

# Veterinary Medical Board

1747 N. MARKET BOULEVARD, SUITE 230, SACRAMENTO, CA 95834  
TELEPHONE: 916-515-5220 FAX: 916-928-6849 | WWW.VMB.CA.GOV



## MEETING NOTICE and AGENDA MULTIDISCIPLINARY ADVISORY COMMITTEE

### Committee Members

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

**February 20, 2018**  
**1747 N. Market Blvd. – 1<sup>st</sup> Floor**  
**Hearing Room**  
**Sacramento, California**

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

### **10:00 a.m. Tuesday, February 20, 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 October 17, 2017 Committee Meeting Minutes
4. Update from the Complaint Process Audit Subcommittee; Potential Recommendation to Full Board
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
6. Discussion and Consideration of California Veterinary Medical Association's Proposal Regarding Minimum Standards for Alternate Veterinary Premises/Practices; Potential Recommendation to Full Board
7. Discussion and Consideration of Amendments to Supervision Requirements for Veterinarians Delegating Tasks to Registered Veterinary Technicians; Potential Recommendation to Full Board
8. 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).)*

9. Future Agenda Items and Next Meeting Dates – May 22, 2018, Sacramento; August 21, 2018, Location TBD; November 13, 2018, Location TBD
  - A. Multidisciplinary Advisory Committee Assignment Priorities
  - B. Agenda Items for Next Meeting

## 10. Adjournment

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

<p>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.</p>
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**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

May Warner  
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 Drusus and Dr. William Grant abstained.

### **4. Discussion and Consideration of “Extended Duties” 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 2017 meeting, the 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 VAs 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 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 VAs 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.

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 “induce *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 procedure should be restricted to
3. RVT induction of anesthesia
4. 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 VAs are currently violating Veterinary Practice Act (VPA) and using general anesthesia. Representatives from CaRVTA stated that the reason they brought these concerns to the MDC 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 may allow for unlicensed practice.

Ms. Loreda moved to explore clarifying 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 VAs who have been deemed competent by 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 of the subcommittee.

Leah Shuvelt stated that, when she was in RVT school, epidurals were part of the RVT curriculum.

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 place 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, regarding casting and splinting and how the regulations require that casting or splinting 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 is 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 casting and splinting was removed, the MDC needs to be aware of the impact it has on VAs.

Ms. Ehrlich stated that the intention of CaRVTA was not to remove casting and splinting to allow VAs 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 splints without opening this task up to VAs.

- 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 VAs and, if necessary, CCR section 4840(b) be modified to include the term VA 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 VA or shelter staff 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 criteria to become an instructor. Currently, the language in the Practice Act incorporates the training standards from the State Human Association of California (SHAC) and the California Animal Control Director's Association. Mr. Johnson added that the recommendation of the subcommittee is that, if changes need to be made to the certification 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, the information on the rabies certificate, and the age the animal is vaccinated. The recommendation is that shelter staff be allowed to administer the rabies vaccination without being examined by a veterinarian and under similar protocols as intake vaccines. 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 by the veterinarian that CDPH may require when staff in administering the rabies vaccination. 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. The CDPH stated that it is not uncommon for stamped or electronic signatures to be used 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 that signs the certificate 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 VAs would be authorized to perform specified tasks under veterinarian protocols, which eliminates the need for a separate definition of indirect supervision.

- 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 shelters 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 Board Legal Counsel is necessary to determine if under current law, an RVT may be a Licensee Manager.

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 having 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 existing regulations and it does not provide more clarity.

- Dr. Grant moved and Dr. Sullivan seconded the motion to amend CCR section 4840(b) and add VAs to the provision, and also to strike the term "animal health care services" and replace it with "necessary and prompt veterinary care", so the language 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 CCR section 2039, 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 as this is already required under current law.



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, and pre-sedation of animals being euthanized is critical to human euthanasia.

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

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 of California Davis. The universities expressed concern that the language imposed new requirements on the universities beyond what is currently required in accreditation standards. 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 regarding review of the off-site campus site is 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 to that in the COE Standards. However, at prior meetings, the MDC found the language added 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 in California. Western University felt that the language in subsection (b) was already covered by accreditation standards and should not 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 based on accreditation standards, the language in subsection (b) was to clarify the requirements for the supervising veterinarian.

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



## **UPDATE FROM COMPLAINT PROCESS AUDIT SUBCOMMITTEE**

February 20, 2018

Drs Bill Grant & Jeff Pollard met November 27, 2017 in Sacramento to continue the review of closed disciplinary cases of the Veterinary Medical Board (VMB). Recall, the goal is to:

### **GOALS**

- improve the process generally,
- and specifically, to examine Expert Witness (EW) reports to determine if VMB experts are adhering to the Standard of Care (SOC).
- And finally, to ensure that the VMB is applying the SOC consistently.

### **CASES REVIEWED**

- 6 cases were reviewed, all occurred during 2014-2017. The most recent one had a resolution 6 months ago.
- The cases ranged from simple & straightforward to considerably more complex.
- Cases reviewed included:
  - 3 surgical; 1 TPLO, 2 cryptorchids
  - 1 dentistry
  - 2 medical - Addisons, DKA

### **GENERAL OBSERVATIONS**

- The medical records (MR) of these cases spanned the spectrum as regards to quality & detail. Some cases involved specialists. Some ended up at emergency clinics. A couple involved questionable evaluations of lab work. A couple others involved surgical error.
- All cases had EW reports written by individuals who are all current experts. The group represented a range of report-writing experience from 2 years to 10+ years.
- All EW in these cases have attended recent training sessions (within the last 2 years).
- Drs Grant & Pollard attended an EW training session in April 2017. Several of the cases reviewed in Nov 2017, had reports written by EWs who were in attendance at that training session.
- All of the cases were organized and collated far better than older cases seen in previous reviews. Thank you VMB staff.

### **SPECIFIC OBSERVATIONS**

- Some EW reports described anatomy & physiology. Generally speaking, these descriptions were too detailed. Describing medical-surgical issues in layman's terms is important.
- However, on one occasion, the report or explanation therein, was too dogmatic. Rarely are cases black & white. By definition, if an EW is necessary, there is a need to translate medicalese into understandable English. Yet, in a complex case, there may be more than one interpretation of events. The goal is to write the "best opinion", after considering all others.

\*\*\*Having a thorough understanding of the medicine/surgery AND the Veterinary Practice Act (VPA) cannot be stressed enough.\*\*\*

## **RECOMMENDATIONS:**

- Continue EW training
  - Involve as many experts as possible
  - Consider coordination of training with MDC subcommittee and VMB staff
  - Continue Closed Case Review as need & number of cases dictate
  
- Quality control; better trained experts result in:
  - Better opinions; defined as opinions more solid in the medicine and in the application of the VPA
  - Better briefs by Deputy Attorney Generals (DAGs)
  - Better decisions by Administrative Law Judges (ALJs)
  - And arguably, fairer treatment of respondents
  
- It is possible that an expert would not have first-hand experience with the type of case on which he or she is asked to opine. This fact alone is not disqualifying however, it is important to recognize one's limitations and know that a VMB request for case review can be declined.
  
