to the fracture.

Dr. C reported the claim to the PLIT office. During the claim review with the PLIT program's insurance carrier, Dr. C stated that the risks of anesthesia and surgery were discussed with the owner; however, Dr. C did not recommend pre-surgical intraoral radiographs because the practice lacked the equipment. The insurance carrier opined that the case would be difficult to defend because Dr. C did not discuss intraoral radiology and the potential risks of skipping radiographs, especially in a case of severe periodontal disease. Dr. C agreed with the liability assessment and consented to settle the case.

Dr. C's insurance carrier negotiated a settlement and paid the owner nearly $10,000 for two surgeries at the specialty clinic to repair the fracture.

Policy Features Key to the Drs. A, B, and C Claims

The insurance company uses claim adjusters experienced in veterinary malpractice.

Trust Veterinarians review every malpractice allegation submitted to the PLIT. And, you can call the PLIT and **discuss your claim with a Trust Veterinarian**. No other program offers this support and peace of mind.

Increased Number of Iatrogenic Jaw Fractures Seen by Board Certified Veterinary Dentist Dr. Sharon Hoffman

Adverse events happen, like the claims for Drs. A, B, and C. When they happen with increasing frequency, something has gone awry. Within one month, Sharon Hoffman, DVM, DAVDC, treated three patients from three different practices on referral for iatrogenic jaw fractures *(these cases are separate from our newsletter closed claims)*. All were small breed dogs that had a mandible, or two, fractured during a molar extraction. All three dogs had the extractions performed without preoperative dental radiographs. *Why?* The practices lacked dental radiography capabilities.

In two cases, the mandible was fractured during extraction of the first molar. In another case, multiple extractions resulted in bilateral mandibular fractures. A common finding after taking intraoral radiographs of the intact mandible is that the roots of the first molar are within the ventral cortex. This is a precarious situation and requires advanced skills and technique to extract such a tooth without causing an iatrogenic mandibular fracture. Completing dental extraction wet lab training to improve skills will not help the practitioner if preoperative radiographs are not taken. Anatomy and pathology must be identified prior to surgery.

According to Dr. Hoffman, there are two important issues to consider with these complications: 1) How can these complications be prevented and 2) What response to the complication is appropriate for the veterinarian and the patient?

Preventing the complication of iatrogenic mandibular fractures during extractions begins with dental radiography. Without seeing the anatomy of the tooth roots and the mandibular bone, surgery should not be attempted. Advanced periodontal disease contributes to bone loss and increases risk of iatrogenic trauma. Periodontal disease cannot be staged by looking at the amount of calculus on teeth, nor can it be staged reliably by the amount of gingival recession. A pet could have clean teeth and no gingival recession and have advanced periodontal disease (>50% radiographic bone loss).

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Iatrogenic Jaw Fractures continued from page 3

Three steps recommended by Dr. Hoffman for dental radiography—a practice builder and complication preventer:

- Step 1 Purchase dental radiography equipment.
- Step 2 Learn how to use the equipment. This involves a short learning curve in a hands-on training session. Opportunities abound for this training (www.avdc.org).
- Step 3 Learn to interpret the radiographs. This step takes the longest, but there is help for everyone on this part of the learning curve. Online veterinary dental radiography evaluations are offered at Vetdentalrad.com. STAT readings are available.

Dr. Hoffman also notes that it is important to include a veterinary dental specialist as part of the primary care veterinary team in providing oral health care. And if a jaw fracture occurs during extractions, an appropriate response is to refer the pet owner to a Board Certified Veterinary Dentist. You can locate a specialist at www.avdc.org.

To reduce the likelihood of malpractice allegations related to iatrogenic jaw fractures, consider adding radiography capabilities at your practice and including a veterinary dental specialist on your oral health care team.

Reporting Dental Claims

If an adverse event such as a jaw fracture occurs during extractions, contact the PLIT immediately to report the potential claim (avmaplit.com/claim or 800-228-7548 option 2). Jaw fractures and retained tooth roots are some of the more common dental claims reported, and you can avoid both scenarios with dental radiography.

Your professional liability policy will respond when an adverse event occurs related to the treatment of animals. And, reporting a claim will not affect your eligibility or individual premium costs.

