



**MEETING MINUTES  
MULTIDISCIPLINARY ADVISORY COMMITTEE**

**October 17, 2017  
Fresno Chaffee Zoo  
894 W. Belmont Avenue,  
Simba Room  
Fresno, California 93728**

**10:00 a.m. Tuesday, October 17, 2017**

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

Multidisciplinary Advisory Committee (MDC) Chair, Dr. Jon Klingborg called the meeting to order at 10:15 a.m. Veterinary Medical Board (Board) Executive Officer, Annemarie Del Mugnaio called roll; nine members of the MDC were present and thus a quorum was established.

**2. Introductions**

Members Present

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, Public Member  
Jennifer Loreda, RVT, Board Liaison  
Richard Sullivan, DVM, Board Liaison

Staff Present

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

Guests Present

Cheryl Waterhouse, DVM, Veterinary Medical Board  
Leah Shufelt, RVT, California Veterinary Medical Association  
Valerie Fenstermaker, California Veterinary Medical Association  
Grant Miller, DVM California Veterinary Medical Association  
Bonnie Lutz, Klinedinst  
Erica Hughes, State Humane Association of California  
Leslie Boudreau, California Registered Veterinary Technician Association  
Nancy Ehrlich, RVT, California Registered Veterinary Technician Association  
Eric Anderson, California Animal Control Director's Association

John Pascoe, University of California, Davis  
Meg Warner, DVM  
Richard Hagle, DVM, Veterinary Medical Board  
Mark Nunez, DVM, Veterinary Medical Board

### **3. Review and Approval of July 25, 2017 Committee Meeting Minutes**

The Multidisciplinary Advisory Committee (MDC), Executive Officer, Annemarie Del Mugnaio, and Legal Counsel, Tara Welch, made minor changes to the July 25, 2017 meeting minutes.

- Jennifer Loredo moved and Kristi Pawlowski seconded the motion to approve the minutes as amended. The motion carried 7-0-2. Dr. Allan Drusys and Dr. William Grant abstained.

### **4. Discussion and Consideration of “Extended Duty” for Registered Veterinary Technicians Regulations; Potential Recommendation to Full Board**

Ms. Loredo presented to the committee the research that she and Ms. Pawlowski conducted regarding tasks that have been brought before the Board for consideration as either extended duties for Registered Veterinary Technicians (RVTs) or tasks that should be restricted to RVTs only, and therefore may not be delegated to Veterinary Assistants (VAs). At the July meeting, California Registered Veterinary Technician Association (CaRVTA) recommended that “A veterinarian may delegate only to an RVT any procedure involving placement of a needle or appliance in a blood vessel, body cavity or epidural space”. CaRVTA also recommended that the RVT job task of induction of anesthesia be modified to include “inhalation, injection by any route, topical and oral”.

The subcommittee found that restricting the act of using a needle to penetrate a body cavity or blood vessel to RVTs or licensed veterinarians would limit access to veterinary care. The subcommittee’s recommendation is that, under the supervision of a veterinarian, trained Veterinary Assistants should be allowed to perform these procedures. The subcommittee also opined that a needle penetrating an epidural space is invasive and has the potential for harm and argued that these procedures should be restricted to veterinarians only. The subcommittee further recommended that RVTs should be allowed to induce anesthesia by any means and the language should be further clarified in California Code of Regulations (CCR) section 2036. The subcommittee provided recommended language to amend CCR section 2036(b)(1) to include “Induce anesthesia by intravenous, intramuscular, or subcutaneous injection, or by inhalation, topical, or oral routes”.

Dr. William Grant recommended that a change be made to state “induce general anesthesia by any means” as topical anesthesia is done routinely in veterinary hospitals by veterinary assistants for things like eye treatment, wound care, etc.

Ms. Welch suggested that it may not be necessary to list each form of anesthesia. If the phrase “induce anesthesia,” includes all forms of anesthesia it is unnecessary to list includes every method.

Ms. Loredo stated that listing each form of anesthesia was at the request of CaRVTA because they felt the regulation was too broad and that unlicensed staff were performing tasks that were outside their scope of authority.

