

Department of Consumer Affairs
Veterinary Medical Board

Multidisciplinary Advisory Committee Meeting

Department of Consumer Affairs
1747 N. Market Blvd.
1st Floor Hearing Room
Sacramento, California

Tuesday, November 13, 2018
10:00 a.m.

Committee Members

Jeff Pollard, DVM
Allan Drusys, DVM
Meg Warner, DVM
Kevin Lazarcheff, DVM
Kristi Pawlowski, RVT
Leah Shufelt, RVT
Stuart Eckmann, Public Member
Jennifer Loreda, RVT, Board Liaison

Executive Officer

Jessica Sieferman

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Veterinary Medical Board

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MEETING NOTICE and AGENDA MULTIDISCIPLINARY ADVISORY COMMITTEE

Committee Members

Jeff Pollard, DVM, Chair
Kristi Pawlowski, RVT, Vice-Chair
Allan Drusys, DVM
Kevin Lazarcheff, DVM
Margaret Warner, DVM
Leah Shufelt, RVT
Stuart Eckmann, Public Member
Jennifer Loreda, RVT

November 13, 2018
1747 N. Market Blvd.
1st Floor Hearing Room
Sacramento, California

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

10:00 a.m., Tuesday, November 13, 2018

1. Call to Order/ Roll Call/ Establishment of a Quorum
2. Committee Chair's Remarks, Committee Member Comments, and Introductions
3. Review and Approval of August 28, 2018 Committee Meeting Minutes
4. Executive Officer Report
 - A. BreEZe Updates and Improvements
 - B. Outreach Efforts
 - C. Licensing Program
 - D. Enforcement Program
5. Update from the Public and Private Shelters and Minimum Standards and Protocols for Shelter Medicine Subcommittee; Potential Recommendation to Full Board
6. Discussion and Consideration of Intra-Oral Dental Radiographic Equipment Requirements – Section [2030](#), Article 4, Division 20, Title 16 of the California Code of Regulations; Potential Recommendation to Full Board
7. Update from the Minimum Standards and Protocols for Pet Ambulances Subcommittee; 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 2019 Meeting Dates
 - A. Multidisciplinary Advisory Committee Assignment Priorities
 - B. Agenda Items for Next Meeting
 - C. 2019 Meeting Dates

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. In accordance with the Bagley-Keene Open Meeting Act, all meetings of the Committee 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 Veterinary Medical Board, 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.



MEETING MINUTES MULTIDISCIPLINARY ADVISORY COMMITTEE

August 28, 2018
1747 N. Market Blvd.
1st Floor Hearing Room
Sacramento, California

10:00 a.m. Tuesday, August 28, 2018

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

Multidisciplinary Advisory Committee (MDC) Chair, Dr. Jeff Pollard called the meeting to order at 10:02 a.m. Veterinary Medical Board (Board) Executive Officer, Ms. Jessica Sieferman, called roll; eight members of the MDC were present, and a quorum was established. Ms. Jennifer Loredó, Registered Veterinary Technician (RVT), Board Liaison was absent.

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

Dr. Pollard addressed the MDC and welcomed the new members.

Members Present

Jeff Pollard, Doctor of Veterinary Medicine (DVM), Chair
Allan C. Drusys, DVM
Kevin Lazarcheff, DVM
Meg Warner, DVM
Kristi Pawlowski, RVT (*departed at 10:50 a.m.*)
Leah Shufelt, RVT
Stuart Eckmann, Public Member
Richard Sullivan, DVM, Board Liaison

Staff Present

Jessica Sieferman, Executive Officer
Ethan Mathes, Administrative Programs Manager
Amanda Drummond, Administrative Program Analyst
Tara Welch, Legal Counsel

Guests Present

Valerie Fenstermaker, California Veterinary Medical Association (CVMA)
Erica Hughes, California Animal Welfare Organization
Bonnie Lutz

Ryan Marcroft, Department of Consumer Affairs (DCA), Legal Affairs Division
Grant Miller, DVM, CVMA
Allyne Moon, California Registered Veterinary Technician Association (CaRVTA)
Mark Nunez, DVM, Veterinary Medical Board
Ken Pawlowski, DVM, CVMA
Cindy Savely, RVT, CVMA and Sacramento Valley Veterinary Technician Association (SVVTA)
Cheryl Waterhouse, DVM, Veterinary Medical Board

3. Review and Approval of May 22, 2018 Committee Meeting Minutes

The MDC made minor changes to the May 22, 2018 meeting minutes.

- Ms. Kristi Pawlowski, RVT, moved and Dr. Richard Sullivan seconded to approve the minutes, as amended. The motion carried 6-0-2. Dr. Alan Drusys and Ms. Leah Shufelt, RVT, abstained.

4. Election of Multidisciplinary Advisory Vice-Chair

Dr. Pollard requested nominations to the position of MDC Vice-Chair.

- Dr. Jeff Lazarcheff nominated Ms. Kristi Pawlowski, RVT, to the position of MDC vice-chair. Ms. Pawlowski accepted the nomination. The motion carried 8-0.

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

Dr. Pollard updated on the recent Complaint Process Audit Subcommittee meeting that he and Dr. Lazarcheff conducted regarding written testimony from expert witness in formal discipline cases. The Complaint Process Audit Subcommittee has met several times over the course of three years and has reviewed approximately 100 cases. They reported that the most recently reviewed cases are the first cases reviewed that have been written by current expert witnesses.

The Subcommittee and MDC expressed concerns in their review of formal discipline cases, including possible biased, written comments made by expert witnesses. At times, expert witness comments were also used by the Deputy Attorney General (DAG) and were taken into consideration in drafting an accusation. The MDC identified a need to further educate expert witnesses to resolve these issues. Ms. Siefertman stated that, going forward, Board staff will reach out to expert witnesses to provide feedback with the expert witness reports, as well as to present these findings at the expert witness training for further guidance.

The MDC also discussed whether there was a continued need to maintain this Subcommittee. The consensus from the MDC was that the Complaint Process Audit Subcommittee was important and provided valuable feedback to the Board and expert witnesses, and if expert witnesses were to continue to improve, regular feedback from the Subcommittee was necessary.

6. Update from the Public and Private Shelters and Minimum Standards and Protocols for Shelter Medicine Subcommittee; Potential Recommendation to Full Board

Dr. Sullivan presented proposed changes to the shelter minimum standards that Ms. Loreda and he recommended based on research and previous discussions at the May MDC meeting.

CCR section 2035 – Duties of Supervising Veterinarian

The MDC discussed the proposed changes to Title 16, California Code of Regulations (CCR) section 2035. The MDC decided that the term “permit holder” was confusing, as it could be determined to mean premises permit holder and agreed to make a global change to replace “permit holder” with “VACSP holder.” The MDC also agreed that subsection (e), regarding rabies, was not appropriately placed in section 2035 as it specifically applies to animal shelters and agreed to move subsection (e) to CCR section 2035.5, new subsection (g).

The MDC also discussed potentially rewording subsection (d), but ultimately recommended that further research into the history of CCR section 2035 be conducted to determine the genesis of subsection (d) prior to its removal. Legal counsel will research the history of CCR section 2035, subsection (d) and report the findings at the November MDC meeting.

CCR section 2035.5 – Duties of Supervising Veterinarian and Animal Health Care Tasks for R.V.T, Permit Holders, and Veterinary Assistant in the Shelter Setting

In addition to the changes identified in CCR section 2035, the MDC also agreed to add subsection (f) to allow for animals relinquished to the shelter with a valid prescription to continue receiving the prescription prior to a veterinarian examination. The MDC agreed that staff would draft the language for this section and present the language for consideration at the November MDC meeting.

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

The MDC and members of the public discussed the definition of an “animal shelter facility” and whether the definition should include rescue organizations. The Committee agreed to table the discussion regarding the definition of an “animal shelter facility” to allow for legal counsel to research the purview of the Board regarding rescues and to allow the Subcommittee to reword the section preamble further.

The Committee also discussed CCR section 2030.6 subsections, modeled after CCR section 2030.1, to determine what was relevant to a shelter setting, determine if separate minimum standards for a shelter setting were needed, or whether a shelter is providing medical services if they fell under the regulations as defined in CCR section 2030.1. The MDC agreed to table the discussion until the November meeting.

7. Minimum Standards and Protocols for Dental Radiography Procedures; Potential Recommendation to Full Board

Dr. Pollard reported that he and Ms. Shufelt were tasked with researching whether dental radiographs are considered the standard of care in veterinary medicine. This task, assigned to the MDC at the May Board meeting, evolved from the original discussion regarding RVT tasks for dental extractions. The MDC and members of the public discussed the differences between minimum standards and the standard of care in veterinary medicine and whether it would be appropriate to develop regulations requiring dental radiographs as a standard of care. It was determined that standard of care evolves over time and that requiring dental radiographs as a standard of care would limit public access to dental services. It was also discussed that approximately 70% of veterinary practices do not have dental radiograph equipment and do not provide this service, so mandating it as a standard of care would be difficult when most of the veterinary population does not offer this service. The MDC determined that no further action needed to be taken on this item.