Calendar of Events

The AVMA PLIT is scheduled to attend more than twenty-five national and regional veterinary conventions in 2015. Did you know that you can call the PLIT office in advance to schedule an appointment during any of these events? The PLIT Trust Veterinarians and insurance professionals from HUB International (PLIT's broker) welcome your questions.

Need business insurance? You'll receive a **$20 Amazon.com gift card when you stop at the PLIT booth and submit an application for business insurance coverage.** And, you'll receive a second $20 gift card if you bring a copy of your current business owner's policy (property/general liability) for a coverage evaluation.

Veterinary Hospital Managers Association, Philadelphia, Pennsylvania, September 9-12

Practice managers responsible for securing business and malpractice insurance can meet with Mike Lockwood.

AABP Annual Conference, New Orleans, Louisiana, September 17-19

Stop at booth 401 and visit with Dr. Nina Mouledous and William Sundwall. Bring your questions about malpractice and business insurance for large animal practitioners.

International Veterinary Emergency and Critical Care Symposium, Washington DC, September 18-22

Visit the PLIT booth and ask Dr. Linda Ellis and Renae Boeke about the coverages available for emergency clinics and practitioners.

Southwest Veterinary Symposium, Fort Worth, Texas, September 24-27

Stop at the PLIT booth to visit with Dr. Karen Wernette and Tim Kramer.

New England Veterinary Conference, Portland, Maine, September 24-27

Dr. Linda Ellis will present "Practice Tips to Avoid Malpractice and Board Complaints" on September 26. Also stop at the PLIT booth and visit with Dr. Ellis and Melissa Villegas with your insurance questions.

Additional 2015 conventions will include CVC San Diego and AAEP.

**for active policies not placed through the PLIT program or HUB International*

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MEMORANDUM

DATE	August 20, 2018
TO	Multidisciplinary Advisory Committee
FROM	Amanda Drummond, Administrative Programs Coordinator
SUBJECT	**Minimum Standards and Protocols for Pet Ambulances; Potential Recommendation to Full Board**

Background:

In recent years, more consumers are utilizing pet ambulances to transport their animals to and from veterinary hospitals. During the February 2018 Veterinary Medical Board (Board) meeting, the Board directed the Multidisciplinary Advisory Committee (MDC) to determine if there are existing regulations or standards for pet ambulances in California. If there are neither, the MDC is asked to determine if this is something the Board should address. This memo discusses current statutes and regulations applicable to pet ambulances, personnel providing services in pet ambulances, and what other states are doing to regulate them.

Pet Ambulance as a Premises

Business and Professions Code (BPC) section 4853 requires all premises where veterinary medicine, veterinary dentistry, veterinary surgery, and the various branches thereof is being practiced to be registered with the Board. BPC section 4853 defines "premises" to include a mobile unit or vehicle, but exempts from registration mobile units and vehicles operated from a building or facility which is the licensee manager's principal place of business and the building is registered with the Board. Accordingly, if a pet ambulance, as a mobile unit or vehicle, is transporting animals and veterinary medicine is performed on those animals during transport, the pet ambulance would be subject to the registration requirements of BPC section 4853. If the pet ambulance is operated from a licensee manager's registered building, the pet ambulance would not need to be separately registered. If the pet ambulance is owned and operated as a separate mobile unit, the ambulance would need to be registered with a responsible licensee manager named to act for and on behalf of the pet ambulance.

In addition, the pet ambulance may be subject to the minimum standards set forth for small animal mobile clinics delineated in the California Code of Regulations (CCR) section 2030.2, which applies to a trailer or mobile facility established to function as a veterinary premises that concentrates in providing veterinary services to common domestic household pets and is required to be registered with the Board.

Individuals Transporting Animals in Pet Ambulance

BPC section 4825 makes it unlawful for any person to practice veterinary medicine or any branch thereof unless at the time of so doing, the person holds a valid, unexpired, and unrevoked license as provided under the Veterinary Medicine Practice Act (Act). For individuals providing veterinary care to animals transported in a pet ambulance, those individuals would need to be appropriately licensed or registered with the Board.

