

A group of kittens of various breeds are sitting on a white windowsill. One kitten on the left is looking up towards the top left. In the center, several kittens are huddled together. On the right, another kitten is looking towards the center. The background is a bright, out-of-focus window.

# Shelter Law Webinar Series

*The CA Veterinary Medicine  
Practice Act in Shelters  
Who can do what, when, and  
for who...*



# Agenda

## 2.7.23

- ▶ Veterinary Medicine in CA Shelters
- ▶ Shelter Personnel Providing Care
- ▶ Optimizing Care Examples
- ▶ Q+A



1

# Veterinary Medicine in CA Shelters



# Practicing Veterinary Medicine

*only includes:*

1

Diagnosing medical conditions of animals or giving prognosis

2

Performing surgery or dental operations

3

Administering or prescribing drugs

4

Treatment of “whatever nature” for the prevention, cure, or relief of a wound, fracture, bodily injury, or disease of animals

[B&P § 4826](#)



# Practicing without a License

*is illegal in CA*

Cannot

engage in veterinary practice without a license

Cannot

encourage, assist, or facilitate that conduct (“aiding and abetting”)

[B&P §§ 4825 and 4831](#)



# Shelters Are Animal Hospitals

All premises where  
veterinary medicine is being  
practiced must be  
registered with the CVMB

Shelters fall under this  
requirement and must have  
a premises permit if  
veterinary medicine is  
practiced

[B&P § 4853](#)



2

**What can shelter personnel do with respect to care for animals' health and welfare?**



# Registered Veterinary Technician

B&P § 4839 *et seq*

- ▶ Licensed position, based on criteria developed under state law. RVTs, in general, in private practice or non-exempted areas and times:
  - ▶ *Can perform animal health care services specifically identified in the law, under the direct or indirect supervision of a vet*
  - ▶ *Broad permission to perform basic care necessary to prevent spread of disease, and to protect public/animals*
  - ▶ *Cannot generally engage in **veterinary practice** -- surgery, diagnose, offer prognosis, prescribe*





# RVTs In Public/ Hybrid Shelters

[B&P § 4840](#)

16 CCR 2036

- ▶ *For all impounded animals in a public/hybrid shelter – **within the holding period***
  - ▶ *Can perform animal health care services on animals held by municipalities pursuant to a vet's orders [BPC 4840(b)]*
    - ▶ *Direct, written, or telephonic orders all good*
    - ▶ *No need for VCPR (if unowned)*
    - ▶ *No need for direct or indirect supervision, just the orders*
  - ▶ *(Potential conflicts with regulations, which don't make distinction between shelters and private offices – but statutory law controls)*



# Veterinary Assistant

16 CCR § 2034

- ▶ “Veterinary assistant” means **any individual** who is not a RVT or a licensed veterinarian
- ▶ Anyone in shelter who is not a RVT or licensed vet is legally considered a VA
- ▶ VAs may assist with certain supporting tasks
  - ▶ *Under the direct or indirect supervision of a veterinarian*
  - ▶ *Under the direct supervision of an RVT*



# These can be done anytime by trained personnel

- Non-surgical dental work
- Ear cleaning, other hygiene
- Remove sutures
- For non-premises permit holder, pursuant to written vet protocol
  - Non-Rx vaccinations
  - Non-Rx parasite control including flea/tick/worms
  - Rx meds prescribed by vet for a specific animal with written treatment plan
- Acts done for the public health and safety
  - E.g., administering tests for infectious diseases (e.g., parvo, worm infestations, etc.)



