STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.

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

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

MULTIDISCIPLINARY ADVISORY COMMITTEE
October 17, 2017
Fresno Chaffee Zoo
894 W. Belmont Avenue, Simba Room
Fresno, California 93728
(559) 498-5910

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

10:00 a.m. Tuesday, July 25, 2017

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 July 25, 2017 Committee Meeting Minutes

4. Discussion and Consideration of "Extended Duty" for Registered Veterinary Technicians Regulations; Potential Recommendation to Full Board

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

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

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

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 – February 20, 2018, Sacramento; May 22, 2018, Location TBD; August 21, 2018, Sacramento; 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**. Action may be taken on any item on the agenda. The time and order of agenda items are subject to change at the discretion of the Committee Chair and may be taken out of order. Items scheduled for a particular day may be moved to an earlier or later day to facilitate the effective transaction of business. In accordance with the Bagley-Keene Open Meeting Act, all meetings of the Board are open to the public.

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

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

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

MISSION

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

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.
Veterinary Medical Board
1747 N. Market Boulevard, Suite 230, Sacramento, CA 95834
Telephone: 916-515-5220 Fax: 916-928-6849 | www.vmb.ca.gov

MEETING MINUTES
MULTIDISCIPLINARY ADVISORY COMMITTEE

July 25, 2017
1747 N. Market Blvd. – 1st Floor Hearing Room
Sacramento, California

10:00 a.m. Tuesday, July 25, 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 10:02 a.m. Veterinary Medical Board (Board) Executive Officer, Annemarie Del Mugnaio called roll; seven members of the MDC were present and thus a quorum was established. Dr. William Grant and Dr. Allan Drusys were not present.

2. Introductions

Members Present
Jon Klingborg, DVM, Chair
David Johnson, RVT
Jennifer Loredo, RVT, Board Liaison
Kristi Pawlowski, RVT
Jeff Pollard, DVM
Richard Sullivan, DVM, Board Liaison
Diana Woodward-Hagle, Public Member

Staff Present
Annemarie Del Mugnaio, Executive Officer
Nina Galang, Administrative Program Coordinator
Louis Galiano, DCA Webcast
Jennifer Iida, DCA Webcast
Candace Raney, Enforcement Manager
Tara Welch, Legal Counsel

Guests Present
Nancy Ehrlich, RVT, California Registered Veterinary Technician Association
Valerie Fenstermaker, California Veterinary Medical Association
John Pascoe, DVM, University of California, Davis
Cindy Savely, RVT, Sacramento Valley Veterinary Technician Association
Leah Shufelt, RVT, California Veterinary Medical Association
Linda Tripp, RVT, Sacramento Valley Veterinary Technician Association
Cheryl Waterhouse, DVM, Veterinary Medical Board

3. Review and Approval of April 18, 2017 Committee Meeting Minutes

The MDC and Legal Counsel, Tara Welch, made minor changes to the April 18, 2017 meeting minutes.

- David Johnson moved and Jennifer Loredo seconded the motion to approve the minutes as amended. The motion carried 8-0.

4. Update from the Complaint Process Audit Subcommittee

The Complaint Process Audit Subcommittee, Dr. Jeff Pollard and Dr. William Grant, noted that they made several attempts to meet since the last meeting but were unsuccessful; therefore, the subcommittee did not have any updates.

5. Discussion and Consideration of "Extended Duty" for Registered Veterinary Technicians Regulations; Potential Recommendation to Full Board

Kristi Pawlowski shared that she and Jennifer Loredo spoke to a number of Registered Veterinary Technician (RVT) schools and determined that the list of "extended duty" procedures are being currently taught as part of the curriculum, to varying degrees. The general feedback from the schools is that new provisions are not necessary, as it should be up to the veterinarian to determine if an RVT is capable of performing a task, which is currently in the Veterinary Medicine Practice Act. Ms. Pawlowski cautioned the MDC about moving forward in expanding the list of RVT specific duties as not all RVTs are exposed to the same training rigor.

Ms. Loredo suggested amending current regulations to emphasize that Veterinary Assistants (VAs) should not be performing certain tasks.

Nancy Ehrlich asked the MDC to consider language which states that a veterinarian should limit the delegation to an RVT of any procedure requiring placement of a needle or an appliance into a blood vessel, body cavity, or epidural space. Ms. Ehrlich agreed to submit the language to the MDC in writing and Dr. Klingborg noted that it would be assigned to the subcommittee for further discussion.

6. 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

David Johnson noted that no new issues have been identified since the last MDC meeting and most of the issues require further clarification from the Board (e.g. euthanasia of wild animals) and further direction from Legal Counsel in terms of authority. Mr. Johnson recommended looking at California Code of Regulations (CCR) section 2032.1, Veterinary-Client-Patient Relationship, to add "animal ceased under Penal Code 597.1," under the "owner unknown" section.

Mr. Johnson suggested creating a separate section in the Practice Act to define tasks and the level of supervision required for RVTs and VAs in shelter settings. Mr. Johnson added that he still feels the tasks should be overseen by a veterinarian.

Regarding Item #1 of the High-Priority Shelter-Related Issues handout (Veterinary Care on Intake): Mr. Johnson noted that vaccinations, application of flea treatment, worming, and testing for diseases of animals has become the established standard of care in animal shelters nationwide, which is a policy change that has occurred over the last decade.

In response to Dr. Klingborg's question regarding the veterinarian's responsibility to perform a physical examination and the acts of assessing and diagnosing an animal as restricted to a veterinarian, Jennifer Loredo responded that as an RVT, she notates her "observations" of the animal patient, rather noting an assessment or diagnosis.

Mr. Johnson added that the subitems listed under "Veterinary Care on Intake," are considered wellness items or tasks that should be performed to protect the overall safety of the shelter for biosafety purposes.

Ms. Del Mugnaio suggested that if the Board supports allowing VAs to perform veterinary care in a shelter setting upon intake, a statutory amendment to carve out a setting-specific exemption may be necessary.

Dr. Richard Sullivan opined that it is not necessary to develop a new section of law as the Board should be adopting a herd health policy where a Veterinarian-Client-Patient Relationship (VCPR) must be established for non-veterinarians to treat herd animals. Ms. Del Mugnaio added that framing shelter medicine to mirror some aspects of herd health is plausible, but this would still require regulatory changes.

Dr. Klingborg noted that the challenge in the shelter setting is how to address the impounded animal.

Regarding Item #2 of the handout (Controlled Substances): Ms. Del Mugnaio noted that under the California Uniform Controlled Substances Act, individuals working under the supervision of a veterinarian would not need a separate permit to transport controlled drugs.

Mr. Johnson described three scenarios in which an animal would be euthanized: 1) a member of the public requests the service, 2) an animal is past their stray holding period, and 3) an animal is suffering and should be humanely destroyed.

Nancy Ehrlich felt that the Board should require the VAs working in a shelter to get a Veterinary Assistant Controlled Substances Permit (VACSP) if they are administering controlled substances; however, Ms. Del Mugnaio noted that some shelters do not have veterinarians available to supervise the VA and this is a requirement of the VACSP.

Regarding Item #3 of the handout (Sodium Pentobarbital/Euthanasia), Mr. Johnson shared that the most common pre-euthanasia sedation formula includes controlled substances and opined that this formula has been, and will continue to be, administered in practice prior to having the veterinarian examine the animal patient. Mr. Johnson commented that the regulations should be brought up to speed to address what is currently in practice in shelter settings, including veterinary care procedures upon intake and the administration of the pre-euthanasia sedation formula.

Regarding Item #4 of the handout (Authority of RVTs in Shelters – Business and Professions Code section 4840(b)): Mr. Johnson opined that amending the section to include Societies for the Prevention of Cruelty to Animals (SPCAs) and humane societies may not be necessary since many of these nonprofit entities contract with city and county agencies to provide sheltering services.

Ms. Welch pointed out that the language in CCR section 2039 is unclear in terms of what is meant by "domestic animals" and expressed that it would be most appropriate to amend it to "domestic pets or animals". Ms. Welch advised that the intent and terms could be clarified through Frequently Asked Questions (FAQs) on the Board's website, rather than going through the regulatory process.

Ms. Ehrlich felt that by defining "shelter," it would solve the issue outlined in Item #4.

Regarding Item #5 of the handout (Rabies Vaccines): Mr. Johnson suggested that the MDC look at ways to address the needs of the public within the regulatory framework of the California Department of Public Health. He added that the current practice in animal shelters throughout California is to contact the supervising veterinarian via text message, e-mail, or phone call to obtain authorization to administer a rabies vaccination to a claimed animal, oftentimes prior to the animal patient being examined by the veterinarian.