If the individual is a Registered Veterinary Technician (RVT), he or she may render some emergency services to the transported animal without direct supervision of a veterinarian pursuant to BPC section 4840.5, which defines "emergency" to mean that the animal has been placed in a life-threatening condition where immediate treatment is necessary. CCR section 2069 provides a list of veterinary medical services that an RVT can provide in an emergency, which includes administering drugs after talking to a veterinarian or in accordance with written instructions of the employing veterinarian, administering resuscitative oxygen, and intubation. Outside of an emergency, the RVT is subject to practice supervision as provided in CCR section 2036.

Notably, Senate Bill (SB) 1305, which is currently proceeding through the legislative process, would create an exemption from licensure requirements under the Act for emergency medical services (EMS/EMT) providers, who are certified or licensed to perform medical services on humans under the Health and Safety Code, so that they could provide basic first aid and ambulance transportation of animals in emergency situations.

California Highway Patrol (CHP) on Human vs. Pet Ambulances

According to a CHP representative, human ambulances, or "authorized emergency vehicles," must be licensed or permitted by CHP, but not animal ambulances (Vehicle Code (VC) § 165). The CHP inspects each ambulance for safety and basic equipment. The Department of Motor Vehicles conducts ambulance driver testing, and issues ambulance driver certificates (VC § 2512). However, day-to-day management of ambulances and emergency medical services falls to the county or other local entities who establish protocols, authorize ambulance services, and contract with providers.

The CHP representative expressed concern over the lack of pet ambulance regulation. When contacted by potential animal ambulance owners in the past, the representative recommends they obtain a business license. She also reminds them they are only authorized to have a flashing amber light, not a red light like most emergency response vehicles (VC §§ 25271 and 25271.5).

The CHP representative further explained that pet ambulances fall into a similar category for people called "ambulets." They look like an ambulance, minus the red lights, but they take people to appointments and provide non-emergency services. These vehicles are also not permitted or regulated by CHP, and there are only two counties that currently regulate those vehicles – Los Angeles and San Diego county.

Pet Ambulances in Other States

Board staff contacted the Connecticut, Florida, Michigan, New York, Ohio, and Washington Veterinary Medical Boards, all of which appear to have operating pet ambulance services within their state.

The Ohio and New York Veterinary Medical Boards have no current regulations over pet ambulances and indicated that as long as the pet ambulance operator was acting under the purview of their license (i.e. not providing services if they are unlicensed or RVTs only providing services under the direction of a veterinarian), then the pet ambulances were not violating their Practice Act. If the ambulances were strictly providing transportation services and offering no medical services, then they also were not violating their Practice Act.

The Michigan and Washington Veterinary Medical Boards indicated that they do not have regulatory authority over pet ambulances nor do they monitor them.

The other veterinary medical boards contacted were aware of the various types of pet ambulances, and, as long as the ambulance personnel were acting under the purview of their license, they were not concerned.

Action Requested:

After discussing the above information, please determine if pet ambulances and/or pet ambulance operators in California should be subject to more specific statutes/regulations and make recommendations to the full Board.

Attachments:

1. Above Referenced Statutes and Regulations
2. SB 1305 as amended on June 27, 2018
3. California Ambulance Industry, California Ambulance Association

Business and Professions Code (BPC) § 4853:

a) All premises where veterinary medicine, veterinary dentistry, veterinary surgery, and the various branches thereof is being practiced shall be registered with the board. The certificate of registration shall be on a form prescribed in accordance with Section 164.

b) "Premises" for the purpose of this chapter shall include a building, kennel, mobile unit, or vehicle. Mobile units and vehicles shall be exempted from independent registration with the board when they are operated from a building or facility which is the licensee manager's principal place of business and the building is registered with the board, and the registration identifies and declares the use of the mobile unit or vehicle.

c) Every application for registration of veterinary premises shall set forth in the application the name of the responsible licensee manager who is to act for and on behalf of the licensed premises. Substitution of the responsible licensee manager may be accomplished by application to the board if the following conditions are met:

1. The person substituted qualifies by presenting satisfactory evidence that he or she possesses a valid, unexpired, and unrevoked license as provided by this chapter and that the license is not currently under suspension.
2. No circumvention of the law is contemplated by the substitution.