8. Minimum Standards and Protocols for Pet Ambulances; Potential Recommendation to Full Board

Ms. Sieferman reported that there are three types of pet ambulances: ambulances that are tied to an existing veterinary premise; ambulances that operate as mobile clinics; and ambulances that are transportation only. It was determined that if individuals are providing veterinary services on the ambulances, they are operating under the purview and requirements of CCR section 2030.2, and the Board has oversight over these licensees. Ms. Sieferman recommended that a frequently asked questions (FAQ) be developed and distributed to the public and other government agencies regarding the requirements to own and operate a pet ambulance. The MDC and members of the public were also encouraged to notify the Board if they are aware of any businesses offering pet ambulance services so that Board staff can research these businesses to ensure that they are not conducting unlicensed activity. The MDC determined that no further action needed to be taken on this item.

9. Public Comment on Items Not on the Agenda

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

10. Future Agenda Items and Next Meeting Dates

A. Next Meeting Dates

- November 13, 2018, Sacramento

B. Multidisciplinary Advisory Committee Assignment Priorities

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

- Update from the Complaint Process Audit Subcommittee
- Review minimum standards for shelter medicine

11. Adjournment

Dr. Jeff Lazarcheff moved to adjourn, and Dr. Alan Drusys seconded the motion.

The MDC adjourned at 3:51pm.

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MEMORANDUM

DATE	November 13, 2018
TO	Multidisciplinary Advisory Committee
FROM	Jessica Sieferman, Executive Officer
SUBJECT	Agenda Item 4B. Outreach Efforts

Revised Website

To better serve consumers, licensees, and applicants, Veterinary Medical Board (Board) staff has been working with the Department of Consumer Affairs (DCA) Office of Information Services – Internet Team since January redesigning the Board’s website.

First focusing on the home page, then moving to secondary and tertiary levels, VMB staff added emphasis to Inspections and Enforcement – making it easier for the public to access information. Pages are condensed with more relevant information highlighted, making it easier for individuals to read. In addition, various FAQs are being updated, ensuring the public has the most up to date information.

VMB staff anticipates the website being complete by the end of the year.

Increased Outreach Efforts

In late August, the Board management team met with the Department of Consumer Affairs (DCA) Office of Public Affairs to discuss ways to improve its outreach efforts to consumers and licensees. The Public Affairs team has launched numerous outreach campaigns for DCA’s Boards and Bureaus, including the Board of Registered Nursing’s (BRN) [“Go Green”](#) campaign and bringing more awareness to BRN’s [Substance Abuse Intervention Program](#).



Public Affairs also writes various blogs, highlights successful enforcement efforts and brings awareness to various licensing entities. Recently, they launched a social media campaign bringing awareness to DCA's new license search tool:



Life can be complicated.
Checking your **veterinarian's** license shouldn't be.

The new **DCA License Search.**
Access to over 3.5 million licensees, 24 hours a day, 7 days a week.

STATE OF CALIFORNIA
dca
DEPARTMENT OF CONSUMER AFFAIRS

Scroll, swipe, point, or click <https://search.dca.ca.gov>

The advertisement features a black and white French Bulldog and a brown teddy bear lying on a blue surface. Both are wearing blue ice packs on their heads. The dog has a thermometer in its mouth. To the right, a smartphone displays the DCA License Search interface, which includes a search bar, a dropdown menu for 'BOARDS AND BUREAUS', and input fields for 'LICENSE TYPE' and 'LICENSE NUMBER'. The background is a plain white surface.

They also control [DCA's Blog Page](#), posting helpful information for consumers. In October, their team posted "[Don't let Halloween Become a Horror for Your Pets](#)" highlighting potential dangers to pets during Halloween. Board members are encouraged to subscribe to DCA's Blog Page and share the Board's social media information on their various platforms.

Board staff will work with DCA's Office of Public Affairs to launch the Board's Newsletter which will include important information for licensees, applicants, school administrators, and consumers. In addition, once BreEZe improvements are made, Board staff will work with Public Affairs help bring more awareness to BreEZe services.

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MEMORANDUM

DATE	November 15, 2018
TO	Veterinary Medical Board
FROM	Ethan Mathes. Operations Manager
SUBJECT	Licensing/Examination Report

Applications

Applications Received										
	Fiscal Year 2017-18					Fiscal Year 2018-19				
	Q1	Q2	Q3	Q4	YTD	Q1	Q2	Q3	Q4	YTD
	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jul		Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jul	
VET	142	235	378	231	986	126				126
UNIV	0	0	52	16	68	24				24
RVT	246	193	206	250	895	250				250
HSP	82	78	57	85	302	54				54
VACSP	425	531	467	502	1925	426				426
Total	895	1037	1160	1084	4176	880				880

Examinations

CALIFORNIA STATE BOARD EXAMINATION					
May – Oct. 2017		Nov. 2017 – Apr. 2018		May – Oct. 2018*	
Candidates	Pass Pct.	Candidates	Pass Pct.	Candidates	Pass Pct.
217	84%	334	84%	163	75%

**partial examination window data*

NORTH AMERICAN VETERINARY LICENSING EXAMINATION					
Mar./Apr. 2017		Nov./Dec. 2017		Mar./Apr. 2018	
Candidates	Pass Pct.	Candidates	Pass Pct.	Candidates	Pass Pct.
87	68%	412	85%	97	60%

CALIFORNIA VETERINARY TECHNICIAN EXAMINATION					
Jul. – Dec. 2017		Jan. – Jun. 2018		Jul. – Dec. 2018*	
Candidates	Pass Pct.	Candidates	Pass Pct.	Candidates	Pass Pct.
297	78%	312	98%	230	95%
<i>*partial examination window data</i>					

VETERINARY TECHNICIAN NATIONAL EXAMINATION					
Nov./Dec. 2017		Mar./Apr. 2018		Jul./Aug. 2018	
Candidates	Pass Pct.	Candidates	Pass Pct.	Candidates	Pass Pct.
363	53%	262	67%	267	68%

Licensing

Licensees	
<i>as of September 2018</i>	
Veterinarian Licenses*/**	14,535/12,704
Veterinarian Licenses – California**	11,855
University Veterinarian*/**	59/59
Veterinarian – Internship**	30
Veterinarian – Reciprocity**	43
Registered Veterinary Technician Licenses*/**	8,851/6,919
Registered Veterinary Technician Licenses – California**	6,890
Premise Permits*/**	4,204/3,686
Premise Permits – Exempt**	158
Veterinary Asst. Cont. Sub. Permit*/**	4,661/4,115
<i>*includes delinquent, inactive, and clear licensees; **clear licensees</i>	

Licenses Issued										
	Fiscal Year 2017-18					Fiscal Year 2018-19				
	Q1	Q2	Q3	Q4	YTD	Q1	Q2	Q3	Q4	YTD
	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jul		Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jul	
VET	174	116	81	360	731	177				177
UNIV	0	0	1	37	38	15				15
RVT	146	129	154	172	601	144				144
HSP	74	61	47	71	253	39				39
VACSP	415	475	303	400	1593	275				275
Total	809	781	586	1040	3216	650				650

Examination Development and Workshops

Veterinary Technician Occupational Analysis: The Department's Office of Professional Examination Services (OPES) has completed its Occupational Analysis (OA) of the California Registered Veterinary Technician Profession. The *Occupational Analysis of the California Registered Veterinary Technician Profession* is on the Board's website.

The AAVSB-VTNE Job Analysis and Veterinary Technician National Examination studies were completed in September 2017 and May 2018 respectively. The *Review of the Veterinary Technician National Examination* is on the Board's website; Heidi Lincer from OPES will present the report findings at the November Board meeting.

The new California RVT Examination Outline and List of References (based on the occupational analysis and comparison study report) has been finalized and will be published on the Board's website and in the RVT Candidate Information Bulletin. The new Examination Outline and List of References will be used commencing with the January 2019 administration of the California RVT Examination and is included with this Report.

Veterinary Occupational Analysis: OPES has begun its OA of the veterinary profession in Fiscal starting with the first workshop in October 2018; the last OA of the profession was completed in December 2013. The veterinary OA is scheduled for completion in December 2019.

Veterinary Law Examination: Senate Bill 1491 (Hill, 2018), effective January 1, 2019, has authorized the Board the ability to administer the Veterinary Law Examination (VLE) by electronic means. Board staff will begin work in cooperation with OPES to develop an electronic VLE to deploy in early-2019.

Diversions Program

The next Diversion Evaluation Committee (DEC) meeting is scheduled for February 2019.

The DEC meets every February, June, and October. There are currently two participants in the Diversion Program; recently, two participants successfully completed the program and expressed their gratitude for the assistance the program provided.

Personnel

There are no personnel updates at this time.