# VCPR + Shelters + Telemedicine

- ▶ **Rule:** VCPR is only required for animals owned by private citizens, and only during the holding period
  - ▶ For impounded animals with identification or other indicia of ownership, at least during holding period, VCPR required and restrictions on practice of veterinary medicine apply
- ▶ **Rule:** For animals in shelters with no indicia of ownership, no VCPR is required
  - ▶ Why? *Because shelter animals, with no indicia of ownership, **during the holding period**, are considered “unowned” by CVMB*
    - ▶ *And because they are unowned, no VCPR required.*  
16 CCR 203632.1(a).
  - ▶ **Telemedicine can be used with respect to any “unowned” animal in a shelter.**
  - ▶ *After the holding period, animals are owned by the shelter.*



# Veterinary Medicine Practice Act in Shelters

- ▶ Practice Act applies to shelter animals during holding period
- ▶ Practice Act applies to animals owned by private citizens, any time they are in the shelter



# No restriction on care for most shelter animals after holding period

- ▶ **Trained and qualified staff can treat shelter animals after the holding period without restriction**
  - ▶ *After holding period, animals are owned by shelter –*
    - ▶ Why? Shelters have all rights of “ownership” (transfer, sell, dispose) once holding period ends
    - ▶ The Practice Act **exempts** owners and their employees and volunteers from restrictions on veterinary practice. BPC 4827
      - ▶ No limits outside other than animal cruelty or other laws, but not Practice Act
      - ▶ Words to the wise:
        - ▶ *Always check with veterinarians associated with shelter*
        - ▶ *Use written protocols, trained personnel*
  - ▶ *VCPR still required for outside veterinarians, but not in-house treatment, including staff*
- ▶ *Without a veterinarian, though, no access to controlled substances (except euthanasia drugs for qualified personnel)*



# RVT Tasks where Practice Act is in effect (during holding period)

## Under direct supervision of a vet

- Induce anesthesia
- Apply casts and splints
- Suture cutaneous and subcutaneous tissues, gums and oral mucous membranes
- Start IV catheter
- Dental extractions
- Perform animal health care tasks

*B&P §§ [4840](#), [4840.2](#), [4840.7](#); [16 CCR § 2036](#)*

## Under indirect supervision of a vet

- Administer controlled substances (anything needing a Rx)
- Operate x-ray equipment
- Perform animal health care tasks

*B&P §§ [4840](#), [4840.2](#), [4840.7](#); [16 CCR § 2036](#)*

## Without vet present, based on standing or specific orders from a vet

Basic care to prevent spread of disease and to protect the public and the animals within protocols developed in conjunction with a CA-licensed vet

*[B&P § 4840](#)*

## Upon delegation from a vet

Provide consultation and drug documentation required for clients when prescriptions are filled

*[B&P § 4829.5](#)*



# VA Permitted Tasks where Practice Act is in effect (during holding period)

## Under direct supervision of a vet

- Administer controlled substances (anything needing a Rx) if
  - designated by a vet to do so and has a VACSP
- Perform all auxiliary animal healthcare tasks (i.e., anything not prohibited and part of animal health care)
- Operate x-ray equipment when properly trained

B&P § [4840.7](#); [16 CCR § 2036.5](#)

## Under indirect supervision of a vet

- Administer controlled substances (anything needing a Rx) if
  - designated by a vet to do so and has a VACSP
- Perform all auxiliary animal healthcare tasks (i.e., anything not prohibited and part of animal health care)
- Operate x-ray equipment when properly trained

B&P § [4840.7](#); [16 CCR § 2036.5](#)

## Under the direct supervision of an RVT

- Perform all auxiliary animal healthcare tasks (i.e., anything not prohibited and part of animal health care)
- Operate x-ray equipment when properly trained

B&P § [4840.7](#); [16 CCR § 2036.5](#)

## Upon delegation from a vet

Provide consultation and drug documentation required for clients when prescriptions are filled

B&P § [4829.5](#)





# Direct v. Indirect Supervision

16 CCR § 2034

- ▶ “Direct supervision” means the supervising professional is on site “and is quickly and easily available”
  - ▶ *While not specifically stated, an RVT’s direct supervision of a VA should follow the same rules*
- ▶ “Indirect supervision” means the vet is not on site, but has given direct orders (written or oral) for treatment



