



APRIL 2020 BULLETIN

State of Nevada Board of Veterinary Medical Examiners

FDA Changes to Telemedicine and the VCPR: What that Means for You and Your Practice?

What is the Federal VCPR?

There have been many questions circulating about what the relaxing of the Federal Veterinarian-Client-Patient-Relationship (VCPR) definition means for veterinary practices. The Federal VCPR requires an in-person examination in order to prescribe off label prescriptions and issuing a Veterinary Feed Directive (VFD). With the relaxation of the requirement in the face of the COVID-19 outbreak, the FDA is allowing for the establishment of a VCPR through distance/electronic means. However, this recommendation by the FDA *does not supersede* the requirement for an 'in-person' examination of the animal per Nevada law. Nevada Administrative Code (NAC) 638.0197 states that a VCPR must meet the following conditions:

- (a) The veterinarian assumes the responsibility for making medical judgments concerning the health of the animal and the need for medical treatment of the animal,
- (b) The veterinarian has knowledge of the present care and health of the animal enough to provide at least a general or preliminary diagnosis of the medical condition of the animal. This knowledge must be acquired by:
 - (1) Conducting a physical examination of the animal; or
 - (2) Visiting the premises where the animal is kept in a timely manner that is appropriate to the medical condition of the animal.



What Does This Mean for My Practice?

If you have a VCPR with a client, you may use telephone or video to assist your client in making certain recommendations and having discussions with your clients regarding treatment options, diagnostics, or used to gather information and determine if a client needs to be seen in the veterinary facility or can have a medication refilled. Telemedicine at this time cannot be used to establish a VCPR. There is no requirement for how long it has been since you have seen a patient last, so use your best professional judgement and knowledge of the client and their situation to make clinical decisions. Please be aware all documentation must be made according to the standards in NRS and NAC638. If an individual contacts your facility and does not have an existing VCPR, only general advice may be given and/or the individual would need to have their pet seen in-person. Even though a pet may need to be seen in person, it does not mean that you cannot take proper social distancing measures.

What Measures Can I Take to Protect Clients and Staff?

- limiting the congregation of clients in waiting and treatment rooms (alternatives include allowing clients to wait in their cars prior to being seen)
- increasing the cleaning of common areas for staff and clients
- ensuring all staff is maintaining increased vigilance for infection control practices (<http://www.nasphv.org/Documents/VeterinaryStandardPrecautions.pdf>)

- increasing locations for hand sanitizers and no touch disposal receptacles for trash
- decreasing elective procedures and focusing on acutely ill animals and/or emergencies
- using appropriate PPE (Personal Protective Equipment) when meeting with clients
- using appropriate conservation strategies when dealing with PPE (https://www.fda.gov/medical-devices/letters-health-care-providers/surgical-mask-and-gown-conservation-strategies-letter-healthcare-providers?utm_campaign=3-12-2020%20-%20Surgical%20Mask&utm_medium=email&utm_source=Eloqua)
- if team members are exposed to another employee or a member of the public confirmed with COVID-19 contact the local/county health department as soon as possible for further instruction on how to proceed.
- mobile and house call practitioners may consider examining animals in a vehicle, outside, or with the assistance of a local clinic.

Practice Scenario: What Happens if an Owner Abandons Their Pet with No Contact Information?

ABANDONMENT OF ANIMALS AT A VETERINARY FACILITY: It has been an increasing scenario for veterinarians and staff to encounter abandonment at veterinary facilities. This scenario can be possible for several reasons, but it most likely when an owner knows that their animal is sick and cannot provide the funds to provide the veterinary care for treatment. Often, that means an owner may feel that leaving the animal with veterinary staff can be a humane location to leave them. In dealing with the repercussions of this possibility, there are two main considerations to account for, (1) abandonment after establishment of a veterinary-client-patient-relationship (VCPR); or (2) abandonment before a VCPR has been established.

ABANDONMENT WITH A VCPR

If an animal is brought to a veterinary facility in which the pet has been seen previously and a VCPR exists and the owner then does not pick up the animal – essentially abandoning the animal at the veterinary facility – then that situation is governed by the Board's regulation Nevada Administrative Code (NAC) 638.051. Per NAC 638.051(1), the animal is not deemed abandoned until 10 days after the animal was due to be claimed. Per NAC 638.051(3), before the veterinarian can dispose of the animal, the veterinarian must send a notice to the owner's last known address by certified mail informing the owner that the veterinarian will dispose of the animal if it is not claimed within 10 days from the date of the mailing of the notice. Per NAC 638.051(2) and (4), if the animal goes unclaimed for the 10 days after the notification is mailed, the veterinarian may dispose of the animal in a humane manner.

Practice Tips

- If an animal is not picked up as expected, attempt to contact with the owner as soon as possible thereafter because there may be a reason that the animal was not picked up as planned.
- If the attempt to contact the owner is unsuccessful, send the notification letter by certified mail as soon thereafter as it seems necessary because the 10-day period for ultimate disposal of the animal does not begin to run until the notification letter is sent.
- If no response is received to the notification letter, either because it is not picked up or because it is picked up, but nobody calls, then dispose of the animal as the best judgment of the veterinarian guides. If the animal is in poor condition or in pain, humane euthanasia is an ethical choice. If the animal is healthy, it should be relinquished to a local shelter or rescue facility.
- When the animal is in the possession of the veterinary facility, it must be treated humanely and records regarding its boarding and treatment at the facility must be made and maintained as usual. Give the animal an identification in your system (associate a photograph therewith if possible) and keep the same records for the animal as for all other animals in the care of the facility.
- If the animal experiences an emergency or deterioration of condition such that it is suffering while in the care of the facility, document the condition and, if necessary, humanely euthanize the animal.

