

Veterinary Medical Board

1747 N. MARKET BOULEVARD, SUITE 230, SACRAMENTO, CA 95834
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MEETING NOTICE and AGENDA MULTIDISCIPLINARY ADVISORY COMMITTEE

Committee Members

Jon A. Klingborg, DVM, Chair
Allan Drusys, DVM, Vice-Chair
William A. Grant II, DVM
Jeff Pollard, DVM
David F. Johnson, RVT
Kristi Pawlowski, RVT
Diana Woodward Hagle
Jennifer Loreda, RVT
Richard Sullivan, DVM

May 22, 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, May 22, 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 February 20, 2018 Committee Meeting Minutes
4. Election of Multidisciplinary Advisory Committee Chair and Vice-Chair
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
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
7. 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).)
8. Future Agenda Items and Next Meeting Dates
 - August 28, 2018, Location TBD
 - November 13, 2018, Location TBD
 - A. Multidisciplinary Advisory Committee Assignment Priorities
 - B. Agenda Items for Next Meeting
9. 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. Items scheduled for a particular day may be moved to an earlier or later day to facilitate the effective transaction of business. In accordance with the Bagley-Keene Open Meeting Act, all meetings of the Board 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 Board of Veterinary Medicine, 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.

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.



MEETING MINUTES MULTIDISCIPLINARY ADVISORY COMMITTEE

February 20, 2018
1747 N. Market Blvd.
1st Floor Hearing Room
Sacramento, California

10:00 a.m. Tuesday, February 20, 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 10:05 a.m. Veterinary Medical Board (Board) Executive Officer, Ms. Annemarie Del Mugnaio called roll; six members of the MDC were present, and a quorum was established. Board members William A. Grant II, DVM, Kristi Pawlowski, Registered Veterinary Technician (RVT), and Diana Woodward Hagle were absent.

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

Members Present

Jon A. Klingborg, DVM, Chair
Allan Drusys, DVM, Vice-Chair
Jeff Pollard, DVM
David F. Johnson, RVT
Jennifer Loreda, RVT, Board Liaison
Richard Sullivan, DVM, Board Liaison

Staff Present

Annemarie Del Mugnaio, Executive Officer
Ethan Mathes, Administrative Program Manager
Amanda Drummond, Administrative Program Analyst
Tara Welch, Legal Counsel

Guests Present

Allison Lozoya, El Dorado County Animal Services
Cheryl Waterhouse, DVM, Veterinary Medical Board
Cindy Savely, RVT, California Veterinary Medical Association and Sacramento Valley Veterinary Technician Association
Eric Anderson, California Animal Control Director's Association
Grant Miller, DVM, California Veterinary Medical Association
Valerie Fenstermaker, California Veterinary Medical Association

John Pascoe, DVM, University of California, Davis
Leah Shufelt, RVT, California Veterinary Medical Association
Linda Tripp, Sacramento Valley Veterinary Technician Association and University of California, Davis
Nancy Ehrlich, RVT, California Registered Veterinary Technician Association

3. Review and Approval of October 17, 2017 Committee Meeting Minutes

The MDC made minor changes to the October 17, 2017 meeting minutes.

- Dr. Allan Drusys moved and Mr. Dave Johnson, RVT seconded the motion to approve the minutes as amended. The motion carried 6-0.

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

Dr. Jeff Pollard presented research that he and Mr. Johnson conducted regarding the complaint process. The Complaint Process Audit Subcommittee met several times over the course of two years. They reported that the cases they reviewed from 2014-2017 were generally well-organized, and the complaint process appears to be improving,

There was a public inquiry from Ms. Bonnie Lutz, who asked about the process for the expert witnesses who review the cases and at what point are they provided with the complaints. There was a concern that the expert witnesses may be putting too much weight into the complaint itself, as opposed to basing their review off the entirety of evidence in a complaint case file. The MDC advised that it is standard procedure during expert witness training for all experts to review the complaint as part of the entire case, because the medical record alone only provides a limited amount of information. The substantiated evidence the expert witnesses uses in making a determination on a case is not based on just what the consumer complainant reported in the complaint, but it is one of many factors reviewed so the totality of the incident understood.

Dr. Klingborg stated that the Complaint Process Audit Subcommittee provides a report every-other meeting, so the next report will be in August. Dr. Grant has been a member of the subcommittee since its inception and will be terming out in May, and there will be a new appointee to the subcommittee.

5. Discussion and Consideration of Recommendations from State Humane Association of California, California Animal Control Director's Association, and California Veterinary Medical Association Regarding Public and Private Shelters and Minimum Standards and Protocols for Shelter Medicine; Potential Recommendation to Full Board

Dr. Klingborg addressed the MDC and led the discussion regarding the minimum standards for shelter medicine brought before the MDC that were developed by the State Humane Association of California (SHAC), the California Animal Control Director's Association (CACDA), the California Veterinary Medical Association (CVMA), Ms. Del Mugnaio, Dr. Drusys, and Mr. Johnson.

Erica Hughes from SHAC and Eric Anderson from CACDA addressed the MDC and stated that, while not all parties present at the stakeholder meeting held on December 8th were in unanimous agreement regarding the solution to the presented issues, the document developed is one that had input from all the stakeholders present and one that they felt identified the unique requirements for a shelter setting. The parties involved recommended that the MDC continue drafting minimum standards language that will address the issues identified in the document and satisfy the concerns of the stakeholders involved.

Issue 1: The prevention and treatment of infectious disease in shelters.

Mr. Johnson stated that it would be premature to change the statute without first revising regulations, and that minimum standards should be developed for shelters. He also stated that more clarifying information is needed for some of these issues, including whether shelters need a premises permit, parameters of shelter medicine, whether a shelter's access to a veterinary managing licensee is an issue, and that a subcommittee should be developed to further explore these issues.

Ms. Valerie Fenstermaker noted the CVMA previously proposed minimum standards for shelter settings in its June 2016 report to the Board that were developed from the CVMA's Task Force.

- Dr. Richard Sullivan moved and Mr. Dave Johnson, RVT seconded the motion to create a subcommittee to research the issues regarding the unique needs of a shelter to determine if minimum standards for shelters should be developed. The motion carried 6-0.

Issue 2: The definition of animal shelter.

Dr. Klingborg addressed the MDC and stated that the recommendation before them is that the definition for a shelter be updated to state, "any city or county animal care and control agency, public or private organization that contracts with a city or county to house shelter animals, or non-profit SPCA, or human society incorporated under Corporations Code section 10400 (or the former Civil Code section 607) as societies for the prevention for cruelty to animals." The recommendation was not a unanimous agreement at the December 8th meeting.

The CVMA was not in support of this recommendation until further legal research could be conducted. They expressed concern that the definition of a shelter is not just about veterinary medicine, and that definition could affect other parts of the law. Ms. Hughes clarified that their recommendation seeks only to define shelters for the purposes of minimum standards for shelters and to ensure that those minimum standards apply to both public and private shelters and the Society for the Prevention of Cruelty to Animals (SPCA), and humane societies.

MDC members discussed the authority of the Board to inspect these facilities, specifically if the facilities are for boarding purposes only and do not provide veterinary services. It was clarified that if the animals are housed and treated in the same facility, the Board has the authority to inspect the entire premises, and those facilities would be required to maintain specific sanitary standards.

Dr. Klingborg confirmed that the MDC subcommittee will need to research this issue further and that the development of a definition for a shelter will be left to them to create and present at the next meeting.

Issue 3: Authority of RVTs and Staff in Shelters

Dr. Klingborg addressed the MDC and stated that the recommendation before them is to amend Business and Professions Code (BPC) section 4840(b) to include veterinary assistants (VAs) and replace “animal health care” with “necessary and prompt veterinary care”. Additional revisions would also include Issue 2, the definition of an animal shelter, but that portion can be held off until a definition of a shelter can be agreed upon.

There was a discussion between the MDC and members of the public about what tasks VAs should be allowed to perform in the shelter setting. Concern was raised that some shelters do not have RVTs on site, and thus rely heavily on VAs to provide services such as vaccinations and deworming. Members of the MDC expressed concern about allowing VAs to perform too broad of tasks and ensuring the regulations that identify VA tasks are not too broad.

Ms. Del Mugnaio inquired whether there is authority under BPC section 4836 that establishes a protocol between the veterinarian, RVT, and VA that would set up a hierarchy for who can delegate tasks and who can provide supervision. She recommended that the MDC research BPC section 4836 to see if there is statutory authority to allow a VA to intake and triage in a shelter but does not elevate them beyond what their current scope of authority would allow.

The MDC discussed creating an itemized list of the tasks that an RVT and VA can perform in the shelter setting or researching BPC section 4836 further to see if this section is adequate without writing additional regulations. The MDC agreed this task would be included in the subcommittee’s research.

Issue 4: Rabies Vaccinations

Dr. Klingborg addressed the MDC and stated that the recommendation before them is that California Code of Regulations (CCR) section 2035(c) be amended to state that the rabies vaccination may be administered to an owned animal upon redemption from an animal shelter without prior examination by a veterinarian.

The MDC discussed how, at their October 2017 meeting, Ms. Del Mugnaio provided an overview of her conversation with Curtis Fritz at California Department of Public Health (CDPH) regarding the degree of oversight that CDPH may require of the veterinarian in administering the rabies vaccination. At the October 2017 meeting, Ms. Del Mugnaio reported that, ultimately, the veterinarian who signs the vaccination certificate maintains responsibility for the administration, storage, handling, and management of the vaccine, and the training of the staff who are responsible for administering the vaccine. There is no requirement for the veterinarian to be on site while the vaccine is being administered so long as the veterinarian responsible for the shelter understands that he or she shall be responsible for any adverse reaction an animal may experience.