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# Optimizing Care Examples



# Intake in any shelter setting

B&P § 4840

- ▶ This is during holding period, so Practice Act applies
- ▶ Observe VCPR requirements discussed previously
- ▶ RVT or VA can undertake animal health care tasks necessary to protect the public and animals, **without direct vet supervision**, including:
  - ▶ *Collect history, if possible*
  - ▶ *Initial assessment in carrier/cage before removing*
  - ▶ *Photograph, scan for microchip and other identification*
  - ▶ *Weigh and estimate the age and sex of the animal*
  - ▶ *Brief physical exam, behavioral assessment and any other initial screening tests as indicated by the needs of your population and vet's orders (standing, written or direct/telephone orders)*
  - ▶ *Vaccinate with core vaccines per vet's orders*
  - ▶ *De-worm/apply external parasite control per vet's orders*
  - ▶ *Other basic medical care/animal health care tasks per vet's orders*
  - ▶ *Communicate with vet/RVT re any obvious health problems or injuries*



# Emergency Care

B&P § 4840.5,  
16 CCR § 2069

- ▶ In all emergency situations, an **RVT** may **without a vet present** render lifesaving aid and treatment in a shelter, including:
  - ▶ *Stop and control bleeding*
  - ▶ *CPR or other resuscitative oxygen procedures and airway management, including intubation*
  - ▶ *Splints and bandages to “prevent further injury to bones or soft tissues”*
  - ▶ *Dressings and “supportive treatment” in severe burns*
  - ▶ *“External supportive treatment in heat prostration cases”*
  - ▶ *Give drugs, IV fluids to prevent control shock – in this instance, only after “direct communication” with a CA vet, or if communication not possible, written instructions (includes standing protocols)*
- ▶ **Emergency** = animal has been placed in a life-threatening condition where immediate treatment is necessary
- ▶ Treatment can be **started to stabilize**, but then may only be continued under direction of CA vet



# Basic Care

## B&P § 4840

- ▶ Bandages, wound care, disease treatments, and first aid in shelters are part of the practice of veterinary medicine
  - ▶ But compare
    - ▶ Allowance under statute for impounded animals in public/hybrid shelters
    - ▶ No restrictions outside of holding period, or for unowned animals
- ▶ And some basic care can be done by an **RVT without a vet present** (and prior to VCPR being established if owned animal)
  - ▶ **Basic care** = *care to prevent spread of disease and to protect the public and the animals within **protocols** developed in conjunction with a CA licensed vet*



# Vaccines

- ▶ Can be administered by RVT or VA under direct or indirect supervision of a vet
- ▶ Can be administered by VA under direct supervision of RVT (not indirect supervision of RVT)
- ▶ Can vaccines be given during holding periods?
  - ▶ *Yes, if done in the interest of public health and safety, and/or health of the animals in the shelter*
  - ▶ *No guarantee for reimbursement by animal owner redeeming the animal, other than perhaps rabies*



# Rabies Vaccines

16 CCR § 2606.4

- ▶ Generally same rules as other vaccines – can be administered to shelter animal by:
  - ▶ *RVT under written, oral, telephonic orders in public/hybrid shelter*
  - ▶ *RVT or VA under direct or indirect supervision of a vet*
  - ▶ *VA under direct supervision of RVT*
- ▶ **Rabies vaccine also requires signed certificate**, as a prerequisite for licensure
  - ▶ *Must be signed by “veterinarian administering the vaccine or a **signature authorized by**” the vet (e.g., the RVT or VA signing “John RVT on behalf of Dr. Jane Dog”).*
  - ▶ *Certificate must include veterinarian’s name, address etc., as well as additional information re the vaccine itself (see cited regulation).*
    - ▶ *Note that vaccination clinics can use certificates with limited information approved by local health officer*
- ▶ Specific requirements for rabies apply to all dogs



# Public Vax Clinics

16 CCR § 2030.3

- ▶ Rules with respect to ***owned animals*** apply, plus regulations (VCPR, VMPA)
- ▶ Vet must be **onsite at all times** for any vaccination clinic where a vet performs vaccinations and/or immunizations against disease on multiple animals, and where the vet may also perform preventative procedures for parasitic control
- ▶ Vaccine delivery can be delegated to an RVT or a VA, but vet must be in the building
- ▶ Vet is responsible for consultation and referral of clients when disease is detected or suspected
- ▶ Because these clinics involve the administration of vaccines to owned animals, a VCPR must be established for each animal
  - ▶ *VCPR for vax clinics is established by a veterinarian's onsite presence and general oversight of the clinic*