Mr. Johnson reviewed four scenarios regarding rabies vaccinations that occur in shelters: 1) the animal is released and the client is issued a "fix it" ticket and is required to obtain the rabies vaccination at a later date, 2) the animal is held until a veterinarian is present and authorizes the release, 3) the animal is vaccinated without authorization, and 4) the veterinarian is called to provide telephonic authorization to perform the vaccination.

Regarding Item #6 of the handout (Indirect Supervision): Mr. Johnson recommended clarifying the definition for "written orders" or "direct orders." Ms. Del Mugnaio suggested using the more commonly used term "protocols," as it is an acceptable standard of practice in shelter medicine.

Valerie Fenstermaker noted that the California Veterinary Medical Association (CVMA) Premises Task Force had a follow up meeting regarding veterinary assistants and their role in shelter medicine. The following language was proposed for CCR section 2036.6 by the CVMA Task Force: "Notwithstanding CCR section 2036.5(b), a supervising veterinarian may establish written orders for veterinary assistants in a city, county, or city and county agency, or organization contracted to perform animal control services for vaccination and prophylactic control of endoparasites and ectoparasites on intake."

Ms. Fenstermaker noted that the proposed language for CCR section 2035.5 and 2036.6 carve out the shelter setting, as the CVMA Task Force felt it was important to address it separately.

Ms. Welch, requested a list of items from the MDC that she would be expected to research and provide guidance to the MDC at the October meeting.

Ms. Del Mugnaio suggested that the Subcommittee share its list of pending issues with the State Humane Association of California (SHAC) and work collaboratively to develop a plan for next steps.

Ms. Ehrlich agreed to email the subcommittee input from the California Registered Veterinary Technicians Association (CaRVTA). Ms. Del Mugnaio also offered to receive outside feedback and disseminate it to the Subcommittee.

Dr. Klingborg added two items to the High-Priority Shelter-Related Issues handout: Item #7 – Amend CCR section 2032.1 to potentially include animals impounded under Penal Code 597 and Item #8 – Consider defining "shelter."

Mr. Johnson suggested adding RVTs as a authorized premises permit holder or managing licensee in shelter settings as another item for consideration.

Dr. Klingborg assigned Mr. Johnson and Dr. Jeff Pollard to serve on the Subcommittee.

7. Discussion and Consideration of Proposed Regulations Regarding the Compounding of Drugs Pursuant to the Enactment of Senate Bill 1193 (Hill, Chapter 484, Statutes of 2016); Potential Recommendation to Full Board

Dr. Sullivan suggested that the Board working with the CVMA consider creating a guidance document on the regulations explaining how to comply with the provisions in very simple terminology.

Dr. Klingborg clarified that the regulations are not intended for commercial drug compounding, but is limited to compounding drugs in a veterinary office intended for the treatment of a patient. Dr. Klingborg reviewed each section and pointed out the proposed language includes both sterile and non-sterile drug compounding.

Dr. Sullivan recommended referring to the United States Pharmacopeia (USP) definition of "simple compounding" to better describe the type of compounding performed by veterinarians for in-house use.

Ms. Welch commented that "simple compounding" as defined in the USP only referred to non-sterile.

Ms. Welch stated that the regulations should provide guidance for hospital inspection.

Dr. Sullivan suggested removing the word "master" for section 2092(b)(c) and (d), and refer to a "formula document."

Dr. Klingborg suggested inserting language in 2093 (c) "the expiration date may be extended if the integrity, potency, and quality, are measurable and documented."

- Jennifer Loredo moved and Dr. Jeff Pollard seconded the motion to recommend to the full Board to adopt the language regarding drug compounding in veterinary premises. The motion carried 6-0.

8. Discussion and Consideration of Proposed Amendments Regarding Drug Information to be Provided to Clients – Section 2032.1 of Title 16 of the California Code of Regulations; Potential Recommendation to Full Board

Ms. Del Mugnaio provided a brief background on the drug counseling proposed regulatory language and noted that the issue regarding drug counseling was originally before the MDC as a regulatory proposal and then Mr. Solomon Stupp brought a proposal to the Senate Business Professions and Economic Development (BPED) Committee as a legislative initiative. The initiative was carried in Senate Bill (SB) 546 and the Board and the CVMA met with the BPED Committee consultant to amend the language so that it emphasizes the veterinarian's role in offering such counseling, but does not enforce providing information on adverse side effects that are not reasonably available or known by veterinarians. Ms. Del Mugnaio stated that the language before the MDC reflects language discussed in the meetings with the BPED consultant and CVMA. The language may be addressed through the regulatory process as SB 546 has been suspended.

Ms. Del Mugnaio addressed the relationship of the proposed regulations as being tied to the Veterinarian-Client-Patient Relationship (VCPR) provisions, however, the regulations may be more appropriately placed in a section following the provisions for written prescriptions.

Ms. Woodward-Hagle expressed concerned with the lack of clarity in the language, and states that the language omits what the drug is intended to treat. She commented that the Pharmacy Board language is much less complicated.

Dr. Pollard stated that the provisions before the MDC are more prescriptive than what would be required of a physician.

Ms. Pawlowski suggested the language be condensed as the language is too prescriptive.

Ms. Ehrlich shared her concerns that the language is not isolated to outpatient settings and does not address off-label drug use. She further stated that CaRVTA takes issue with allowing Veterinary Assistants to discuss pharmacological matters with clients, as she feels they have not received the proper training.

Dr. Klingborg recommended that outpatient setting be added to subsection (a). He also commented that veterinary drug resource information is a service that may be provided for a fee.

Ms. Woodward-Hagle commented that subsection (b) should be eliminated.

Dr. Pollard commented that off-label use may refer to the drug dose and not the drug itself and therefore, there would not be documentation available for every off-label use.

Dr. Sullivan stated that if a client requests more information regarding a drug, the veterinarian should be responsive the client's request.

Ms. Woodward-Hagle suggested that text "veterinary drug resource information" be replaced with "written information."

The MDC discussed the following language: "If requested, the veterinarian will provide written information…"

Ms. Fenstermaker suggested avoiding the requirement to provide "printed" drug information to allow for the information to be provided electronically.

Ms. Del Mugnaio agreed and suggested using "shall provide documentation" instead.

Ms. Welch suggested amending (d) to state "consultation or written documentation may be provided through other electronic means."

The MDC agreed to leave veterinary assistant in the language.

The MDC agreed to globally change "authorized representative" to "authorized agent."

Ms. Woodward-Hagle pointed out that the word "delegating" implies that the veterinarian is ultimately responsible.

Dr. Klingborg reworded the supervision language in subsection (c) to refer to a delegation to the RVT or veterinary assistant.

Additional changes were made to subsections (d), (e), and (f) to consolidate the provisions.

The MDC discussed the difficulties with documenting all consultation communication with the client in the medical record.

Ms. Del Mugnaio stated that the mandate is to *offer* drug counseling. It does not guarantee that the information contains all of the side effects possible, or that the consumer reads all of the information.

Ms. Fenstermaker inquired about how to document that written or oral consultation was offered or provided.

Ms. Welch suggested that a statement documenting that oral or written consultation was provided or refused, and perhaps another sentence that says, "contents of the oral consultation need not be specifically documented."

Dr. John Pascoe, UCD, commented that there is a similar process in human medicine where in a human pharmacy, the patient can check the box that says they refused consultation. Perhaps the same process can be implemented within the veterinary office, where at the time of discharge or when the drug is dispensed, the client signs or initials that they have received or declined drug consultation.

Ms. Ehrlich suggested the average client does not want volumes of information every time their pet is prescribed a medicine.

The MDC decided that language should be retained to require that veterinary staff note in the medical record whether consultation was provided or refused.

Solomon Stupp addressed the MDC in support of requiring a consumer notices and stated that clients can sometimes be tense while they are in examination rooms and a poster is a gentle reminder that they can ask for information. Mr. Stupp indicated this suggestion was made by a consumer.

The MDC, Ms. Welch, and Ms. Ehrlich agreed that the poster is unnecessary if the veterinarian is already required to offer consultation.

Dr. Sullivan commented that as a regulation, the language may be revisited in a few years if the Board learns that veterinarians are not adequately counseling their clients on prescribed drugs.

- Dr. Richard Sullivan moved and David Johnson seconded the motion to forward the proposed amendments regarding Drug Information to be Provided to Clients to the Board. The motion carried 6-0.