- Recruitment of more EWs; currently there are about a dozen individuals. The number of complaints is increasing. According to the report presented to the VMB in July 2017 by enforcement manager Candace Raney, the number has now surpassed 1,000/year. Predictably, more complaints will translate into more disciplinary action that will require more EW opinions.
  
- Most importantly, better trained EWs. Writing an EW opinion is a challenging endeavor. It can be ethically challenging to be fair to both the complainant and to the veterinarian being accused. Public safety, consumer protection, professional standards; all intersect. Yet, it is critically important for the process to function.

## 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.



**Premises Permit Subcommittee Report**  
**Bill Grant**  
**Dick Sullivan**

These are the changes from the original “Section 2030. Minimum Standards – Fixed Veterinary Premises” to the proposed new categories of Minimum Standards for different types of premises. The Premises Permit Task Force reviewed and edited this document over a period of seven days. The final decision was to define and list the minimal standards for each practice type. However, the starting point for each practice type is the original Section 2030 that is presently in our Practice Act.

Please give staff any spelling and grammatical corrections for the final version; today’s discussion will be about the format and any changes proposed changes to the Practice Act.

The text that is written in **BLUE** is new language.

The text that is written in **RED** is language that is being removed

What is **{BOLD}** and the end of each regulation is the section code number taken from the 2017 Edition of the California Veterinary Medical Practice Act.

**Section 2030. Minimum Standards**

The facilities and practice types in sections 2030.1-2030.5 are premises pursuant to Section 4853 of the code and shall be registered with the board and meet all of the requirements in Section 2030.05.

**Section 2030.05 Minimum Standards – Licensee Manager**

- (a) A Licensee Manager is the California licensed veterinarian named as the Licensee Manager on ~~a facility's~~ 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 ~~facility~~ 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}

### Section 2030.1. Minimum Standards – Small Animal Fixed Facility

For purposes of these ~~rules and~~ regulations, a “small animal fixed ~~premises facility~~” shall mean a ~~fixed veterinary premises which concentrates in providing veterinary services to common domestic household pets.~~ building where veterinary medicine and its various branches are being practiced and where veterinary services are being provided to household pets. A small animal fixed facility shall meet the following minimum standards:

- (a) All instruments, apparatus, and apparel shall be kept clean and sanitary at all times. **{2030}**
- (b) Indoor lighting for halls, wards, reception areas, examining and surgical rooms shall be adequate for their intended purpose. **{2030 (a)}**
- (c) Fire precautions shall meet the requirements of local and state fire prevention codes. **{2030 (f)(1)}**
- (d) The facility, temperature, and ventilation shall be maintained so as to assure the comfort of all patients. **{2030 (f)(2)}**
- (e) The floors, table tops, and counter tops ~~of the surgery room in areas where animals are being treated~~ shall be ~~of a non-porous~~ 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 ~~on the premises at the facility.~~ **{2030(f)(9)}**
- (i) All drugs and biologicals shall be stored and maintained according to the manufacturer’s recommendations and administered, prescribed, and dispensed in compliance with state and federal laws. **{2030(f)(6)}**
- (j) ~~The veterinary premises~~ (S) shall have the capacity to render diagnostic radiological services, ~~on the premises or through other commercial facilities.~~ Radiological procedures shall be conducted in accordance with Health and Safety Code standards. **{2030 (f)(4)}**
- (k) ~~Shall have the capacity to render~~ (C)linical pathology and histopathology diagnostic laboratory services ~~shall be available within the veterinary premises or through outside services.~~ **{2030 (f)(5)}**
- (l) ~~Shall have~~ (A)ppropriate drugs, including oxygen, and equipment ~~shall be readily available to treat an animal emergency 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 ~~for animals which are maintained in a comfortable and sanitary manner~~ 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 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 ~~a veterinary premises~~ **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 ~~and maintained~~. {2030 (f)(7)}
- (r) ~~Sanitary methods for the disposal of deceased animals shall be provided and maintained~~. **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) ~~A veterinary premises which provides aseptic surgical services shall comply with the following:~~ **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)}

~~A. A veterinary premises which is currently registered with the board, but does not have a separate room reserved for aseptic surgical procedures, shall obtain compliance with subdivision on or before January 1, 2014.~~ {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. ~~The doors into the~~ (S)urgery room ~~doors that are must be~~ able to be fully closed, fill the entire door space, be made of ~~non-porous a~~ material suitable for regular disinfecting and cleaning, and shall be cleaned and disinfected regularly, and not provide access from outside the ~~hospital.~~ 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 non-porous material.~~ **{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) For purposes of this section, “clean surgery” shall mean the performance of a surgical ~~operation~~ 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 ~~clean clothing and footwear when appropriate~~ appropriate apparel. **{2030 (h)}**

**Although this is a new section, it really is part of the original 2030 “Fixed Veterinary Practice,” therefore, the changes seen in this section are from the changes made from 2030 to 2030.15 and appear in the above 2030.1.**

#### **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 ~~of the surgery room~~ in areas where animals are being treated shall be ~~of a non-porous~~ 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 ~~on the premises~~ at the facility. **{2030(f)(9)}**
- (i) All drugs and biologicals shall be stored and maintained according to the manufacturer’s recommendations and administered, prescribed, and dispensed in compliance with state and federal laws. **{2030(f)(6)}**

- (j) ~~The veterinary premises~~ (S)hall have the capacity to render diagnostic radiological services, ~~on the premises or through other commercial facilities.~~ 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 capacity to render~~ (C)linical pathology and histopathology diagnostic laboratory services ~~shall be available within the veterinary premises or through outside services.~~ **{2030 (f)(5)}**
- (l) ~~Shall have~~ (A)ppropriate drugs, ~~including oxygen,~~ and equipment ~~shall be readily available to treat an animal emergency~~ 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 ~~for animals which are maintained in a comfortable and sanitary manner~~ 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 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 ~~a veterinary premises~~ 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. ~~and maintained.~~ **{2030 (f)(7)}**
- (r) ~~A veterinary premises which provides aseptic surgical services shall comply with the following:~~ 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)}**

~~A. A veterinary premises which is currently registered with the board, but does not have a separate room reserved for aseptic surgical procedures, shall obtain compliance with subdivision on or before January 1, 2014. {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 doors into the~~ (S)urgery room ~~doors that are~~ ~~must be~~ able to be fully closed, fill the entire door space, be made of ~~non-porous~~ a material suitable for regular disinfecting and cleaning, and shall be cleaned and disinfected regularly, and not provide access from outside the ~~hospital~~ 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 ~~non-porous~~ a material suitable for regular disinfecting and cleaning, and shall be cleaned and disinfected regularly. **{2030 (g)(5)}**
5. The surgery room shall be well lighted, shall have equipment for viewing radiographs and shall have effective emergency lighting with a viable power source. **{2030 (g)(6)}**
6. Surgical instruments and equipment shall be:
  - A. Adequate for the type of surgical procedures performed. **{2030 (g)(8)(A)}**
  - B. Sterilized as required by the surgical procedure performed and instruments used. **{2030 (g)(8)(B)}**

