

West Virginia Board of Veterinary

Medicine

NEWSLETTER

JULY 2017



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§26-4-1 STANDARDS OF PRACTICE

EFFECTIVE JULY 1, 2017

Series 4 – Standards of Practice revisions were passed by legislation and will be effective July 1, 2017. The Board received several comments and modified the Rule changes to accommodate the comments received. The new rule updated the following:

- Added, deleted, and modified definitions.
- Modified professional ethics, specialty area, release of records, and advertising requirements.
- Added classifications of veterinary practices.
- Clarified the standards for the practice of veterinary medicine and facility mandatory standards.
- Added and clarified prescription dispensing and refill requirements.
- Added mobile and stationary mandatory facility standards to clarify facility standards for ambulatory, mobile, stationary, and emergency facilities.
- Added and clarified “Veterinarian in Charge” responsibilities.
- Modified inspection requirements by making minor changes; such as an owner of a new facility shall notify the Board within 5 days of purchase and requires a facility re-inspection.
- Changed the time limit of 14 days to 7 days that a veterinarian may elect humane disposal of an abandoned animal.
- Added immunization clinics section to clarify immunization clinic requirements and changed the time period allowance.
- Added the biennial controlled substance inventory compliance .

NEW REGISTRATION FOR AMBULATORY FACILITY REQUIREMENTS

Facilities will be asked on their registration or renewal if they perform the following services: surgery, dental, radiological, and anesthesia/ventilation. The facility registration certificate will list the services **not** performed at the facility.

Ambulatory facilities will now need to register their facilities and be inspected initially and every 2 years. Since this is a new requirement, ambulatory facilities need to complete a facility registration application no later than **July 1, 2018**. Once the Board receives the ambulatory registration, an inspection will need to be scheduled. After the initial inspection, your facility will be inspected every 2 years.

INTRODUCTIONS & FAREWELLS BOARD MEMBERS

Farewell to Ms. Betty Burkett, Lay Board Member

We would like to say farewell and best wishes to Betty. We appreciate all the hard work and dedication that Betty provided to the Board during her 13 years of service with the Board.

Farewell to Dr. Ronald Smith, Veterinarian Board Member

We would like to say farewell and best wishes to Dr. Smith. We appreciate all the hard work and dedication that Dr. Smith provided to the Board. His straightforward perspective on veterinary matters was a great asset to the Board. Dr. Smith was a Board member from 1989-1996 and then reappointed from 2003-2017. He served as Secretary-Treasurer from 1991-1992 and as President from 2003-2013. Dr. Smith also served on the Continuing Education Review Committee.

Welcome to Amy Meadows, New Lay Board Member

Amy was appointed to the Board by the Governor on December 14, 2016. Amy lives in Lewisburg, WV. She is a graduate of West Virginia University School of Pharmacy and previously worked as a pharmacist. Amy is a member of the Old Stone Presbyterian Church, PEO Chapter O WV, and serves as a Read Aloud volunteer.

Welcome to Dr. William Peery, New Veterinarian Board Member

Dr. Peery was appointed to the Board by the Governor on March 2, 2017. Dr. Peery has been a WV licensed veterinarian since 1973. Dr. Peery lives in Beckley and practices at Beckley Veterinary Hospital Inc., Crab Orchard Small Animal Clinic, and Wyoming Small Animal Clinic. We are confident Dr. Peery's experience will be a great asset to the Board.

ANNUAL VETERINARIAN AND RVT CE AUDITS

COMPLIANCE -100%

In February 2017, we conducted a random CE audit of 10% of the Veterinarians and Registered Veterinary Technicians that renewed their licenses for 2017. This was the first year that RVT's were audited. We are pleased to report that there was 100% compliance.

VETERINARY CONTINUING EDUCATION TRACKING (VCET)

The American Association of Veterinary State Boards (AAVSB) offers the VCET system to its membership. VCET is available for free to veterinary licensing boards and regulated veterinary professionals. It streamlines the process of tracking continuing education (CE).

Veterinarians and veterinary technicians can easily log their CE through a MyAAVSB portal and organize the information into a standardized report. When the licensing board asks for a record of CE, the user can either print the report to mail or email the Board directly from the VCET system.