The MDC felt that it was important to develop regulations that would allow for the administration, storage, handling and management of the rabies vaccination within the shelter setting. The MDC

agreed this issue would be assigned to the subcommittee for further research and possible incorporation into shelter minimum standards.

6. Discussion and Consideration of California Veterinary Medical Association's Proposal Regarding Minimum Standards for Alternate Veterinary Premises/Practices; Potential Recommendation to Full Board

Dr. Sullivan introduced the topic and stated that he and Ms. Del Mugnaio participated in meetings with the CVMA and multiple veterinary practices to ensure that multiple types of veterinary premises were identified. The document presented before the MDC is what was drafted based on the information obtained from these meetings.

The MDC discussed the Premises Permit Subcommittee Report in length and went through each section and agreed to the following changes:

- CCR section 2030
 - Add an additional sentence at the end of the section to state “If the facility or practice type is operated from a building or facility that is the licensee manager’s principle 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.” This change was recommended by Legal Counsel to clarify which facilities would be required to obtain a premises permit and maintain consistency with the premises registration requirements under Business and Professions Code section 4853, subdivision (b).
- CCR section 2030.2
 - Changing the section name from “Small animal mobile clinic” to “Small animal mobile facility” to maintain consistency.
 - Changing paragraph (b)(2) from “Shall have an examination area separate from the surgery room that is large enough to conduct an examination.” to “Shall have an examination area separate from the surgery room.” This change was recommended to provide clarity and eliminate confusion since (a)(8) already provides the size requirements for the room.
- CCR section 2030.3
 - Changing the language from “For purposes of these regulations an ‘animal vaccination practice’ shall mean a location where veterinary medicine is being practiced where a veterinarian performs only vaccinations against disease and preventative procedures for parasite control.” to “For purposes of these regulations, an ‘animal vaccination practice’ shall mean a location where the scope of veterinary practice is limited to vaccinations and preventative procedures for parasite control.” This change was recommended to address concern that vaccination clinics may use the original language as a means to provide additional services outside their scope of practice.
 - Changing subdivision (c) from “The veterinarian is responsible for consultation and referral of clients when disease is detected or suspected.” to “The veterinarian is responsible for documenting that the animal 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.” This change was recommended to ensure that an animal is healthy enough to receive the vaccination and the veterinarian did their due diligence to inspect the animal and documents their interactions.

- Global changes to the entire document
 - Replacing the term “capacity to render” with “ability to provide”. This change was requested due to concern that facilities, such as mobile facilities, may not have the ability to provide x-ray and diagnostic services, and the verbiage would not allow for the outsourcing of those services.
 - Revising “when medically appropriate” to state “when medically and species appropriate” for facilities to provide exercise to animals residing at the facility. This change was requested due to concern that some facilities may not have the correct facilities to allow for exercise of the animals.
 - Changing “Surgery room doors that are able to be fully closed...” to “Surgery room doors able to be fully closed...”. This change was requested to address concern that the language, as written, could be interpreted as the surgery room could include doors that do not have to be fully closed.
 - Revising the language that states “For purposes of this section, “clean surgery” shall mean the performance of a surgical operation procedure...” to remove subsection (1) and place it at the beginning of the language so that the language reads “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. 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.” This change was recommended to maintain consistency, provide clarity, and eliminate the need for subsection (1).
- Mr. Dave Johnson, RVT moved and Dr. Jeff Pollard seconded the motion to accept the proposed language as amended. The motion carried 6-0.

7. Discussion and Consideration of Amendments to Supervision Requirements for Veterinarians Delegating Tasks to Registered Veterinary Technicians; Potential Recommendation to Full Board

Dr. Klingborg presented research that he conducted regarding updating CCR section 2035, the supervising tasks of a veterinarian. At its October 2017 meeting, the MDC researched how supervising veterinarians can delegate advanced health care techniques and how the Board can ensure only appropriate and qualified personnel are performing these tasks.

Proposed language includes CCR section 2035(a)(1) which states, “A supervising veterinarian may not delegate any function or allowable animal health care task to an RVT or VA that requires extensive clinical skill and judgement and that is beyond the training and demonstrated competency of the RVT or VA.” This language mirrors similar language from other medical boards that allow for delegation of advanced techniques. Dr. Klingborg reiterated that the MDC

decided to amend CCR section 2035(a)(1), instead of creating a list of acceptable tasks an RVT or VA can perform, because there is no practical way to create an all-inclusive list to encompass all advanced tasks.

Legal Counsel suggested the proposed language can be moved to its own subdivision (d) instead of paragraph (1) under subdivision (a).

Members of the public and the MDC discussed the language, including whether the proposed language was meant to state that in order for the supervising veterinarian to delegate a task, the task would need to go beyond the normal tasks that an RVT or VA would perform and whether the RVT or VA must show good judgement when being assigned a task. The MDC discussed drafting the proposed language by listing out the specific qualifications a supervising veterinarian must look for when delegating tasks, including (1) extensive clinical skill, (2) judgement, (3) requisite training, and (4) demonstrated competency. They also discussed striking “function” from the verbiage, as it was redundant with “allowable health care tasks”. The MDC decided to not include “judgement” as one of the items listed for delegating a task, because they felt “judgement” was not a quantifiable trait, and the judgement required in this provision is that of the supervising veterinarian, not the RVT or VA.

Concern was raised regarding the use of “allowable” in this section. Since the existing language of Section 2035 includes “allowable health care tasks,” and adding references to all of the CCR sections that specifically provide for the health care tasks an RVT, VA, or permit holder can perform becomes cumbersome, the term “allowable” was left in the language, but “function” was removed. The language was revised to “A supervising veterinarian may delegate any allowable animal health care task to an RVT, permit holder, or veterinary assistant, provided the RVT, permit holder, or veterinary assistant has: (1) extensive clinical skill; (2) requisite training; and (3) demonstrated competency.” Concern was raised that changing the language in this way to a positive means that the language is permissive rather than a requirement.

- Dr. Richard Sullivan moved and Dr. Allan Drusys seconded the motion to have Board staff draft language that is both positive and an inclusive list of the qualifications a supervising veterinarian should use for determining delegation, and present that language to the Board. Following discussion and revisions to the proposed language, the motion was amended to instead adopt the revised language. The motion failed 2-4 (Dr. Sullivan and Dr. Drusys voted aye).

The task force will reconvene to further discuss this issue and develop additional language and suggestions to bring back to the MDC for further consideration.

8. Public Comment on Items Not on the Agenda

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

9. Future Agenda Items and Next Meeting Dates

A. Next Meeting Dates

The August 21, 2018 meeting was moved to August 28, 2018 with a location to be determined.

- May 22, 2018, Sacramento
- August 28, 2018, TBD
- November 13, 2018, TBD

B. Multidisciplinary Advisory Committee Assignment Priorities

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

- Complaint Process Audit/ Enforcement Case Outcomes
- Minimum Standards for Shelter Medicine
- Supervision Requirements for Veterinarians Delegating Tasks to RVTs

10. Adjournment

Dr. Jeff Pollard moved to adjourn and Ms. Jennifer Loreda, RVT seconded the motion. The MDC adjourned at 3:20pm.

Shelter Minimum Standards

Over the past two years and with input from numerous stakeholders, we've identified numerous issues that need to be addressed in Shelter Minimum Standards:

From the Report from December 8 Stakeholders meeting from SHAC/CACDA/CVMA

Rec 1a: Minimum Standards be developed for Animal Shelter Facilities

Rec 1b: Consider Premise Permit and whom may be a Licensee Manager (IX) (VIII)

Rec 2: Define Animal Shelter (VII)

Rec 3: Authorize RVTs and Shelter Staff to perform tasks w/ DVM Order (I) (VI)

Rec 4: Amend Rabies Vaccine language so Shelter Staff may administer (V)

The Eight Major Items from MDC Subcommittee work—

This is the tireless work of David Johnson, RVT; Jeff Pollard, DVM; Allan Drusys, DVM

- (I) Veterinary Care On Intake
- (II) Controlled Substances Administration of pre-euthanasia drugs
- (III) Sodium Pentobarbital— Wildlife
- (IV) Euthanasia Training
- (V) Rabies Vaccines
- (VI) Indirect Supervision
- (VII) Definition of Shelter 1834.7 a(2)—Separating Shelters by those who provide basic wellness services vs 'veterinary services.'
- (VIII) Licensee Managers— RVTs, Shelter Director, etc.
- (IX) Premise Permits

The following is the MDC Subcommittee's latest work to address the issues noted above.

April 2018

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.

Section 2030.05 Minimum Standards – Licensee Manager

- (a) A Licensee Manager is the California licensed veterinarian named as the Licensee Manager on the 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 Business and Professions Code, Division 2, Chapter 11, Article 3. 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 premises to ensure that the requirements in (a) – (c) are met.
- (e) Each licensed veterinarian shall be responsible for their individual violations of the Veterinary Medicine Practice Act or any regulations adopted thereunder. {2030.05}

2035. Duties of Supervising Veterinarian.

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

(1) A supervising veterinarian may not delegate any function or allowable animal health care task to an RVT or VA that requires extensive clinical skill and judgment and that is beyond the training and demonstrated competency of the RVT or VA.

(b) The supervising veterinarian of a R.V.T. or unregistered assistant shall make all decisions relating to the diagnosis, treatment, management and future disposition of the animal patient.