(Amended by Stats. 1997, Ch. 642, Sec. 21. Effective January 1, 1998.)

California Code of Regulations (CCR) § 2030.2. Small Animal Mobile Clinic.

For purposes of these regulations, a "small animal mobile clinic" shall mean a trailer or mobile facility established to function as a veterinary premises which concentrates in providing veterinary services to common domestic household pets and is required by section 4853 of the code to be registered with the board.

a) A small animal mobile clinic shall have:

1. Hot and cold water.
2. A 110-volt power source for diagnostic equipment.
3. A collection tank for disposal of waste material.
4. Lighting adequate for the procedures to be performed in the mobile clinic.
5. Floors, table tops, and counter tops shall be of a non-porous material suitable for regular disinfecting, and cleaning, and shall be cleaned and disinfected regularly.
6. Compartments to transport or hold animals, if applicable.

b) A small animal mobile clinic shall also have:

1. indoor lighting for halls, wards, reception areas, examining and surgical rooms, which shall be adequate for its intended purpose.
2. an examination room, which shall be of sufficient size to accommodate the doctor, assistant, patient and client.
3. fire precautions that meet the requirements of local and state fire prevention codes,
4. temperature and ventilation controls adequate to assure the comfort of all patients.
5. A small animal mobile clinic which provides aseptic surgical services shall also have a room, separate and distinct from other rooms, which shall be reserved for aseptic surgical procedures. Storage in the surgery

room shall be limited to items and equipment normally related to surgery and surgical procedures. A veterinarian may perform emergency aseptic surgical procedures in another room when the room designated for aseptic surgery is occupied or temporarily unavailable. A small animal mobile clinic which provides aseptic surgical services and that is currently registered with the board, but does not have a separate room reserved for aseptic surgical procedures, shall provide the board with the vehicle identification number of the mobile clinic and obtain compliance with this subdivision on or before January 1, 2006.

(A) A small animal mobile clinic that provides aseptic surgery shall also have an examination area separate from the surgery room that is large enough to conduct an examination.

c) A small animal mobile clinic shall have the ability and equipment to provide immediate emergency care at a level commensurate with the specific veterinary medical services it is providing.
d) A small animal mobile clinic shall provide either after hours emergency services to its patients or, if no after hours emergency care is available, full disclosure to the public prior to rendering services.
e) When the client has not given the veterinarian authorization to dispose of his or her deceased animal, the veterinarian shall be required to retain the carcass in a freezer for at least 14 days prior to disposal.

Note: Authority cited: Section 4808, Business and Professions Code. Reference: Sections 4853 and 4854, Business and Professions Code.

BPC § 4825.

It is unlawful for any person to practice veterinary medicine or any branch thereof in this State unless at the time of so doing, such person holds a valid, unexpired, and unrevoked license as provided in this chapter.
(Amended by Stats. 1961, Ch. 1395.)

BPC § 4840.5.

Under conditions of an emergency, a registered veterinary technician may render such lifesaving aid and treatment as may be prescribed under regulations adopted by the board pursuant to Section 4836. Such emergency aid and treatment if rendered to an animal patient not in the presence of a licensed veterinarian may only be continued under the direction of a licensed veterinarian. “Emergency” for the purpose of this section, means that the animal has been placed in a life-threatening condition where immediate treatment is necessary.
(Amended by Stats. 2017, Ch. 429, Sec. 11. (SB 547) Effective January 1, 2018.)

CCR § 2069. Emergency Animal Care.

Emergency animal care rendered by registered veterinary technician.

Under conditions of an emergency as defined in Section 4840.5, a registered veterinary technician may render the following life saving aid and treatment to an animal:

1. Application of tourniquets and/or pressure bandages to control hemorrhage.
2. Administration of pharmacological agents to prevent or control shock, including parenteral fluids, shall be performed after direct communication with a licensed veterinarian or veterinarian authorized to practice in this

state. In the event that direct communication cannot be established, the registered veterinary technician may perform in accordance with written instructions established by the employing veterinarian. Such veterinarian shall be authorized to practice in this state.