7. In any sterile procedure, a separate sterile pack shall be used for each animal. {2030 (g)(9)}
8. All instruments, packs, and equipment shall be sterilized and have an indicator that reacts to and verifies sterilization. {2030 (g)(10)}
9. The following attire shall be required for aseptic surgery: {2030 (g)(11)}
  - A. Each member of the surgical team shall put on an appropriate sanitary cap and sanitary mask which covers his or her hair and mouth, nose and any facial hair, except for eyebrows or eyelashes. All members of the surgical team who will be handling the instruments or touching the surgical site shall wear sterilized surgical gowns with long sleeves and sterilized gloves. {2030 (g)(11)(A)}
  - B. Ancillary personnel in the surgery room shall wear clean clothing, footwear, sanitary cap and mask. {2030 (g)(11)(B)}
- (s) For purposes of this section, “clean surgery” shall mean the performance of a surgical ~~operation~~ 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 ~~clean clothing and footwear when appropriate~~ appropriate apparel. {2030 (h)}

## 2030.2. Small Animal Mobile Clinic

For purposes of these regulations, a “small animal mobile ~~clinic facility~~” shall mean a ~~trailer or mobile facility established to function as a veterinary premises which concentrates in providing veterinary services to common domestic unit or vehicle~~ where veterinary medicine and its various branches are being practiced and where veterinary services are being provided to household pets ~~and is required by section 4853 of the code to be registered with the board~~. A small animal mobile facility shall meet the following minimum standards: {2030.2}

~~(a) A small animal mobile clinic shall have:~~

- (a) All instruments, apparatus, and apparel shall be kept clean and sanitary at all times. {2030}
  1. Shall have hot and cold water. {2030.2 (a)(1)}
  2. Shall have a 110-volt power source for diagnostic equipment. {2030.2 (a)(2)}
  3. Shall have a collection tank for disposal of waste material. {2030.2 (a)(3)}
  - ~~4. Lighting adequate for the procedures to be performed in the mobile clinic.~~
  4. Indoor lighting for halls, wards, reception areas, examining and surgical rooms, which shall be adequate for its intended purpose. {2030.2 (b)(1)}

5. Fire precautions shall meet the requirements of local and state fire prevention codes. **{2030.2 (b)(3)}**
6. ~~The facility~~, temperature, and ventilation controls ~~adequate to assure~~ shall be maintained so as to assure the comfort of all patients. **{2030.2 (b)(4)}**
7. ~~The (f)~~Floors, table tops, and counter tops shall be ~~of a non-porous made~~ of a material suitable for regular disinfecting and cleaning, and shall be cleaned and disinfected regularly. **{2030.2 (a)(5)}**
8. ~~Shall have~~ an examination room of sufficient size to accommodate the doctor, assistant, patient, and client. **{2030.2 (b)(2)}**
9. ~~Current veterinary reference materials shall be readily available at the facility.~~ **{2030(f)(9)}**
10. 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)}**
11. ~~The veterinary premises (S)~~hall have the capacity to render diagnostic radiological services, ~~on the premises or through other commercial facilities.~~ Radiological procedures shall be conducted in accordance with Health and Safety Code standards. **{2030 (f)(4)}**
12. Shall have the capacity to render (C)linical pathology and histopathology diagnostic laboratory services ~~shall be available within the veterinary premises or through outside services..~~ **{2030 (f)(5)}**
13. Shall have appropriate drugs, including oxygen, and equipment to provide immediate emergency care. ~~A small animal mobile clinic shall have the ability and equipment to provide immediate emergency care at a level commensurate with the specific veterinary medical services it is providing.~~ **{2030.2 (c)}**
14. The disposal of waste material shall comply with all applicable federal, state, and local laws and regulations. **{2030 (f)(3)}**
15. If animals are housed or retained for treatment, the following shall be provided:**{2030 (d)}**
  - A. Compartments or exercise runs or areas for animals shall be consistent with husbandry standards and shall be comfortable, sanitary, and provide for effective separation of animals and waste products. ~~Compartments to transport or hold animals, if applicable.~~ **{2030.2 (a)(6)}**
  - B. Effective separation of known or suspected contagious animals. **{2030 (d)(2)}**
  - C. When medically 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)}**
  - D. Prior notice shall be given to the client if there are to be no personnel on-site during any time an animal is left at the facility. **{2030 (d)(3)}**

16. Prior notice shall be given to the client when the facility is closed. An answering machine or service shall be used to notify the public when the facility will be re-opened and where after hour emergency care is available. If emergency services are not provided by the facility, a legible list of contact information for facilities or practices that provide emergency services shall be provided to the client. ~~A small animal mobile clinic shall provide either after hours emergency services to its patients or,~~ (I) if no after-hour emergency care is available, full disclosure shall be provided to the public prior to rendering services. **{2030.2 (d)}**
  17. Anesthetic equipment in accordance with the procedures performed shall be maintained in proper working condition and available at all times. **{2030 (f)(10)}**
  18. Sanitary methods for the disposal of deceased animals shall be provided ~~and maintained.~~ **{2030 (f)(7)}**
  19. When the client as not given the veterinarian authorization to dispose of his or her deceased animal, the veterinarian shall be required to retain the carcass in a freezer for at least 14 days prior to disposal. **{2030.2 (e)}**
- (b) If aseptic surgery is performed, the following shall be provided. **{2030.2 (b)(5)}**
1. ~~A small animal mobile clinic which provides aseptic surgical services shall also have.~~ A room, separate and distinct from all other rooms, which shall be reserved for aseptic surgical procedures. ~~Storage in the surgery room shall be limited to items and equipment normally related to surgery and surgical procedures.~~ A veterinarian may perform emergency aseptic surgical procedures in another room when the room designated for aseptic surgery is occupied or temporarily unavailable. **{2030.2 (b)(5)}** ~~A small animal mobile clinic which provides aseptic surgical services and that is currently registered with the board, but does not have a separate room reserved for aseptic surgical procedures, shall provide the board with the vehicle identification number of the mobile clinic and obtain compliance with the subdivision on or before January 1, 2006.~~
  2. Shall have an examination area separate from the surgery room that is large enough to conduct an examination. ~~A small animal mobile clinic that provides aseptic surgery shall also have an examination area separate from the surgery room that is large enough to conduct an examination.~~ **{2030.2 (b)(5)(A)}**
- (c) Storage in the surgery room shall be limited to items and equipment normally related to surgery and surgical procedures. ~~Equipment not normally related to surgery and surgical procedure includes, but is not limited to, equipment used for dental prophylaxis, autoclaves, and non-surgical radiographic equipment.~~ **{2030.2 (b)(5)}**
1. Open shelving is prohibited in the surgical room. **{2030 (g)(3)}**
  2. The surgical room shall not contain a functional sink with an open drain. **{2030 (g)(4)}**