(c) The supervising veterinarian shall have examined the animal patient prior to the delegation of any animal health care task to either an R.V.T. or unregistered 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.

(d) 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.

Section 2035.5 Duties of Supervising Veterinarian and Animal Health Care Tasks for Registered Veterinary Technicians in the Shelter Setting

(a) Notwithstanding subsection (c) of 2035 and pursuant to 4840(b), limited medical care may be provided in a shelter setting by a registered veterinary technician 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) Vaccination and prophylactic control of internal parasites and external parasites on intake

(B) Treatment of medical conditions based on an animal's symptoms

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

(b) Emergency animal care may be rendered by a registered veterinary technician pursuant to section 2069.

(c) An RVT shall not diagnose, perform surgery or prescribe pursuant to section 4840.2.

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

(e) Animals that have been adopted and returned to the shelter by the owner for treatment of a medical condition must be examined by a veterinarian prior to treatment or dispensing medication pursuant to 2032.1, except as necessary in 2035.5 (a).

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 ~~necessary and prompt veterinary care~~ 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.

Medical Records:

2011 California Code Food and Agricultural Code DIVISION 14.8.
ANIMALS [32000 - 32003] Section 32003

All public pounds and private shelters shall keep accurate records on each animal taken up, medically treated, or impounded. The records shall include all of the following information and any other information required by the California Veterinary Medical Board:

- (a) The date the animal was taken up, medically treated, euthanized, or impounded.
- (b) The circumstances under which the animal was taken up, medically treated, euthanized, or impounded.
- (c) The names of the personnel who took up, medically treated, euthanized, or impounded the animal.
- (d) A description of any medical treatment provided to the animal and the name of the veterinarian of record.
- (e) The final disposition of the animal, including the name of the person who euthanized the animal or the name and address of the adopting party. These records shall be maintained for three years after the date the animal's impoundment ends.

Euthanasia:

Euthanasia can be performed at an animal control shelter. Absent the

presence of a veterinarian, euthanasia may only be performed using sodium pentobarbital. The parameters for performing euthanasia in a shelter are outlined in Business and Profession Code, Section 4827(d), and in the California Code of Regulations, Section 2039.

Controlled Substances

§ 2036.5. Animal Hospital Health Care Tasks for Permit Holders and Veterinary Assistants.

- (a) Permit holders and veterinary assistants shall be prohibited from performing any of the functions or activities specified in subsections (a) (b) and (c) of Section 2036 of these regulations, except that a permit holder under the direct or indirect supervision of a licensed veterinarian may administer a controlled substance.
- (b) Subject to the provisions of subsection (a) of this section, permit holders and veterinary assistants in an animal hospital setting may perform auxiliary animal health care tasks under the direct or indirect supervision of a licensed veterinarian or the direct supervision of an R.V.T. The degree of supervision by a licensed veterinarian over a permit holder or veterinary assistant shall be higher than or equal to the degree of supervision required when an R.V.T. performs the same task and shall be consistent with standards of good veterinary medical practices.

§ 2087. VACSP.

(a) An application for a VACSP shall be submitted on an application form provided by the board (Veterinary Assistant Controlled Substances Permit Application, Form No. 4606-1, rev. 6/2015), hereby incorporated by reference, accompanied by such evidence, statements, or documents as therein required. The board shall review the application and notify the applicant of the final approval status.

Once a VACSP has been issued, the permit holder will be authorized to obtain or administer controlled substances only under the direct or indirect supervision of a licensed veterinarian.

2039. Sodium Pentobarbital/Euthanasia Training.

(a) In accordance with section 4827(d) of the Code, an employee of an animal control shelter or humane society and its agencies who is not a veterinarian or registered veterinary technician (RVT) shall be deemed to have received proper training to administer, without the presence of a veterinarian, sodium pentobarbital for euthanasia of sick, injured, homeless or unwanted domestic pets or animals if the person has completed a curriculum of at least eight (8) hours as specified in the publication by the California Animal Control Directors Association and the State Humane Association of California entitled "Euthanasia Training Curriculum" dated October 24, 1997, that includes the following subjects:

- (1) History and reasons for euthanasia
 - (2) Humane animal restraint techniques
 - (3) Sodium pentobarbital injection methods and procedures
 - (4) Verification of death
 - (5) Safety training and stress management for personnel
 - (6) Record keeping and regulation compliance for sodium pentobarbital
- At least five (5) hours of the curriculum shall consist of hands-on training in humane animal restraint techniques and sodium pentobarbital injection procedures.

(b) The training curriculum shall be provided by a veterinarian, an RVT, or an individual who has been certified by the California Animal Control Directors Association and the State Humane Association of California to train persons in the humane use of sodium pentobarbital as specified in their publication entitled "Criteria for Certification of Animal Euthanasia Instructors in the State of California" dated September 1, 1997.

NOTE

Authority cited: Section 4808, Business and Professions Code. Reference: Section 4827, Business and Professions Code. HISTORY

1. New section filed 4-30-98; operative 10-30-98 (Register 98, No. 18).

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, examination 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) (S)hall have the ability to provide to render 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 to render (C)linical pathology and histopathology diagnostic laboratory services. **{2030 (f)(5)}**
- (l) Shall have (A)ppropriate 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) 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 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 species appropriate, 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)}**
- ~~(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. **{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 or temporarily unavailable. **{2030 (g)(1)}**
 - {2030 (g)(1)(A)}**
 - A. 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)}**
 - 1. Zoning limitations. **{2030 (g)(1)(B)(1)}**
 - 2. Whether the facility constitutes a historical building. **{2030 (g)(1)(B)(2)}**
 - 3. 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. (S)urgery 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:
 - 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 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 appropriate apparel. **{2030 (h)}**
1. 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)}**

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 Business and Professions 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) ~~(S)hall have the ability to provide to render diagnostic radiological services, Radiological procedures shall be conducted in accordance with Health and Safety Code standards.~~ **{2030 (f)(4)}** **THIS ITEM MAY BE REMOVED**
- (k) ~~Shall have the ability to provide to render (C)linical pathology and histopathology diagnostic laboratory services.~~ **{2030 (f)(5)}**
- (l) Shall have (A)ppropriate 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, 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 species appropriate, 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 or temporarily unavailable. **{2030 (g)(1)}**
 - {2030 (g)(1)(A)}**
 - A. 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)}**
 1. Zoning limitations. **{2030 (g)(1)(B)(1)}**
 2. Whether the facility constitutes a historical building. **{2030 (g)(1)(B)(2)}**
 3. Whether compliance with this requirement would compel the veterinary practice to relocate to a new location. **{2030 (g)(1)(B)(3)}**
 1. 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)}**
 2. Open shelving is prohibited in the surgical room. **{2030 (g)(3)}**
 3. (S)urgery 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 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)}**

4. 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)}**
5. 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)}**
6. In any sterile procedure, a separate sterile pack shall be used for each animal. {2030 (g)(9)}
7. All instruments, packs, and equipment shall be sterilized and have an indicator that reacts to and verifies sterilization. **{2030 (g)(10)}**
8. 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) 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)}**
 1. 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)}**

Recommendations from Dec. 8 Stakeholders' Meeting on Shelter Medicine

I. Prevention and Treatment of Infectious Disease in Shelters

Issue

Issue: California law defines the practice of veterinary medicine as the diagnosing, prescribing, and treating of/for an animal for the prevention, cure, relief of a wound, fracture, bodily injury, or disease (B&P Code § 4826). This includes the essential and routine health care tasks that all well-managed animal shelters perform on impounded animals on intake such as administration of vaccines, administration of medicine for treatment of parasites, and testing for infectious diseases. California law further provides that all veterinary premises where veterinary medicine is practiced be registered with the VMB. "Premises" is defined as a building, kennel, mobile unit, or building. Therefore, the definition could include an animal shelter.

This registration comes in the form of a "premises permit" that is issued to a California-licensed veterinarian who is designated as the licensee manager. The role of the licensee manager is to ensure that the premises complies with all applicable laws and regulations, that no unlicensed activity is occurring in any location where veterinary medicine is being conducted and that he or she maintains an appropriate physical presence within the facility to ensure compliance with these requirements. A licensee manager assumes legal responsibility for the premises and is subject to discipline from the VMB for a premises' failure to comply with minimum standards of practice or applicable laws. Discipline may include withholding, revoking, or suspending his or her license to practice veterinary medicine. Therefore, to be in compliance with the law, an animal shelter that is performing the above-referenced health care tasks should have a veterinarian who is willing to serve as licensee manager.

In 2008, the VMB adopted a policy granting animal shelters permission to administer vaccines, treat for parasites, and test for infectious diseases without a veterinarian. This followed several meetings and input from the shelter and veterinary communities, and was spearheaded by Dr. Kate Hurley, Program Director of the Koret Shelter Medicine Program at UC Davis. Based on this policy, many shelters across the state perform these lifesaving health care tasks without involvement of a veterinarian. The VMB has since taken the position that the policy is an as an underground regulation, hence unenforceable, and is awaiting recommendation from the MDC as to what "above ground" regulatory/statutory changes, if any, should be made to meet the needs of shelters.