9. Discussion of Protocols for the Use of Sedatives in Emergency Situations; Potential Recommendation to Board

Dr. Klingborg reviewed the history regarding RVTs addressing emergency situations, such as situations in shelters where staff may be tending to a badly matted animal or a dog who has his jaw stuck in the bars of the cage, and where sedation is necessary to humanely treat the animal.

Dr. Klingborg and Dr. Drusys developed new language in Business and Professions Code (BPC) section 4840 to allow for sedation in a shelter setting.

Ms. Del Mugnaio and Mr. Johnson suggested the language be handled in regulation as there is already authority in statute under BPC 4840.5.

Ms. Del Mugnaio stated that changes to BPC 4840.5 are being amended this legislative session to remove the phrase "to sustain life," as this change was initiated during the sunset review discussion regarding RVT's role in monitoring rodeos.

The MDC discussed moving the language in BPC section 4840 to CCR section 2069.

Mr. Johnson stated that the sedation language would be appropriately placed under section 2069 where the RVTs are working under written instructions.

Ms. Del Mugnaio recommended changing "employing" veterinarian to "supervising" veterinarian.

Ms. Welch suggested changing the language to reflect "lifesaving aid or *emergency treatment."* She further pointed out that only items, 2 and 9 of the section, require a veterinarian to be directly involved and suggested perhaps the section be reordered.

Dr. Sullivan suggested amending the language to order the provisions according to urgency.

Ms. Ehrlich commented on the practicality of addressing a patient in a life-threatening situation verses a compromised situation where the RVT may need to call the veterinarian before proceeding.

The MDC decided to move forward with amending CCR section 2069 as opposed to amending statute.

Ms. Del Mugnaio reviewed the proposed changes to CCR 2069 stating that two separate subdivisions would be created: one to address the lifesaving aid rendered without specific contact with the veterinarian; and, another subdivision to provide for emergency treatment where administration of pharmacological agents including sedation would be done either through direct communication with a veterinarian or under written instructions.

- Dr. Richard Sullivan moved and David Johnson seconded the motion to delegate to Board staff to incorporate the amendments proposed to CCR Section 2069 and forward the proposed amendments to the Board for consideration. The motion carried 6-0.

10. Public Comment on Items Not on the Agenda

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

11. Future Agenda Items and Next Meeting Dates –

- October 17, 2017 (Fresno)

Ms. Del Mugnaio requested that the 2018 quarterly meetings be shifted to a February/ May/ August/ and November to avoid scheduling conflicts with other meetings.

The following meeting dates were approved by the MDC for 2018:

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

A. 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

The following MDC assignments have been satisfied and will be forwarded to the Board for consideration:

- Drug Compounding
- Emergency Protocols
    - Sedation vs Anesthesia
- Drug Counseling

B. Agenda Items for Next Meeting

Ms. Fenstermaker shared that the CVMA Premises Task Force will conclude on August 30, 2017 and the proposal of the Task Force will be submitted to the MDC for their consideration at the October 2017 meeting.

12. Adjournment

The MDC adjourned at 3:29pm.

At the July 2017 meeting of the MDC, CaRVTA recommended that “A veterinarian may delegate only to an RVT any procedure involving placement of a needle or appliance into a blood vessel, body cavity or epidural space”. A recommendation was also made that the current RVT job task induction of anesthesia be further clarified to include “inhalation, injection by any route, topical and oral”

It is the opinion of the subcommittee that to restrict to RVT and DVM any procedure that involves a needle penetrating a body cavity or blood vessel would potentially limit access to veterinary care. Many such procedures as vaccinations and in-house diagnostics can be safely performed under supervision by trained Veterinary Assistants who have been deemed competent by the supervising veterinarian in accordance with CCR 2035, Duties of Supervising Veterinarian.

A needle penetrating an epidural space is invasive and arguably a surgical procedure with great potential for harm. This task should continue to be restricted to DVM only.

Restricting to RVT the induction of anesthesia by any means is in the best interest of consumer protection and should be further clarified in CCR 2036, Animal Health Care Tasks for R.V.T. Recommended language is attached.

For discussion:

Should CCR 2036.5, Animal Hospital Health Care Tasks for Permit Holders and Veterinary Assistants, be modified to state that veterinary assistants shall be prohibited from performing invasive procedures? If so, how would invasive procedures be defined?

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

(a) Unless specifically so provided by regulation, a R.V.T. shall not perform the following functions or any other activity which represents the practice of veterinary medicine or requires the knowledge, skill and training of a licensed veterinarian:

(1) Surgery;

(2) Diagnosis and prognosis of animal diseases;

(3) Prescription of drugs, medicines or appliances.

(b) An R.V.T. may perform the following procedures only under the direct supervision of a licensed veterinarian:

(1) Induce anesthesia by intravenous, intramuscular, or subcutaneous injection, or by inhalation, topical, or oral routes.

(2) Apply casts and splints;

(3) Perform dental extractions;

(4) Suture cutaneous and subcutaneous tissues, gingiva and oral mucous membranes,

(5) Create a relief hole in the skin to facilitate placement of an intravascular catheter

(c) An RVT may perform the following procedures under indirect supervision of a licensed veterinarian:

(1) Administer controlled substances.

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

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

2036.5. Animal Hospital Health Care Tasks for Unregistered Assistants.

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

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

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

Minimum Standards & Protocols for Shelter Medicine

Sub-Committee Report

David F. Johnson, RVT and Dr. Jeff Pollard

The following information and recommendations are brought forth with regards to shelter issues from the 7/18/17 MDC meeting.

1. **Issue: Veterinary care on intake:**
   - **Discussion:** Shelter staff should be permitted to perform the following animal health care tasks on impounded animals immediately on intake regardless of whether a veterinarian is present:
     - Perform a physical examination
     - Administer vaccines
     - Administer medicine for prophylactic treatment of parasites
     - Cats: Test for FeLV/FIV and screen for ringworm, etc.
   - **Recommendation:** The sub- committee agrees that **4840 (b)** should be amended to include veterinary assistants

   a) Registered veterinary technicians and veterinary assistants are approved to perform

   veterinarian licensed or authorized to practice in this state.
   (b) Registered veterinary technicians and veterinary assistants may perform animal

   county agency pursuant to the direct order, written order, or telephonic order of a

   Also, CVMA presented language (see attached) adding CCR Sections 2035.5 and 2036.6 to specify the oversight of both RVTs and VAs working in a shelter setting under a veterinarian's written orders.

2. **Issue: Controlled substances the administration of pre-euthanasia drugs by shelter staff**
   - **Discussion:** Pre-euthanasia drugs are routinely used to help safely and humanely handle distressed, frightened, excited, fractious, or dangerous animals. The primary

     do not require the same level of skill as an intravenous injection. The commonly used

     euthanasia drugs are a combination of ketamine and xylazine, commonly referred to

     animal shelters routinely use this combination or the other drugs mentioned.
   - **Recommendation:** Veterinary guidance should be required for the selection and use of pre-euthanasia drugs. If controlled drugs such as Ketamine and Telazol are to be used, then a Veterinary Assistant Controlled Substance Permit should be obtained.

3. **Issue: Sodium Pentobarbital /Euthanasia Training CCR 2039- Wildlife**
   - **Discussion**: Animal Control officers, Humane Officers, and shelter staff routinely are

(a) In accordance with section 4827(d) of the Code, an employee of an animal control

veterinary technician (RVT) shall be deemed to have received proper training to administer, without the presence of a veterinarian, sodium pentobarbital for euthanasia of sick, injured, homeless or unwanted domestic pets **or animals**"

4825.1. These definitions shall govern the construction of this chapter as it applies to veterinary medicine.

(b) **Animal** means any member of the animal kingdom other than humans, and includes fowl, fish, and reptiles, wild or domestic, whether living or dead.

- **Recommendation:** Current statutes/regulations adequately address this issue; no action is required on this issue

4. Issue: Sodium Pentobarbital /Euthanasia Training CCR 2039 – Certified Trainer

- **Discussion:** The Euthanasia Training Curriculum and the Criteria for Certification of Animal Euthanasia Instructor in the state of California are listed in publications by the California Animal Control Directors Association and the State Humane Association of California. It has been brought to the MDC's attention that there are issues with the three-year teaching requirement for eligibility to become certified as an instructor.

CCR 2039

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

The language and criteria in the section are incorporated by reference by the VMB

- **Recommendation:** If changes are needed to this section, the California Animal Control Directors Association and the State Humane Association of California should update and change their publication (dated September 1997) and submit to the VMB for consideration of incorporation into this section.