Dr. Richard Sullivan supported the recommendation of Dr. Grant to amend CCR section 2036(b)(1) from “induce anesthesia” to “induced *general* anesthesia by any means” and removing the rest of the language proposed by the subcommittee.

Dr. Klingborg addressed the MDC to clarify the agenda item before them which was to address a number of tasks that were brought forward by CaRVTA and listed the items to be addressed:

1. Discussion about penetrating body cavity or vessel
2. Reference to epidural space and who that is restricted to
3. RVT induction of anesthesia
4. Should there be a restriction for VAs performing invasive procedures
5. Casting and splinting performed by RVTs under indirect supervision

Ms. Del Mugnaio stated that CCR section 2036 (b)(1) as applied refers to general anesthesia.

David Johnson also stated CCR section 2034 (i) defines “induce” as intending to render an animal unconscious and not just sedated.

A discussion ensued regarding whether veterinary assistants are currently violating Veterinary Practice Act (VPA) and using general anesthesia. Representatives from CaRVTA stated that the reason they brought these concerns to the committee is because there are new modalities of treatment that both RVTs and VAs are being trained to perform such as epidurals and local nerve blocks, but there is currently no restriction on who may perform these tasks. . Dr. Klingborg reported on the manner within which the recommendations from CaRVTA were brought before the MDC and how the subcommittee was tasked with identifying the high-level issues, anesthesia being one of the issues. Concern was raised from the public that by addressing only general anesthesia, other modalities of anesthesia are open-ended and therefore allows for unlicensed practice. These other methods of anesthesia are being used by unlicensed personnel.

Ms. Loreda moved to explore clarifying a CCR section 2036(b)(1) regarding methods for inducing anesthesia and recommended a more collaborative subcommittee be assigned to explore the topic further.

There was no second to the motion, therefore, no modifications were made to CCR section 2036(b)(1).

Dr. Klingborg opened the discussion regarding penetrating a body cavity or vessel. Dr. Klingborg reiterated that the subcommittee opined that restricting this task to an RVT or veterinarian would potentially limit access to veterinary care. Certain procedures, such as vaccinations and diagnostics, can be performed under supervision by trained Veterinary Assistants who have been deemed competent by trained veterinarians.

Dr. Klingborg stated that there is a recommendation from the subcommittee that epidurals be restricted to veterinarians only and asked how the MDC wanted to move forward with the recommendation.

Leah Shuvelt stated that, when she was in RVT school, epidurals were a procedure RVT students were taught.

Dr. Grant Miller commented that a few times a year he gets contacted by neuro specialists or sports practices that ask if their paraprofessional staff can perform epidurals. Dr. Miller also stated that his assumption is that those facilities are already using paraprofessionals to place epidurals as it is common in those specialties.

Ms. Welch commented that generating a list of restricted duties may be counterproductive as any task omitted from the list may be interpreted as a permissible task for a VA.

Ms. Del Mugnaio also asked if the subcommittee had researched how other states are handling epidural exclusions. If RVTs are being trained to give epidurals, it demonstrates this as a competency for an RVT.

Mr. Johnson suggested that the MDC look at the duties of the supervising veterinarian in CCR section 2035 and possibly expand on the responsibilities of the veterinarian when delegating tasks that are deemed advanced procedures.

- Mr. Johnson moved and Dr. Grant seconded the motion to have the subcommittee propose amendments to CCR section 2035 to address the duties of the supervising veterinarian and to examine issues such as competency and training of staff, risk of the procedure, and the standard of care in other states. The motion carried 8-0-1. Dr. Pollard abstained.

Dr. Klingborg addressed the MDC about item #5, casting and splinting and how the regulations currently state that casting or splinting can only be performed under the direct supervision of a licensed veterinarian. The recommendation of the subcommittee is that casting and splinting be moved under indirect supervision.

Dr. Sullivan stated he does not feel comfortable with it being under indirect supervision. The verbiage should be “at the discretion” of the veterinarian.

Dr. Klingborg stated that the provision of indirect supervision does not mandate that the veterinarian can only supervise the RVT indirectly, but rather gives the veterinarian the flexibility to be indirect or direct. Dr. Klingborg added that casting and splinting, may be of an urgent nature to keep an animal from harming themselves further. Moving it to indirect does not create further challenges; the veterinarian is still accountable for making sure the casting or splinting properly executed.