Some shelters, particularly those run by some of the more populated cities and counties (e.g. Los Angeles County, San Diego County, and City of Berkeley) and the better-funded humane societies/SPCA's (e.g. spcaLA, Sacramento SPCA, and East Bay SPCA), employ veterinarians in some capacity. One of these staff veterinarians typically serves as the licensee manager. Other shelters, particularly those in less-populated and poorer cities and counties, instead have relationships with community veterinarians who provide veterinary care to shelter animals on an as-needed basis. Usually, this care is delivered off-site at the veterinarians' clinics. However, for the routine animal health care tasks enumerated above, these shelters typically purchase and administer the medications themselves because it would be too impractical and costly to transport each animal to a veterinary clinic upon impound.

Ideally, each shelter should have a formal relationship with a veterinarian who serves as the licensee manager. This helps ensure that animals in the shelter receive a minimum standard of care. This oversight should come in the form of periodic site visits, routinely reviewed and updated protocols for such things as drug handling,

sanitation, infectious disease management, disease detection, and management of animal care generally. However, because a shelter setting is often very different from a typical hospital setting, particularly when the shelter does not have a separate hospital facility, many shelters are either unaware that they are required to have a premises permit or they are unable to find a veterinarian who is willing to serve as the licensee manager. Many veterinarians are reluctant to serve as licensee manager for a shelter because they are uncertain about the attendant responsibility and liability.

Educating shelters on the requirement of having a premises permit and establishing minimum standards of care for the shelter setting that clarify the responsibility and liability of a licensee manager may remove the current barriers to shelters having premises permits. However, it is unknown whether, despite these measures, there will be some shelters that are still be unable to find a suitable veterinarian to serve as licensee manager. In those instances, the CVMA and CACDA/SHAC should work together to educate veterinarians on the unique role of a licensee manager in the shelter setting. CACDA/SHAC maintain that if these shelters are still unable to find a suitable veterinarian, a different statutory and/or regulatory framework should be considered to ensure that shelter staff is empowered to care for the animals and protect the public without running afoul of the law; however, the CVMA is unable to commit to this recommendation at this time because there would be many variables to consider.

Recommendation

The CVMA and CACDA/SHAC recommend that the MDC consider having the CVMA and CACDA/SHAC develop minimum standards for an animal shelter facility similar to recommendations for different premises (e.g. small animal fixed facility and small animal mobile facility) proposed by the CVMA's Premises Task Force. These minimum standards will take into account the unique circumstances and needs of an animal shelter and should only address the areas of the shelter where veterinary medicine is being practiced.

II. Definition of Animal Shelter

Issue

Issue: The question has been asked as to what constitutes an animal shelter that would be eligible for any special treatment by the VMB.

Recommendation

Recommendation: CACDA/SHAC recommend that the MDC consider defining “animal shelter” as any city and county animal care and control agency, public or private organization that contracts with a city or county to house shelter animals, or non-profit SPCA or humane society incorporated under Corporations Code § 10400 (or the former Civil Code §607) as societies for the prevention of cruelty to animals. At this time, the CVMA agrees to the portion of the definition that is not underlined only.

III. Authority of RVTs and Staff in Shelters

Issues

Issue #1: Under Business and Professions Code § 4840(b), RVTs who work at public animal care and control agencies may perform animal health care services on impounded animals pursuant to the direct, written, or telephonic order of a veterinarian. RVTs who work for humane societies and SPCAs incorporated under Corporation Code § 10400 are not included in B&P § 4840(b). However, they should also be allowed to perform health care services pursuant to direct, written, or telephonic order of a veterinarian. While not required to impound stray animals (unless contracted with a city or county to do so), humane societies and SPCAs play an important and valuable role caring for our state's homeless and abused animals by providing direct services to animals and the public as well as providing critical relief from overcrowding to public shelters.

Issue #2: Both shelter staff and RVTs should be authorized to perform health care services on shelter animals pursuant to direct, written, or telephone order of a veterinarian.

Recommendation

Recommendation: CACDA/SHAC recommend that the MDC consider amending Business and Professions Code § 4840(b) as follows:

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 necessary and prompt veterinary care services on those animals impounded by a state, county, city, or city and county agency or society for the prevention of cruelty to animals incorporated under Section 10400 of the Corporations Code (or the former Section 607 of the Civil Code) pursuant to Section 1846(b) of the Civil Code and under 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.

The CVMA does not agree to this recommendation at this time.

VI. Rabies Vaccine

Issue

Issue: All dogs three months or older are required to be vaccinated for rabies (H&S Code § 121690; 16 CCR § 2606.4). Although not required by state law, vaccinating cats for rabies is recommended by the California Department of Public Health and required by some local jurisdictions (e.g. City of Long Beach and City of Stockton). The vaccine must be administered by, or under the supervision of, a California-licensed veterinarian, who then issues an official rabies vaccination certificate.

When a dog (and, in some jurisdictions, a cat) is redeemed by its owner, the owner must provide proof of current rabies vaccination. If the owner is unable to do so, the animal must be vaccinated. Because California law requires the vaccine to be administered by or under the supervision of a veterinarian, shelters without a veterinarian present in the shelter are unable to administer the vaccine. For shelters with a premises permit, this creates a dilemma: (1) hold the animal until a veterinarian is present, (2) ask the owner to go to a private veterinarian (and then submit proof) or return when a veterinarian is present, or (3) vaccinate by pre-established protocols. For shelters without a premises permit, because they are unable to purchase the vaccine, they have no choice but to release the animal and hope the owner returns with proof.

Recommendation

Recommendation: The MDC should recommend that 16 CCR 2035(c) be amended to state that the rabies vaccination may be administered to an owned animal upon redemption from an animal shelter without prior examination by a veterinarian.

Memorandum

Subject: Shelter Medicine Working Group

Action: Approve/Disapprove Proposed Regulation 2036.6

In 2016, the CVMA submitted a proposed regulation to the VMB that was developed by the CVMA Premises Task Force and approved by the CVMA Board of Governors. It was specific to duties of the supervising veterinarian and animal health care tasks for RVTs in a shelter setting and within current statute. The VMB delegated review of our proposal to its Multidisciplinary Advisory Committee (MDC).

The MDC met in January, 2017, and listened to comments from the State Humane Association of California (SHAC), the CVMA and other stakeholders regarding public and private shelters and minimum standards and protocols for shelter medicine.

The MDC asked Erica Hughes, SHAC executive director, to form a working group to evaluate areas of deficiency in statutes and regulations related to veterinary care in shelters. The group met on March 7, 2017, and included Erica Hughes, Bonnie Lutz, Dr. Jennifer Hawkins, Dr. Ken Pawlowski, Kristi Pawlowski, RVT, Valerie Fenstermaker and Dr. Grant Miller.

The group first discussed the CVMA's proposed Section 2035.5 (attached) and supports it.

The majority of the discussion centered around the veterinary assistant's role at a shelter, including possible extended duties. After extensive discussion, the sub-committee agreed to bring the following proposal back to their respective boards for approval or disapproval. If both associations are in agreement, the proposal will be submitted to the MDC.

The proposed regulation is based on existing Section 2036.5(b). Note: The VMB expressed an opinion at their January meeting that all shelters practicing veterinary medicine should have a premises permit.

Existing regulation:

2036.5. Animal Hospital Health Care Tasks for Unregistered Assistants.

(a) Unregistered assistants shall be prohibited from performing any of the functions or activities specified in subsections (a) (b) and (c) of Section 2036 of these regulations, except that an unregistered assistant under the direct supervision of a licensed veterinarian or registered technician may administer a controlled substance.

(b) Subject to the provisions of subsection (a) of this section, unregistered assistants in an animal hospital setting may perform auxiliary animal health care tasks under the direct or indirect supervision of a licensed veterinarian or the direct supervision of an R.V.T. The degree of supervision by a licensed veterinarian over an unregistered assistant shall be higher than or equal to the degree of supervision required when an R.V.T. performs the same task and shall be consistent with standards of good veterinary medical practices.

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

Proposed regulation:

Section 2036.6 Duties of Supervising Veterinarian and Animal Health Care Tasks for Veterinary Assistants in the Shelter Setting

Notwithstanding subsection (b) of 2036.5, a supervising veterinarian may establish written orders for veterinary assistants in a city, county, or city and county agency or organization contracted to perform animal control services for vaccination and prophylactic control of endo- and ecto-parasites on intake.

June 27, 2016

Annemarie Del Mugnaio, Executive Officer
Veterinary Medical Board
1747 N. Market Boulevard, Suite 230
Sacramento, California 95834-2987

Dear Ms. Del Mugnaio:

At the request of the Veterinary Medical Board (VMB), the California Veterinary Medical Association (CVMA) formed a Premises Task Force to review premises permit laws and regulations as they relate to all species and practice types. As part of its charge to provide recommendations for a variety of practice types, the task force discussed the delegation of health care tasks to registered veterinary technicians in a shelter setting.

The CVMA invited veterinarians who work in shelters, shelter directors and a representative from State Humane Association of California to our last two task force meetings to discuss the unique issues associated with the delegation of tasks in a shelter setting. The issues identified were:

- The limited availability of veterinarians during shelter operating hours,
- The difficulty of establishing a Veterinarian-Client-Patient relationship for each animal,
- The need to perform certain procedures on animals upon intake at the shelter for the health and wellbeing of the individual animal and the shelter population as a whole,
- Protocols that would allow treatment for animals that are sick or injured when a veterinarian is not available to examine the animal.

As an outcome of these discussions, the task force developed a proposed regulation which would allow registered veterinary technicians to perform certain tasks on animals under indirect supervision following a veterinarian's written orders.

The CVMA Board of Governors approved the proposed regulation at its June, 2016, meeting and requests that this proposal be included in the agenda for the July meeting of the Multidisciplinary Advisory Committee.