5. Issue: Rabies Vaccine

- **Discussion:** When animals that have been impounded by an animal shelter are redeemed (claimed) by their owners, a rabies vaccination is required if the owner cannot provide proof of current vaccination. In many instances a Veterinarian has not or is not available to exam the animal prior to exiting the shelter. Shelters and their staff have been left with the issue of what to do about administering the required rabies vaccine. Some shelters require the owners to return at a later date when a DVM is on the premise; others vaccinate by pre-established written protocols

or release the animals without a vaccine requiring the owner to submit proof at a later date.

The **California Compendium of Rabies Control and Prevention CDPH 2012** is the guidance document for administration of rabies vaccination and licensing

Animal rabies vaccination (a) Rabies vaccine administration (HSC §121690, §121700) Animal rabies vaccines are restricted for sale to licensed veterinarians, biological supply companies, and government agencies that conduct rabies control programs. All animal rabies vaccines are restricted to use by, or under the **supervision of, a California-licensed veterinarian**. The level of supervision shall be consistent with Title 16, CCR, §2034-2036.5 of the California Veterinary Medicine Practice Act. **The veterinarian whose signature is on the rabies certificate retains legal responsibility that the person administering the vaccine is appropriately trained in vaccine storage, handling, administration, and management of adverse events**.3 Rabies vaccines should be administered in accordance with the specifications of the vaccine product label or package insert. Rabies vaccine should be administered in a new, sterile needle and syringe. The re-use of cleaned and sterilized needles and syringes is strongly discouraged. Single use of the needle and syringe is consistent with vaccine manufacturers' recommendations.

Canine licensing and vaccination procedure (17 CCR §2606.4) The vaccination of all dogs four months of age or older is required for licensure. Completion of the licensing procedure consists of issuing a license tag or vaccination tag bearing the license data only after presentation of a current valid official rabies vaccination certificate. Official rabies vaccination certificates must contain the following information: a) name, address, and telephone number of the dog's owner; b) description of the dog, including breed, color, age, and sex; c) date of immunization; d) type of rabies vaccine administered; e) name of the manufacturer, product, and lot number of the rabies vaccine used. Each certificate must bear the signature of the veterinarian administering the vaccination or a signature authorized by him or her. The certificate must be stamped, printed, or typed with the vaccinating veterinarian's name, address, and telephone number.

There is also a National guidance document

Compendium of Animal Rabies Prevention and Control, 2016

National Association of State Public Health Veterinarians Compendium of Animal Rabies Prevention and Control Committee

B. Prevention and control methods in domestic and confined animals

1. Pre-exposure vaccination and management. Adherence to a regular rabies vaccination schedule is critical to protect animals against recognized and unrecognized rabies exposures. Parenteral animal rabies vaccines should be administered only by or under the direct supervision of a licensed veterinarian on premises. **Rabies vaccines may be administered under the supervision of a**

licensed veterinarian to animals held in animal shelters before release.33,34 The veterinarian signing a rabies vaccination certificate must ensure that the person who administered the vaccine is identified on the certificate and has been appropriately trained in vaccine storage, handling, and administration and in the management of adverse events. This ensures that a qualified and responsible person can be held accountable for properly vaccinating the animal. Within 28 days after initial vaccination,

- **Recommendation:** Rabies is a public health mandated vaccination. The public's access to vaccine at the time of claiming their animal from and animal shelter is an access to service issue. As long as the vaccine is stored and administered in compliance with the manufactures recommendation and that all State Public Heath requirements are met, it is recommended that shelter staff be allowed to administer rabies vaccine without prior examination by a veterinarian. New language would

6. **Indirect Supervision –**

- **Discussion:** Do shelters need a definition of indirect supervision other than what is included in the current regulation.

- **Recommendation:** Changes reflected above to BPC 4840(b), CCR 2032.1, and the

  of indirect supervision.

7. **Definition of "Shelter" –**

- **Discussion:** One option of clarifying settings where RVTs and VAs may provide veterinary care on intake is to define was constitutes a "shelter setting."

  Virginia **law** now defines public **animal shelter** to mean "a facility operated by the Commonwealth, or any locality, for the purpose of impounding or sheltering seized, stray, homeless, abandoned, unwanted, or surrendered **animals** or a facility operated for the same purpose under a contract with any locality."

  From the ASPCA; the term "private" **animal shelter** refers to such facilities which are operated by a duly incorporated **humane society**, society for the prevention of cruelty to **animals**, or other nonprofit organization devoted to the welfare, protection, rehabilitation, or humane treatment of **animals**, but which are not under contract (may be referring to animal control services).

  The concept of Public vs Private is an important one because if the private shelters offer no public veterinary services and only provides adoptions of their own animals, then they would not need a Premise Permit. The public shelters, or those under contract would need a Premise Permit

- **Recommendation:** Define the term shelter in regulation.

8. **RVTs as Licensee Managers** - Further input from Legal Counsel is necessary to determine whether an RVT may take on the professional responsibility of a Licensee Manager if they must operate under some degree of veterinary supervision.

Amend Section 4840 of the Business and Professions Code as follows:

4840.
(a) Registered veterinary technicians and veterinary assistants are approved to perform those animal health care services prescribed by law under the supervision of a veterinarian licensed or authorized to practice in this state.

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

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

Add Sections 2035.5 and 2036.6 and Amend Section 2032.1 of Article 4 of Division 20 of Title 16 of the California Code of Regulations as follows:

§ 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~~, or the ~~owner is unknown~~animal has been involuntarily or gratuitously deposited or impounded.
(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

Commented [WT1]: Revised to authorize RVTs who work at SPCAs and humane societies to provide treatment.

Commented [WT2]: This provision would cover Civil Code sections 1815, et seq. (involuntary deposit) and 1846 (gratuitous deposit). This may resolve the question of whether shelters need a different definition of "indirect supervision."

Commented [WT3]: Trying to work in a non-owner "individual" who may deposit the animal with the list of public agencies that impound animals. May be better to just strike the list of agencies.

Commented [DA4R3]: Dave Johnson agreed that "impounded" is a catch-all term that covers involuntarily deposited. Need to add VAs here if the goal is to provide VAs the authority perform certain functions upon intake.

Formatted: Strikethrough

Formatted: Underline

Commented [WT5]: To address (1) when client won't give consent to treatment of impounded animals and (2) administration of rabies vaccines to impounded animals when they are redeemed by owners without a veterinarian having examined the animal – RVT/VA could perform health care tasks on impounded animals immediately on intake per indirect supervision or written protocol (i.e., physical exam, administer vaccines/prophylactic treatment, test for FeLV/FIV, screen for ringworm).

Formatted: Underline

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.

Note: Authority cited: Sections 4808, Business and Professions Code. Reference: Section 4883, Business and Professions Code; Sections 1816 and 1846, Civil Code.

§ 2035.5. Duties of Supervising Veterinarian and Animal Health Care Tasks for R.V.T. in the Shelter Setting.

(a) Notwithstanding subsection (c) of section 2035, and pursuant to subsection (b) of section 4840 of the Code, limited animal health care tasks may be provided by an R.V.T. in a shelter setting for the specific purpose of controlling infectious and zoonotic disease, controlling acute pain, and if all of the following are met:
(1) The supervising veterinarian has direct knowledge of the animal population and examines the animal(s) at such time as good veterinary medical practice requires consistent with the particular delegated animal health care tasks.
(2) The supervising veterinarian establishes written orders for:
(A) Vaccination and prophylactic control of endo- and ecto-parasites on intake.
(B) Treatment of medical conditions based on an animal’s symptoms.
(3) Treatment rendered under subparagraph (2) may only be continued under the
(b) Emergency animal care may be rendered by an R.V.T. pursuant to section 2069.
(c) In accordance with section 4840.2 of the Code, an R.V.T. shall not diagnose, perform surgery, or prescribe pursuant to section 4840.2.
(d) The supervising veterinarian shall maintain an appropriate level of supervision to ensure that the requirements are met.
(e animals that have been adopted and returned to the shelter by the owner for treatment of a medical condition must be examined by a veterinarian prior to treatment or dispensing medication pursuant to 2032.1.

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

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

Commented [WT6]: As approved and suggested by CVMA Premises Task Force at the 7/25/17 MDC meeting, with slight tweaks.

Commented [WT7]: Adding in order to delete paragraph (3) below.

Commented [DA8]: Dave – Is this necessary here?

Formatted: Font color: Auto, Highlight

Commented [DA9]: Per Dave Johnson

Commented [WT10]: Previously included under subdivision (a).

Notwithstanding subsection (c) of section 2036.5, a supervising veterinarian may establish written orders for the performance on intake of a physical examination, vaccination, prophylactic control of endo- and ecto-parasites, and testing for ~~FeLV/FIV and ringworm screening~~ infectious diseases ~~on intake~~ by a veterinary assistant of a city, county, or city and county agency or organization that is contracted to perform animal control services.