January 2019 California Registered Veterinary Technician Examination Outline

1. Diagnostic Imaging (10%). This content area assesses the candidate’s knowledge of the laws, regulations, and practices pertaining to performing radiography, including safety procedures and equipment maintenance.	
TASK STATEMENT	ASSOCIATED KNOWLEDGE STATEMENTS
T1. Adhere to radiation protocol (i.e., personal protective equipment placement, distance from exposure, equipment settings) to ensure safety of staff and patients.	K1. Knowledge of laws and regulations regarding radiation safety. K2. Knowledge of methods to limit operator radiation exposure (e.g., collimation and personal protective equipment). K3. Knowledge of methods, procedures, and equipment for radiography. K4. Knowledge of dangers associated with radiation exposure.
T2. Adhere to state regulations regarding radiographic equipment maintenance to ensure staff and patient safety.	K4. Knowledge of dangers associated with radiation exposure. K5. Knowledge of the care and maintenance of personal protective equipment.
T3. Label diagnostic images in accordance with state regulations.	K6. Knowledge of laws and regulations regarding labeling and storage of radiographs.

2. Anesthesia, Surgical Assistance, and Dentistry (20%). This content area assesses the candidate’s knowledge of the laws, regulations, and practices pertaining to inducing anesthesia, providing surgical assistance, and performing tooth extractions.	
TASK STATEMENT	ASSOCIATED KNOWLEDGE STATEMENTS
T4. Induce anesthesia on patient using various methods (e.g., intravenously, inhalation, intramuscularly) to prepare patient for veterinary surgical procedures.	K7. Knowledge of levels and planes of anesthesia. K8. Knowledge of procedures for operating and maintaining anesthesia collection systems (e.g., scavenging) to ensure health and safety of personnel.
T5. Close existing incisions on patient (e.g., aural hematoma, lacerations, gingiva) with sutures, staples, or tissue adhesives to control bleeding and prevent infection.	K9. Knowledge of techniques and procedures to suture and staple skin.
T7. Extract teeth from patient to maintain oral health.	K11. Knowledge of techniques for tooth extraction.

3. Animal Nursing (18%). This content area assesses the candidate's knowledge of the laws, regulations, and practices pertaining to euthanizing animals and disposing of biohazardous and infectious materials.	
TASK STATEMENT	ASSOCIATED KNOWLEDGE STATEMENTS
T8. Euthanize animals using humane methodology in accordance with state regulations.	K12. Knowledge of procedures and acceptable methods for euthanasia of various species. K23. Knowledge of laws and regulations related to euthanasia of animals.
T9. Dispose of biohazard material in accordance with state and local laws.	K13. Knowledge of federal and state regulations regarding handling, storage, and disposal of biohazardous waste.
T10. Perform infection and pathogen control in accordance with state and federal law regarding an aseptic clinical environment.	K14. Knowledge of techniques to manage contagious diseases.

4. Pharmacology (20%). This content area assesses the candidate's knowledge of the laws and regulations related to administering vaccines by various routes; and to storing and maintaining medication and controlled substances.	
TASK STATEMENT	ASSOCIATED KNOWLEDGE STATEMENTS
T11. Maintain controlled substance logs in accordance with state and federal requirements.	K15. Knowledge of methods for maintaining controlled substance records and logs.
T12. Store and maintain controlled substances in accordance with state and federal requirements.	K16. Knowledge of requirements for prescription labels. K17. Knowledge of federal and state regulations (e.g., drug schedule) regarding ordering, handling, and storage of controlled substances.
T13. Administer rabies vaccinations in accordance with state laws and regulations.	K18. Knowledge of state laws and regulations related to rabies vaccine protocols and preventative measures and schedules.
T14. Store pharmacological agents in accordance with manufacturer's recommendations and state and federal requirements.	K19. Knowledge of storage requirements of pharmacological agents.

TASK STATEMENT	ASSOCIATED KNOWLEDGE STATEMENTS
<p>T15. Report illegal animal activities and disease exposure in accordance with laws and regulations.</p>	<p>K20. Knowledge of laws and regulations pertaining to reporting animal abuse, neglect, or zoonotic disease exposure.</p> <p>K21. Knowledge of reportable diseases according to California law.</p>

<p>6. Scope of Practice (26%). This content area assesses the candidate's knowledge of the laws and regulations that define the registered veterinary technician scope of practice during emergency and nonemergency situations.</p>	
TASK STATEMENT	ASSOCIATED KNOWLEDGE STATEMENTS
<p>T16. Comply with legal parameters regarding Registered Veterinary Technician scope of practice.</p>	<p>K22. Knowledge of laws and regulations that define Registered Veterinary Technician scope of practice during nonemergencies.</p> <p>K24. Knowledge of laws and regulations that define Registered Veterinary Technician scope of practice during emergencies.</p>

Registered Veterinary Technician January 2019 List of References

1. Bassert, JM (2017). *McCurnin's Clinical Textbook for Veterinary Technicians*. 9th ed. St. Louis, MO: Saunders; 2004.
2. California Department of Public Health. *California Compendium of Rabies Control and Prevention, 2012*. Sacramento, CA: California Department of Public Health, Veterinary Public Health Section; 2012.
<https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/CACompendiumofRabiesControlandPrevention.pdf>
3. California Department of Public Health. *Laws and Regulations Relating to Rabies; Excerpts from the California Health and Safety Code and the California Code of Regulations*. Sacramento, CA: California Department of Public Health, Division of Communicable Disease Control, Infectious Diseases Branch, Veterinary Public Health Section; December 2014.
<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Rabies.aspx>.
4. California Business and Professions Code, Veterinary Medicine – Practice Provisions, Sections 4825.1, 4826, 4827, 4830.5 and 4830.7.
http://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?lawCode=BPC&division=2.&title=&part=&chapter=11.&article=2.
5. California Business and Professions Code, Veterinary Medicine – Registered Veterinary Technicians, Sections 4836.1, 4839.5, 4840, 4840.6, and 4840.7.
http://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?lawCode=BPC&division=2.&title=&part=&chapter=11.&article=2.5.
6. California Code of Regulations, Title 16, Professional and Vocational Regulations – Veterinary Medical Board – Practice, Sections 2030, 2030.3, 2032.1, 2032.3(c), 2032.4, 2035, 2036, 2036.5, 2037, and 2039.
[https://govt.westlaw.com/calregs/Browse/Home/California/CaliforniaCodeofRegulations?guid=I8EB03CE0D48F11DEBC02831C6D6C108E&originationContext=documenttoc&transitionType=Default&contextData=\(sc.Default\)](https://govt.westlaw.com/calregs/Browse/Home/California/CaliforniaCodeofRegulations?guid=I8EB03CE0D48F11DEBC02831C6D6C108E&originationContext=documenttoc&transitionType=Default&contextData=(sc.Default))
7. California Code of Regulations, Title 16, Professional and Vocational Regulations – Veterinary Medical Board – Registered Veterinary Technicians, Section 2069 (Emergency Animal Care).
[https://govt.westlaw.com/calregs/Document/I9F3228D0D48F11DEBC02831C6D6C108E?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=\(sc.Default\)](https://govt.westlaw.com/calregs/Document/I9F3228D0D48F11DEBC02831C6D6C108E?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=(sc.Default))

8. California Code of Regulations, Title 17, Public Health – Reportable Diseases and Conditions, Section 2500 (Reporting to the Local Health Authority) and Section 2606 (Rabies, Animal).
[https://govt.westlaw.com/calregs/Browse/Home/California/CaliforniaCodeofRegulations?guid=IC732F680D60511DE88AEDDE29ED1DC0A&originationContext=documenttoc&transitionType=Default&contextData=\(sc.Default\)](https://govt.westlaw.com/calregs/Browse/Home/California/CaliforniaCodeofRegulations?guid=IC732F680D60511DE88AEDDE29ED1DC0A&originationContext=documenttoc&transitionType=Default&contextData=(sc.Default))
9. California Health and Safety Code, Environmental Health – Medical Waste, Section 117690.
http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=117690.&lawCode=HSC
10. California Health and Safety Code, Communicable Disease Prevention and Control – Veterinary Public Health and Safety – Rabies Control, Sections 121575 and 121690.
http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=121575.&lawCode=HSC
11. California Veterinary Medical Board. *Radiation Safety Guide: Relating to veterinary medicine and animal health technology in California, 2012*. Sacramento, CA: California Veterinary Medical Board; 2012.
https://www.vmb.ca.gov/forms_pubs/radguide.pdf
12. Uniform Controlled Substances Act (1972). California Health and Safety Code, Division 10, Sections 11053, 11165 (CURES), and 11190.
http://leginfo.legislature.ca.gov/faces/codes_displayexpandedbranch.xhtml?lawCode=HSC&division=10.&title=&part=&chapter=2.&article=&qoUp=Y

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MEMORANDUM

DATE	November 13, 2018
TO	Multidisciplinary Advisory Committee
FROM	Robert Stephanopoulos. Enforcement Manager
SUBJECT	Enforcement Report

Staffing Update

The Board has filled the vacant Office Technician: Intake, Staff Services Analyst: Investigations, and Staff Services Manager I: Enforcement Manager positions, fully staffing the Enforcement Unit. Background information on the incumbents can be found below.