We feel that this proposal addresses the primary issues that shelter personnel face when dealing with a large population of animals and the inability to have a veterinarian on site at all times. The regulation is intended to provide a guideline for what tasks a registered veterinary technician may perform under the direct written order of a veterinarian and to allow shelter veterinarians and staff the flexibility to provide care under specific circumstances.

The CVMA is pleased to submit the enclosed recommendation for consideration.

Sincerely,



Ken Pawlowski, DVM
CVMA President

The California Veterinary Medical Association Premises Task Force proposed regulation to the Veterinary Medical Board Multidisciplinary Advisory Committee

Section 2035.5 Duties of Supervising Veterinarian and Animal Health Care Tasks for Registered Veterinary Technicians in the Shelter Setting

(a) Notwithstanding subsection (c) of 2035 and pursuant to 4840(b), limited medical care may be provided in a shelter setting by a registered veterinary technician 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) Vaccination and prophylactic control of endo- and ecto-parasites on intake

(B) Treatment of medical conditions based on an animal's symptoms

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

(b) Emergency animal care may be rendered by a registered veterinary technician pursuant to section 2069.

(c) An RVT shall not diagnose, perform surgery or prescribe pursuant to section 4840.2.

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

(e) Animals that have been adopted and returned to the shelter by the owner for treatment of a medical condition must be examined by a veterinarian prior to treatment or dispensing medication pursuant to 2032.1.

Current Law:

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 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.

4840.2 Unauthorized Practices

- (a) Surgery
- (b) Diagnosis and prognosis of animal diseases
- (c) Prescribing of drugs, medicines and appliances

2035. Duties of Supervising Veterinarian.

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

(b) The supervising veterinarian of a R.V.T. or unregistered assistant shall make all decisions relating to the diagnosis, treatment, management and future disposition of the animal patient.

(c) The supervising veterinarian shall have examined the animal patient prior to the delegation of any animal health care task to either an R.V.T. or unregistered 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.

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 lifesaving 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.

275 Escobar Rd.
Portola Valley, Ca. 94028
January 25, 2018

Veterinary Medical Board
1747 N. Market Blvd., Suite 230
Sacramento, Ca. 95834

RECEIVED

JAN 30 2018

VMB/RVTC

Dear Veterinary Medical Board,

It has come to my attention since selling my practice and working at different veterinary hospitals in my area that the VMB regulation 2036 section b is extremely vague and it is being abused. Although it is not in their purview RVT's in many hospitals are being encouraged to diagnose and perform oral surgery on diseased teeth. Many state practice acts are much more discerning in their definition of extraction.

Instead what I have found in my area is that techs are diagnosing diseased teeth without veterinary supervision, sectioning teeth and drilling bone, again without a veterinarian present in the operatory. All of these activities are illegal per section 2036 section a.

I would suggest that section 2036 b be amended to say "A veterinary technician working under the direction, supervision and control of a duly licensed veterinarian may provide the following animal patient care under direct supervision: dental procedures including, but not limited to the removal of calculus, soft deposits, plaque and stains; the smoothing, filing, and polishing of teeth; or the floatation or dressing of equine teeth; and dental extraction not requiring sectioning of the tooth or the re-sectioning of bone."

Sincerely,



Lorrie Clemens, DVM

cc: Valerie Fenstermaker, CVMA

p81 California Veterinary Medicine Practice Act 2018 Edition

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.

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

https://www.avma.org/Advocacy/StateAndLocal/Documents/scope_vet_assistant_duties.pdf

collection of state-by-state job tasks specific to dentistry updated November 2017 (61pp)

RVT, LVT, CVT duties:

17 states - specify dental prophylaxis or cleaning/scaling & polishing
AL, DE, IL, LA, MO, NC, ND, NM, OH, OK, OR, PA, RI, SC, WA, WV, WI

10 states - permit dental extractions w/ specific language as follows:

CA: perform dental extractions under direct supervision
DE: dental extractions w/ no periosteal elevation, no sectioning of tooth or re-sectioning of bone
MD: simple dental extractions of teeth that do not involve flaps or tooth sectioning
NE: dental extraction not requiring sectioning of a tooth or the re-sectioning of bone
NV: removal of teeth that have extreme mobility & stage 4 periodontal disease under immediate supervision
OK: perform dental extractions
OR: perform extractions under immediate supervision
TX: extract loose teeth with minimal periodontal attachments by hand & c/o use of an elevator
WA: perform dental extractions under immediate supervision
WI: perform dental prophylaxis & extractions under direct supervision

VA duties:

DE: dental procedures including, but not limited to removal of calculus, soft deposits, plaque, & stains, smoothing, filing, polishing of teeth
MO: routine dental prophylaxis under immediate supervision
OK: perform **dental extractions** under direct supervision
OR: perform preventative veterinary dental procedures including, but not limited to removal of calculus, soft deposits, plaque, and stains, or the smoothing, filing, or polishing of tooth surfaces under direct supervision
PA: perform dental prophylaxis
WA: perform dental prophylaxis under immediate supervision
WI: perform dental prophylaxis under direct supervision

States with other language:

AL: LVT may provide care to an animal under the remote direction of a DVM in communities that do not have a established veterinary practice
GA: DVM may delegate any animal health care task to a veterinary technician or assistant
AZ: CVT may perform the tasks delegated by DVM while under direct supervision
TX: a non-DVM shall not perform invasive dental procedures except as allowed for licensed equine dental providers

<https://www.avma.org/Advocacy/StateAndLocal/Pages/sr-dental-procedures.aspx>

State Summary Report

Authority of veterinary technicians and other non-veterinarians to perform dental procedures

Last updated November 2017 (8pp)



State Summary Report

Authority of veterinary technicians and other non-veterinarians to perform dental procedures

Last updated November 2017

This table was created to address the scope of practice for veterinary technicians (VT) and other non-veterinarians with respect to dental procedures or dental surgeries. Licensure requirements and other issues are not addressed. Research indicates that no current statute specifically allows a veterinary technician to perform unsupervised dental procedures, though where a state allows a non-veterinarian to perform equine dental work, a VT would seem to qualify for the performance of that activity. Generally, statutes and regulations appear to indicate that varying levels of supervision are required for dental work.

Some states do allow non-veterinarians to perform equine dental work, although additional conditions may apply, so please check their statutes and regulations for additional information. Those states include: Alabama, Arizona, Arkansas, Colorado, Connecticut, Delaware, Florida, Georgia, Idaho, Illinois, Louisiana, Maryland, Minnesota, Missouri, Nebraska, Nevada, New Mexico, New York, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, South Carolina, Texas, Vermont, Virginia, Washington, West Virginia, and Wisconsin.

Connecticut, Florida, Illinois, Maryland, Oklahoma, South Carolina, Tennessee, and Vermont exempt equine teeth floating from the practice of veterinary medicine, thereby allowing non-veterinarians to perform the task without supervision by a veterinarian, although it appears that these exemptions are limited to using non-motorized tools.

For practice act exemptions not related to veterinary technicians, see http://www.avma.org/advocacy/state/issues/sr_cavm_exemptions.asp.

	Nothing prohibits a lay person from utilizing cotton swabs, gauze, dental floss, dentifrice, or toothbrushes on an animal's teeth.
Colorado	<p>The practice of dentistry may be delegated to veterinary personnel under the direct supervision of a licensed veterinarian. Dentistry does not include teeth cleaning or preventive dental procedures that are limited to the utilization of cotton swabs, gauze, dental floss, dentifrice, or toothbrushes on an animal's teeth.</p> <p>"Teeth floating" or "floating of teeth" by persons experienced in that practice and limited by this rule is deemed an act that may be delegated by a licensed veterinarian but must occur under direct supervision. Sedation must be provided by the licensed veterinarian as part of the procedure. "Teeth floating" or "floating of teeth" by persons experienced in that procedure is limited to the use of instruments in order to reduce or eliminate sharp or uneven edges on teeth. Instruments may include:</p> <ol style="list-style-type: none"> 1. Non-powered, hand tools under indirect supervision. <ol style="list-style-type: none"> a. The use of an oral sedative prescribed by a licensed veterinarian to the owner is permitted. 2. Motorized, high speed tools (sedation required) under direct supervision.
Connecticut	The floating of teeth in horses by persons experienced in that practice and the performance of myofascial trigger point therapy by persons experienced in that practice shall not be deemed to be the practice of veterinary medicine.
Delaware	<p>At no time may licensed veterinary technicians perform surgery, including operative dentistry and oral surgery.</p> <p>A veterinary technician may perform dental extractions with no periosteal elevation, no sectioning of tooth and no re-sectioning of bone; and dental procedures including, but not limited to, removal of calculus, soft deposits, plaque and stains, smoothing, filing, polishing of teeth under the direct supervision of a veterinarian.</p>
District of Columbia	Acts relating to maintenance of the health of or treatment of any animal performed under the immediate and direct supervision and control of a licensed veterinarian. Performance of surgery prohibited.
Florida	<p>All tasks which may be delegated to a veterinary aide, nurse, laboratory technician, intern, or other employee of a licensed veterinarian shall be performed only under the "immediate supervision" of a licensed veterinarian with some exceptions.</p> <p>The manual hand floating of teeth in horses by persons shall not be deemed to be the practice of veterinary medicine.</p>
Georgia	<p>Any veterinary technician must at all times be under the supervision of a licensed veterinarian whenever practicing veterinary technology in this state. The level of supervision shall be consistent with the delegated animal health care task. Performance of surgery is prohibited.</p> <p>A veterinary technician working under the direction, supervision and control of a duly licensed veterinarian may provide the following animal patient care under direct supervision: dental procedures including, but not limited to the removal of calculus, soft deposits, plaque and stains; the smoothing, filing, and polishing of teeth; or the floatation or dressing of equine teeth; dental extraction not requiring sectioning of the tooth or the re-sectioning of bone.</p>
Hawaii	Unregulated, except that only veterinarians may perform veterinary medicine. Veterinary medicine includes dental care.
Idaho	Veterinarians are required to diagnose and perform operative dentistry, oral surgery, and teeth extraction procedures. Operative dentistry and oral surgery are considered to be any dental