Note: Authority cited: Sections 4808 and 4836, Business and Professions Code. Reference: Sections 4836.1 and 4840, Business and Professions Code; Sections 1816 and 1846, Civil Code.

Commented [DA18]: Per Dave Johnson

Commented [WT19]: Moved up in this sentence to clarify that the performance of all these tasks, not just testing for diseases, may only be performed on intake.

State Humane
ASSOCIATION OF CALIFORNIA Established 1909

Post Office Box 2098
El Cerrito, CA 94530
Telephone 510.525.2744
Fax 510.525.2772
www.californiastatehumane.org

October 12, 2017

Jon A. Klingborg, DVM, Chair
Multidisciplinary Advisory Committee
Veterinary Medical Board
1747 N. Market Boulevard, Suite 230
Sacramento, CA 95834

Re: Care of Animals in Shelters

Dear Dr. Klingborg:

On behalf of the Board of Directors of the California Animal Control Directors Association and the State Humane Association of California, I am writing with our proposal for ensuring that California's shelter animals receive a minimum standard of care.

California shelters are required by law to provide "necessary and prompt" veterinary care to ensure the humane treatment of animals and to protect the public good. Some shelters employ veterinarians or formally contract with veterinarians in their communities to provide this care. However, for many shelters, particularly those in rural areas, having a supervising veterinarian for the shelter is neither feasible nor practical. Therefore, it is necessary for shelter staff to have the authority to perform routine animal health care tasks on shelter animals.

Nearly 20 years ago, the Legislature and the Veterinary Medical Board (VMB) addressed the euthanasia component by granting specific authority to trained shelter staff to administer sodium pentobarbital for the euthanasia of shelter animals without a supervising veterinarian (Business and Professions Code section 4827(s) and 16 CCR §2039). Of grave concern, however, is the lack of statutory or regulatory authority granted to shelter staff to administer a pre-euthanasia sedative without a supervising veterinarian. In some cases, an animal may be humanely euthanized without pre-sedation. But, for some animals, e.g. a scared or fractious animal or an animal with difficult-to-locate veins, sedation is essential to a peaceful end of life.

Moreover, there is no regulatory or statutory authority granted to shelter staff without a supervising veterinarian to perform low-risk health care tasks that are widely-recognized and acknowledged as essential components of a well-managed shelter intake process. These health care tasks include administering vaccinations against the most common infectious diseases and medications for the control of both endo- and ecto-parasites. Therefore, shelter staff without a supervising veterinarian must choose between running afoul of the law by performing these basic health care tasks and failing to protect from infectious diseases individual animals, the shelter population as a whole, pets within the community, and (in the case of zoonotic diseases) the general public. Yet, these medications are readily available for over-the-counter purchase by the general public for use on their own animals. This creates an absurd result in which the same action is considered the practice of veterinary medicine in one setting (i.e. an animal shelter) but not in another (i.e. someone's home).

Regardless of an animal's ultimate fate -- return to owner, transfer to rescue, adoption, or euthanasia – shelters have a legal, ethical and moral duty to treat the animal humanely and in a manner that maximizes chances of survival. Therefore, we believe strongly in the importance of maintaining minimum standards of care for animals in shelters.

To ensure this minimum standard of care, we endorse a regulatory scheme whereby trained shelter staff pursuant to written protocols established by a licensed veterinarian -- subject to VMB oversight -- are authorized to perform euthanasia (including administration of a pre-euthanasia sedative), vaccinate, and treat for parasites without a supervising veterinarian. Recognizing the impracticality and infeasibility, for many shelters, of having this oversight exist in the form of a premises permit with a managing licensee who is a licensed veterinarian, we recommend the creation of a special premises permit for animal shelters that allows the shelter director to serve as the managing licensee. This balances the need for shelters without veterinarians to provide a minimum level of care to animals with the public's need to ensure that shelters are fulfilling their duty to treat animals humanely.

We believe that we all want what is best for the animals and for the public. In that spirit of mutual concern, we look forward to your consideration of our proposal and welcome your questions and feedback.

Very truly yours,

Erica Hughes

Erica Gaudet Hughes
Executive Director

cc: Annemarie Del Mugnaio, Executive Officer, California Veterinary Medical Board
Val Fenstermaker, Executive Director, California Veterinary Medical Association
Allyne Moon, RVT, President Board of Directors, California Registered Veterinary Technicians Association
Melanie Sobel, President, Board of Directors, California Animal Control Directors Association

MDC Report
October 2017
Jon Klingborg, DVM
Allan Drusys, DVM

Student Exemption

Exemptions to the Practice Act should have boundaries. The MDC and VMB are tasked with creating a clear and enforceable licensing exemption with specified criteria to ensure the public is protected (which includes all relevant parties-- the animal patient, the student, the client, and even the supervising veterinarian). The MDC/VMB also has a responsibility to ensure that the teaching environment supports the educational outcomes of the graduate program—which is very clearly another form of 'protection of the public.'

Previously, we have addressed the issue of off-campus Student experience in a couple of sections— CCR 2027 (which dealt what a student may do off-campus when an educational experience was NOT part of the formal curriculum) and BPC 4830 (which addressed what a student may do off-campus when an educational experience WAS part of the formal curriculum).

The MDC and the Board approved language drafted by the MDC and submitted it to the Legislature. Concerns voiced from the UCD and WU at the Legislature led to the 4830 language being removed from the bill.

(5)(A) 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. The student must have prior training in these activities as part of the formal curriculum and supervision must be by a California licensed veterinarian in good standing, as defined in paragraph (1) (A) and (B) of subdivision (b) of Section 4848.

(B) Where off-campus or distributive sites provide the formal curriculum, a Memorandum of Understanding between the accredited veterinary medical program and the Off-Campus or Distributive Site must be in place that provides for: 1) a written description of the educational objectives expected to be achieved at the site, 2) an annual review conducted by the accredited veterinary medical program of the off-campus site to ensure that the educational program is being delivered in accordance with the Memorandum of Understanding to ensure that the formal curriculum and/or clinical training is appropriate, and 3) a mechanism for assessing training outcomes of the educational process.

The concern specifically centered around the language in (B) as being unnecessary and potentially opening the door to

> *"sometime in the future, [the Legislature] could amend the section and make veterinary schools in California meet a different standard than any other veterinary school in the country. If that would happen, it could put UCDavis and WUHS at a competitive disadvantage in attracting the best students."* (Ron Terra, DVM— WU Representative)

It has also been stated by UCD & WU that the language in (A) actually accomplishes all of the goals. Since the programs are COE accredited, all of the elements in (B) are automatically necessary and this makes the language redundant and unneeded.

There have been questions at the MDC level whether (A) *is* sufficiently clear. Is a consumer or a veterinarian (offering an externship) aware of the COE guidelines and should those guidelines be referenced or identified in the California Veterinary Practice Act?

A hypothetical situation: An out-of-state student is placed in a California externship and there is a complaint filed with the California Veterinary Medical Board. If the VMB investigates and there is no externship agreement between the site and the University, the Board's purview is only over the supervising veterinarian. Is language (such as in (B)) necessary or is the supervising veterinarian's liability enough consumer protection?

Task Force Member Klingborg has proposed alternative language to (B) above, which may be less objectionable to UCD & WU, if language is needed at all.

> 4830 (a)(5)(B) Where Off-Campus or Distributive Sites provide the formal curriculum in place of on- campus education, a written agreement must be in place that provides for: 1) a description of the educational objectives expected to be achieved at the site, 2) a review conducted by the accredited veterinary medical program to ensure that the training is appropriate, and 3) an assessment of the educational outcomes by the student and the accredited veterinary medical program.

COE Accreditation Policies and Procedures: Off-campus

March 2014

8. Off-campus and Distributive Sites

8.1. Off-campus Clinical Education Sites for Colleges with Teaching Hospitals

1. An off-campus site where a specific educational objective is offered.
2. The site is externally located from the main campus and is (usually) not administratively associated with the degree granting institution.
3. Professional staff providing education might not be employees of the degree granting institution but may be receiving remuneration as a contractor, fee-for-service provider, etc. for time/effort devoted to the educational program.
4. The off-campus site must be reviewed to ensure that the educational program is being delivered appropriately.
5. There must be a written description of the educational objectives expected to be achieved at the site and a mechanism for assessing the success of the educational process, i.e. proof that educational objectives are being met.
6. These guidelines do not apply to off-campus educational experiences that are attended sporadically by individual students to augment their on-campus education.