- (d) 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)}
- (e) Surgical instruments and equipment shall be:
  - 1. Adequate for the type of surgical procedures performed {2030 (g)(8)(A)}
  - 2. All instruments, packs, and equipment shall be sterilized and have an indicator that reacts to and verifies sterilization {2030 (g)(10)}
  - 3. A separate sterile pack shall be used for each animal. {2030 (g)(9)}
- (f) Surgery room doors that are able to be fully closed, fill the entire door space, be made of a material suitable for regular disinfecting and cleaning, and shall be cleaned and disinfected regularly. {2030 (g)(5)}
- (g) The following attire shall be required:
  - 1. 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)}
  - 2. Ancillary personnel in the surgery room shall wear clean clothing, footwear, sanitary cap and mask. {2030 (g)(11)(B)}
- (h) For purposes of this section, "clean surgery" shall mean the performance of a surgical procedure for the treatment of a condition and under circumstances which, consistent with the standards of good veterinary medicine, do not warrant the use of aseptic surgical procedures. {2030 (h)}
- 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)}

### **Section 2030.3. Minimum Standards – Animal Vaccination Practice**

For purposes of these regulations an ~~The term "small"~~ "animal vaccination ~~clinic~~ practice" shall mean a ~~privately or publicly supported clinic~~ location where veterinary medicine is being practiced where a veterinarian performs only vaccinations ~~and or immunizations~~ against disease ~~on multiple animals~~ and preventative procedures for parasite control. An animal vaccination practice shall meet the following minimum standards: {2030.3 (a)}

- a. All instruments, apparatus, and apparel shall be kept clean and sanitary at all times. {2030. }
- b. Diagnostic tests shall not be performed and dangerous drugs shall not be prescribed or dispensed. ~~If any diagnostic tests are performed or dangerous drugs are provided, administered, prescribed or dispensed, then a valid veterinary-client-patient~~

~~relationship must be established, including a complete physical exam and Medical Records as set forth in section 2032.3. {2030.3 (l)}~~

- c. A veterinarian must remain on site throughout the duration of a vaccination ~~practice and must be responsible for all medical decisions made.~~ The veterinarian is responsible for proper ~~immunization~~ vaccination and preventative procedures for parasite control and the completeness of recommendations made to the public by the paraprofessional staff that the veterinarian supervises or employs. The veterinarian is responsible for consultation and referral of clients when disease is detected or suspected. **{2030.3 (b)}**
- d. Lighting shall be adequate for the procedures to be performed in the vaccination practice. **{2030.3 (e)}**
- e. Fire precautions shall meet the requirements of local and state fire prevention codes. **{2030 (f)(1)}**
- f. ~~When applicable,~~ floors, table tops, and counter tops ~~in areas where animals are being treated~~ shall be made of a ~~non-porous~~ material suitable for regular disinfecting and cleaning, and shall be cleaned and disinfected regularly. **{2030.3 (f)}**
- g. The disposal of waste material shall comply with all applicable federal, state, and local laws and regulations. **{2030.3 (c)}**
- h. ~~Current veterinary reference materials shall be readily available at the practice.~~ **{2030 (f)(9)}**
- i. All drugs and biologicals shall be stored and maintained ~~administered, dispensed and prescribed~~ according to the manufacturer's recommendations and ~~administered~~ in compliance with federal and stated laws. **{2030.3 (d)}**
- j. ~~A vaccination clinic~~ Shall have the ~~ability~~ ~~appropriate drugs~~ and equipment to provide immediate emergency care at a level commensurate with the specific veterinary medical services provided. **{2030.3 (i)}**
- k. Equipment shall be of the type and quality to provide for the delivery of vaccines and parasiticides in the best interest of the patient and with safety to the public. **{2030.3 (g)}**
- l. Fresh, clean water shall be available for sanitizing and first aid. Disposable towels and soap shall be readily available. **{2030.3 (h)}**
- m. ~~The vaccination clinic shall provide~~ A legible list of ~~the name, address, and hours of operation of all facilities that provide or advertise emergency services and, when applicable, the location of other clinics provided by the same entity on that day, that are located within a 30-minute or 30-mile radius.~~ ~~contact information for facilities or practices that provide emergency services shall be provided to the client.~~ **{2030.3 (j)}**



- n. ~~The vaccination clinic shall~~ Maintain records of all vaccination and drugs administered to each patient for a minimum of three (3) years from the date ~~of the vaccination that they were administered.~~ {2030.3 (k)}
- o. The veterinarian shall be identifiable to the public, including, but not limited to the posting of the veterinarian's license, as set forth in section 4850 of the Business and Professions Code. {2030.3 (m)}

**This is a new section, however, we have taken standards from the original 2030 which applies to this type of practice.**

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

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

- a. All instruments, apparatus, and apparel shall be kept clean and sanitary at all times. {2030}
- b. General anesthesia and aseptic surgical procedures shall not be performed.
- c. Fire precautions shall meet the requirements of local and state fire prevention codes. {2030 (f)(1)}
- d. Prior notice shall be given to the client (w)When ~~a veterinary premises 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 practice~~ will be re-opened and where after-hours emergency care is available. If no after-hours emergency care is available, full disclosure shall be provided to the public prior to rendering services. {2030 (e)}
- e. ~~The vaccination clinic shall provide~~ A legible list of ~~the name, address, and hours of operation of all facilities that provide or advertise emergency services and, when applicable, the location of other clinics provided by the same entity on that day, that are located within a 30-minute or 30-mile radius.~~ contact information for facilities or practices that provide emergency services shall be provided to the client. {2030.3 (m)}
- f. The disposal of waste material shall comply with all applicable federal, state, and local laws and regulations. {2030 (f)(3)}
- g. ~~The veterinary premises (S)~~hall have the capacity to render diagnostic radiological services, ~~on the premises or through other commercial facilities.~~ Radiological procedures shall be conducted in accordance with Health and Safety Code standards. {2030 (f)(4)}
- h. Shall have the capacity to render (C)linical pathology and histopathology diagnostic laboratory services ~~shall be available within the veterinary premises or through outside services.~~ {2030 (f)(5)}

- 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. Sanitary methods for the disposal of deceased animals shall be provided ~~and maintained.~~ **{2030 (f)(7)}**
- k. When the client as not given the veterinarian authorization to dispose of his or her deceased animal, the veterinarian shall be required to retain the carcass in a freezer for at least 14 days prior to disposal. **{2030.1 (b)}**
- l. ~~Shall have~~ the appropriate drugs and equipment ~~shall be readily available to treat an animal emergency~~ to provide immediate emergency care at a level commensurate with the specific veterinary medical services provided. **{2030 (f)(12)}**
- m. Current veterinary reference materials shall be readily available. ~~at the facility.~~ **{2030(f)(9)}**
- n. For purposes of this section, "clean surgery" shall mean the performance of a surgical procedure for the treatment of a condition and under circumstances which, consistent with the standards of good veterinary medicine, do not warrant the use of aseptic surgical procedures. **{2030 (h)}**
  - 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)}**