3. Resuscitative oxygen procedures.
4. Establishing open airways including intubation appliances but excluding surgery.
5. External cardiac resuscitation.
6. Application of temporary splints or bandages to prevent further injury to bones or soft tissues.
7. Application of appropriate wound dressings and external supportive treatment in severe burn cases.
8. External supportive treatment in heat prostration cases.

Note: Authority cited: Sections 4808 and 4836, Business and Professions Code. Reference: Section 4840.5, Business and Professions Code.

CCR § 2036. Animal Health Care Tasks for R.V.T.

a) Unless specifically so provided by regulation, a R.V.T. shall not perform the following functions or any other activity which represents the practice of veterinary medicine or requires the knowledge, skill and training of a licensed veterinarian:
   1. Surgery;
   2. Diagnosis and prognosis of animal diseases;
   3. Prescription of drugs, medicines or appliances.

b) An R.V.T. may perform the following procedures only under the direct supervision of a licensed veterinarian:
   1. Induce anesthesia;
   2. Apply casts and splints;
   3. Perform dental extractions;
   4. Suture cutaneous and subcutaneous tissues, gingiva and oral mucous membranes,
   5. Create a relief hole in the skin to facilitate placement of an intravascular catheter

c) An RVT may perform the following procedures under indirect supervision of a licensed veterinarian:
   1. Administer controlled substances.

d) Subject to the provisions of subsection(s) (a), (b) and (c) of this section, an R.V.T. may perform animal health care tasks under the direct or indirect supervision of a licensed veterinarian. The degree of supervision by a licensed veterinarian over a R.V.T. shall be consistent with standards of good veterinary medical practices.

Note: Authority cited: Sections 4808, 4826 and 4836, Business and Professions Code. Reference: Sections 4836, 4840 and 4840.2, Business and Professions Code.

Vehicle Code (VC) § 165.

An authorized emergency vehicle is:

a) Any publicly owned and operated ambulance, lifeguard, or lifesaving equipment or any privately owned or operated ambulance licensed by the Commissioner of the California Highway Patrol to operate in response to emergency calls.

b) Any publicly owned vehicle operated by the following persons, agencies, or organizations:
   1. Any federal, state, or local agency, department, or district employing peace officers as that term is defined in Chapter 4.5 (commencing with Section 830) of Part 2 of Title 3 of the Penal Code, for use by those officers in the performance of their duties.
   2. Any forestry or fire department of any public agency or fire department organized as provided in the Health and Safety Code.

c) Any vehicle owned by the state, or any bridge and highway district, and equipped and used either for fighting fires, or towing or servicing other vehicles, caring for injured persons, or repairing damaged lighting or electrical equipment.

d) Any state-owned vehicle used in responding to emergency fire, rescue, or communications calls and operated either by the Office of Emergency Services or by any public agency or industrial fire department to which the Office of Emergency Services has assigned the vehicle.

e) Any vehicle owned or operated by any department or agency of the United States government when the vehicle is used in responding to emergency fire, ambulance, or lifesaving calls or is actively engaged in law enforcement work.

f) Any vehicle for which an authorized emergency vehicle permit has been issued by the Commissioner of the California Highway Patrol.

(Amended by Stats. 2013, Ch. 352, Sec. 516. (AB 1317) Effective September 26, 2013. Operative July 1, 2013, by Sec. 543 of Ch. 352.)

VC § 2512.

a) The commissioner, after consultation with, and pursuant to the recommendations of, the Emergency Medical Service Authority and the department, shall adopt and enforce reasonable regulations as the commissioner determines are necessary for the public health and safety regarding the operation, equipment, and certification of drivers of all ambulances used for emergency services. The regulations shall not conflict with standards established by the Emergency Medical Service Authority pursuant to Section 1797.170 of the Health and Safety Code. The commissioner shall exempt, upon request of the county board of supervisors that an exemption is necessary for public health and safety, noncommercial ambulances operated within the county from the regulations adopted under this section as are specified in the board of supervisors' request. The Emergency Medical Service Authority shall be notified by the county boards of supervisors of any exemptions.

b) The department, in cooperation with the Department of the California Highway Patrol and the Emergency Medical Service Authority, may adopt and administer regulations relating to the issuance, suspension, or revocation of ambulance driver's certificates. In addition to the fee authorized in Section 2427, the department shall charge a fee of twenty-five dollars ($25) for the issuance of an original certificate and twelve dollars ($12) for the renewal of that certificate, and, in the administration thereof, to exercise the powers granted to the commissioner by this section.