8.2. COE Guidelines for Implementation of a Distributive Veterinary Clinical Education Model

1. The clinical sites selected by a college to serve in a distributive clinical educational model should receive appropriate financial remuneration per student from the college in order to help ensure that students receive on-site supervised clinical instruction, with formal written contract of expectations.
2. The college must prepare and distribute appropriate materials for clinical site educators that detail objectives of the program, expectations of the site coordinators, clinical site educator training materials, instructions concerning the format the college wants used to evaluate student performance and provide feedback to students on progress/deficiencies associated with site experience.
3. Additionally the college must provide to the students, and clinical site educators alike, the expectations of the college for student safety and security while the student is on site.

4. Distributed clinical sites must be selected on the basis of specific criteria and identified for instruction in precise disciplines (defined by the college) such as, but not limited to: Food Animal/Equine/Small Animal Medicine; Food Animal/Equine/Small Animal Surgery or Food Animal or Equine or Small Animal Medicine and Surgery; Dermatology, Imaging (radiology, etc.), Neurology, Cardiology, Critical Care Emergency Medicine, etc.
5. For distributed clinical sites the college must take steps to ensure that the educational objectives and anticipated outcomes are thoroughly promulgated and understood by students and clinical site coordinators alike.
6. The college must designate to the COE what clinical sites are considered as primary instructional sites as defined by Standard 9 (c) and these will be considered by COE as core instructional sites. These sites must be in compliance with AVMA-COE Standards.
7. The college must document/assess that students and educators clearly understand how evaluation and grading practices will be conducted at each clinical site including clinical competencies.
8. Veterinarians must be licensed and technicians should be certified, licensed, or registered as appropriate to that jurisdiction.
9. The college must document that students are fully informed concerning their ability to report any and all safety, physical, and emotional concerns to the college.
10. The college must put in place a system to regularly monitor/supervise the instructional activities at each clinical site and report this system with any subsequent changes and outcomes to the COE.
11. Each clinical site educator must abide by a process devised by the college to provide a written evaluation of the performance of each student.
12. Students must provide the college with an evaluation of each site (after the respective rotation) including an evaluation of teaching at the site and the student's opportunity to perform hands-on procedures at the site. The college must summarize this information for the COE.
13. The COE may inspect clinical sites at any time students are present; these inspections, including travel and per diem costs, will be at the expense of the college.
14. The college must put in place a system to measure and document clinical competencies outcomes at clinical sites as specified by the COE (*see* Section 12.11.2) to assess clinical sites

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.

LEGAL AFFAIRS DIVISION
1625 N. Market Blvd., Suite S 309, Sacramento, CA 95834
P (916) 574-8220 F (916) 574-8623 | www.dca.ca.gov

MEMORANDUM

DATE	October 4, 2017
TO	Members, MDAC
FROM	Kurt Heppler, Supervising Counsel Division of Legal Affairs Department of Consumer Affairs
SUBJECT	Veterinary Students; Exemptions from Licensure

This memo addresses an inquiry that arose in the recent Multidisciplinary Advisory Committee (MDAC) regarding students enrolled in recognized veterinary schools and exemptions from licensure. As members may recall, this issue sprung from the Veterinary Medical Board's (Board) recent discussion of the "university exemption" provided for in subdivision (a)(4) of section 4830 of the Business and Professions Code (Code). This memo addresses subdivision (a)(5) of section 4830 the Code, which provides:

"Students in the School of Veterinary Medicine of the University of California or the College of Veterinary Medicine of the Western University of Health Sciences who participate in diagnosis and treatment as part of their educational experience, including those in off-campus educational programs under the direct supervision of a licensed veterinarian in good standing, as defined in paragraph (1) of subdivision (b) of Section 4848, appointed by the University of California, Davis, or the Western University of Health Sciences."

The discussion at MDAC was focused on two concerns: 1) Was there additional definition needed as to the nexus among the "off-campus programs", the Board, and the essential elements of the education being provided and 2) Should an enrolled student, under the immediate supervision of a licensed veterinarian, be permitted to participate in animal surgery?

To be sure, these issues are policy issue best left to the MDAC members, Board members and ultimately the Legislature. In order to facilitate discussion, perhaps some examples of other healing arts would be helpful. Before those are presented, however, it is crucial to note that protection of the public is the highest priority of the Board and therefore MDAC. (See Bus. & Prof. Code, § 4800.1.) It is also critical to remember that this discussion involves exemptions from licensure.

In the arena of education for individuals seeking licensure from the Medical Board of California (MBC) as a physician and surgeon, the Legislature has spoken as to the nature of clinical medical training necessary. Specifically, section 2089.5 of the Code provides in pertinent part:

> **" (e) If the institution, specified in subdivision (d), is formally affiliated with a medical school or a school of osteopathic medicine located outside the United States or Canada, it shall meet the following:**
>
> (1) The formal affiliation shall be documented by a written contract detailing the relationship between the medical school, or a school of osteopathic medicine, and hospital and the responsibilities of each.
>
> (2) The school and hospital shall provide to the board a description of the clinical program. The description shall be in sufficient detail to enable the board to determine whether or not the program provides students an adequate medical education. The board shall approve the program if it determines that the program provides an adequate medical education. If the board does not approve the program, it shall provide its reasons for disapproval to the school and hospital in writing specifying its findings about each aspect of the program that it considers to be deficient and the changes required to obtain approval.
>
> (3) The hospital, if located in the United States, shall be accredited by the Joint Commission on Accreditation of Hospitals, or the American Osteopathic Association's Healthcare Facilities Accreditation Program, and if located in another country, shall be accredited in accordance with the law of that country.
>
> (4) The clinical instruction shall be supervised by a full-time director of medical education, and the head of the department for each core clinical course shall hold a full-time faculty appointment of the medical school or school of osteopathic medicine and shall be board certified or eligible, or have an equivalent credential in that specialty area appropriate to the country in which the hospital is located.
>
> (5) The clinical instruction shall be conducted pursuant to a written program of instruction provided by the school.
>
> (6) The school shall supervise the implementation of the program on a regular basis, documenting the level and extent of its supervision.
>
> (7) The hospital-based faculty shall evaluate each student on a regular basis and shall document the completion of each aspect of the program for each student."

* * *

From a policy perspective, it is unknown whether this level of regulatory oversight is necessary but MDAC may want to consider some essential elements such as supervision, participants' expectations, and evaluations.

MDAC's next discussion topic was the possible permitting of enrolled students to participate in surgery under the immediate supervision of a duly licensed veterinarian. For the purposes of the discussion, 'immediate supervision' was deemed to mean that the veterinarian was physically present in the same operating theatre as the student, was not providing services to another animal patient and had the capability to assist the student immediately. The policy issues that arise here are the level of competence of the student, whether that competence has to be demonstrated to the supervisor prior to engaging in surgery, and other matter that invoke consumer protection. Perhaps it may be necessary to only authorize students that have completed a specific amount or type of education to perform surgery or establish other safeguards.

MDAC also discussed the provisions of section 2027 of title 16 of the California Code of Regulations. Section 2027 provides:

"A junior or senior student or a graduate of a recognized veterinary college listed in Section 2022(a) who is performing any animal health care task in a veterinary premises registered by the Board may perform only the identical job tasks with the identical degree of supervision by the supervisor as specified for a R.V.T. pursuant to Section 2036."

MDAC was concerned that there was no time limit associated with the graduation date of the student, and by logical extension, an individual who graduated twenty years ago could essentially function as a Registered Veterinary Technician (RVT). Also, there was a concern that essentially treating section 2027's students and graduates as equivalent to an RVT may not fully embrace consumer protection as there is no Board fingerprint requirement, no application, and no examination. Accordingly, MDAC may way want to suggest some revisions to sections 2027.

CVMA CALIFORNIA VETERINARY MEDICAL ASSOCIATION

1400 River Park Drive, Suite 100
Sacramento, CA 95815-4505
916-649-0599
fax 916-646-9156
staff@cvma.net
www.cvma.net

September 15, 2017

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

Dear Ms. Del Mugnaio:

At the request of the Veterinary Medical Board (VMB), the California Veterinary Medical Association (CVMA) formed a Premises Task Force to review premises permit laws and regulations as they relate to all species and practice types. The Task Force convened its first meeting on September 30, 2015 and its seventh, and final, meeting on August 30, 2017.

The charge of the task force was:

- To review premises permit laws and regulations as they relate to all species and practice types
- To review the licensee manager's role
- To review how a veterinary license extends to different premises and
- To make recommendations to the Veterinary Medical Board on proposed changes.