**This is a new section, however, we have taken standards from the original 2030 which applies to this type of practice.**

#### **2030.5. Minimum Standards - Large Animal Ambulatory Practice**

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

- a. All instruments, apparatus, and apparel shall e kept clean and sanitary at all times. **{2030}**
- b. Fire precautions shall meet the requirements of local and state fire prevention codes. **{2030 (f)(1)}**
- c. ~~Prior notice shall be given to the client~~ (w)When ~~a veterinary premises 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)}**
- d. The disposal of waste material shall comply with all applicable federal, state, and local laws and regulations. **{2030 (f)(3)}**
  - e. ~~The veterinary premises (S)~~ shall have the capacity to render diagnostic radiological services, ~~on the premises or through other commercial facilities.~~ Radiological procedures shall be conducted in accordance with Health and Safety Code standards. **{2030 (f)(4)}**
  - f. Shall have the capacity to render (C)linical pathology and histopathology diagnostic laboratory services ~~shall be available within the veterinary premises or through outside services.~~ **{2030 (f)(5)}**
  - g. 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)}**
  - h. Current veterinary reference materials shall be readily available. ~~at the facility.~~ **{2030(f)(9)}**
  - i. Shall have the appropriate drugs and equipment ~~shall be readily available to treat an animal emergency~~ to provide immediate emergency care at a level commensurate with the specific veterinary medical services provided. **{2030 (f)(12)}**
  - j. 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)}**



## Minimum Standards Regulations

Effective January 1, 2014, the minimum standards of practice regulations were amended and encompass varied changes to what was existing law. Some amendments to law were made for clarity, while other amendments created new requirements.

The following is a summary of the more significant changes to the new minimum standards of practice regulations:

- Defined requirements for an aseptic surgery room. [CCR section 2030]
- Created minimum standards for the Licensee Manager of the premise. [CCR section 2030.05]
- Created minimum standards for small animal vaccination clinics. [CCR section 2030.3]
- Developed statement regarding the need for humane care including pain management. [CCR section 2032.05]
- Updated VCPR language and created provisions for providing refills of prescriptions for on-going maintenance medication in situations where the client is unable to contact original prescribing veterinarian or in an emergency situation. [CCR sections 2032.05 and 2032.15]
- Clarified that licensees must offer clients a choice of a written prescription and cannot charge for providing a written prescription. [CCR section 2032.2]
- Added “digital” images to language regarding radiographics. [CCR section 2032.3]
- Added language to prohibit altering or modifying medical records. [CCR section 2032.35]
- Updated the provisions for administering general anesthesia. [CCR section 2032.4]
- Modified language for dental operation to clarify that the use of scalers on animals is the practice of veterinary medicine. [CCR section 2037]

Below are links to the various sections of the amended minimum standards of practice regulations:

- [2030. Minimum Standards - Fixed Veterinary Premises.](#)
- [2030.05. Minimum Standards - Licensee Manager.](#)
- [2030.1. Minimum Standards - Small Animal Fixed Premises.](#)
- [2030.2. Small Animal Mobile Clinic.](#)
- [2030.3. Small Animal Vaccination Clinic.](#)
- [2032.05. Humane Treatment.](#)
- [2032. Minimum Standards of Practice.](#)
- [2032.1. Veterinarian-Client-Patient Relationship.](#)
- [2032.15. Veterinarian-Client-Patient Relationship in Absence of Client Communication.](#)
- [2032.2. Written Prescriptions.](#)
- [2032.25. Written Prescriptions in Absence of Originally Prescribing Veterinarian.](#)
- [2032.3. Record Keeping; Records; Contents; Transfer.](#)
- [2032.35. Altering Medical Records.](#)
- [2032.4. Anesthesia.](#)
- [2037. Dental Operation, Defined.](#)

### **2030. Minimum Standards - Fixed Veterinary Premises.**

All fixed premises where veterinary medicine and its various branches are being practiced, and all instruments, apparatus and apparel used in connection with those practices, shall be kept clean and sanitary at all times and shall conform to or possess the following minimum standards:

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

(b) A reception room and office, or a combination of the two.

(c) An examination room separate from other areas of the facility and of sufficient size to accommodate the doctor, assistant, patient and client.

(d) If animals are housed or retained for treatment, the following shall be provided:

(1) Compartments for animals which are maintained in a comfortable and sanitary manner.

(2) Effective separation of known or suspected contagious animals.

(3) If there are to be no personnel on the premises during any time an animal is left at the veterinary facility, prior notice of this fact shall be given to the client. 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 entrance of the premises, stating that there may be times when there are no personnel on the premises.

(e) When a veterinary premises 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 veterinary premises 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.

(f) The veterinary premises shall meet the following standards:

(1) Fire precautions shall meet the requirements of local and state fire prevention codes.

(2) The facility, its temperature, and ventilation shall be maintained so as to assure the comfort of all patients.

(3) The disposal of waste material shall comply with all applicable state, federal, and local laws and regulations.

(4) The veterinary premises shall have the capacity to render diagnostic radiological services, either on the premises or through other commercial facilities. Radiological procedures shall be conducted in accordance with Health and Safety Code standards.

(5) Clinical pathology and histopathology diagnostic laboratory services shall be available within the veterinary premises or through outside services.

(6) All drugs and biologicals shall be maintained, administered, dispensed and prescribed in compliance with state and federal laws.

(7) Sanitary methods for the disposal of deceased animals shall be provided and maintained.

(8) Veterinary medical equipment used to perform aseptic procedures shall be sterilized and maintained in a sterile condition.

(9) Current veterinary reference materials shall be readily available on the premises.

(10) Anesthetic equipment in accordance with the procedures performed shall be maintained in proper working condition and available at all times.

(11) The veterinary premises shall have equipment to deliver oxygen in emergency situations.

(12) Appropriate drugs and equipment shall be readily available to treat an animal emergency.

(g) A veterinary premises which provides aseptic surgical services shall comply with the following:

(1) A room, separate and distinct from all other rooms shall be reserved for aseptic surgical procedures which require aseptic preparation. A veterinarian may perform emergency aseptic surgical procedures in another room when the room designated for aseptic surgery is occupied or temporarily unavailable.

(A) A veterinary premises which is currently registered with the board, but does not have a separate room reserved for aseptic surgical procedures, shall obtain compliance with this subdivision on or before January 1, 2014.

(B) The board may exempt a veterinary premises 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 veterinary premises to comply with the provisions of this subdivision.

In determining whether a hardship exists, the board shall give due consideration to the following factors:

1. Zoning limitations.

2. Whether the premises constitutes a historical building.

3. Whether compliance with this requirement would compel the veterinary practice to relocate to a new location.

(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.(3) Open shelving is prohibited in the surgical room.

(4) The surgery room shall not contain a functional sink with an open drain.