Mr. Dillon Christensen, the Board's new Office Technician, is tasked with the processing and assignment of cases as well as stakeholder inquiries and related correspondence. Mr. Christensen has accrued a wealth of enforcement experience from his time as an Enforcement Technician at the California State Board of Optometry and is already putting his knowledge to good use at VMB.

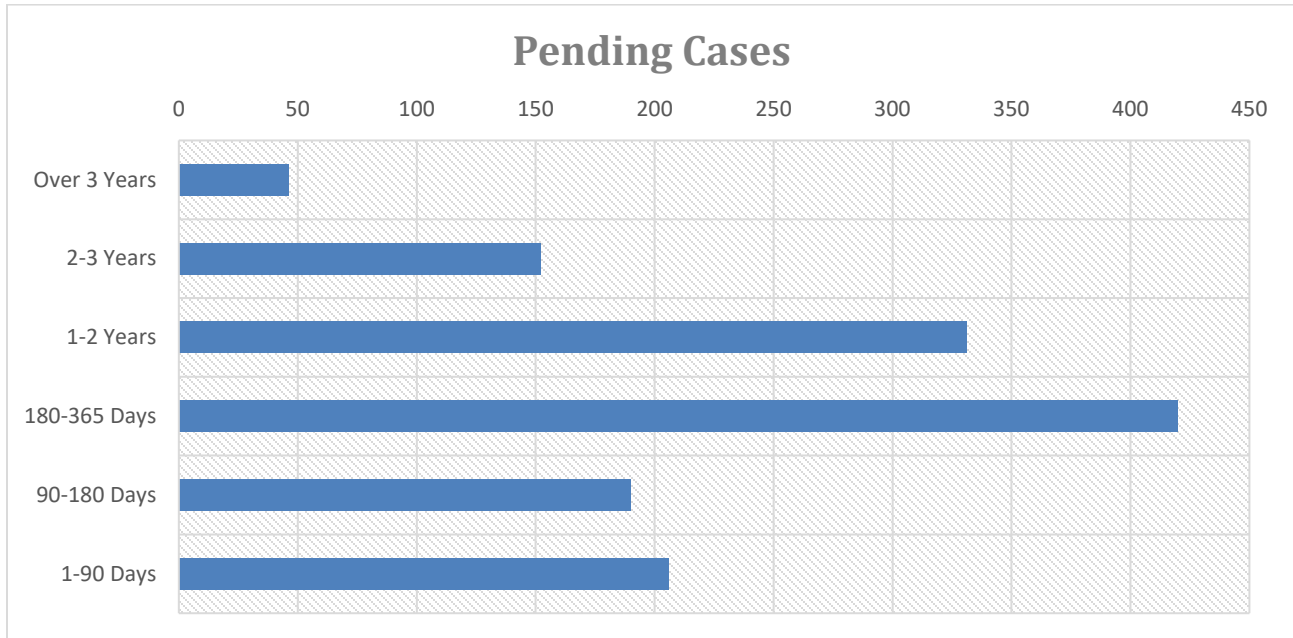
Ms. Kimberly Gorski was recently promoted to Staff Services Analyst from her prior assignment as Office Technician in the intake unit. Among other duties, Ms. Gorski will be investigating complaints, drafting citations, and recommending disciplinary action. She is quickly learning the investigation process and is eager to hone her skills within the Enforcement Unit.

In mid-October, the Enforcement Manager position was filled by Mr. Rob Stephanopoulos, who will be overseeing the staff and activities of the Enforcement Unit. Mr. Stephanopoulos was the Assistant Executive Officer at the California State Board of Optometry, where he managed the Enforcement, Licensing, and Administrative units. Prior to his time as a Manager, he was an Enforcement Analyst and Probation Monitor. Mr. Stephanopoulos has already conveyed how impressed he is with the enforcement team's dedication to consumer protection, willingness to go the extra mile, and overall engagement in the process, and is excited to collaborate with staff.

In late October, enforcement staff attended a training on utilizing DCA's BreEZe database more efficiently. Management will be meeting with the BreEZe team to facilitate additional trainings to further increase the Enforcement Unit's BreEZe usage and understanding.

From November 13 through November 15, the Enforcement Unit will be attending a National Certified Investigator & Inspector Training produced by the Council on Licensure, Enforcement & Regulation. This course provides hands-on training and certification in investigation and inspection techniques and procedures, which will expand the knowledge and skills of enforcement staff.

Complaint Investigation



Due to recent staff changes and prior vacancies in the enforcement unit, the number of cases pending at intake for FY 18/19 has risen to 141. However, with the office technician position now filled and the incumbent quickly picking up the process, this number should drop quickly. Further, overtime has been offered to the enforcement staff on a temporary basis to immediately address the intake backlog.

The Board received a total of 235 complaints during the first quarter of the 18/19 fiscal year, bringing our number of total pending cases up to 1199. Management is in the process of investigating the cause of increase in complaints between FY 16/17 and FY 17/18 to determine whether there is a catalyst or if it is a matter of data cleanup (or both).

Probation Monitoring

The Board is currently monitoring a total of 104 probationers on active probation.

The Board currently has a total of 15 Petitions to Revoke Probation pending against probationers for issues of non-compliance.

Enforcement Forecast

Due to the number of pending complaints, the Enforcement Manager will be performing a series of one-on-one meetings with staff to address this increased caseload. During these meetings, current staff processes will be mapped to determine if there are opportunities for improvement. In addition, these maps will serve as a blueprint to facilitate the creation of office procedures in the enforcement unit which can be integrated into the BreEZe database.

With the approval of legal, management has drafted licensed and unlicensed citation templates to be utilized in a large number of the Board’s outstanding investigations. With this planned uptick in citation issuances, there will be a proportional increase in the number of informal conferences and administrative hearings.

Management has met with the Division of Investigation (DOI) on multiple occasions to discuss outstanding cases and with the goal of maintaining an open dialog and ensuring clear communication through the investigative process. DOI has been very receptive to feedback and management will continue to meet with DOI staff and management to ensure the needs of the Board are appropriately being met.

As BreEZe is the Board’s centralized database, management will be meeting with the BreEZe team to explore opportunities to configure the system to streamline processes such as assigning/tracking cases and drafting/sending correspondence. In addition, the enforcement team is looking at uploading all case materials BreEZe for easier access and security.

In response to the Board’s rising Attorney General (AG) costs, management is investigating the current transmittal and communication process with the AG’s Office, in hopes of identifying opportunities to reduce cost. The Enforcement Manager will be keeping close tabs on the AG billing statements to ensure the budget is fiscally maintained.

Statistical Report

COMPLAINTS AND CONVICTIONS										
Complaints and Convictions	FY 2017 - 2018					FY 2018 - 2019				
	QTR 1 (Jul - Sep)	QTR 2 (Oct - Dec)	QTR 3 (Jan - Mar)	QTR 4 (Apr - Jun)	YTD	QTR 1 (Jul - Sep)	QTR 2 (Oct - Dec)	QTR 3 (Jan - Mar)	QTR 4 (Apr - Jun)	YTD
Complaints Received	281	238	265	238	1022	235				235
Convictions Received	20	22	22	15	79	14				14
Average Days to Intake	3	3	7	12	6	50				50
Closed at Intake	0	0	0	0	0	1				1
Pending at intake	0	4	28	20	20	141				141
<i>Average Days to Intake - Average cycle time from complaint received, to assignment to an investigator.</i>										

UNLICENSED ACTIVITY COMPLAINTS RECEIVED										
Unlicensed Activity Complaints	FY 2017 - 2018					FY 2018 - 2019				
	QTR 1 (Jul - Sep)	QTR 2 (Oct - Dec)	QTR 3 (Jan - Mar)	QTR 4 (Apr - Jun)	YTD	QTR 1 (Jul - Sep)	QTR 2 (Oct - Dec)	QTR 3 (Jan - Mar)	QTR 4 (Apr - Jun)	YTD
Received	34	27	9	20	90	19				19

DESK INVESTIGATIONS										
Desk Investigation	FY 2017 - 2018					FY 2018 - 2019				
	QTR 3 (Jul - Sep)	QTR 4 (Oct - Dec)	QTR 3 (Jan - Mar)	QTR 4 (Apr - Jun)	YTD	QTR 1 (Jul - Sep)	QTR 2 (Oct - Dec)	QTR 3 (Jan - Mar)	QTR 4 (Apr - Jun)	YTD
Assigned	304	257	263	264	1088	95				91
Closed	201	268	186	114	769	98				94
Average Days to Complete	235	178	261	316	247	351				351
Pending	807	779	851	1002	1002	996				996
<i>Average Days to Complete Desk Investigations - Average cycle time from complaint receipt to closure</i>										