The task force was also asked by the VMB to make recommendations on the delegation of health care tasks to registered veterinary technicians in a shelter setting. The task force expedited this task and submitted recommendations to the VMB on June 27, 2016.

The Premises Task Force was chaired by Dr. Dayna Wiedenkeller and consisted of veterinarians representing different practice types, a registered veterinary technician, a veterinarian member from the Veterinary Medical Board, the executive officer of the Veterinary Medical Board and CVMA staff. This group spent an extensive amount of time studying, discussing and defining premises requirements for varying species, facilities and practices.

As a result of many discussions, the task force concluded that use of the terms premises, practices and clinics was confusing in the context of setting minimum standards. They also concluded that setting minimum standards for all premises and attempting to further define specific standards for each premise did not provide clarity. The task force determined that the best course of action was to define each premises individually and to refer to fixed premises as facilities and ambulatory premises as practices. This allows for minimum standards to be easily recognized in separate sections of the code.

The Premises Task Force developed proposed additions and changes to the following sections of the Veterinary Medical Practice Act:

- Section 2030 Minimum Standards
- Section 2030.05 Minimum Standards – Licensee Manager
- Section 2030.1 Minimum Standards – Small Animal Fixed Facility
- Section 2030.15 Minimum Standards – Large Animal Fixed Facility
- Section 2030.2 Minimum Standards – Small Animal Mobile Facility
- Section 2030.3 Minimum Standards – Animal Vaccination Practice
- Section 2030.4 Minimum Standards – Small Animal House Call Practice
- Section 2030.5 Minimum Standards – Large Animal Ambulatory Practice

The task force also reviewed sections of the practice act that refer to "animal hospital setting" and "range setting" and recommends changes to the following sections:

- Section 2034 Animal Health Care Tasks Definitions
- Section 2036.5(b) Animal Hospital Health Care Tasks for Permit Holders and Veterinary Assistants

While most sections are either new or completely rewritten, only minimal changes were suggested in Sections 2030.5, 2032.4, 2034, and 2036.5. Therefore, to assist the MDAC in their review, the tracked changes in those sections are noted in the document.

The task force discussed an additional type of practice but was unable to come to a conclusion regarding specific minimum standards. An example of this practice would be an independent contractor, such as a board-certified specialist that provides screenings at various events, such as dog shows. Does this veterinarian need a premises permit and what would be the minimum standards required? If a premises permit is needed, the task force believes a separate regulation would be required.

It is currently an existing priority of the VMB's Multidisciplinary Disciplinary Advisory Committee (MDAC) to develop minimum standards for alternate premises. We believe the enclosed proposed regulations are an excellent work product that will help streamline the work of the MDAC and are pleased to submit them for consideration.

Sincerely,

Kevin Lazarcheff, DVM
CVMA President

California Veterinary Medical Association (CVMA)
Premises Task Force Proposed Regulations - September 15, 2017

The following proposed regulations are the recommendations of the CVMA Premises Task Force. Sections that include tracked changes reflect minimal changes to existing regulations. Tracked changes were left in this document to streamline the review process. All other sections are either new or reflect extensive revisions to existing language.

California Code of Regulations

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 regulation adopted thereunder.

Section 2030.1. Minimum Standards – Small Animal Fixed Facility
For purposes of these regulations, a "small animal fixed facility" shall mean a building where veterinary medicine and its various branches are being practiced and where veterinary services are being provided to household pets. A small animal fixed facility shall meet the following minimum standards:
(a) All instruments, apparatus, and apparel shall be kept clean and sanitary at all times.
(b) Indoor lighting for halls, wards, reception areas, examining and surgical rooms shall be adequate for their intended purpose.
(c) Fire precautions shall meet the requirements of local and state fire prevention codes.
(d) The facility, temperature, and ventilation shall be maintained so as to assure the comfort of all patients.
(e) The floors, table tops, and counter tops in areas where animals are being treated shall be

made of a material suitable for regular disinfecting and cleaning, and shall be cleaned and disinfected regularly.
(f) Shall have a reception area and office, or a combination of the two.
(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.
(h) Current veterinary reference materials shall be readily available at the facility.
(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.
(j) Shall have the capacity to render diagnostic radiological services. Radiological procedures shall be conducted in accordance with Health and Safety Code standards.
(k) Shall have the capacity to render clinical pathology and histopathology diagnostic laboratory services.
(l) Shall have the appropriate drugs, including oxygen, and equipment to provide immediate emergency care.
(m) The disposal of waste material shall comply with all applicable federal, state, and local laws and regulations.
(n) If animals are housed or retained for treatment, the following shall be provided:
(1) Compartments or exercise runs or areas for animals shall be consistent with husbandry standards and shall be comfortable, sanitary, and provide for effective separation of animals and waste products.
(2) Effective separation of known or suspected contagious animals.
(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.
(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.
(o) When the facility is closed, a sign shall be posted and visible outside the primary entrance with a telephone number and location where emergency care is available. An answering machine or service shall be used to notify the public when the facility will be re-opened and where after-hours emergency care is available. If no after-hours emergency care is available, full disclosure shall be provided to the public prior to rendering services.
(p) Anesthetic equipment in accordance with the procedures performed shall be maintained in proper working condition and available at all times.
(q) Sanitary methods for the disposal of deceased animals shall be provided.
(r) When the client has not given the veterinarian authorization to dispose of his or her deceased animal, the veterinarian shall be required to retain the carcass in a freezer for at least 14 days prior to disposal.
(s) If aseptic surgery is performed, the following shall be provided:
(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) 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:

1. Zoning limitations.
2. Whether the facility 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) 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, and not provide access from outside the facility when aseptic surgery services are provided.
(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) 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.
(8) In any sterile procedure, a separate sterile pack shall be used for each animal.
(9) All instruments, packs, and equipment shall be sterilized and have an indicator that reacts to and verifies sterilization.
(10) 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.
(t) 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.
(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.

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.
(b) Indoor lighting for halls, wards, reception areas, examining and surgical rooms shall be adequate for their intended purpose.
(c) Fire precautions shall meet the requirements of local and state fire prevention codes.
(d) The facility, temperature, and ventilation shall be maintained so as to assure the comfort of all patients.
(e) The floors, table tops, and counter tops in areas where animals are being treated shall be made of a material suitable for regular disinfecting and cleaning, and shall be cleaned and disinfected regularly.

(f) Shall have a reception area and office, or a combination of the two.
(g) Shall have an examination area separate from other areas of the facility and of sufficient size to accommodate the doctor, assistant, patient, and client.
(h) Current veterinary reference materials shall be readily available at the facility.
(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.
(j) Shall have the capacity to render diagnostic radiological services. Radiological procedures shall be conducted in accordance with Health and Safety Code standards.
(k) Shall have the capacity to render clinical pathology and histopathology diagnostic laboratory services.
(l) Shall have the appropriate drugs and equipment to provide immediate emergency care.
(m) The disposal of waste material shall comply with all applicable federal, state, and local laws and regulations.
(n) If animals are housed or retained for treatment, the following shall be provided:
(1) Compartments or exercise areas for animals shall be consistent with husbandry standards and shall be comfortable, sanitary, and provide for effective separation of animals and waste products.
(2) Effective separation of known or suspected contagious animals.
(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 facility, stating that there may be times when there are no personnel on the premises.
(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.
(o) When a 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.
(p) Anesthetic equipment in accordance with the procedures performed shall be maintained in proper working condition and available at all times.
(q) Sanitary methods for the disposal of deceased animals shall be provided.
(r) If aseptic surgery is performed, the following shall be provided:
(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) 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:
1. Zoning limitations.
2. Whether the facility 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) 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, shall be cleaned and disinfected regularly, and not provide access from outside the facility when aseptic surgery services are provided. In cases where the size of the animal prevents entry to the facility via a regularly sized door, doors for outside access are permitted as long as such doors are able to be fully closed, fill the entire door space, and be made of a material suitable for regular disinfecting and cleaning, and shall be cleaned and disinfected regularly.
(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.
(6) 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.
(7) In any sterile procedure, a separate sterile pack shall be used for each animal.
(8) All instruments, packs, and equipment shall be sterilized and have an indicator that reacts to and verifies sterilization.
(9) 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.
(s) For purposes of this section, “clean surgery” shall mean the performance of a surgical procedure for the treatment of a condition and under circumstances which, consistent with the standards of good veterinary medicine, do not warrant the use of aseptic surgical procedures.
(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.