Ms. Welch recommended removing “applied casts and splints” from direct supervision entirely, and then it would become subject to subdivision (d) which is indirect or direct. Ms. Welch also added that if casts and splints was removed, the MDC needs to be aware of the impact it has on Veterinary Assistants.

Ms. Ehrlich stated that the intention of CaRVTA was not to remove casting and splinting to allow Veterinary Assistants to do it, it was to allow RVTs to do the task under indirect supervisions.

Ms. Welch recommended moving casts and splints down to subsection (c)(2) of CCR Section 2036 which allowed for indirect supervision for RVTs to apply casts and splits without opening this task up to Veterinary Assistants.

- Mr. Johnson moved and Dr. Drusys seconded the motion to move “Apply casts and splints” from CCR Section 2036(b)(2) to (c)(2). The motion carried 9-0.

## **5. Discussion and Consideration of Recommendations from State Humane Association of California and California Veterinary Medical Association Regarding Public and Private Shelters and Minimum Standards & Protocols for Shelter Medicine; Potential Recommendation to Full Board**

Mr. Johnson and Dr. Pollard worked on the subcommittee regarding the minimum standards and protocols for shelter medicine. Mr. Johnson explained that the purpose of the subcommittee was to deal with issues that were brought before the MDC at the July 2017 meeting and to try to provide recommendations to resolve some of the issues. A total of 8 issues were identified in the sub-committee report.

- Veterinary care upon intake at an animal shelter. Mr. Johnson and Dr. Pollard agreed that there is not always a veterinarian on staff at every animal shelter, but it is an industry standard that certain wellness items (vaccines, prophylactic treatment for internal and external parasites and diagnostic screenings) need to be provided upon intake to protect the health and wellbeing of the animals in the shelter environment and the consumer. It is the recommendation of the subcommittee that these items should be allowed to be performed upon intake at an animal shelter, by both RVTs and Veterinary Assistants and, if necessary, CCR section 4840(b) be modified to include the term Veterinary Assistant for clarification.
- Controlled substances and the administration of pre-euthanasia drugs by shelter staff. The subcommittee recommended that if pre-sedation, or pre-euthanasia drugs are to be used, then a Veterinary Assistant Controlled Substances Permit (VACSP) must be obtained for the Veterinary Assistant to handle or administer those drugs.
- Euthanize wildlife. Mr. Johnson stated that the subcommittee found that language already exists in the practice act that allows for the euthanasia of wildlife and no action is required for this issue.
- Becoming a certified trainer to administer sodium pentobarbital and complete euthanasia training. Mr. Johnson stated that there is a problem obtaining certification for instructors because of the location of the trainings and the eligibility to become an instructor. Currently, the language in the practice act incorporates the training standards from the State Humane Association of California (SHAC) and the CVMA. Mr. Johnson added that the recommendation of the subcommittee is that, if changes need to be made to the training requirements, then the proposed language needs to be formulated by SHAC and brought to the MDC for review.
- Rabies vaccinations. Mr. Johnson stated that the subcommittee recommended that staff reach out to the California Department of Public Health (CDPH) because they have authority over the type of vaccine administered, when the vaccine is administered, what goes on the rabies certificate and the age the animal is vaccinated. The recommendation is that shelter animals be allowed to administer the rabies vaccination without being examined by a veterinarian and under similar protocols as vaccines administered on intake. He stated that this is a requirement for licensing the animal upon the animal being claimed or adopted.

Ms. Del Mugnaio stated that she reached out to Dr. Curtis Fritz with CDPH to understand the degree of oversight that CDPH may require of the veterinarian in administering the rabies vaccination. Ms. Del Mugnaio reported that ultimately, the veterinarian who signs the vaccination certificate maintains responsibility for the administration, storage, the handling and management of the vaccine, and the training of the staff who are responsible for administering the vaccine. The CDPH also stated that it is not uncommon for stamped or electronic signature to be included on the rabies certificate. Further, Dr. Fritz stated that 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.

