

Veterinary Medical Board

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MEMORANDUM

DATE	November 13, 2018
TO	Multidisciplinary Advisory Committee (MDC)
FROM	Amanda Drummond, Administrative Programs Coordinator
SUBJECT	Agenda Item 5. Update from the Public and Private Shelters and Minimum Standards and Protocols for Shelter Medicine Subcommittee.

Background:

The Veterinary Medical Board (Board) requested the MDC develop minimum standards for various premise types, including public and private shelters. The MDC has discussed minimum shelter standards at multiple meetings since 2015; all historical webcasts, materials and minutes can be viewed on the Board's website [here](#).

In December 2017, the MDCA held a stakeholder meeting with the State Humane Association of California, the California Animal Control Director's Association (CACDA), the California Veterinary Medical Association (CVMA). Four issues were identified as needing resolution to specifically address shelter needs:

1. Prevention and treatment of infectious disease
2. Animal shelter definition
3. Authority of RVTs and Staff in Shelters
4. Rabies Vaccinations

Once the recommendations were presented to the MDC, members discussed and developed language throughout 2018:

February

[Webcast](#)

[Materials](#)

[Minutes](#)

May

[Webcast](#)

[Materials](#)

[Minutes](#)

August

[Webcast](#)

[Materials](#)

[Minutes](#)

Requested Action:

Please continue discussing the attached language reflecting the most recent amendments from the August meeting. If approved, please make final recommendations to the Board.

Attachments:

1. Proposed Shelter Minimum Standards

CCR 2035. Duties of Supervising Veterinarian.

(a) The supervising veterinarian shall be responsible for determining the competency of the R.V.T., ~~permit~~VACSP 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., VACSP holder, or veterinary assistant that requires clinical skill and judgment that is beyond the training and demonstrated competency of the R.V.T., VACSP holder, or veterinary assistant.

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

(d) Except for the provisions under subdivision (e), 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~~VACSP holder, or veterinary assistant.

(e) The examination of the animal patient in a herd health setting 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.

Commented [WT1]: CCR sec. 2034 defines R.V.T. and VACSP, so we can use VACSP (no periods) here. Note that "permit holder" is defined in section 2034 as well. Either we can add changes to sec 2034 to replace "permit holder" with "VACSP holder," or you can submit a section 100 rulemaking package to clean up the references to "permit holder".

Commented [WT2]: Consider changing to "range setting" and define it. Old section 2034(i) defined "range setting" to mean "any setting other than an animal hospital setting." TX regulation defines "herd" as: "Herd – a group of animals of the same species, managed as a group and confined to a specific geographic location. A herd may not include dogs, cats, any animal in individual training, or any animal that competes as an individual."

Commented [DA3]: Moved to 2035.5(g)

Note: Authority cited: Sections 4808 and 4836, Business and Professions Code. Reference: Sections 4836, 4836.1, 4840 and 4840.9, Business and Professions Code.

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

(a) Notwithstanding subsection (c) of section 2035 and pursuant to subdivisions (a) and (b) of section 4840 of the code, limited medical care may be provided in a shelter setting by an R.V.T., VACSP holder, 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., VACSP holder, 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.

(C) The direct supervision of a VACSP holder or 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., VACSP holder, 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 by the veterinarian.

Commented [AD4]: Removed to be consistent with the title of 2035 which contains no articles

Commented [WT5]: Need to add subd. (a) because that is what authorizes VAs, not just RVTs, to perform animal health care svcs.

(f) For animals surrendered to a shelter with valid prescription medication, an R.V.T., VACSP holder, or veterinarian assistant may continue administration of the prescription medication prior to veterinarian examination.]

(g) 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, and 4840, Business and Professions Code.

Commented [DA6]: Moved from 2035.5

Flush out the differences between rabies and core vaccinations in the ISOR to differentiate between the two – rabies is less contagious and a public health protection, while the core vaccines help protect animal health within the shelter

Commented [WT7]: Added authority and reference missing from prior version.

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

For purposes of these regulations, “animal shelter facility” shall mean a building, or part of 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 with 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 where public spay and neuter services are provided 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 either on the premises or through outside 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 either on the premises or through outside 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 in the animal shelter facility 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)}**

Commented [AD8]: Removed to be consistent with the title of 2035 which contains no articles

Commented [WT9]: Civ Code sec. 1844 et seq. defines the deposit of animals.

Commented [WT10]: BPC sec 4840 authorizes RVTs to perform animal health care services on those animals “impounded by a state, county, city, or city and county agency.”

Commented [AD11]: Added to conform to proposed changes in minimum standards for alternate premises language from the August 2018 Board meeting for consistency in Practice Act.

Commented [AD12]: Added to conform to proposed changes in minimum standards for alternate premises language from the August 2018 Board meeting for consistency in Practice Act.

Commented [WT13]: Deliberated at Aug meeting; to address concern that shelter animals are housed at the shelter in a separate location at the same facility; needed to clarify when/where these standards apply.

- (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)}

Commented [WT14]: When issues of ownership arise, a non-licensed entity could own the building (premises) but should not be involved in the practice of veterinary medicine. Thus, references to "practice" as "premises" blurs the line between location and practice. Board should consider whether they want to continue the confusion between the practice as a location and the practice or act of veterinary medicine.

- (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~~ this section, an “animal shelter ambulatory practice” shall mean the practice of veterinary medicine and its various branches provided to stray, unwanted, or seized animals ~~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.

Commented [WT15]: When issues of ownership arise, a non-licensed entity could own the building (premises) but should not be involved in the practice of veterinary medicine. Thus, references to “practice types” as “premises” blurs the line between location and practice. Board should consider whether they want to continue the confusion between the practice as a location and the practice as an act of veterinary medicine.

Commented [WT16]: NEW REVISIONS FOR CONSIDERATION: “Shelter medicine” is not defined; suggest revising to correspond with the animal shelter fixed facility definition for shelter practice.