c) This section shall not preclude the adoption of more restrictive regulations by local authorities, except that inspection of ambulances pursuant to subdivision (b) of Section 2510 shall not be duplicated by local authorities. It is the intent of the Legislature that regulations adopted by the commissioner pursuant to this

section shall be the minimum necessary to protect public health and safety, and shall not be so restrictive as to preclude compliance by ambulances operated in sparsely populated areas. This subdivision does not relieve the owner or driver of any ambulance from compliance with Section 21055.

d) The Department of the California Highway Patrol after consultation with the department and the Emergency Medical Service Authority shall prepare, and make available for purchase, an ambulance driver's handbook.

(Amended by Stats. 1996, Ch. 440, Sec. 5. Effective January 1, 1997.)

VC § 25271.

Any publicly owned vehicle or any vehicle operated by a corporation incorporated under Part 4 (commencing with Section 10400) of Division 2 of Title 1 of the Corporations Code for the purpose of the prevention of cruelty to animals, when used for removing dead animals, injured animals, or loose livestock, may, display flashing amber warning lights to the front or rear when necessarily parked on the roadway or when moving at a speed slower than the normal flow of traffic.

(Added by Stats. 1961, Ch. 653.)

VC § 25271.5.

Any publicly owned vehicle used for the enforcement of animal control laws contained in a statute, local ordinance, or regulation may display flashing or revolving amber warning lights to the front, sides, or rear of the vehicle when actually engaged in the enforcement of those laws and when necessarily parked on a roadway or moving at a speed slower than the normal flow of traffic.

(Added by Stats. 1985, Ch. 131, Sec. 1.)

AMENDED IN ASSEMBLY JUNE 27, 2018

AMENDED IN ASSEMBLY JUNE 20, 2018

AMENDED IN SENATE MAY 25, 2018

AMENDED IN SENATE APRIL 26, 2018

AMENDED IN SENATE APRIL 9, 2018

SENATE BILL No. 1305

Introduced by Senator Glazer
(Principal coauthors: Assembly Members Baker and Steinorth)
(Coauthors: Assembly Members ~~Cervantes~~ *Bloom, Cervantes,* and Mullin)

February 16, 2018

An act to add Section 1799.109 to the Health and Safety Code, relating to emergency medical services providers.

LEGISLATIVE COUNSEL'S DIGEST

SB 1305, as amended, Glazer. Emergency medical services providers: dogs and cats.

Existing law, the Emergency Medical Services System and the Prehospital Emergency Medical Care Personnel Act (the act), establishes the Emergency Medical Services Authority to coordinate and integrate all state activities concerning emergency medical services, including, among other duties, establishing training standards for specified emergency services personnel. The act provides a qualified immunity for public entities and emergency rescue personnel providing emergency services. The act provides other exemptions from liability for specified professionals rendering emergency medical services.

Existing law, the Veterinary Medicine Practice Act, governs the practice of veterinary medicine in this state and makes it unlawful for any person to practice veterinary medicine in this state without a valid license issued pursuant to the act. For purposes of the act, the practice of veterinary medicine includes, among other things, administering a drug, appliance, or treatment for the cure or relief of a wound, fracture, or bodily injury of an animal.

This bill would authorize an emergency medical services provider, as defined, to provide basic first aid to dogs and cats, as defined, to the extent that the provision of that care is not prohibited by the provider's employer. The bill would ~~exempt that provider and his or her employer from liability for civil damages, and would exempt the provider from other disciplinary action, for providing that care, except as specified.~~ *limit civil liability for specified individuals who provide care to a pet or other domesticated animal during an emergency by applying existing provisions of state law.* The definition of "basic first aid to dogs and cats" for purposes of these provisions would specifically include, among other acts, administering oxygen and bandaging for the purpose of stopping bleeding.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

The people of the State of California do enact as follows:

SECTION 1. Section 1799.109 is added to the Health and Safety Code, to read:

1799.109. (a) The Legislature finds and declares all of the following:

(1) California residents receive comfort and unconditional love on a daily basis from their household pets, particularly dogs and cats.