- Indirect supervision and its application to animal shelter settings. The California Veterinary Medical Association (CVMA) proposed language for BPC section 4840 and CCR section 2032.1 where Veterinary Assistants would be added to the personnel who may perform specified tasks under veterinarian protocols, which eliminates the need for a separate definition of indirect supervisor
- Definition of a shelter. Mr. Johnson stated that the language for a shelter dates back to the 1800's and there may be a need for the MDC to consider a more contemporary definition.
- Permitting RVTs to be Licensee Managers at animal shelters. Mr. Johnson added that SHAC has reported that some shelters in rural areas are having difficulty finding a veterinarian to take on the responsibility of being the Licensee Manager. The shelter community has requested that RVTs be allowed to be Licensee Managers for small or rural shelter that may be unable to find a willing veterinarian. Mr. Johnson stated that there is no current recommendation for this issue, as further input from legal counsel is necessary to determine if under current law an RVT may be a Licensee Manager.

Dr. Pollard identified that, for item #2, the use of controlled drugs would require a VACSP which requires veterinarian supervision, and in some shelters veterinarian supervision is not readily available.

Erica Hughes recommended that for item #8 the issue be revised to RVTs as Shelter Directors instead of Licensee Managers.

Eric Anderson stated that there are many municipal shelters in smaller communities that have a difficult time complying with the standards of the veterinary-client-patient relationship (VCPR) for basic care. Mr. Anderson added that things such as vaccinations, examinations, sedatives, etc. are important for the operation of an animal shelter and there needs to be a way to meet the demands of those shelters to continue to serve the public and uphold the shelter obligations without a veterinarian as a Licensee Manager.

The MDC discussed the term "animal health care services" and the tasks associated with that term. There was a suggestion to define "health care services" to provide greater clarity to the regulation. The MDC also discussed changing the term "health care services" to "prompt and necessary care" but concern was raised that this terminology would not be consistent with regulations and that it does not provide greater clarity than "health care services" which is already in the practice act.

- Dr. Grant moved and Dr. Sullivan seconded the motion to move CCR section 4840(b) as amended and add veterinary assistants to the provision and also to strike the term "animal health care services" and replace it with "necessary and prompt veterinary care" so the sentence reads "May perform necessary and prompt veterinary care on those animals impounded." The motion carried 6-2-1. Dr. Klingborg and Mr. Johnson voted no and Ms. Loreda abstained.

The MDC discussed item #2, controlled substances and the administration of pre-euthanasia drugs by shelter staff. Dr. Klingborg added that the recommendation by the subcommittee was that veterinarian guidance should be required for the selection and use of pre-euthanasia drugs and if controlled drugs such as Ketamine and Telazol are to be used, then a VACSP would be required.

Dr. Sullivan stated that if someone is euthanizing an animal a euthanasia permit should be required in addition to a VACSP permit.

Ms. Hughes clarified that in CCR section 2039, it states “certified” but there is no such thing as a certified euthanasia technician. CCR section 2039 exists for situations where there is no premises permit and no veterinarian or RVT to supervise, so shelter staff can still administer sodium pentobarbital.

- Dr. Sullivan moved and Dr. Grant seconded the motion to recommend that if controlled drugs are used in euthanasia within the shelter setting, then a VACSP permit should be obtained by the individual administering the controlled drug. The motion was rescinded due to the motion already being required in current law.

Mr. Anderson stated that BPC section 4827(d) provides for the administration of sodium pentobarbital for euthanasia by shelter staff both for the safety of the personnel involved by the handling of aggressive animals, and in order to incorporate humane euthanasia, pre-sedation of those animals is an essential step. Mr. Anderson stated that pre-sedative drugs be added to the exemption under BPC Section 4827(d), arguing that these drugs are a schedule below sodium pentobarbital in terms of their control level.

The MDC discussed the ability for a shelter to obtain controlled substances without a veterinarian present and how any exceptions to the laws governing possession and storage of controlled drugs are under the Drug Enforcement Agency.

Dr. Klingborg recommended that the subcommittee further research these issues and the subcommittee meet with SHAC and the California Animal Control Director's Association (CACDA).