SWORN INVESTIGATIONS										
Sworn Investigations	FY 2017 - 2018					FY 2018 - 2019				
	QTR 1 (Jul - Sep)	QTR 2 (Oct - Dec)	QTR 3 (Jan - Mar)	QTR 4 (Apr - Jun)	YTD	QTR 1 (Jul - Sep)	QTR 2 (Oct - Dec)	QTR 3 (Jan - Mar)	QTR 4 (Apr - Jun)	YTD
Assigned	4	32	19	17	72	6				6
Closed	15	13	16	11	55	23				23
Average Days to Complete	490	279	482	345	349	279				279
Pending	60	77	81	81	81	62				62
<i>Average Days to Complete Sworn Investigations - Average cycle time from complaint receipt to closure.</i>										

ALL TYPES OF INVESTIGATIONS										
All Types of Investigations	FY 2017 - 2018					FY 2018 - 2019				
	QTR 1 (Jul - Sep)	QTR 2 (Oct - Dec)	QTR 3 (Jan - Mar)	QTR 4 (Apr - Jun)	YTD	QTR 1 (Jul - Sep)	QTR 2 (Oct - Dec)	QTR 3 (Jan - Mar)	QTR 4 (Apr - Jun)	YTD
Closed Without Discipline	176	243	155	263	837	83				83
Cycle Time - No Discipline	261	161	233	333	247	330				348
All pending cases	867	860	960	1103	1103	1199				1199

CITATIONS										
Citations	FY 2017 - 2018					FY 2018 - 2019				
	QTR 1 (Jul - Sep)	QTR 2 (Oct - Dec)	QTR 3 (Jan - Mar)	QTR 4 (Apr - Jun)	YTD	QTR 1 (Jul - Sep)	QTR 2 (Oct - Dec)	QTR 3 (Jan - Mar)	QTR 4 (Apr - Jun)	YTD
Issued	13	2	2	8	25	0				0
Avg Days to Complete Cite	703	175	753	755	596	N/A				N/A
Citations appealed	3	0	0	0	3	0				0
<i>Average Days to Issue a Citation - Average cycle time from complaint receipt to the effective date of the citation.</i>										

ATTORNEY GENERAL CASES										
Attorney General Cases	FY 2017 - 2018					FY 2018 - 2019				
	QTR 1 (Jul - Sep)	QTR 2 (Oct - Dec)	QTR 3 (Jan - Mar)	QTR 4 (Apr - Jun)	YTD	QTR 1 (Jul - Sep)	QTR 2 (Oct - Dec)	QTR 3 (Jan - Mar)	QTR 4 (Apr - Jun)	YTD
Initiated / Referred to the AG	27	19	15	5	66	10				10
Pending at the AG	95	100	95	86	86	75				75
Statement of Issues Filed	11	8	16	8	43	1				1
Accusations Filed	9	11	5	11	36	8				8

ATTORNEY GENERAL CASES										
	FY 2017 - 2018					FY 2018 - 2019				
AG Case Action	QTR 1 (Jul - Sep)	QTR 2 (Oct - Dec)	QTR 3 (Jan - Mar)	QTR 4 (Apr - Jun)	YTD	QTR 1 (Jul - Sep)	QTR 2 (Oct - Dec)	QTR 3 (Jan - Mar)	QTR 4 (Apr - Jun)	YTD
Closed Without Discipline	2	2	0	1	5	4				4
Closed With Discipline	11	10	9	15	45	12				12
Probation	7	5	7	11	30	7				7
Public Letter of Reprimand	0	0	0	0	0	1				1
Surrender of License	1	3	0	4	8	2				2
License Revoked	3	1	2	0	6	0				0
License Denied (SOI)	0	1	0	0	1	2				2
W/D, Dismissed, Declined	2	2	0	1	5	4				4
Average Days to Close	756	553	566	909	696	807				807

Average Days to Close a Discipline Case - Average cycle time from complaint receipt to the effective date of disciplinary order.

ATTORNEY GENERAL CASES										
	FY 2017 - 2018					FY 2018 - 2019				
AG Case Violation Type	QTR 1 (Jul - Sep)	QTR 2 (Oct - Dec)	QTR 3 (Jan - Mar)	QTR 4 (Apr - Jun)	YTD	QTR 1 (Jul - Sep)	QTR 2 (Oct - Dec)	QTR 3 (Jan - Mar)	QTR 4 (Apr - Jun)	YTD
Substance Abuse (A)	0	1	0	0	1	2				2
Unsafe/Unsanitary Cond (E)	0	0	0	0	0	0				0
Applicant Investigation (I)	2	3	5	6	16	0				0
Incompetence/Gross Negligence (N)	3	2	2	4	11	0				0
Unprofessional Conduct (R)	3	1	0	2	6	2				2
Criminal Conduct/Conv (V)	2	1	2	0	5	0				0
Discipline by Another State (T)	0	1	0	0	1	1				1
Unlicensed Activity (U)	1	0	0	1	2	1				1
Drug Related Offenses (D)	0	1	0	0	1	1				1
Fraud (F)	0	0	0	2	2	1				1

PROBATION										
	FY 2017 - 2018					FY 2018 - 2019				
Probation	QTR 1 (Jul - Sep)	QTR 2 (Oct - Dec)	QTR 3 (Jan - Mar)	QTR 4 (Apr - Jun)	YTD	QTR 1 (Jul - Sep)	QTR 2 (Oct - Dec)	QTR 3 (Jan - Mar)	QTR 4 (Apr - Jun)	YTD
New Probation Cases	11	4	8	8	31	10				10
Probation Completed	4	7	2	0	13	8				8
Active Cases	108	106	104	100	100	104				104
Probationary Licenses	4	1	0	1	6	0				0
All applicants pending licensure	17	22	18	16	16	22				22
Tolled	6	7	6	8	8	8				8
Petition to Revoke	4	9	12	18	18	15				15

Veterinary Medical Board

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MEMORANDUM

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

Background:

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

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

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

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

February

[Webcast](#)

[Materials](#)

[Minutes](#)

May

[Webcast](#)

[Materials](#)

[Minutes](#)

August

[Webcast](#)

[Materials](#)

[Minutes](#)

Requested Action:

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

Attachments:

1. Proposed Shelter Minimum Standards

CCR 2035. Duties of Supervising Veterinarian.

(a) The supervising veterinarian shall be responsible for determining the competency of the R.V.T., ~~permit~~VACSP holder, or veterinary assistant to perform allowable animal health care tasks.

(b) A supervising veterinarian shall not delegate any function or allowable animal health care task to an R.V.T., VACSP holder, or veterinary assistant that requires clinical skill and judgment that is beyond the training and demonstrated competency of the R.V.T., VACSP holder, or veterinary assistant.

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

(d) Except for the provisions under subdivision (e), the supervising veterinarian shall have examined the animal patient prior to the delegation of any animal health care task to an R.V.T., ~~permit~~VACSP holder, or veterinary assistant.

(e) The examination of the animal patient in a herd health setting shall be conducted at such time as good veterinary medical practice requires consistent with the particular delegated animal health care task.

(e) Rabies vaccines may be administered to an owned animal upon redemption from an animal shelter and pursuant to the direct order, written order, or telephonic order of a veterinarian licensed or authorized to practice in this state.

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

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

Commented [DA3]: Moved to 2035.5(g)

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

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

(a) Notwithstanding subsection (c) of section 2035 and pursuant to subdivisions (a) and (b) of section 4840 of the code, limited medical care may be provided in a shelter setting by an R.V.T., VACSP holder, or veterinary assistant for the specific purpose of controlling infectious and zoonotic disease, controlling acute pain, and preventing environmental contamination if all the following are met:

(1) The supervising veterinarian has direct knowledge of the animal population and examines the animal(s) at such time as good veterinary medical practice requires consistent with the particular delegated animal health care tasks.

(2) The supervising veterinarian establishes written orders for:

(A) The indirect supervision of an R.V.T., VACSP holder, or veterinary assistant for vaccinations and prophylactic control of internal parasites and external parasites on intake.

(B) The indirect supervision of an R.V.T. for the treatment of medical conditions based on an animal's symptoms.

(C) The direct supervision of a VACSP holder or veterinary assistant by an R.V.T. for the treatment of medical conditions based on an animal's symptoms.

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

(b) Emergency animal care may be rendered by an R.V.T. pursuant to section 2069.

(c) An R.V.T., VACSP holder, or veterinary assistant shall not diagnose, perform surgery, or prescribe pursuant to section 4840.2 of the code.

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

(e) Animals that have been adopted and returned to the shelter by the owner for treatment of a medical condition shall be examined by a veterinarian prior to treatment or dispensing medication pursuant to section 2032.1, unless the care is continued treatment of an existing medical condition prior to the animal being adopted and the R.V.T. is following the treatment protocol established by the veterinarian.

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

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

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

(g) Rabies vaccines may be administered to an owned animal upon redemption from an animal shelter and pursuant to the direct order, written order, or telephonic order of a veterinarian licensed or authorized to practice in this state.