Any veterinary professional can access VCET through the free MyAAVSB portal at aavsb.org/login. Those without an existing account will be prompted to complete a short application.

EQUINE DENTAL TECHNICIANS

In June 2016, the Board explored the possibility of registering equine dental technicians. In doing so, the Board requested feedback from their licensees. A few responses were received.

After reviewing the responses received and much discussion, the board has decided not to pursue any statute or regulatory actions at this time. As veterinarians, you should educate your clients more about the danger of power floats and proper sedation for our patients.

CONTROLLED SUBSTANCE REGISTER

During facility inspections, it has come to the Board's attention that some facilities are using a controlled substance record that the Board provided in 2011. Using this form is no longer a Board requirement as long as you have a register that provides the below required information:

5.3.h. A veterinarian that has a Federal Drug Enforcement Administration (DEA) number and uses, dispenses, administers or prescribes controlled substances shall comply with the federal and state laws pertaining to the dispensing, prescribing, storage and usage of controlled substances; including maintaining a register, which shall indicate the following:

5.3.h.1. The name of the prescribing veterinarian;

5.3.h.2. The name of the medication dispensed or prescribed;

5.3.h.3. The quantity dispensed or prescribed;

5.3.h.4. The dosage of the medication, if applicable;

5.3.h.5. The number of refills;

5.3.h.6. The date of the dispensing or prescribing;

5.3.h.7. The patient name and name of the client record;

5.3.h.8. The expiration date;

5.3.h.9. The method used for prescribing, such as written script, phone, fax or any other electronic means; and

5.3.h.10. The name and phone number of the pharmacy or pharmaceutical agent which received the script from the veterinarian, if not delivered directly to the client.

Biennial Controlled Substance Inventory

Also, please be advised that Series 4 Rule, Standards of Practice, now requires being in compliance with the federal or state law biennial controlled substance inventory. Even if you do a monthly inventory, the biennial inventory is required and will be inspected at the time of your facility inspection.

Here is the website to locate the "Title 21 Code of Federal Regulations—Part 1304 Records and Reports of Registrants": https://www.deadiversion.usdoj.gov/21cfr/cfr/1304/1304_22.htm.