# Microchips

- ▶ Microchipping is not the practice of veterinary medicine
- ▶ No limit on who can insert microchips (can be done by unlicensed persons)
- ▶ No requirement for vet approval, supervision, or VCPR
- ▶ Proper training for application should be undertaken

See [VMB guidance](#) for additional details



# Infectious Disease Tests

- ▶ **Administering** tests for infectious diseases (e.g., parvo, worm infestations, etc.) is not the practice of veterinary medicine
  - ▶ *Not diagnosis*
  - ▶ *Not treatment*
  - ▶ *Not prescription (as long as Rx not required for the test, in which case vet approval/supervision is required)*
  - ▶ *Not administration of “drug, medicine, appliance, application, or treatment of whatever nature for the prevention, cure, or relief of a wound, fracture, bodily injury, or disease of animals”*
- ▶ However, the test review and diagnosis of any condition indicated by the test is the practice of veterinary medicine
- ▶ **Diagnosis** and **prognosis** can only be provided by a licensed CA veterinarian



# Anesthesia

## B&P § 4836.1

- ▶ “[N]o person, other than a licensed veterinarian, may induce anesthesia unless authorized by ... the board”
  - ▶ *Referring to general anesthesia/unconsciousness for surgery*
    - ▶ *IV “sedation,” as opposed to “unconsciousness” – while not technically “anesthesia”, should probably be included*
    - ▶ *“Inducing” is “the initial administration of a drug with the intended purpose of rendering an animal unconscious”*
    - ▶ *No distinction between gas or other administration of drug that will render the animal unconscious*
  - ▶ But regulations (the Board) do allow a **RVT** to induce anesthesia under **direct supervision** of a veterinarian
    - ▶ *No specific requirements about securing the airway and intubating, so presumably RVT can do that under direct supervision*
- ▶ Compare absence of restrictions for owned animals



# Euthanasia

[B&P § 4827\(d\);](#)  
[16 CCR § 2039](#)

- ▶ RVTs (in addition to vets, but not VAs or shelters) can apply for DEA permission to purchase sodium pentobarbital for euthanasia
  
- ▶ RVTs and Vas (any employee) can euthanize, as long as they have received proper training in the administration of sodium pentobarbital
  - ▶ *Without veterinarian, without supervision*
  - ▶ “Proper training” is 1997 CACDA “Euthanasia Training Curriculum”



# Ongoing Treatment

- ▶ After intake of shelter animals:
  - ▶ *For shelter animals (in shelter or foster care) after the holding period, no restrictions*
    - ▶ *Ownership status*
    - ▶ *No VCPR*
  - ▶ *For owned animals (after holding period/in private shelters), VMPA does not apply, and shelter and employees can provide treatment, which is excepted from restrictions on the practice of veterinary medicine*
  - ▶ *Premises permit should be in place, for drugs*
- ▶ After that, RVTs and VAs can perform tasks as discussed



# Standing Protocols

- ▶ There is no bar to the use of standing protocols, i.e., veterinary orders that are written for common situations
  - ▶ In many cases that is all you need
  - ▶ Always a good idea for all personnel
- ▶ Must comply with legal requirements
  - ▶ Cannot authorize any of the prohibited acts
- ▶ Many things done in a shelter on a regular basis can be done by shelter staff and volunteers according to standing protocols



# Takeaways

- ▶ Delegate down to get more done:
  - ▶ *Vet should delegate to shelter staff and volunteers with proper training when possible*
  - ▶ *RVT should delegate to shelter staff and volunteers with proper training when possible*
- ▶ Make delegation part of your process, not another task
  - ▶ *Standing protocols should be utilized when appropriate*
- ▶ Keep track of length of stay and implications at each point
- ▶ Obtain premises permit when possible (absence could be barrier to care)



Q+A





# Questions + Feedback

Enroll your shelter for free legal support:

[www.sfspca.org/advocacy/shelter-pals](http://www.sfspca.org/advocacy/shelter-pals)



SHELTER  
**PALS**



**SHELTER POLICY AND LEGAL SERVICES**

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