(2) California residents benefit from the special support, comfort, guidance, companionship, and therapy provided by dogs and cats.

(3) Pets provide critical support to many California residents with disabilities.

(4) Pets provide assistance and aid in the official duties of military personnel, peace officers, law enforcement agencies, fire departments, and search-and-rescue agencies.

(5) Personnel of some fire districts and other first responder agencies currently provide stabilizing, life-saving emergency care

to dogs and cats, which violates the Veterinary Medicine Practice Act.

(6) In enacting this section, it is the intent of the Legislature to authorize emergency medical service providers to provide, on a voluntary basis, basic first aid to dogs and ~~cats.~~ *cats without exposure to criminal prosecution or professional discipline for the unlawful practice of veterinary medicine.*

(b) Notwithstanding the Veterinary Medicine Practice Act, as set forth in Chapter 11 (commencing with Section 4800) of Division 2 of the Business and Professions Code, an emergency medical services provider may provide basic first aid to dogs and cats to the extent that the provision of that care is not prohibited by the provider's ~~employer.~~ *employer, and the provider shall not be subject to criminal prosecution for a violation of Section 4831 of the Business and Professions Code.*

~~(c) An emergency medical services provider and his or her employer are not liable for civil damages, and an emergency medical services provider is not subject to criminal prosecution or professional disciplinary action, for an act or omission resulting from the provision of basic first aid to dogs and cats pursuant to this section, unless the act or omission constitutes willful or wanton misconduct.~~

(c) Civil liability for a person who provides care to a pet or other domesticated animal during an emergency is governed by the following provisions of law:

(1) Section 4826.1 of the Business and Professions Code governs care provided by a veterinarian.

(2) Subdivision (a) of Section 1799.102 governs care provided by an emergency medical services provider, or law enforcement and emergency personnel specified in this chapter.

(3) Subdivision (b) of Section 1799.102 governs care provided by any person other than an individual described in paragraph (1) or (2).

(d) Notwithstanding any other law, this section does not impose a duty or obligation upon an emergency medical services provider *or any other person* to provide care to ~~a dog or cat.~~ *an injured pet or other domesticated animal during an emergency.*

(e) For purposes of this section, the following definitions apply:

(1) "Cat" means a small domesticated feline animal that is kept as a pet. "Cat" does not include nondomesticated wild animals.

(2) "Dog" means a domesticated canine animal owned for companionship, service, therapeutic, or assistance purposes.

(3) "Emergency medical services provider" means a person who is certified or licensed to provide emergency medical services.

(4) "Employer" means an entity or organization that employs or enlists the services of an emergency medical services provider.

(5) (A) "Basic first aid to dogs and cats" means providing immediate medical care to a dog or cat by an emergency medical services provider, in an emergency situation to which the emergency medical services provider is responding, through the following means:

(i) Administering oxygen.

(ii) Managing ventilation by mask.

(iii) Manually clearing the upper airway, not including tracheal intubation or surgical procedures.

(iv) Giving ~~mouth-to-snout or mouth-to-barrier ventilation.~~ *mouth-to-mouth ventilation, including with the use of a barrier.*

(v) Controlling hemorrhage with direct pressure.

(vi) Bandaging for the purpose of stopping bleeding.

(B) "Basic first aid to dogs and cats" is intended to enable the dog or cat to be transported as soon as practical to a veterinarian for treatment. "Basic first aid to dogs and cats" does not include care provided in response to an emergency call made solely for the purpose of tending to an injured dog or cat, unless a person's life could be placed in danger attempting to save the life of the dog or cat.