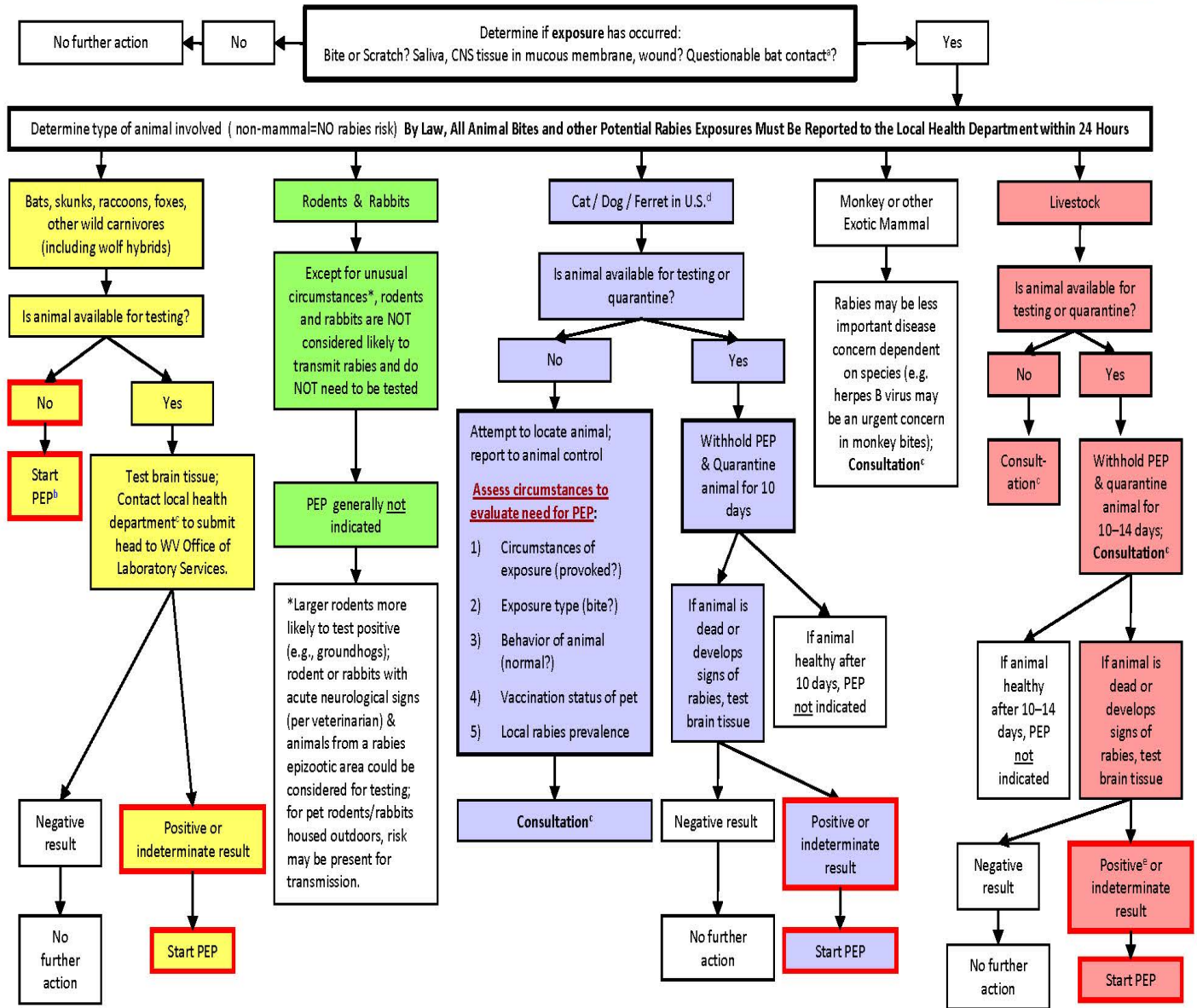
MICROCHIPPING—IS IT THE PRACTICE OF VETERINARY MEDICINE?

The Board's stance on microchipping is that it is considered the practice of veterinary medicine and therefore a licensed veterinarian must be on site.

RABIES RISK ASSESMENT

The Board has received several questions regarding rabies protocol. Below is a rabies risk assessment from the WV Division of Infection Disease Epidemiology.

Rev110907--FINAL **WV Division of Infectious Disease Epidemiology (DIDE) Rabies Risk Assessment For Human Exposure To Animals** 



^aPEP should be considered when direct contact between a human and a bat has occurred, unless exposed person is an adult and can be certain that a bite, scratch, or mucous membrane exposure did not occur. Persons who awaken to find a bat in their bedroom, and persons with mental impairment or children who are found playing unsupervised with a bat can be considered for post-exposure prophylaxis.
^bThere is no quarantine period established for wild animals; therefore, post-exposure prophylaxis (PEP) or testing brain of involved animal are the only appropriate measures if an exposure occurs.
^cPublic health consultation is recommended. Contact local health department (http://www.wvdhhr.org/wvlocalhealth/lhd_profiles/lhdreport/index.asp) or DIDE at (304) 558-5358 or 1-800-423-1271
^dCanine-strain rabies is not found in the United States, but is very common in other parts of the world. It may be important to inquire about travel history when assessing exposure.
^eThe West Virginia Department of Agriculture, Office of the State Veterinarian should be notified immediately of any livestock testing positive for rabies (304-558-2214).
PLEASE NOTE: THIS RISK ASSESSMENT GUIDE IS NOT INTENDED TO ADDRESS ALL POTENTIAL RABIES EXPOSURES NOR SHOULD ALL DECISIONS BE BASED SOLELY ON THE ABOVE INFORMATION.