	<p>procedure which invades the hard or soft oral tissue including, but not limited to, a procedure that alters the structure of one (1) or more teeth or repairs damaged and diseased teeth, or the deliberate extraction of one (1) or more teeth. Operative dentistry and oral surgery do not include, removal of calculus, soft deposits, plaque, stains, floating to shape the teeth, or smoothing, filing or polishing of tooth surfaces above the gum line.</p> <p>VTs are prohibited from diagnosis and performance of procedures that constitute operative dentistry/oral surgery.</p>
Illinois	<p>A VT is prohibited from performing tasks that include, but are not limited to, dental extractions and floating teeth. However, a VT can perform dental prophylaxis only under the direct or immediate supervision of a veterinarian.</p> <p>An individual providing equine dentistry services requested by a veterinarian licensed to practice in this State, an owner, or an owner's agent shall not be deemed to be the practice of veterinary medicine. "Equine dentistry services" means floating teeth without the use of drugs or extraction.</p>
Indiana	<p>A VT may not diagnose prognose, prescribe medical or surgical treatment, or perform as a surgeon. However, the technician may perform routine procedures defined by board rules while under the direct supervision of a licensed veterinarian who shall be responsible for the technician's performance.</p>
Iowa	<p>VTs must act under the direct supervision of a licensed veterinarian and may not perform surgery, diagnosis and have no prescriptive authority.</p>
Kansas	<p>Supervision required for any employee participating in the practice of veterinary medicine; however, a veterinarian shall not delegate diagnosis; performance of any surgical procedure; or the prescription of any drug, medicine, biologic, apparatus, application, anesthesia or other therapeutic or diagnostic substance or technique.</p>
Kentucky	<p>The services of a veterinary technologist or veterinary technician shall be limited to the performance of duties under the direct supervision of a licensed veterinarian except for the routine administration of drugs, vaccines, parasite control agents, and growth stimulating implants for food animals prescribed by a veterinarian and under the indirect supervision of a veterinarian where a veterinarian-client-patient relationship exists.</p> <p>A veterinary technologist or veterinary technician shall not diagnose, prescribe medication or treatment, or perform surgical procedures other than castrating and dehorning of food animals.</p> <p>A veterinary technologist or veterinary technician may assist a veterinarian in all duties of veterinary medicine and surgery.</p>
Louisiana	<p>In branches of veterinary medicine other than equine dentistry and livestock dentistry, with proper training and under the direct supervision of a licensed veterinarian, laypeople and registered veterinary technicians employed by a licensed veterinarian may perform supragingival scaling and polishing of teeth, making and developing dental radiographs, taking impressions, production of dental models, and the charting of dental pathology. All other dental operations must be performed by a licensed veterinarian.</p> <p>In the branch of veterinary medicine dealing with equine dentistry, with proper training and under the direct supervision of a licensed veterinarian, laypeople and registered veterinary technicians employed by a licensed veterinarian may perform the rasping (floating) of molar, premolar, and canine teeth, and the removal of deciduous incisor and premolar teeth (caps). All other dental operations, including but not limited to the extraction of teeth, amputation of large molar, incisor, or canine teeth, the extraction of first premolar teeth (wolf teeth) and repair of damaged or diseased teeth must be performed by a licensed veterinarian.</p>

	<p>Making a diagnosis or prognosis; prescribing any treatment, drugs, medications or appliances; performing surgery or administering Rabies vaccine is prohibited.</p>
Nevada	<p>A VT may perform the following tasks under the immediate supervision of a supervising veterinarian: removal of (1) Teeth that have extreme mobility and stage 4 periodontal disease; and (2) Retained deciduous teeth other than retained deciduous canine teeth.</p> <p>A VT may perform the following tasks under the immediate or direct supervision of a supervising veterinarian: Dental prophylaxis.</p> <p>With limited exceptions listed under general tasks that can be performed by licensed VTs, veterinary dentistry, as defined in the regulations, may only be performed by a licensed veterinarian under general anesthesia. Non-veterinarians may use cotton swabs, gauze, dental floss, dentifrice, toothbrushes or similar items to clean an animal's teeth.</p>
New Hampshire	Not addressed.
New Jersey	VT activities under the supervision and direction of a licensed veterinarian in his/her practice of veterinary medicine with a prohibition on diagnosis, prescriptions, or performing surgery.
New Mexico	<p>Preventive veterinary dental procedures including but not limited to the removal of calculus, soft deposits, plaque and stains; the smoothing, filing, polishing of tooth surfaces, or floating or dressing of equine teeth, shall be performed only by licensed veterinarians or under the direct supervision of a licensed veterinarian.</p> <p>This rule does not prohibit any person from utilizing cotton swabs, gauze, dental floss, dentifrice, toothbrushes or similar items to clean an animal's teeth.</p>
New York	<p>VT may provide veterinary services under the general supervision of a veterinarian.</p> <p>Any dentist duly licensed in this state who provides dental care to an animal at the request and under the immediate personal supervision of a licensed veterinarian.</p>
North Carolina	A VT veterinary technician may assist a veterinarian in diagnosis, laboratory analysis, anesthesia and surgical procedures. All activities must be performed under the direction and supervision of a veterinarian. Neither the employee nor the veterinary technician may perform any act producing an irreversible change in the animal.
North Dakota	A VT may perform the following services under the direction, supervision, and control of a licensed veterinarian, provided the licensed veterinarian performs a daily physical examination of the animal being treated: Operating ultrasonic and polishing instruments for dental prophylaxis.
Ohio	Veterinary supervision for allowed activities and direct supervision for dental prophylaxis, periodontal care, and extraction not involving sectioning of teeth or resection of bone or both of these and equine dental procedures, including the floating of molars, premolars, and canine teeth; removal of deciduous teeth; and the extraction of first premolars or wolf teeth.
Oklahoma	<p>A VT may perform dental extractions while a licensed veterinarian is physically on the premises and under direct supervision. A registered VT may also perform dental scaling, polishing, and flotation or dressing of equine teeth as directed by or on the order of a licensed veterinarian without the continuing physical presence of the licensed veterinarian.</p> <p>Prescription drug use for procedures allowed under certain conditions. VT activities require supervision from a veterinarian. Prohibited VT activities include: diagnosis, prescriptions or surgery.</p> <p>Non-veterinary equine dental care providers may be certified by the Board of Veterinary Medicine, also known as a "practitioner of teeth floating." Teeth floating includes the removal of enamel points and the smoothing, contouring, and leveling of dental arcades and incisors of equine and other farm animals. Does not include dental procedures on canines and felines.</p>

Oregon	<p>Dental operations or procedures shall be performed only by licensed veterinarians, except for those veterinary dental procedures set out in section (3) of this rule. Section (3) allows VTs to perform preventive veterinary dental procedures including, but not limited to, the removal of calculus, soft deposits, plaque, and stains, or the smoothing, filing, or polishing of tooth surfaces shall be performed only by licensed veterinarians, certified veterinary technicians or veterinary assistants under the direct supervision of a licensed veterinarian.</p> <p>VTs are also allowed to assist veterinarians perform dental prophylaxis, including operating ultrasonic dental instruments, and extractions under the immediate supervision of a licensed veterinarian.</p>
Pennsylvania	<p>A VT may perform dental prophylaxis under direct veterinary supervision. Performing surgery; diagnosis; prognosis; providing prescriptions, including treatments, medications or appliances, or attesting to health status is prohibited.</p>
Rhode Island	<p>VT activities assisting the veterinarian are allowed under the general supervision, direction and control of a veterinarian.</p>
South Carolina	<p>A VT may surgically assist a licensed veterinarian and float/dress equine teeth under immediate veterinary supervision. A VT may also perform dental procedures including, but not limited to: (i) prophylaxis, (ii) procedures not altering the shape, structure, or positional location of teeth in the dental arch under direct supervision.</p> <p>The Board of Veterinary Medicine shall not issue a cease and desist notice to an individual who has been hired solely for the act of "floating" teeth in an equine.</p>
South Dakota	<p>VT may only work under the direction or supervision of the licensed veterinarian or veterinarians by whom he is employed.</p>
Tennessee	<p>No veterinary technician, veterinary student intern, or employee shall provide any professional services as covered by these rules without the responsible supervision of a licensed veterinarian, except that an employee of the veterinarian may be permitted to float teeth using non-motorized equipment without the physical presence of a licensed veterinarian as long as the employee is functioning under the supervision, control, and responsibility of the licensed veterinarian within the context of a valid veterinarian-client-patient relationship.</p>
Texas	<p>In dogs and cats, a VT may extract loose teeth or dental fragments with minimal periodontal attachments by hand and without the use of an elevator under direct or immediate supervision of a veterinarian.</p> <p>The following treatments may be performed to an equid by a licensed equine dental provider under general supervision by a veterinarian, and by a non-veterinarian employee under direct supervision by the veterinarian:</p> <ol style="list-style-type: none"> (1) removing sharp enamel points; (2) removing small dental overgrowths; (3) rostral profiling of the first cheek teeth; (4) reducing incisors; (5) extracting loose, deciduous teeth; (6) removing supragingival calculus; (7) extracting loose, mobile, or diseased teeth or dental fragments with minimal periodontal attachments by hand and without the use of an elevator; and (8) removing erupted, non-displaced wolf teeth.
Utah	<p>VT activities require direct veterinary supervision. The following activities are prohibited: diagnosis, prognosis, surgery or prescription of drugs, medicines, or appliances.</p>
Vermont	<p>Performing dental procedures on an animal is considered the practice of veterinary medicine. However, "dental operation" does not mean the use by any person of cotton swabs, gauze,</p>