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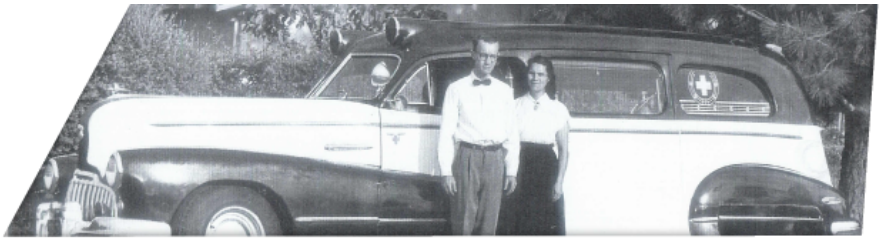

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California's Ambulance Industry

By the numbers:

- 715 total public and private ambulance services statewide
- 170 private-sector ambulance services
- 3,600 licensed ambulances
- 74% of ambulances are operated by private providers
- 60,000 EMTs and 20,000 paramedics statewide
- 20,000 people are employed by private ambulance services
- 337 emergency ambulance service areas (zones) statewide, of which more than 220 are served by private ambulance companies.
- The estimated total annual expenditures for ground ambulance services in California, is approximately $2 billion.
- Statewide, public and private providers annually deliver over $320 million in charity care
- Ambulance service providers lose $165 million annually due to below-cost reimbursement by Medi-Cal and MediCare.

EMS Oversight, Regulation and Statute
Ambulance service in California falls under several layers of oversight.

Day-to-day EMS system management is a county responsibility. Each county must designate a local EMS agency (LEMSA) which can be an agency established and operated by the county or an entity with which the county contracts for the purposes of EMS administration. Currently, California has 32 LEMSAs - seven multi-county LEMSAs and 25 single county LEMSAs. They establish local protocols, authorize ambulance services to operate within the system, and contract with providers for ambulance service in each ground ambulance zone within the county. The county performs other functions including disaster preparedness and certification of emergency medical technicians.

At the state level, the Emergency Medical Services Authority enforces the statutes in the Emergency Medical Services Act, Health and Safety Code Division 2.5, and develops and implements regulations in California Code of Regulations, Title 22, Division 9: Prehospital Emergency Medical Services to implement those laws. The Authority also approves local EMS plans submitted by the county's local EMS agency to ensure that they contribute to an organized statewide EMS system, comply with statute and regulation and meet the needs of the persons served. In addition, the Authority licenses and disciplines paramedics, regulates training programs, and coordinates disaster preparedness.

The California Commission on Emergency Medical Services is an 18-member body representing the wide variety of EMS stakeholders. The duties of the Commission include approving regulations and guidelines developed by the Authority and providing advice to the Authority on the assessment of emergency facilities and services. The Commission may also hear an appeal by a local EMS agency regarding a local EMS plan. The Commission meets quarterly at locations throughout the state. The California Ambulance Association holds a seat on the Commission.

In addition, the California Highway Patrol inspects each non-government ambulance for safety and basic equipment and issues ambulance permits, and also conducts ambulance driver testing and issues ambulance driver certificates.

Ambulance Service Distribution

The state is divided into 337 ambulance service areas, or zones. The zones do not necessarily conform to city boundaries as they were designed to combine high-density and low-density areas to ensure market feasibility to effectively support provision of service to the entire population. The Health and Safety Code allows local EMS agencies to allocate market rights in each zone to one or more emergency ambulance providers by creating an Exclusive Operating Area (EOA).

Establishment of EOAs must strictly follow the provisions of Section 1797.224 in order to ensure state action immunity under federal antitrust laws. Section 1797.224 requires a competitive process be conducted at periodic intervals to select one or more providers for an EOA, but allows a local EMS agency to non-competitively contract with, or “grandfather,” existing providers, whether public or private, that has been providing services in the same “manner and scope” without interruption since January 1, 1981. There are currently 205 exclusive operating areas in California, of which 128 are grandfathered.

Section 1797.201 authorizes certain cities and fire districts which have provided EMS since 1980 to continue to provide service within their boundaries, subject to medical control by the applicable LEMSA, until they enter into an agreement with the LEMSA for system administration. These so-called “201” entities may not expand into a new “type” of EMS (such as expanding from non-transport first response to ambulance transport) without the LEMSAs approval.

Multidisciplinary Advisory Committee

August 2018

Existing Priorities – Currently being addressed by the MDC

1. Complaint Process Audit/Enforcement Case Outcomes

2. Minimum Standards for Shelter Medicine
    a. Subcommittee

3. Dental Radiography Protocols
    a. Delegated to the MDC by the Board at the May 2018 Board meeting

4. Pet Ambulances
    a. Delegated to the MDC by the Board at the May 2018 Board meeting