Rabies Overview — by Susan B. Harper, DVM, MS, DACLAM, DACVVP

Background on Rabies:

- All mammals are believed to be susceptible to rabies. In WV the raccoon is the most common reservoir of infection.
- The incubation period for rabies is generally 3 to 12 weeks in most domestic animals, but can vary from several days for up to 6 months or more.
- The virus is spread through bites, and is only communicable during the period of salivary shedding which starts a few days prior to the onset of clinical signs and continues to death.
- Clinical signs of rabies vary and include loss of appetite, difficulty eating/swallowing, cranial nerve deficits, abnormal behavior, ataxia, paralysis, altered vocalization, and/or seizures. No effective treatments are available for animals, and progression to death is typically rapid.
- The direct fluorescent antibody test is used to confirm rabies infection, and requires unfixed brain tissue that is removed from suspect animals post-mortem.

Responsibilities of Veterinarians When Pets are Exposed to Suspect Animals:

- Currently-vaccinated dogs, cats, and ferrets that are exposed to a suspected or confirmed rabid animal should be administered a booster rabies vaccine, receive veterinary care, and kept under the owner's observation for 45 days.
- Unvaccinated dogs, cats, and ferrets that are exposed to a suspected or confirmed rabid animal should be euthanized. If the owner is unwilling to euthanize, the animal should immediately be administered a rabies vaccine and provided veterinary care. Dogs and cats must be placed in strict quarantine for a minimum of four months, whereas ferrets must be quarantined for six months following exposure.
- Dogs and cats that are overdue for vaccination, but have a valid vaccination certificate to verify prior administration of a USDA-licensed rabies vaccine, should be administered a booster rabies vaccine, receive veterinary care, and kept under the owner's observation for a minimum of 45 days.
- Dogs and cats that are overdue for vaccinations but do NOT have a valid vaccination certificate to verify prior administration of a USDA-licensed rabies vaccine, should be treated as unvaccinated and immediately administered a rabies vaccine and provided veterinary care, followed by a 4 month strict quarantine. To avoid euthanasia or a strict quarantine, the veterinarian may consult with the local rabies control official to determine the appropriateness of using a prospective serologic monitoring protocol. Information on this test is available at [National Association of State Public Health Veterinarians](#).
- Make sure that staff in contact with any suspect animal use protective gear and take appropriate precautions to minimize personal risk.

Responsibilities of Veterinarians When Humans are Exposed to Suspect Animals:

- The WV Division of Infectious Disease Epidemiology (DIDE) has developed a flow chart to assess risk to humans following exposure to potentially rabid animals, which is available at [WV DIDE Rabies Risk Assessment for Human Exposure to Animals](#).
- First determine if a human has been exposed through (1) a bite or scratch from a suspect animal; (2) direct contact of vulnerable tissues (i.e., mucous membranes, broken skin, eyes, etc.) with saliva and/or CNS tissues from a suspect animal; and/or (3) contact, or suspected contact, with a wild bat.
- **Veterinarians are required to report all animal bites** and other potential rabies exposures to the local health department within 24 hours. Contact information is available at [WV DHHR Local Health Page](#).
- Whenever possible, the animal associated with the exposure should be identified and assessed for neurologic signs consistent with rabies infection. Notify local animal control when the suspect animal cannot be located for testing or quarantine.
- No quarantine period has been established for wild animals (e.g., bats, skunks, raccoons, foxes, wolf hybrids, and other feral carnivores). Therefore, testing of suspect animals is the only appropriate measure when a human or domestic animal exposure occurs.
- Testing of small rodents and rabbits is generally not required, although testing may be indicated for larger rodents (i.e., groundhogs) and smaller rodents or rabbits that are showing neurologic signs or have originated from an epizootic area.
- Pet rabbits and/or rodents that are housed outdoors may be susceptible to infection, and should be tested or quarantined following human exposures. Contact DIDE for guidance on quarantine.
- Dogs, cats, and/or ferrets associated with human exposures should be quarantined for a minimum of 10 days. Animals that die or show neurologic signs consistent with rabies during the quarantine period must be tested.
- Livestock associated with human exposures should be quarantined for a minimum of 10 to 14 days. Animals that die or show neurologic signs consistent with rabies during the quarantine period must be tested. Immediately notify the WV Department of Agriculture, Office of the State Veterinarian of any livestock that test positive (304-558-2214).