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

Commented [DA6]: Moved from 2035.5

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

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

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

For purposes of these regulations, “animal shelter facility” shall mean a building, or part of a building, where veterinary medicine and its various branches are being practiced and where veterinary services are being provided to stray, unwanted, or seized animals that are deposited with or impounded by a privately or publicly operated agency or organization. An animal shelter facility shall meet the following standards:

- (a) All instruments, apparatus, and apparel shall be kept clean and sanitary at all times. **{2030}**
- (b) Indoor lighting for halls, wards, reception areas, and examining and surgical rooms shall be adequate for their intended purpose. **{2030 (a)}**
- (c) Fire precautions shall meet the requirements of local and state fire prevention codes. **{2030 (f)(1)}**
- (d) The facility, temperature, and ventilation shall be maintained so as to assure the comfort of all patients. **{2030 (f)(2)}**
- (e) The floors, table tops, and counter tops in areas where animals are being treated shall be made of a material suitable for regular disinfecting and cleaning and shall be cleaned and disinfected regularly. **{2030 (g)(7)}**
- (f) The animal shelter facility where public spay and neuter services are provided shall have a reception area ~~and office, or a combination of the two.~~ **{2030(b)}**
- (g) The animal shelter facility shall have an examination room separate from other areas of the facility and be of sufficient size to accommodate the doctor, assistant, patient, and client. **{2030(c)}**
- (h) Current veterinary reference materials shall be readily available at the facility. **{2030(f)(9)}**
- (i) All drugs and biologicals shall be stored and maintained according to the manufacturer’s recommendations and administered, prescribed, and dispensed in compliance with state and federal laws. **{2030(f)(6)}**
- (j) The animal shelter facility shall have the ability to provide diagnostic radiological services either on the premises or through outside services. Radiological procedures shall be conducted in accordance with Health and Safety Code standards. **{2030 (f)(4)}**
- (k) The animal shelter facility shall have the ability to provide clinical pathology and histopathology diagnostic laboratory services either on the premises or through outside services. **{2030 (f)(5)}**
- (l) The animal shelter facility shall have appropriate drugs, including oxygen, and equipment to provide immediate emergency care. **{2030 (f)(12)}**
- (m) The disposal of waste material shall comply with all applicable federal, state, and local laws and regulations. **{2030 (f)(3)}**
- (n) If animals are housed or retained in the animal shelter facility for treatment, the following shall be provided: **{2030 (d)}**
 - (1) Compartments or exercise runs or areas for animals shall be consistent with husbandry standards and shall be comfortable, sanitary, and provide for effective separation of animals and waste products. **{2030 (d)(1)}**

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

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

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

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

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

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

- (2) Effective separation of known or suspected contagious animals. {2030 (d)(2)}
- (3) Prior notice to the client if there are to be no personnel on-site during any time an animal is left at the facility. For purposes of this paragraph, prior notice may be accomplished by posting a sign in a place and manner conspicuous to the clients at the primary entrance of the premises, stating that there may be times when there are no personnel on the premises. {2030 (d)(3)}
- (4) When medically and/or species appropriate for a given species, -where animals are kept on the veterinary premises for 24 hours or more, the animals shall be provided with an opportunity for proper exercise. Compliance with this paragraph may be achieved by the use of exercise runs/areas or by providing the animal with the opportunity for outdoor walks. {2030.1 (a)}
- (o) When the facility is closed, a sign shall be posted and visible outside the primary entrance with a telephone number and location where emergency care is available. An answering machine or service shall be used to notify the public when the facility will be re-opened and where after-hours emergency care is available. If no after-hours emergency care is available, full disclosure shall be provided to the public prior to rendering services. {2030 (e)}
- (p) Anesthetic equipment in accordance with the procedures performed shall be maintained in proper working condition and available at all times. {2030 (f)(10)}
- (q) Sanitary methods for the disposal of deceased animals shall be provided. {2030 (f)(7)}
- (r) When the client has not given the veterinarian authorization to dispose of his or her deceased animal, the veterinarian shall retain the carcass in a freezer for at least 14 days prior to disposal. {2030(f)(7)}
- (s) If aseptic surgery is performed, the following shall be provided: {2030 (g)}
 - (1) A room, separate and distinct from all other rooms, shall be reserved for aseptic surgical procedures that require aseptic preparations. A veterinarian may perform emergency aseptic surgical procedures in another room when the room designated for aseptic surgery is occupied or temporarily unavailable. {2030 (g)(1)} The board may exempt a facility that is currently registered with the board but does not have a separate aseptic surgery room, where the board determines that it would be a hardship for the facility to comply with the provisions of this paragraph. In determining whether a hardship exists, the board shall give due consideration to the following factors: {2030 (g)(1)(B)}
 - (A) Zoning limitations. {2030 (g)(1)(B)(1)}
 - (B) Whether the facility constitutes a historical building. {2030 (g)(1)(B)(2)}
 - (C) Whether compliance with this requirement would compel the veterinary practice to relocate to a new location. {2030 (g)(1)(B)(3)}
 - (2) Storage in the surgery room shall be limited to items and equipment normally related to aseptic surgery and surgical procedures. Equipment not normally related to surgery and surgical procedure includes, but is not limited to, equipment used for dental prophylaxis, autoclaves, and non-surgical radiographic equipment. {2030 (g)(2)}
 - (3) Open shelving is prohibited in the surgical room. {2030 (g)(3)}

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

- (4) The surgical room shall not contain a functional sink with an open drain. {2030 (g)(4)}
- (5) Surgery room doors shall be able to be fully closed, fill the entire door space, be made of a material suitable for regular disinfecting and cleaning, and be cleaned and disinfected regularly, and not provide access from outside the facility when aseptic surgery services are provided. {2030 (g)(5)}
- (6) The surgery room shall be well-lighted, have equipment for viewing radiographs, and have effective emergency lighting with a viable power source. {2030 (g)(6)}
- (7) Surgical instruments and equipment shall be:
 - a. Adequate for the type of surgical procedures performed. {2030 (g)(8)(A)}
 - b. Sterilized as required by the surgical procedure performed and instruments used. {2030 (g)(8)(B)}
- (8) In any sterile procedure, a separate sterile pack shall be used for each animal. {2030 (g)(9)}
- (9) All instruments, packs, and equipment shall be sterilized and have an indicator that reacts to and verifies sterilization. {2030 (g)(10)}
- (10) The following attire shall be required for aseptic surgery: {2030 (g)(11)}
 - (A) Each member of the surgical team shall put on an appropriate sanitary cap and sanitary mask that covers his or her hair and mouth, nose, and any facial hair, except for eyebrows or eyelashes. All members of the surgical team who will be handling the instruments or touching the surgical site shall wear sterilized surgical gowns with long sleeves and sterilized gloves. {2030 (g)(11)(A)}
 - (B) Ancillary personnel in the surgery room shall wear clean clothing, footwear, sanitary cap, and mask. {2030 (g)(11)(B)}
- (t) When performing clean surgery, the instruments used to perform such surgery shall have been sterilized, and the surgeon(s) and ancillary personnel shall wear appropriate apparel. {2030 (h)} -For purposes of this subsection, "clean surgery" shall mean the performance of a surgical procedure for the treatment of a condition and under circumstances that, consistent with the standards of good veterinary medicine, do not warrant the use of aseptic surgical procedures. **{2030 (h)}**

Note: Authority cited: Sections 4808 and 4854, Business and Professions Code. Reference: Sections 4854 and 4883, Business and Professions Code.

2030.7 -Minimum Standards – Animal Shelter Ambulatory Medicine

For purposes of ~~these regulations~~ this section, an “animal shelter ambulatory practice” shall mean the practice of veterinary medicine and its various branches provided to stray, unwanted, or seized animals ~~shelter medicine~~ at a location outside a fixed facility ~~where veterinary medicine and its various branches are being practiced~~. Animal shelter ambulatory practice shall meet the following minimum standards:

- (a) All instruments, apparatus, and apparel shall be kept clean and sanitary at all times. **{2030}**
- (b) Prior notice shall be given to the client when the practice is closed. An answering machine or service shall be used to notify the public when the facility will be re-opened and where after-hours emergency care is available. If no after-hours emergency care is available, full disclosure shall be provided to the public prior to rendering services. **{2030 (e)}**
- (c) The disposal of waste material shall comply with all applicable federal, state, and local laws and regulations. **{2030 (f)(3)}**
- (d) The animal shelter ambulatory practice shall have the ability to provide diagnostic radiological services. Radiological procedures shall be conducted in accordance with Health and Safety Code standards. **{2030 (f)(4)}**
- (e) The animal shelter ambulatory practice shall have the ability to provide clinical pathology and histopathology diagnostic laboratory services **{2030 (f)(5)}**
- (f) All drugs and biologicals shall be stored and maintained according to the manufacturer’s recommendations and administered, prescribed, and dispensed in compliance with state and federal laws. **{2030(f)(6)}**
- (g) Current veterinary reference materials shall be readily available. **{2030(f)(9)}**
- (h) The animal shelter ambulatory practice shall have the appropriate drugs and equipment to provide immediate emergency care at a level commensurate with the specific veterinary medical services provided. **{2030 (f)(12)}**
- (i) When performing clean surgery, the instruments used to perform such surgery shall have been sterilized, and the surgeon(s) and ancillary personnel shall wear appropriate apparel. **{2030 (h)}** For purposes of this subsection, “clean surgery” shall mean the performance of a surgical procedure for the treatment of a condition and under circumstances that, consistent with the standards of good veterinary medicine, do not warrant the use of aseptic surgical procedures. **{2030 (h)}**

Note: Authority cited: Sections 4808 and 4854, Business and Professions Code. Reference: Sections ~~4825.1~~, 4854, and 4883, Business and Professions Code.