Section 2030.2. Minimum Standards – Small Animal Mobile Facility
For purposes of these regulations, a “small animal mobile facility” shall mean a mobile unit or vehicle where veterinary medicine and its various branches are being practiced and where veterinary services are being provided to household pets. A small animal mobile facility shall meet the following minimum standards:
(a) All instruments, apparatus, and apparel shall be kept clean and sanitary at all times.
(1) Shall have hot and cold water.
(2) Shall have a 110-volt power source for diagnostic equipment.
(3) Shall have a collection tank for disposal of waste material.
(4) Indoor lighting for halls, wards, reception areas, examining and surgical rooms, which shall be adequate for its intended purpose.
(5) Fire precautions shall meet the requirements of local and state fire prevention codes.

(6) The facility, temperature, and ventilation controls shall be maintained so as to assure the comfort of all patients.
(7) Floors, table tops, and counter tops shall be of a material suitable for regular disinfecting and cleaning, and shall be cleaned and disinfected regularly.
(8) Shall have an examination room of sufficient size to accommodate the doctor, assistant, patient and client.
(9) Current veterinary reference materials shall be readily available at the facility.
(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.
(11) Shall have the capacity to render diagnostic radiological services. Radiological procedures shall be conducted in accordance with Health and Safety Code standards.
(12) Shall have the capacity to render clinical pathology and histopathology diagnostic laboratory services.
(13) Shall have the appropriate drugs, including oxygen, and equipment to provide immediate emergency care.
(14) The disposal of waste material shall comply with all applicable federal, state, and local laws and regulations.
(15) If animals are transported, housed, or retained for treatment, the following shall be provided:
(A) Compartments or exercise runs or areas for animals shall be consistent with good husbandry standards and shall be comfortable, sanitary, and provide for effective separation of animals and waste products.
(B) Effective separation of known or suspected contagious animals.
(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.
(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.
(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. If no after-hour emergency care is available, full disclosure shall be provided to the public prior to rendering services.
(17) Anesthetic equipment in accordance with the procedures performed shall be maintained in proper working condition and available at all times.
(18) Sanitary methods for the disposal of deceased animals shall be provided.
(19) 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.
(b) If aseptic surgery is performed, the following shall be provided:
(1) A room, separate and distinct from other rooms, which shall be reserved for aseptic surgical procedures. A veterinarian may perform emergency aseptic surgical procedures in another room when the room designated for aseptic surgery is occupied or temporarily unavailable.
(2) Shall have an examination area separate from the surgery room that is large enough to conduct an examination.
(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.
(1) Open shelving is prohibited in the surgical room.
(2) The surgery room shall not contain a functional sink with an open drain.
(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.
(e) Surgical instruments and equipment shall be:
(1) Adequate for the type of surgical procedures performed.
(2) All instruments, packs, and equipment shall be sterilized and have an indicator that reacts to and verifies sterilization.
(3) A separate sterile pack shall be used for each animal.
(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.
(1) The board may exempt a facility that was purchased prior to [date] which is currently registered with the board where it determines that it would be a hardship to comply with the provisions of this section.
(g) The following attire shall be required for aseptic surgery:
(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 and 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.
(2) Ancillary personnel in the surgery room shall wear clean clothing, footwear, sanitary cap and mask.
(p) 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.
(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.

Section 2030.3. Minimum Standards – Animal Vaccination Practice
For purposes of these regulations an “animal vaccination practice” shall mean a location where veterinary medicine is being practiced where a veterinarian performs only vaccinations against disease and preventative procedures for parasite control. An animal vaccination practice shall meet the following minimum standards:
(a) All instruments, apparatus, and apparel shall be kept clean and sanitary at all times.
(b) Diagnostic tests shall not be performed and dangerous drugs shall not be prescribed or dispensed.
(c) A veterinarian must remain on site throughout the duration of a vaccination practice. The veterinarian is responsible for proper vaccination and preventative procedures for parasite control and the completeness of recommendations made to the public by the paraprofessional staff that the veterinarian supervises or employs. The veterinarian is responsible for consultation and referral of clients when disease is detected or suspected.
(d) Lighting shall be adequate for the procedures to be performed in the vaccination practice.
(d) Fire precautions shall meet the requirements of local and state fire prevention codes.
(e) When applicable, floors, table tops, and counter tops in areas where animals are being treated shall be made of a material suitable for regular disinfecting and cleaning, and shall be cleaned and disinfected regularly.

(f) The disposal of waste material shall comply with all applicable federal, state, and local laws and regulations.
(g) Current veterinary reference materials shall be readily available at the practice.
(h) All drugs and biologicals shall be stored and maintained according to the manufacturer's recommendations and administered in compliance with federal and state laws.
(i) Shall have the appropriate drugs and equipment to provide immediate emergency care at a level commensurate with the specific veterinary medical services provided.
(j) 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.
(k) Fresh, clean water shall be available for sanitizing and first aid. Disposable towels and soap shall be readily available.
(l) A legible list of contact information for facilities or practices that provide emergency services shall be provided to the client.
(m) Maintain records of all vaccinations and drugs administered to each patient for a minimum of three (3) years from the date that they were administered.
(n) 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.

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.
(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.
(d) Prior notice shall be given to the client when the practice is closed. An answering machine or service shall be used to notify the public when the practice will be re-opened and where after hour emergency care is available. If no after hour emergency care is available, full disclosure shall be provided to the public prior to rendering services.
(f) A legible list of contact information for facilities or practices that provide emergency services shall be provided to the client.
(g) The disposal of waste materials shall comply with all applicable federal, state, and local laws and regulations.
(h) The capacity to render diagnostic radiological services. Radiological procedures shall be conducted in accordance with Health and Safety Code standards.
(i) The capacity to render clinical pathology and histopathology diagnostic laboratory services.
(j) All drugs and biologicals shall be stored and maintained according to the manufacturer's recommendations and administered, prescribed, and dispensed in compliance with federal and state laws.
(k) Sanitary methods for the disposal of deceased animals shall be provided.
(l) 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.
(m) Shall have the appropriate drugs and equipment to provide immediate emergency care at a level commensurate with the specific veterinary medical services provided.
(n) Current veterinary reference materials shall be readily available.
(o) 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.

(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.

Section 2030.45. Minimum Standards –

Note: This section shall refer to board certified specialists providing veterinary screenings at various events, such as dog shows, etc.

Section 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 be kept clean and sanitary at all times.

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

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

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

(e) Shall have the capacity to render diagnostic radiological services. Radiological procedures shall be conducted in accordance with Health and Safety Code standards.

(f) Shall have the capacity to render clinical pathology and histopathology diagnostic laboratory services.

(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.

(h) Current veterinary reference material shall be readily available.

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

(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.

(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.

Section 2034. Animal Health Care Tasks Definitions

For purposes of the rules and regulations applicable to animal health care tasks for registered veterinary technicians and unregistered assistants, contained in the article, the term:

(a) "Veterinarian" means a California licensed veterinarian.

(b) "R.V.T." means a registered veterinary technician certified by the Board.

(c) “Unregistered assistant” means any individual who is not an R.V.T. or a licensed veterinarian.
(d) “Supervisor” means a California licensed veterinarian or if a job task so provides an R.V.T.
(e) “Direct Supervision” means: (1) the supervisor is physically present at the location where animal health care job tasks are to be performed and is quickly and easily available; and (2) the animal has been examined by a veterinarian at such time as good veterinary medical practice requires consistent with the particular delegated animal health care job task.
(f) “Indirect Supervision” means: (1) that the supervisor is not physically present at the location where animal health care job tasks are to be performed, but has given either written or oral instructions (“direct orders”) for treatment of the animal patient; and (2) the animal has been examined by a veterinarian at such times as good veterinary medical practice requires, consistent with the particular delegated animal health care task and the animal is not anesthetized as defined in Section 2032.4.
(g) “Animal Hospital Setting” means all veterinary premises which are required by Section 4853 of the Code to be registered with the Board.
(h) “Range Setting” means on the same property and in the vicinity of where equine, food animal, or livestock are treated pursuant in B&P 4825.1 (c) and (d).
(i) “Administer” means the direct application of a drug or device to the body of an animal by injection, inhalation, ingestion, or other means.
(j~~i~~) “Induce” means the initial administration of a drug with the intended purpose of rendering an animal unconscious.

Related Sections to “animal hospital setting”:

Section 2032.4(b)(5). 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.

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

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

(a) Permit holders and veterinary assistants shall be prohibited from performing any of the functions or activities specified in subsections (a) (b) and (c) of Section 2036 of these regulations, except that a permit holder under the direct or indirect supervision of a licensed veterinarian may administer a controlled substance.

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

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.

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 animals 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.