RECENT DISCIPLINARY ACTION

Copies of disciplinary action are available on our website.

CONSENT AGREEMENT—Case 0915B Dr. Gregory Eaton —May 31, 2016

Violation: Failed to provide the proper care and treatment of a female cat by failing to perform the correct medical procedure for a declaw.

Penalty: Previous suspension from this case was terminated and received probation for 2 years. Prohibited from working at Avalon Animal Hospital. Must be supervised and follow the requirements of a supervisory agreement. Subject to random inspections. Reimbursement for the cost of proceedings including but not limited to the administrative and legal expenses incurred by the Board.

CONSENT AGREEMENT—Case 0316B Dr. Dennis Dibbern—November 14, 2016

Violation: Failed to provide the proper care and treatment of a female cat by failing to perform the correct medical procedure for rabies testing and endangered the health and safety of the public.

Penalty: Complete readings and continuing education of rabies overview. Submit the answered test questions and complete a 5 page double sided review concerning several rabies topics. Reimbursement for the cost of proceedings including but not limited to the administrative and legal expenses incurred by the Board.

CONSENT AGREEMENT—Case 0415A Dr. John Fabish—January 9, 2017

Violation: Submitted a falsified continuing education certificate of attendance that was required for a Consent Agreement.

Penalty: Surrendered License

CONSENT AGREEMENT—Case 0916A Dr. Ryan Hagan—May 23, 2017

Violation: Deficiencies in the medical record keeping for care and treatment of a two-year old thoroughbred filly

Penalty: Complete 3 hours of Board approved medical record keeping and 3 hours of internal medicine no later than 6 months from Consent Agreement.

Note: One of the most common findings in complaint reviews have been insufficient documentation in medical records. As a result, we are asking the inspector to review medical records at the time of your facility inspection in an effort to help improve the quality of medical records.

BOARD RECOMMENDED FACILITY EMERGENCY PROTOCOLS

As part of its statutory duty, the Board registers and inspects veterinary facilities. As such and part of its outreach and mission, the Board may make suggested recommendations for veterinary practices.

The Board suggests the following recommendations for all veterinary practices that they have in place protocols and procedures along with the appropriate training for staff on what to do in the event of the following emergencies:

- **Walking Animals Outside of Secured Enclosures**
- **Lost Animals**
- **Loss of Electricity**
- **Loss of Water**
- **Fire /Hospital Evacuation - Not only important for the staff but for the housed animals**
- **Workplace Violence**

These recommendations are not requirements but simply suggestions. The Board recommends making a protocol prior to an actual emergency occurring in order to save time and possibly save lives. Remember, it's always important to document staff training.

CAET CE'S AND TRAINING

CAET CE PROGRAM 2017

On March 31, 2017, we had our annual CE program at Stonewall Resort. The instructor was Christian Nash with the Lexington Humane Society. There were 64 certified animal euthanasia technicians that attended this program.

OTHER CE OPTIONS

We understand there may be times when you may not be able to travel to the location or on the date of our CAET CE program. You are welcome to search for another CE course either in classroom or online that meets the requirements and submit to the Board for prior approval for a \$50.00 fee. All courses are not automatically approved and the \$50.00 fee is non-refundable. Once courses are approved by the Board, we they will be posted on our website. Please feel free to contact the Board if you need more clarification on the CE approval process.

Also, the Board is always looking for other CAET CE options, if you have any suggestions, please contact the Board.

CAET CERTIFICATION/TRAINING 2017

COURTYARD MARTIOTT, 460 COURTYARD STREET

MORGANTOWN, WV JUNE 30—JULY 2, 2017

Applicants for certification must submit a completed application to the Board, pass the written practical, practical, and jurisprudence examinations and meet all the requirements of the Board to practice animal euthanasia technology in the state of West Virginia.

BOARD MEMBERS AS CAET'S

Because of the turnover rate for CAET's, the WV Board of Veterinary Medicine would like to suggest that Board members of County Commissions become CAET's. Not only would this provide a CAET for backup but it would also keep the Board members up to date with the current laws and procedures. Please be advised that this is only a suggestion from the Board and is not a requirement.

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