## **6. Discussion and Consideration of Proposed Statutory Language Regarding the Veterinary Student Exemption – Business and Professions Code Section 4830 (a)(4); Potential Recommendation to Full Board**

Dr. Klingborg introduced the topic and stated that the language had been discussed last year. The language was proposed as legislation but was ultimately pulled from a bill due to concerns raised by both Western University of Health Sciences and University California Davis that the language imposed new requirements on the universities beyond what is currently required to be accredited. Dr. Klingborg added that the goal is to clarify BPC Section 4830 (a) (4) regarding the students completing externships at off campus and distributive sites as part of their formal curriculum. Subsection (b) in the proposed language is consistent with the wording in the Council of Education (COE), which may be redundant. Dr. Klingborg opened the discussion before the MDC and inquired whether both sections were actually necessary.

Dr. Sullivan stated that there needs to be some type of paper trail that acknowledges the student’s relationship with the veterinary premises so that the Board is aware of whether the student is an employee or in a student externship program. Dr. Sullivan further stated that he felt subsection (b) should remain as part of the proposed language.

Dr. Klingborg pointed out the language that stated the off-site campus site must be reviewed to ensure that the educational program is being delivered appropriately and includes provisions for a written description of the educational objectives expected to be achieved at the site including a mechanism for assessing the success of the educational process. Dr. Klingborg added that the universities have expressed concern regarding the redundancy of the language. However, the MDC found the language to add clarity and put the supervising veterinarian on notice about the requirements of the COE. Another concern is students coming into California from out of state schools may not be aware of the COE externship standards.

Dr. John Pascoe addressed the MDC and stated that he did not feel that BPC section 4830(b) was necessary. Dr. Pascoe added that the COE is the recognized accrediting agency for veterinary medicine by the US Department of Education. Subsection (a) clarifies the issue of students from American Veterinary Medical Association (AVMA) schools being exempt from licensure while completing a formal externship. Western University felt that the language in subsection (b) was already covered by accreditation standards and should be governed by the Board.

Dr. Klingborg expressed concern for the level of awareness of the supervising veterinarians. While the schools understand what they are supposed to be doing, the language in subsection (b) is to clarify the requirements for the supervising veterinarian.

A discussion ensued regarding the Board approving contracts between schools and veterinary practices. It was noted, that in this instance, the consumer is the student, and how a written agreement serves to protect the student and the consumer as there is a document for the Board to refer to in determining appropriate oversight of the student treating the public's animals.

- Dr. Sullivan moved and Dr. Grant seconded the motion to remove BPC section 4830(b) and expand on BPC section 4830(a) to include "Students of an American Veterinary Medical Association Council on Education accredited veterinary medical program may participate, as part of their formal curriculum, in diagnosis and treatment with direct supervision or in surgery with immediate supervision provided the following requirements are met: (1) The clinical training must be approved by the university where the student is enrolled, (2) the student must have prior training in diagnosis, treatment, and surgery as part of their formal curriculum, (3) the supervision of a student must be provided by a California licensed veterinarian in good standing, as defined in paragraph (1)(A) and (B) of subdivision of Section 4848". The motion carried 9-0.

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

Valerie Fenstermaker addressed the MDC about the CVMA's proposal and stated that a group of experts formed a task force and met to discuss the minimum standards for various practice types. She provided a summary of how the task force outlined the practice types.

Dr. Klingborg delegated the task of reviewing the CVMA's proposed language to a subcommittee and appointed Dr. Sullivan and Dr. Grant to the subcommittee to report back to the MDC at the next meeting.

## **8. Public Comment on Items Not on the Agenda**

*There were no comments from public/outside agencies/associations.*

## **9. Future Agenda Items and Next Meeting Dates**

**A. Next Meeting Dates**

- February 20, 2018, Sacramento
- May 22, 2018, Location Sacramento
- August 21, 2018, TBD
- November 13, 2018, Location TBD

**B. Multidisciplinary Advisory Committee Assignment Priorities**

Dr. Klingborg reviewed the list of existing MDC assignment priorities:

- Complaint Process Audit/ Enforcement Case Outcomes
- Minimum Standards for Alternate Premises
- Minimum Standards for Shelter Medicine
- “Extended Duties” for RVTs

**10. Adjournment**

Dr. Drusys moved to adjourn and Dr. Sullivan seconded. The MDC adjourned at 4:25pm.