	<p>dental floss, dentifrice, toothbrushes, or similar items to clean an animal's teeth.</p> <p>Non-veterinarians may perform the floating of equine teeth but may not use power-assisted filing or power-assisted floating, extract teeth, or perform other procedures that invade the soft tissue of the mouth.</p>
Virginia	<p>VTs may perform dental polishing and teeth scaling above the gum line (supragingival) under the immediate and direct supervision of a veterinarian.</p> <p>VT are prohibited from performing surgery, diagnosing, or prescribing medication for any animal. However, surgery does not include dental extractions of single-rooted teeth or skin closures performed by a licensed veterinary technician upon a diagnosis and pursuant to direct orders from a veterinarian.</p> <p>A licensed veterinary technician may planning or leveling equine teeth for routine dental maintenance under the immediate and direct supervision of a licensed veterinarian, provided the licensed veterinary technician has graduated from an American Veterinary Medical Association accredited program with successful completion of coursework in equine dentistry or can document training comparable to that of an equine dental technician.</p>
Washington	<p>VT activities require veterinary supervision. Immediate supervision is required for dental extractions. Direct supervision is required for teeth cleaning, provided an oral examination of the anesthetized patient has been conducted by the veterinarian and for floating teeth.</p>
West Virginia	<p>Direct supervision is required for dental prophylaxis. All dental procedures shall be carried out by a veterinarian, technician or veterinary assistant under the general supervision of a veterinarian. VTs shall not perform surgery, make diagnoses, or prescribe medications.</p>
Wisconsin	<p>Direct supervision is required for dental prophylaxis and simple extractions that require minor manipulation and minimal elevation. VTs may not perform the following: diagnosis and prognosis of animal diseases and conditions; prescribing of drugs, medicines, treatments and appliances or performing surgery.</p>
Wyoming	<p>VTs may not perform the following: surgery, diagnosis and prognosis or prescription of drugs, medicines and appliances. A veterinarian delegating tasks must ensure that the activities of a supervised individual are within the scope of the orders, assignment or prescriptions of the licensee and within the capabilities of the individual.</p>

Source: Staff research, AVMA State Advocacy Division
Contact: State Policy Analyst, AVMA State Advocacy Division



American Veterinary Dental College Position Statement

Veterinary Dental Healthcare Providers

The American Veterinary Dental College (AVDC) has developed this position statement as a means to safeguard the veterinary dental patient and to ensure the qualifications of persons performing veterinary dental procedures.

Primary responsibility for veterinary dental care

The AVDC defines veterinary dentistry as the art and practice of oral health care in animals other than man. It is a discipline of veterinary medicine and surgery. The diagnosis, treatment, and management of veterinary oral health care is to be provided and supervised by licensed veterinarians or by veterinarians working within a university or industry.

Who may provide veterinarian-supervised dental care

The AVDC accepts that the following health care workers may assist the responsible veterinarian in dental procedures or actually perform dental prophylactic services while under direct, in the room supervision by a veterinarian if permitted by local law: licensed, certified or registered veterinary technician or a veterinary assistant with advanced dental training, dentist, or registered dental hygienist.

Operative dentistry and oral surgery

The AVDC considers operative dentistry to be any dental procedure which invades the hard or soft oral tissue including, but not limited to, a procedure that alters the structure of one or more teeth or repairs damaged and diseased teeth. A veterinarian should perform operative dentistry and oral surgery.

Extraction of Teeth

The AVDC considers the extraction of teeth to be included in the practice of veterinary dentistry. Decision making is the responsibility of the veterinarian, with the consent of the pet owner, when electing to extract teeth. Only veterinarians shall determine which teeth are to be extracted and perform extraction procedures.

Dental Tasks Performed by Veterinary Technicians

The AVDC considers it appropriate for a veterinarian to delegate maintenance dental care and certain dental tasks to a veterinary technician. Tasks appropriately performed by a technician include dental prophylaxis and certain procedures that do not result in altering the shape, structure, or positional location of teeth in the dental arch. The veterinarian may direct an appropriately trained technician to perform these tasks providing that the veterinarian is physically present and supervising the treatment.

Veterinary Technician Dental Training

The AVDC supports the advanced training of veterinary technicians to perform additional ancillary dental services: taking impressions, making models, charting veterinary dental pathology, taking and developing dental radiographs, performing non surgical subgingival root scaling and debridement, providing that they do not alter the structure of the tooth.

Tasks that may be performed by veterinary assistants (not registered, certified, or licensed)

The AVDC supports the appropriate training of veterinary assistants to perform the following dental services: supragingival scaling and polishing, taking and developing dental radiographs, making impressions and making models.

Tasks that may be performed by dentists, registered dental hygienists and other dental health care providers

The AVDC recognizes that dentists, registered dental hygienists and other dental health care providers in good standing may perform those procedures for which they have been qualified under the direct supervision of the veterinarian. The supervising veterinarian will be responsible for the welfare of the patient and any treatment performed on the patient.

The AVDC understands that individual states have regulations that govern the practice of veterinary medicine. This position statement is intended to be a model for veterinary dental practice and does not replace existing law.

Adopted by the Board of Directors April 1998, revised October 1999, revised September 2006

The National Association of Veterinary Technicians in America (NAVTA) has a Committee for Veterinary Technician Specialties (CVTS) that governs groups of technicians who excel at their professional discipline of special interest.

The CVTS has specific guidelines for these groups of Veterinary Technicians Specialists (VTS).

When a new group is interested in forming, they obtain these guidelines from NAVTA/CVTS and begin to work on fulfilling these requirements. The requirements include electing officers, writing a constitution and by-laws, a credentials packet, an exam, a delineation study and other unique documents for their proposed academy.

When these documents are approved by CVTS and NAVTA's Board of Directors, the Board offers provisional approval and so recognizes a new specialty academy. Full recognition for the academy will be given after the first qualifying exam is given and candidates pass the exam.

NAVTA currently has given full recognition to:
Academy of Emergency and Critical Care Technicians

and provisional recognition to:
Academy of Veterinary Technician Anesthetists,
Academy of Veterinary Dental Technicians and
Academy of Internal Medicine Veterinary Technicians.

AVDT Members

Home » AVDT Members

California

Lisa Caton-Dean, RVT, VTS (Dentistry)
San Jose, CA

Adam Gerhart, RVT, VTS (Dentistry)
San Francisco, CA

Chad Heintz-Nunes, RVT, VTS (Dentistry)
Squaw Valley, CA

Jennifer Mendoza, RVT, VTS (Dentistry)
West Covina, CA

Jaclyn Polhamus, RVT, VTS (Dentistry)
Fresno, CA

Amber Struck, RVT, VTS (Dentistry)
Prather, CA

Jan Yaroslav, RVT, VTS(Dentistry)
Corning, CA*

Academy of Veterinary Dental Technicians

<https://avdt.us/>

Application Process

[Home](#) » [Application Process](#)

APPLICATION WILL BE AVAILABLE NOVEMBER 15, 2017!

Interested candidates may apply once a year by downloading the application on the AVDT website from November 15 with a due date of December 31.

Applicants must provide written proof that they are legally credentialed to practice in a state or province, or that they have graduated from an AVMA approved school of veterinary technology. The applicant must be of high ethical and professional standing (AVDT By-laws, Article I, Section 2, Active Members), and the applicant must maintain active memberships of NAVTA and the Foundation for Veterinary Dentistry. This organization is the approved organization of the AVDT and holds an Annual Veterinary Dental Forum where the applicant will have access to most of the CE required for credentialing.

Prior to submitting an application packet, the potential applicant must meet training requirements as specified: **3 years work experience with a minimum of 6000 hours in the field of veterinary medicine as a credentialed veterinary technician with 2000 of these hours in the practice of veterinary dentistry within two years prior to applying. Candidates must have access and ability to take intraoral dental x-rays at a location where they acquire their submitted case logs and reports.** Upon acceptance into the two year AVDT mentorship program, the applicant must commit to a minimum of 4000 hours practicing veterinary technology with 3000 of these hours spent in veterinary dentistry. The applicant does not have to work for a veterinary dental specialist to be able to earn their VTS (Dentistry) designation, but they do need to obtain access to advanced dental procedures to fulfill the requirements. **All applicants must establish a VTS (Dentistry) mentor. Mentors can be anyone that has become credentialed as a VTS (Dentistry) by the AVDT. A list of available mentors will be provided to you in the current year application packet; as this list changes annually. No other list will be provided prior to the application packet. No other veterinarians, veterinary technicians or people in human dentistry are eligible to serve as an AVDT mentor.** Applicants are required to provide the mentor with an outline detailing how they intend to accomplish the training program. The mentor must then approve this outline. Once the training methods are agreed upon, the applicant must sign and submit the proposal to the AVDT Board of Directors for further approval. If an applicant needs help finding a mentor, they should contact our Secretary at avdtsecretary@gmail.com

Once the application is accepted, the applicant will receive a credentials packet with information on the required case logs, case reports, CE requirements, and all other necessary requirements. Notice of acceptance will be issued within 30 days. The packet will also contain all the current information required for the credentials packet to be submitted for review. The Credentials Chair will communicate with tracking veterinary technicians and their mentors throughout the process and can be contacted with any questions. The credentialing process takes approximately 2 years. Please see Credentialing Process tab for more detailed information on the credentialing portion.