(5) The doors into the surgery room must be able to be fully closed, fill the entire door space, be made of non-porous material and not provide access from outside the hospital. 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 non-porous material.

(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.

(7) The floors, table tops, and counter tops of the surgery room shall be of a non-porous material suitable for regular disinfecting, and cleaning, and shall be cleaned and disinfected regularly.

(8) Surgical instruments and equipment shall be:

- (A) Adequate for the type of surgical procedures performed.
- (B) Sterilized as required by the surgical procedure performed and instruments used.
- (9) In any sterile procedure, a separate sterile pack shall be used for each animal.
- (10) All instruments, packs and equipment that have been sterilized shall have an indicator that reacts to and verifies sterilization.
- (11) The following attire shall be required for aseptic surgery:
  - (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.
  - (B) Ancillary personnel in the surgery room shall wear clean clothing, footwear, sanitary cap and mask.
  - (h) When performing clean surgery, the instruments used to perform such surgery shall have been sterilized and the surgeon(s) and ancillary personnel shall wear clean clothing and footwear when appropriate. For purposes of this section, "clean surgery" shall mean the performance of a surgical operation 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.

### **2030.05. Minimum Standards - Licensee Manager.**

- (a) A Licensee Manager is the California licensed veterinarian named as the Licensee Manager on a facility's premises permit.
- (b) The Licensee Manager is responsible for ensuring that the premises for which he/she is manager complies with the requirements in sections 4853, 4854, 4855 and 4856 of the 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 facility 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 regulation adopted thereunder.

### **2030.1. Minimum Standards - Small Animal Fixed Premises.**

For purposes of these rules and regulations, a "small animal fixed premises" shall mean a fixed veterinary premises which concentrates in providing veterinary services to common domestic household pets. In addition to the requirements in section 2030, small animal fixed premises shall provide:

- (a) Where animals are kept on the veterinary premises for 24 hours or more, the animals shall be provided with an opportunity for proper exercise. Compliance with this section may be achieved by the use of exercise runs or by providing the animal with the opportunity for outdoor walks. Where a premises has exercise runs, they shall be clean and sanitary and provide for effective separation of animals and their waste products.
- (b) When the client has not given the veterinarian authorization to dispose of his or her deceased animal, the veterinarian shall be required to retain the carcass in a freezer for at least 14 days prior to disposal.

### **2030.2. Small Animal Mobile Clinic.**

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

- (a) A small animal mobile clinic shall have:
  - (1) Hot and cold water.
  - (2) A 110-volt power source for diagnostic equipment.
  - (3) A collection tank for disposal of waste material.

- (4) Lighting adequate for the procedures to be performed in the mobile clinic.
- (5) Floors, table tops, and counter tops shall be of a non-porous material suitable for regular disinfecting, and cleaning, and shall be cleaned and disinfected regularly.
- (6) Compartments to transport or hold animals, if applicable.
- (b) A small animal mobile clinic shall also have:
  - (1) indoor lighting for halls, wards, reception areas, examining and surgical rooms, which shall be adequate for its intended purpose.
  - (2) an examination room separate from other areas of the facility, which shall be of sufficient size to accommodate the doctor, assistant, patient and client.
  - (3) fire precautions that meet the requirements of local and state fire prevention codes,
  - (4) temperature and ventilation controls adequate to assure the comfort of all patients.
  - (5) a small animal mobile clinic which provides aseptic surgical services shall also have a room separate and distinct from other rooms, which shall be reserved for aseptic surgical procedures. Storage in the surgery room shall be limited to items and equipment normally related to surgery and surgical procedures. A veterinarian may perform emergency aseptic surgical procedures in another room when the room designated for aseptic surgery is occupied or temporarily unavailable. A small animal mobile clinic which provides aseptic surgical services and that is currently registered with the board, but does not have a separate room reserved for aseptic surgical procedures, shall provide the board with the vehicle identification number of the mobile clinic and obtain compliance with this subdivision on or before January 1, 2006.
- (A) A small animal mobile clinic that provides aseptic surgery shall also have an examination area separate from the surgery room that is large enough to conduct an examination.
- (c) A small animal mobile clinic shall have the ability and equipment to provide immediate emergency care at a level commensurate with the specific veterinary medical services it is providing.
- (d) A small animal mobile clinic shall provide either after hours emergency services to its patients or, if no after hours emergency care is available, full disclosure to the public prior to rendering services.
- (e) When the client has not given the veterinarian authorization to dispose of his or her deceased animal, the veterinarian shall be required to retain the carcass in a freezer for at least 14 days prior to disposal.

### **2030.3. Small Animal Vaccination Clinic.**

- (a) The term "small animal vaccination clinic" shall mean a privately or publicly supported vaccination clinic where a veterinarian performs vaccinations and/or immunizations against disease on multiple animals, and where the veterinarian may also perform preventative procedures for parasitic control.
- (b) A veterinarian must remain on site throughout the duration of a vaccination clinic and must maintain responsibility for all medical decisions made. The veterinarian is responsible for proper immunization and parasitic procedures and the completeness of recommendations made to the public by the paraprofessional staff that the veterinarian supervises or employs. The veterinarian is responsible for consultation and referral of clients when disease is detected or suspected.
- (c) The disposal of waste material shall comply with all applicable state, federal, and local laws and regulations.
- (d) All drugs and biologicals shall be stored, maintained, administered, dispensed and prescribed according to the manufacturer's recommendations and in compliance with state and federal laws.
- (e) Lighting shall be adequate for the procedures to be performed in the vaccination clinic.
- (f) Floors, table tops, and counter tops shall be of a non-porous material suitable for regular disinfecting, and cleaning, and shall be cleaned and disinfected regularly.
- (g) Equipment shall be of the type and quality to provide for the delivery of vaccines and parasiticides in the best interest of the patient and with safety to the public.
- (h) Fresh, clean water shall be available for sanitizing and first aid. Disposable towels and soap shall be readily available.
- (i) A vaccination clinic shall have the ability and equipment to provide immediate emergency care at a level commensurate with the specific veterinary medical services it is providing.
- (j) The vaccination clinic shall provide a legible list of the name, address, and hours of operation of all facilities that provide or advertise emergency services and, when applicable, the location of other clinics provided by the same entity on that day, that are located within a 30-minute or 30-mile radius.
- (k) The vaccination clinic shall maintain all vaccination records for a minimum of three (3) years from the date of the vaccination.



(l) If any diagnostic tests are performed or dangerous drugs are provided, administered, prescribed or dispensed, then a valid veterinary-client-patient relationship must be established, including a complete physical exam and Medical Records as set forth in section 2032.3.

(m) The veterinarian shall be identifiable to the public, including, but not limited to the posting of a copy of the veterinarian's license, as set forth in section 4850 of the Business and Professions Code.

## **2032. Minimum Standards of Practice.**

The delivery of veterinary care shall be provided in a competent and humane manner. All aspects of veterinary medicine shall be performed in a manner consistent with current veterinary medical practice in this state.