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

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

Veterinary Medical Board

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MEMORANDUM

DATE	November 13, 2018
TO	Multidisciplinary Advisory Committee (MDC)
FROM	Amanda Drummond, Administrative Programs Coordinator
SUBJECT	Agenda Item 6. The Discussion and Consideration of Intra-Oral Dental Radiographic Equipment Requirements. Section 2030, Article 4, Division 20, Title 16 of the CCR.

Background:

At the [August 2018](#) meeting, the MDC discussed whether intra-oral dental radiographs are considered the standard of care in veterinary medicine and if the Veterinary Medical Board (Board) should consider mandating if they should be the standard of care. It was determined that the standard of care develops over time and that requiring intra-oral dental radiographs to be a standard of care in veterinary medicine would limit public access to dental services. Additionally, the MDC approximated that only 70% of veterinary practices have dental radiographic equipment and it would be difficult to mandate this requirement if the practices did not have the equipment.

Ultimately, [the MDC determined](#) there was no further action needed. The following day, at the Board meeting, [the Board discussed](#) that veterinary premises should have intra-oral dental radiographic equipment, or the ability to refer clients to another facility, if they wanted to provide these services. The Board requested that the MDC review [CCR 2030](#) regarding Minimum Standards and determine if intra-oral dental radiographic equipment be a requirement similar to the requirements [2030\(f\)\(4\)](#) regarding the ability to render diagnostic radiological services.

Attachments:

- [CCR Section 2030](#) Regarding Minimum Standards for Fixed Veterinary Premises
- American Veterinary Medical Association (AVMA) Policy regarding Veterinary Dentistry
- Dental Radiograph Poll
- Nevada State Board of Veterinary Medical Examiners regulations regarding dental surgery

§ 2030. Minimum Standards - Fixed Veterinary Premises.

16 CA ADC § 2030 BARCLAYS OFFICIAL CALIFORNIA CODE OF REGULATIONS
Barclays Official California Code of Regulations [Currentness](#)
Title 16. Professional and Vocational Regulations
Division 20. Veterinary Medical Board
Article 4. Practice (Refs & Annos)

16 CCR § 2030

§ 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 of the premises, stating that there may be times when there is 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.

AVMA - Veterinary Dentistry (2012)

The performance of veterinary dentistry and oral medicine and surgery is part of the practice of veterinary medicine and is regarded as such under state veterinary practice acts. Veterinary dentistry includes the cleaning, adjustment, filing, extraction, or repair of animals' teeth and all other aspects of oral health care in animals. Veterinary dentistry is a function of veterinary practice because it requires diagnosis and treatment, and, to be fully effective, demands extensive knowledge of anatomy, anesthesiology, pharmacology, physiology, pathology, radiology, neurology, medicine, and surgery that is part of the graduate veterinarian's training. Veterinary health-care workers may be allowed to perform certain dental procedures under the direct supervision of a licensed veterinarian in accordance with state regulations.

Supporting Statements

- Veterinary dentistry is an invasive practice that can have a profound impact on animal health.
- Graduate veterinarians receive training in dentistry as part of the curriculum of colleges of veterinary medicine.
- Veterinarians are uniquely qualified to diagnose, by physical examination and use of diagnostics, to address unexpected conditions or complications discovered during oral and dental examinations and procedures and to prescribe follow-up care.
- The current AAHA-AVMA Canine Preventive Healthcare Guidelines and AAHA-AVMA Feline Preventive Healthcare Guidelines both include dental care as part of the assessment during annual veterinary examinations. The veterinarian should perform an oral examination on all animals at least yearly and discuss preventative measures to keep a patient's mouth healthy.
- When procedures such as periodontal probing, intraoral radiography, dental scaling, and dental extraction are justified by the oral examination, they should be performed under
- In regards to equine dentistry, oral medicine and surgery, "procedures which are invasive of the tissues to the oral cavity including, but not limited to, removal of sharp enamel points, treatment of malocclusions of premolars, molars, and incisors, reshaping of teeth, the extraction of first premolars and deciduous premolars and incisors; extraction of damaged or diseased teeth; treatment of diseased teeth via restorations and endodontic procedures; periodontal and orthodontic treatments; and dental radiography are veterinary dental procedures and should be performed by a licensed veterinarian."¹
- Other species have oral and dental needs that are also included in the practice of veterinary medicine.
- The practice of veterinary dentistry and oral medicine and surgery is dependent on correct diagnosis of dental disease as well as the recognition of other serious diseases that can mimic dental problems in animals. These include, but are not limited to, zoonotic (e.g., rabies) and reportable (e.g., vesicular stomatitis) diseases.
- Sedatives, tranquilizers, anesthetics, or analgesics are commonly used during veterinary dental procedures to provide restraint and reduce animal pain and suffering. Visual or

radiographic recognition of oral or dental pathology and accurate assessment of periodontal health by probing of pockets require sedation or anesthesia. An endotracheal tube is to be placed to protect the lungs from the water droplets generated during ultrasonic dental scaling or when a high-speed dental unit is used. Preoperative sedation, intra-operative local or regional analgesia and post-operative analgesics are used as indicated to reduce the dose of anesthetic agent required and ensure a smooth, pain-free recovery period. Federal law restricts such veterinary prescription drugs for use by, or on the order of, a licensed veterinarian to ensure their safe and effective use.

- The field of veterinary dentistry is advanced through the conduct of clinical and experimental oral and dental research; these studies permit use of an evidence-based approach to veterinary oral and dental clinical decision making.
- Veterinary state boards and state veterinary practice acts exist to establish veterinarian accountability and provide clients with an acceptable standard of care.

Concluding Statements

The practice of veterinary dentistry and oral medicine and surgery is, therefore, to be performed by veterinarians in accordance with their state veterinary practice acts. Veterinary health-care workers may be allowed to perform certain non-invasive, non-surgical oral and dental procedures under the direct supervision of a licensed veterinarian in accordance with state regulations.

As with other areas of veterinary practice, veterinary dentistry requires a veterinarian-client-patient relationship to protect the health, safety, and welfare of animals.

¹ Excerpt from AAEP Position on Equine Dentistry (2012) www.aaep.org, used with permission.

Do you believe dental radiographs are necessary prior to extractions in dogs and cats?

The VIN Quick Poll team has run this survey three years in a row 2015-2017

short summary:

For each year, the most popular response was "Yes, and my practice has dental radiography ".
The percentage choosing this response has increased over time.

2017:~50%

2016:~46%

2015:~39%

July 3, 2017

Do you believe dental radiographs are necessary prior to extractions in dogs and cats?

Yes, and my practice has dental radiography

50.22%

Yes, and I refer out because we don't have the equipment

2.16%

I would like to radiograph each patient prior to extraction but client finances don't always permit

16.01%

I do extractions; however, my practice doesn't have dental radiography

21.85%

I don't see the need for radiographs in most cases

3.01%

I don't do small animal dentistry

2.88%

I am not in small animal clinical practice

0.36%

I am not in clinical practice

0.85%

Other

2.74%

Total takers: 2224

May 9, 2016

Do you believe dental radiographs are necessary prior to extractions in dogs and cats?

Yes, and my practice has dental radiography

46.21%

Yes, and I refer out because we don't have the equipment

2.58%

I would like to radiograph each patient prior to extraction but client finances don't always permit

17.85%

I do extractions; however, my practice doesn't have dental radiography

25.64%

I don't see the need for radiographs in most cases

2.5%

I don't do small animal dentistry

2.54%

I am not in small animal clinical practice

0.21%

I am not in clinical practice

0.86%

Other

1.86%

Total takers: 2796

February 9, 2015

Do you believe dental radiographs are necessary prior to extractions in dogs and cats?

Yes, and my practice has dental radiography

38.65%

Yes, and I refer out because we don't have the equipment

1.85%

I would like to radiograph each patient prior to extraction but client finances don't always permit

19.26%

I do extractions; however, my practice doesn't have dental radiography

31.29%

I don't see the need for radiographs in most cases

3.79%

I don't do small animal dentistry

2.6%

I am not in small animal clinical practice

0.22%

I am not in clinical practice

0.79%

Other

1.81%

Total takers: 2269

**ADOPTED REGULATION OF THE NEVADA STATE BOARD OF
VETERINARY MEDICAL EXAMINERS**

LCB File No. R063-13

§§1-23 and 25 become effective June 23, 2014
§24 becomes effective January 1, 2016

EXPLANATION – Matter in *italics* is new; matter in brackets ~~(inserted material)~~ is material to be omitted.