After the credentials packet is accepted, the applicant is then known as a candidate and will be eligible to sit for the exam, which is held yearly. The exam is a two part exam which will evaluate all aspects of being a VTS (Dentistry). Please see The Exam tab for more detailed information on the exam portion.

Once the candidate has successfully passed all two parts of the exam, they will be granted the VTS (Dentistry) designation. New career opportunities may be available such as teaching clinical skills, local and/or national lecturing and possibly publishing.

Earning your VTS (Dentistry) is challenging but attainable for the Veterinary Technician who commits the time, energy, financial investment, planning and resources to the process.

The AVDT wishes you Best of Success!

Mentoring Guidelines

Home » Mentoring Guidelines

The decision to become a mentor to a colleague is an important step in a successful AVDT training program and, ultimately, a successful completion of the veterinary technician specialty.

The AVDT Mentorship Program:

All mentors and mentees must read the AVDT credentialing packet and be familiar with it. Each basic program requirement and its AVDT-approved format are detailed in it. Changes in the required format of submission and forms may be implemented by the AVDT at any time and applicants and mentors are encouraged to ensure that the most recent guidelines and forms are used when making program submission requirements.

Although it is the responsibility of the mentee to maintain records, logs, and documents, the mentor must evaluate the submissions and sign them. A mentor should not allow the applicant to submit a substandard document package. Substandard, incomplete, or late submissions will be returned to the sender, resulting in a delay in the training program. Mentors should realize that the high standards required for the documentation submission help assure competency for the certifying examination application. The mentor should assist the mentee in achieving these standards.

Credentialing Guidelines

Home » Credentialing Guidelines

Once you receive notice of your acceptance into the mentorship program, you will receive the credentials packet for your graduating year. This will contain ALL information, forms, templates, and detailed requirements for you to begin. All requirements must be met within the two-year mentorship program, starting January 1st and ending December 31st the following year. Also included will be the information on the submission process at the end of the program. **Please refer to your graduating years' packet as requirements can change year to year.**

Specialty Training/Continuing Education

The candidate must successfully complete wet lab training and attend lectures in advanced dentistry procedures in addition to meeting the general requirements. **Twenty-five hours** of wet lab training and **15 hours** of advanced dentistry lectures are required. Participation and attendance at wet labs and lectures must be completed during the two-year mentorship program. Teaching or assisting in a lecture or wet lab **cannot** be used to fulfill this requirement. The breakdown of these hours are listed below:

Wet Lab Hours – 25 total hours

- Dental Prophylaxis – 5 hours
- Periodontics – 5 hours
- Prosthodontics – 2.5 hours
- Radiology – 6 hours
- Endodontics – 2.5 hours
- Dental Local and Regional Anesthesia – 4 hours

Advanced Dental Procedures Lectures – 15 total hours

- Endodontics – 2.5 hours
- Prosthodontics – 2.5 hours
- Orthodontics – 2.5 hours
- Oral Surgery – 2.5 hours
- Oral Pathology – 2.5 hours
- Advanced Periodontal Therapy – 2.5 hours

AVDT approved wet labs and lectures may be available at the following conferences or training centers:

1. National Conference of Veterinary Technician Specialty Academies
2. Animal Dental Training Center (www.animaldentalcenter.com)
3. Veterinary Dental Forum (www.veterinarydentalforum.com)
4. North American Veterinary Conference (www.navc.com)
5. Western States Veterinary Conference (www.wvc.org)
6. Central States Veterinary Conference (www.thecvc.com)
7. American Veterinary Medical Association (www.avma.org)
8. American Animal Hospital Association (www.aahanet.org)
9. Animal Dental Care Training Center (www.vetdentalclasses.com)

Case Logs

Two cases logs- 1 categorical and 1 chronological, with a minimum of 50 specific dentistry cases are required. All cases must be seen during the two-year mentorship program. Candidates must submit at least 50 cases that meet the AVDT definition of dental care. **However, if only 50 cases are submitted, a single unacceptable case could result in your packet being rejected.** The case logs are used to confirm your dental experience and your mastery of advanced dental skills. Classification of cases include oral medicine, periodontics, advanced periodontics, endodontics, restorative dentistry, oral surgery, prosthodontics, orthodontics and other species cases.

Case Reports

Five Case Reports are required. The case reports must be typed (double spaced) and not more than five pages in length. Cases for your reports must appear in your case log. Select five various cases from your log that will demonstrate your expertise in dentistry nursing skills. The case reports should describe in detail, how the patient was diagnosed and treated. The case report must also be used to demonstrate how you used your knowledge and experience to assist the veterinarian in diagnosing and treating the patient.

Dental Radiography Requirement

The candidate must provide a complete set of intra-oral dental radiographs of a dog and a cat. The radiographic requirement can be fulfilled as follows: full-mouth series and must include complete adult dentition and all roots. Skull radiographs are unacceptable. Cadaver radiographs are acceptable provided that an intact cadaver, with an endotracheal tube in place, was radiographed, and that the candidate and mentor certify that the whole cadaver was used. Radiographs should be mounted and labeled appropriately, identifying client, patient, date, animal age and breed. Digital radiographs are acceptable and encouraged.

Equipment List and Photographs

A copy of equipment list (provided) and accurately labeled photographs of all veterinary dental equipment, instruments and supplies currently available to the mentee, arranged by procedure category (e.g. major equipment, periodontics, endodontics, restoratives, orthodontics, oral surgery, other) is required by all mentees.

Required reading list: (subject to change)

Bellows, Jan. *Feline Dentistry: Oral Assessment, Treatment, and Preventative Care*. Wiley-Blackwell, 2010.
Dupont, Gregg A. and DeBowes, Linda J. *Atlas of Dental Radiography in Dogs and Cats*. Saunders, 2009.
Holmstrom, Steven E. *Veterinary Dentistry for the Technician & Office Staff*, First Edition. WB Saunders, 2000.
Kesel, M. Lynne. *Veterinary Dentistry for the Small Animal Technician*, First Edition. Iowa State Press, 2000.
Niemic, Brook A. *Small Animal Dental, Oral & Maxillofacial Disease: A Color Handbook*. Manson Publishing, 2012.
Perrone, Jeanne R. *Small Animal Dental Procedures for Veterinary Technicians and Nurses*. Wiley-Blackwell, 2012.

Suggested reading list: (subject to change)

Journal of Veterinary Dentistry (previous 2 years prior to exam): AVDS membership required. (800-332-AVDS)
Bartolomucci, Linda R. *Dental Instruments: A Pocket Guide, 4th Edition*. Saunders, 2011.
Wiggs, Robert B. and Lobprise, Heidi B. *Veterinary Dentistry Principles & Practice*. Lippincott-Raven, 1997.
Step by Step Compendium. May be ordered through the AVDS (800-332-AVDS)
Mentees should also look at other dental handbooks and periodicals available, including technician magazines, which offer special features on dentistry.

Credentials Packet Review/Grading

All requirements must be completed and signed off by your mentor within the two year program. Three separate but complete packets, 1 original and 2 anonymous, must be submitted. The two anonymous packets will be evaluated blindly by separate credentials committee members and graded accordingly. The evaluations are reviewed by the credentials chair and an averaged grade is given. A perfect score is 100. Points are averaged between the two reviews given. If an applicant receives 95 – 100 points they will automatically become a candidate for the exam. An applicant receiving 85 – 94 points will be given two weeks to correct any needed changes to the credentials packet. Any applicant receiving less than 85 points will be asked to resubmit their packet after an additional year in the program. Notification of packet grades will be given within 60 days.

The requirements for eligibility are rigorous. They are not designed to be obstacles to prevent applicants from becoming certified but are intended to assure the public and profession that technicians certified by the AVDT are truly qualified.

The AVDT wishes you Best of Luck!

Resources/Links

[Home](#) » Resources/Links

ASSOCIATIONS

[National Association of Veterinary Technicians in America \(NAVTA\)](#)

[Academy of Veterinary Dentistry \(AVD\)](#)

[American Veterinary Dental College \(AVDC\)](#)

[American Veterinary Dental Society \(AVDS\)](#)

[Academy of Veterinary Emergency and Critical Care Technicians \(AVECCT\)](#)

[Academy of Veterinary Technician Anesthetists \(AVTA\)](#)

[Academy of Internal Medicine for Veterinary Technicians \(AIMVT\)](#)

[American Animal Hospital Association \(AAHA\)](#)

[American Veterinary Medical Association \(AVMA\)](#)

[American Association of Feline Practitioners](#)

EDUCATIONAL RESOURCES

[Veterinary Dental Forum](#)

[VetMedTeam](#)

[Veterinary Support Personnel Network \(VSPN\)](#)

[Veterinary Technician journal](#)

[Veterinary Dental Education Center](#)

[Animal Dental Center](#)

[Veterinary Oral Health Council \(VOHC\)](#)

Multidisciplinary Advisory Committee

May 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. RVT's and Dental Extractions
 - a. Delegated to the MDC by the Board at the February 2018 Board meeting