### **2032.05. Humane Treatment.**

When treating a patient, a veterinarian shall use appropriate and humane care to minimize pain and distress before, during and after performing any procedure(s).

### **2032.1. Veterinarian-Client-Patient Relationship.**

(a) It is unprofessional conduct for a veterinarian to administer, prescribe, dispense or furnish a drug, medicine, appliance, or treatment of whatever nature for the prevention, cure, or relief of a wound, fracture or bodily injury or disease of an animal without having first established a veterinarian-client-patient relationship with the animal patient or patients and the client, except where the patient is a wild animal or the owner is unknown.

(b) A veterinarian-client-patient relationship shall be established by the following:

(1) The client has authorized the veterinarian to assume responsibility for making medical judgments regarding the health of the animal, including the need for medical treatment,

(2) The veterinarian has sufficient knowledge of the animal(s) to initiate at least a general or preliminary diagnosis of the medical condition of the animal(s). This means that the veterinarian is personally acquainted with the care of the animal(s) by virtue of an examination of the animal or by medically appropriate and timely visits to the premises where the animals are kept, and

(3) The veterinarian has assumed responsibility for making medical judgments regarding the health of the animal and has communicated with the client a course of treatment appropriate to the circumstance.

(c) A drug shall not be prescribed for a duration inconsistent with the medical condition of the animal(s) or type of drug prescribed. The veterinarian shall not prescribe a drug for a duration longer than one year from the date the veterinarian examined the animal(s) and prescribed the drug.

(d) As used herein, "drug" shall mean any controlled substance, as defined by Section 4021 of Business and Professions code, and any dangerous drug, as defined by Section 4022 of Business and Professions code.

### **2032.15. Veterinarian-Client-Patient Relationship in Absence of Client Communication.**

(a) A veterinary-client-patient relationship may continue to exist, in the absence of client communication, when:

(1) A veterinary-client-patient relationship was established with an original veterinarian, and another designated veterinarian serves in the absence of the original veterinarian, and;

(2) The designated veterinarian has assumed responsibility for making medical judgments regarding the health of the animal(s), and;

(3) The designated veterinarian has sufficient knowledge of the animal(s) to initiate at least a general or preliminary diagnosis of the medical condition of the animal(s). This means that the veterinarian is personally acquainted with the care of the animal(s) by virtue of an examination of the animal(s) or by medically appropriate and timely visits to the premises where the animal(s) is kept, or has consulted with the veterinarian who established the veterinary-client-patient relationship, and;

(4) The designated veterinarian has continued the medical, treatment, diagnostic and/or therapeutic plan that was set forth and documented in the medical record by the original veterinarian.

(b) If the medical, treatment, diagnostic and/or therapeutic plan differs from that which was communicated to the client by the original veterinarian, then the designated veterinarian must attempt to communicate the necessary changes with the client in a timely manner.

### **2032.2. Written Prescriptions.**

(a) A written order, by a veterinarian, for dangerous drugs, as defined by Section 4022 of Business and Professions Code, shall include the following information:

- (1) The name, signature, address and telephone number of the prescribing veterinarian.
- (2) The veterinarian's license number and his or her federal registry number if a controlled substance is prescribed.
- (3) The name and address of the client.
- (4) The species and name, number or other identifying information for the animal.
- (5) The name, strength, and quantity of the drug(s).
- (6) Directions for use, including, if applicable, withdrawal time.
- (7) Date of issue.
- (8) The number of refills.

(b) All drugs dispensed shall be labeled with the following information:

- (1) Name, address and telephone number of the facility.
- (2) Client's name.
- (3) The species and name, number, or other identifying information for the animal.
- (4) Date dispensed.
- (5) Directions for use, including, if applicable, withdrawal time.
- (6) The manufacturer's trade name of the drug or the generic names, strength (if more than one dosage form exists), and quantity of drug, and the expiration date when established by the manufacturer.
- (7) Name of prescribing veterinarian.

(c) Pursuant to section 4170(a)(6) and (7) of the Business and Professions Code, veterinarians must notify clients that they have a choice to obtain either the medication or a written prescription and that they shall not be charged for the written prescription.

### **2032.25. Written Prescriptions in Absence of Originally Prescribing Veterinarian.**

(a) Prescribing, dispensing, or furnishing dangerous drugs as defined in Section 4022 of the Business and Professions Code without an appropriate prior examination and a medical indication, constitutes unprofessional conduct.

(b) No licensee shall be found to have committed unprofessional conduct within the meaning of this section if, at the time the drugs were prescribed, dispensed, or furnished, any of the following applies:

- (1) The licensee was a veterinarian serving in the absence of the treating veterinarian and the drugs were prescribed, dispensed, or furnished only as necessary to maintain the animal patient until the return of the originally treating veterinarian, but in any case no longer than 72 hours.
- (2) The veterinarian transmitted the order for the drugs to another veterinarian or registered veterinary technician and both of the following conditions exist:
  - (A) The licensee had consulted with the veterinarian or registered veterinary technician who had reviewed the patient's records.
  - (B) The licensee was designated as the veterinarian to serve in the absence of the animal patient's veterinarian.
- (3) The licensee was a veterinarian serving in the absence of the treating veterinarian, was in possession of and had reviewed the animal patient's records, and ordered the renewal of a medically indicated prescription for an amount not exceeding the original prescription in strength or amount or for more than one refill.

### **2032.3. Record Keeping; Records; Contents; Transfer.**

(a) Every veterinarian performing any act requiring a license pursuant to the provisions of Chapter 11, Division 2, of the code, upon any animal or group of animals shall prepare a legible, written or computer generated record concerning the animal or animals which shall contain the following information:

- (1) Name or initials of the person responsible for entries.
  - (2) Name, address and phone number of the client.
  - (3) Name or identity of the animal, herd or flock.
  - (4) Except for herds or flocks, age, sex, breed, species, and color of the animal.
  - (5) Dates (beginning and ending) of custody of the animal, if applicable.
  - (6) A history or pertinent information as it pertains to each animal, herd, or flock's medical status.
  - (7) Data, including that obtained by instrumentation, from the physical examination.
  - (8) Treatment and intended treatment plan, including medications, dosages, route of administration, and frequency of use.
  - (9) Records for surgical procedures shall include a description of the procedure, the name of the surgeon, the type of sedative/anesthetic agents used, their route of administration, and their strength if available in more than one strength.
  - (10) Diagnosis or assessment prior to performing a treatment or procedure.
  - (11) If relevant, a prognosis of the animal's condition.
  - (12) All medications and treatments prescribed and dispensed, including strength, dosage, route of administration, quantity, and frequency of use.
  - (13) Daily progress, if relevant, and disposition of the case.
- (b) Records shall be maintained for a minimum of three (3) years after the animal's last visit. A summary of an animal's medical records shall be made available to the client within five (5) days or sooner, depending if the animal is in critical condition, upon his or her request. The summary shall include:
- (1) Name and address of client and animal.
  - (2) Age, sex, breed, species, and color of the animal.
  - (3) A history or pertinent information as it pertains to each animal's medical status.
  - (4) Data, including that obtained by instrumentation, from the physical examination.
  - (5) Treatment and intended treatment plan, including medications, their dosage and frequency of use.
  - (6) All medications and treatments prescribed and dispensed, including strength, dosage, route of administration, quantity, and frequency of use.
  - (7) Daily progress, if relevant, and disposition of the case.
- (c)(1) Radiographs and digital images are the property of the veterinary facility that originally ordered them to be prepared. Radiographs or digital images shall be released to another veterinarian upon the request of another veterinarian who has the authorization of the client. Radiographs shall be returned to the veterinary facility which originally ordered them to be prepared within a reasonable time upon request. Radiographs originating at an emergency hospital shall become the property of the next attending veterinary facility upon receipt of said radiograph(s). Transfer of radiographs shall be documented in the medical record.
- (2) Radiograph and digital images, except for intraoral radiographs, shall have a permanent identification legibly exposed in the radiograph or attached to the digital file, which shall include the following:
- (A) The hospital or clinic name and/or the veterinarian's name,
  - (B) Client identification,
  - (C) Patient identification, and
  - (D) The date the radiograph was taken.
- (3) Non-digital intraoral radiographs shall be inserted into sleeve containers and include information in subdivision (c)(2)(A) - (D). Digital images shall have identification criteria listed in subdivision (c)(2)(A) - (D) attached to the digital file.
- (d) Laboratory data is the property of the veterinary facility which originally ordered it to be prepared, and a copy shall be released upon the request of the client.
- (e) The client shall be provided with a legible copy of the medical record when the patient is released following emergency clinic service. The minimum information included in the medical record shall consist of the following:
- (1) Physical examination findings
  - (2) Dosages and time of administration of medications
  - (3) Copies of diagnostic data or procedures
  - (4) All radiographs and digital images, for which the facility shall obtain a signed release when transferred
  - (5) Surgical summary
  - (6) Tentative diagnosis and prognosis, if known
  - (7) Any follow up instructions.

### **2032.35. Altering Medical Records.**

Altering or modifying the medical record of any animal, with fraudulent intent, or creating any false medical record, with fraudulent intent, constitutes unprofessional conduct in accordance with Business and Professions Code section 4883(g).

### **2032.4. Anesthesia.**

(a) General anesthesia is a condition caused by the administration of a drug or combination of drugs sufficient to produce a state of unconsciousness or dissociation and blocked response to a given pain or alarming stimulus.

(b) When administering general anesthesia, a veterinarian shall comply with the following standards:

(1) Within twelve (12) hours prior to the administration of a general anesthetic, the animal patient shall be given a physical examination by a licensed veterinarian appropriate for the procedure. The results of the physical examination shall be documented in the animal patient's medical records.

(2) An animal under general anesthesia shall be observed for a length of time appropriate for its safe recovery.

(3) Provide respiratory monitoring including, but not limited to, observation of the animal's chest movements, observation of the rebreathing bag, or respirometer.

(4) Provide cardiac monitoring including, but not limited to, the use of a stethoscope, pulseoximeter or electrocardiographic monitor.

(5) When administering general anesthesia in a hospital setting, a veterinarian shall have resuscitation or rebreathing bags of appropriate volumes for the animal patient and an assortment of endotracheal tubes readily available.

(6) Records for procedures involving general anesthesia shall include a description of the procedure, the name of the surgeon, the type of sedative and/or anesthetic agents used, their route of administration, and their strength if available in more than one strength.

### **2032.5. Emergency Hospitals.**

(a) Any veterinary premises that displays any sign, card, or device that indicates to the public that it is an emergency veterinary clinic or hospital shall comply with the following:

(1) Maintain a licensed veterinarian on the premises at all times during the posted hours of operation.

(2) Its advertisements shall clearly state:

(A) A licensed veterinarian is on the premises during the posted emergency hours.

(B) The hours the facility will provide emergency services.

(C) The address and telephone number of the premises.

(b) The phrase "veterinarian on call" shall mean that a veterinarian is not present at the hospital, but is able to respond within a reasonable time to requests for emergency veterinary services and has been designated by a daytime veterinary facility to do so after regular office hours. A veterinary premises which uses a veterinarian on call service shall not be considered to be or advertised as an emergency clinic or hospital.

### **2037. Dental Operation, Defined.**

(a) The term "dental operation" as used in Business and Professions Code section 4826 means:

(1) The application or use of any instrument, device, or scaler to any portion of the animal's tooth, gum or any related tissue for the prevention, cure or relief of any wound, fracture, injury or disease of an animal's tooth, gum or related tissue; and

(2) Preventive dental procedures including, but not limited to, the removal of calculus, soft deposits, plaque, stains or the smoothing, filing, scaling or polishing of tooth surfaces.

(b) Nothing in this regulation shall prohibit any person from utilizing cotton swabs, gauze, dental floss, dentifrice, or toothbrushes on an animal's teeth.

**2035: Duties of a Supervising Veterinarian**  
**Task Force** Jon Klingborg, DVM  
w/ Executive Officer Annemarie Del Mugnaio  
February 2018 Report

During the October 17, 2017 meeting, the MDC was exploring the process of “delegation” of procedures to RVTs and Veterinary Assistants (VAs). Rather than creating a list of procedures identified by “degree of risk” and then assigning the appropriate level of supervision, the Task Force focused on the professional judgement and responsibility of the supervising veterinarian to only assign allowable tasks to RVTs and VAs after assessing the RVT/VA’s competency to perform the task. This approach may be more manageable as there is tremendous variability in allowable tasks that may be delegated to RVTs and VAs, and it would be incredibly arduous and impractical to quantify “risk” for each task, since risk is often based on the specific set of circumstances for an individual patient. It seems more prudent to focus on the judgement of the supervising veterinarian and the “competence” of the individual that has been delegated that specific task.

Proper delegation has been a factor in enforcement cases when delegation by the veterinarian to a VA or RVT who lacks ‘competence’ or was not adequately supervised has led to patient harm. Unfortunately, we have not identified a method to track enforcement cases where inappropriate delegation to a less than competent RVT or VA has occurred. Instead, the data currently available is categorized under the general heading of “negligence,” “incompetence,” or “aiding and abetting the unlicensed practice of veterinary medicine,” that would typically involve a veterinary assistant or RVT performing an invasive procedure without adequate supervision.”

The language below is modeled after other boards where exclusions or qualifying language is used to highlight the more advanced procedures. The sub-committee offers the following language for further discussion:

2035. Duties of a 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 judgement 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.



# **Multidisciplinary Advisory Committee**

*February 2018*

## Existing Priorities – Currently being addressed by the MDC

1. Complaint Process Audit/Enforcement Case Outcomes
2. Minimum Standards for Alternate Premises
  - a. Subcommittee
3. Minimum Standards for Shelter Medicine
  - a. Subcommittee with SHAC and CACDA
4. “Extended Duties” for RVTs
  - a. Subcommittee