ABANDONMENT WITHOUT A VCPR

If an animal is brought to a veterinary facility and is left before a VCPR is formed – such as where an animal is brought to a facility and the owner leaves before providing contact information or informed consent for any procedure – then the Board's regulation, NAC 638.051, does **NOT** apply. If a good Samaritan brings in an animal for treatment, the same procedure will apply. In such a case, in most jurisdictions the veterinarian may contact the local animal shelter or rescue without waiting for 10 days and may relinquish the animal. Please note that in many jurisdictions, municipal or county ordinances require notification of local animal control authorities by a person who discovers an abandoned animal, so if you make such a notification, you are doing nothing more than following your local laws.

Practice Tips

- If the animal was brought in an emergent condition, ethically the veterinarian must provide essential services when necessary to save the animal's life or to relieve suffering. Such emergency care may be limited to euthanasia to relieve suffering or to stabilization of the animal for transporting.
 - Always scan the animal for an ID chip and reach out to the individual or group that is identified by the chip. Also, check with staff on duty to determine if any of them know the animal or the owner (in other words, there might be a reason that the animal was brought to a specific veterinary facility).
 - If the animal does not have an ID chip or the attempted contact is unavailable, make a record (associating a photograph with the record, if possible) including the date and time and circumstance in which the animal was received, record any findings or treatments rendered, any reasons for the treatments, or all attempts to locate or contact an owner.
 - To avoid finding oneself in this situation, it might be advised to not take custody of an animal until **AFTER** the owner has completed intake paperwork. If it is an emergency, a policy might be to attend to the case with two employees – one to take information from the owner and the other to handle the animal.
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ANNOUNCEMENTS:

The Board will be considering changes to the continuing education requirements for 2020 at the April 23, 2020 Board meeting. The meeting is occurring by phone, and updates regarding any changes will be sent to licensees following the meeting.

The Governor's Office of Economic Development has requested that small business owners throughout Nevada participate by submitting the Economic Impact Survey ([link below](#)). Your feedback helps the Nevada Governor's Office of Economic Development shape policy and make decisions as we move through this pandemic.

The Governor has extended the Emergency Directive through April 30, 2020.

COVID Update April 2020:



The information about the novel coronavirus (CoV-2) and the disease it is responsible for (COVID-19) is rapidly evolving and will likely have changed by the time this newsletter reaches you. However, I have tried to summarize the most relevant information to date and provide answers to questions your clients and staff will likely ask you.

There is **no** evidence that companion animals play an epidemiological role in COVID-19. There are **no** reports of virus transmission between companion animals or from companion animals to people. The COVID-19 disease has **not** been reported in companion animals.

- A single dog tested positive for CoV-2 on nasal and oral swabs on 2/26/2020 when the owner was hospitalized for COVID-19 and the pet was placed into quarantine as a precaution. Follow-up tests were negative on 3/12/2020 and 3/13/2020. The pet did not show any signs of COVID-19 during quarantine and was released to owner.
- Like any contact surface, pets can become contaminated with CoV-2 and theoretically could transfer the virus through surface contact. Therefore, it is reasonable to advise pet owners who are sick or quarantined because of COVID-19 to avoid unnecessary contact with their pets and to practice basic hygiene rules such as washing hands before and after contact with their pet, their food, and waste.
- IDEXX announced the availability of CoV-2 test (RT-PCR) on 3/13/2020. The initial thousand tests were negative. The CDC, AVMA, and IDEXX do not recommend routine testing of companion animals.
- Veterinary hospitals and clinics are considered essential services and are not subject to mandatory non-essential services temporary closure. This does not restrict you from voluntary closing your practice temporarily and providing contact information for

alternative hospitals to your clients until you reopen.

- You can and should take measures in your practice to limit transmission to or from your clients. Consider the following: limiting appointments to urgent and/or sick patients, practice social distancing by having clients stay in their vehicle until an exam room is available, take care of billing in the exam room, have a staff member bring prescriptions or diets to clients waiting for pick up in their vehicle, provide no touch sanitizer dispensers, and sanitize commonly touched surfaces such as countertops, door knobs, telephones and keyboards.
- Protect your veterinary team by encouraging staff to stay at home if they have respiratory signs and/or have a fever (T=100.4F) and to remain away from work until their physician clears them to return to work. Contact state and local health department (see below) if a staff member is diagnosed with COVID-19.
- Use and conserve PPE equipment such as masks, gloves, and gowns. Consider reusable surgical masks and gowns over disposable. Avoid inappropriate use such as routine wearing of surgical masks by healthy people hoping to reduce their risk of CoV-2 infection (not recommended by CDC/WHO). Atdove.org has great resources [here](#) for properly using and reusing PPE.

Websites for up to date information:

- AVMA: <https://www.avma.org/resources-tools/animal-health-and-welfare/covid-19>
- WHO: <https://www.who.int/health-topics/coronavirus#>
- World Organization for Animal Health: <https://www.oie.int/en/>
- CDC: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>
- NV Department of Health: <http://dhhs.nv.gov/>
- Washoe Dept. of Health <https://www.washoecounty.us/health/>