AUTHORITY: §§1-10, 12-16 and 21-25, NRS 638.070; §11, NRS 638.070, 638.100, 638.116, 638.122 and 638.132; §17, NRS 638.070 and 638.124; §§18 and 19, NRS 638.070 and 638.132; §20, NRS 638.070 and 638.119.

A REGULATION relating to veterinary medicine; prescribing the duties of a supervising veterinarian in a veterinary facility where animals are boarded; setting forth the requirements pursuant to which veterinary dentistry may be performed; revising certain continuing education requirements for licensees; adopting by reference a code of ethics for veterinary technicians; defining the term “informed consent” for the purposes of a veterinarian-client-patient relationship; establishing a fee for the issuance of certain duplicate licenses, registrations and permits; revising the required contents of a medical record of an animal; revising the tasks that a licensed veterinary technician is authorized to perform; revising provisions relating to the labeling of sodium pentobarbital; and providing other matters properly relating thereto.

Legislative Counsel’s Digest

Existing law authorizes the Nevada State Board of Veterinary Medical Examiners to adopt regulations to carry out the practice of veterinary medicine, including, without limitation, regulations relating to the rights, responsibilities and licensing of veterinarians, veterinary technicians, euthanasia technicians and the licensing and maintenance of veterinary facilities. (NRS 638.070, 638.119, 638.124, 638.132)

Section 3 of this regulation provides that, with limited exceptions, only a person who is a diplomate from an approved specialty board of the American Veterinary Medical Association and is licensed to practice veterinary medicine pursuant to a specific state statute may use the title “veterinary specialist.”

Section 4 of this regulation authorizes a licensed veterinarian (a veterinarian who is licensed and on active status to practice in this State) to consult with another veterinarian, but provides that the licensed veterinarian who sought the consultation retains responsibility for any medical decisions he or she makes regarding the animal. **Section 4** also defines the term “consult” for the purposes of that section.

3. Each chiropractor who has been issued a certificate of registration shall:

(a) Maintain in this State for at least 4 years a separate written medical record of each animal receiving animal chiropractic.

(b) Within 48 hours after the initial visit with the animal, mail or transmit ~~by facsimile machine~~ *electronically* a complete copy of the medical record to the veterinarian under whose direction the chiropractor performs the animal chiropractic.

(c) Within 48 hours after each subsequent visit with the animal, mail or transmit ~~by facsimile machine~~ *electronically* a progress report to the veterinarian under whose direction the chiropractor performs the animal chiropractic.

4. *Any medical record made pursuant to subsection 3 must be available for inspection by the Board or its representative.*

5. The veterinarian shall include the copy of the medical record received pursuant to subsection 3 in the medical record required pursuant to NAC 638.0475. The written medical record must include, without limitation:

(a) The name, address and telephone number of the owner of the animal;

(b) The name or identifying number, or both, of the animal;

(c) The age, sex and breed of the animal;

(d) The dates of care, custody or treatment of the animal;

(e) The results of a basic physical examination related to musculoskeletal manipulation;

(f) The diagnosis and treatment plan related to musculoskeletal manipulation recommended by the chiropractor for the animal; and

(g) The progress and disposition of the case.

Sec. 24. Section 6 of this regulation is hereby amended to read as follows:

Sec. 6. 1. Except as otherwise provided in NAC 638.0525 or 638.053, veterinary dentistry may only be performed by a licensed veterinarian.

2. Veterinary dentistry must be performed under general anesthesia with the use of an endotracheal tube with an inflated cuff unless, based on the species of the animal, the Board determines otherwise.

3. *Except as otherwise provided in this subsection, a licensed veterinarian may perform dental surgery, periodontal surgery, endodontics and exodontia on an animal only in a veterinary facility that has the capacity to perform intraoral radiology. In an emergency, a licensed veterinarian may perform dental surgery, periodontal surgery, endodontics and exodontia on an animal in a veterinary facility that does not have the capacity to perform intraoral radiology if the licensed veterinarian determines, based on his or her professional judgment and the species of the animal, that the radiology which the veterinary facility has the capacity to perform is adequate for the particular procedure.*

4. Nothing in this section shall be construed to prohibit a person from using cotton swabs, gauze, dental floss, dentifrice, toothbrushes or similar items to clean an animal's teeth.

5. As used in this section, "veterinary dentistry" means:

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

(b) Preventive dental procedures pertaining to an animal, including, without limitation, the removal of calculus, soft deposits, plaque or stains and the smoothing, filing, floating or polishing of the surfaces of the animal's tooth.

Sec. 25. 1. This section and sections 1 to 23, inclusive, of this regulation become effective on June 23, 2014.

2. Section 24 of this regulation becomes effective on January 1, 2016.

PET AMBULANCES – INFORMATION FOR PET OWNERS AND THE PROFESSION

- Pet ambulance services in California are regulated by the existing California Code of Regulations (CCR) and any applicable local jurisdictional business licenses.
- These services fall under the Business and Professions Code (BPC) section 4853, which requires all premises where veterinary care is practiced to be registered with the Veterinary Medical Board (VMB), which is part of the California Department of Consumer Affairs. The public has access to look up the status of licenses and permits through the VMB's website.
- BPC 4826 defines the practice of veterinary medicine as a person practicing veterinary medicine, surgery, and dentistry, and the various branches thereof, when he or she engages in any of the activities described in the section.
- A veterinarian-client-patient-relationship must be established as defined in CCR 2032.1 through physical examination of the animal and cannot be established solely by telephonic or electronic means.
- The supervising veterinarian is responsible for determining the competency of the RVT, permit holders and veterinary assistants performing tasks as described in CCR 2035. The veterinarian is also responsible for examining the patient prior to delegating any tasks to the RVT, permit holders or veterinary assistants, as defined in 2035 (c).
- BPC section 4853, CCR 2030.05 and 2030.2 address premises, minimum standards for small animal mobile clinics, and licensee managers. Mobile units or vehicles are exempt from additional licensing, as long as the vehicle is associated with an existing premises permit. If no relationship exists and veterinary medicine is being practiced as defined in BPC 4826, the vehicle must comply with regulations as described in CCR 2030.2 and apply for a premises permit.
- Pet ambulances ~~may~~ must also ~~be~~ meet the standards set forth for small animal mobile clinics regulated by CCR 2030.2, which addresses minimum standards for any trailer or mobile facility that focuses on care of domestic household pets and are required to be registered by the VMB.
- Should the ambulance care be provided by a Registered Veterinary Technician (RVT), that care will fall under the license of the supervising veterinarian and is subject to practice supervision guidelines outside of an emergency as defined under CCR section 2036.
- Should the transported animal require life-sustaining care without direct supervision of a veterinarian, that care will be covered under BPC section 4840.5. Emergency care is defined as life-sustaining care where immediate treatment is necessary, and CCR section 2069 provides a list of those services which an RVT is able to provide in an emergency.
- In addition to RVTs, emergency medical services (EMS/EMT) providers who are already certified or licensed to perform medical services on humans (under the Health and Safety Code) will also be able to provide basic first aid and ambulance transportation of animals in emergency situations. This is/will be governed by California Senate Bill (SB 1303 *currently in the legislative process-vetoed by Governor?*).
- As with any other veterinary care facility or provider, pet ambulances should provide consumers visible access to their respective licenses—or identify where their license is on record.
- It is the recommendation of the subcommittee to remove areas of focus in regards to the California Highway Patrol. The less involvement for the CHP, the less concern they possibly

may have. If the transporting vehicles are called ambulettes, they are not regulated by the CHP and are allowed flashing amber lights. However, this may bring other regulation concerns.

- Vehicle Identification: the subcommittee recognizes the interest in naming and identifying vehicles utilized for transporting animals in emergency situations. If either of these are essential, it is our understanding that we would need regulation. To require anyone to have specific vehicle markings or identify their vehicle by name, would be writing regulation. This was not the assignment of the subcommittee nor do we think we are at a stage where this seems to be necessary.

Multidisciplinary Advisory Committee

November 2018

Existing Priorities – Currently being addressed by the MDC

1. Complaint Process Audit/Enforcement Case Outcomes
2. Minimum Standards for Shelter Medicine
 - a. Subcommittee
3. Regulatory Requirements for Dental Radiographic Equipment
 - a. Delegated to the MDC by the Board at the August 2018 Board meeting

2019 MDC Meeting Dates and Locations

- January 22, 2019 – UC Davis School of Veterinary Medicine
- April 16, 2019 – Mission Inn, Riverside
- July 16, 2019 – Bay Area (Potentially RVT School)
- October 15, 2019 – Western University College of Veterinary Medicine