

Telemedicine and Vaccine Clinics in California

What Shelters Need to Know About Legislative Updates for 2024

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Website Links
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recorded webinar version)



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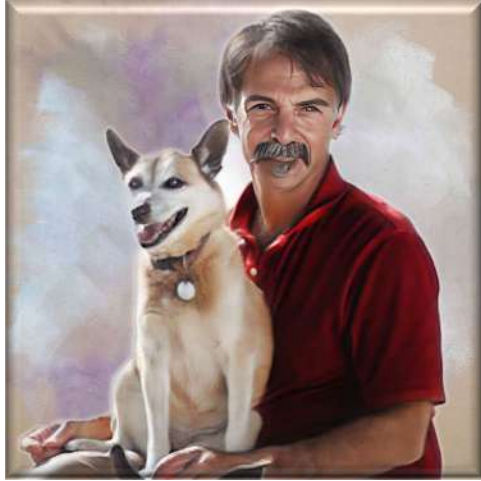
Phone browser will take you to the website or resource.



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Your Webinar Hosts



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Huge Thanks to....



<https://shelterlearniverse.com>



www.maddiesfund.org



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www.sfspca.org/about/advocacy



www.calanimals.org



Let's Test Out Our Polling System....

Telemedicine/Vaccine Clinic Updates Poll

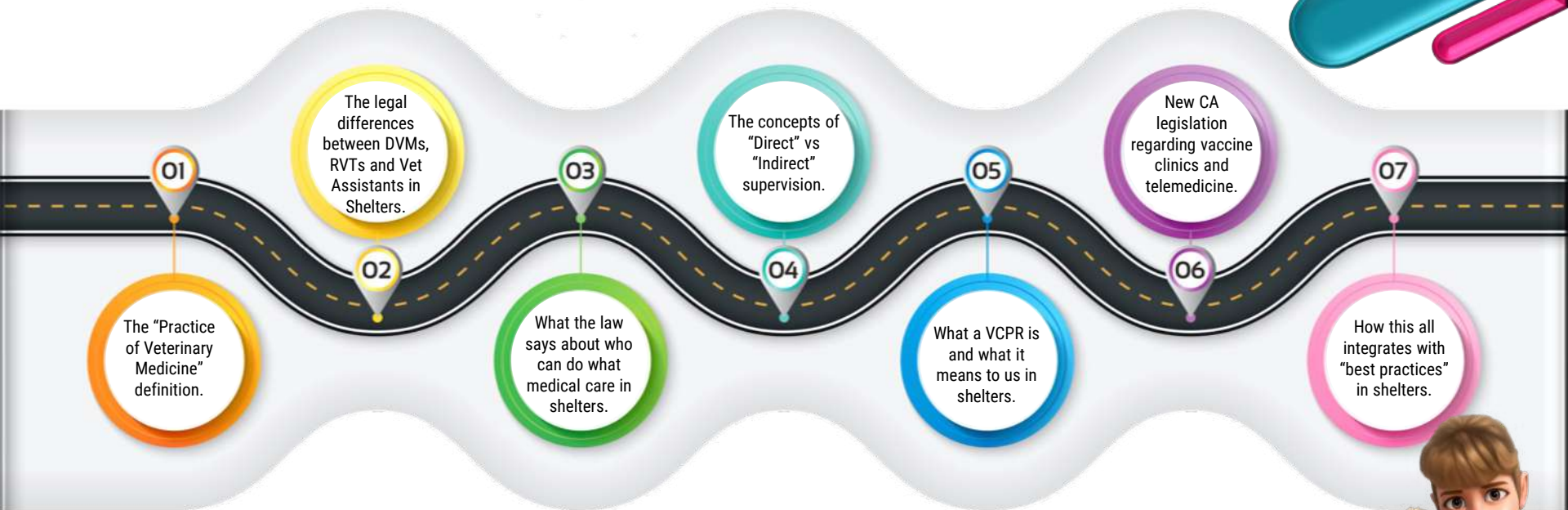
1 question

1. What's your role? (Single Choice)

- Veterinarian
- RVT
- Veterinary Assistant (Primary Role)
- Veterinary Assistant (In addition to another primary role)
- Shelter Director
- Shelter Management
- Other - Drop it in the chat



What will we be talking about today?





The “Practice of Veterinary Medicine” Defined

**What are the legal
restrictions on the
“practice of
veterinary medicine”**



The “Practice of Veterinary Medicine” Includes:

Diagnosing

Diagnosing medical conditions

Prescribing

Prescribing treatment or medications for medical conditions.

Performing

Performing surgery or dental procedures.

(Except certain dental procedures done by an RVT under direction of a DVM.)

Administering

Administering drugs and treatments.

(Except when administered by an RVT or Veterinary Assistant at the direction of a DVM.)

Treatment

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

(Except when done by an RVT or Veterinary Assistant at the direction of a DVM.)

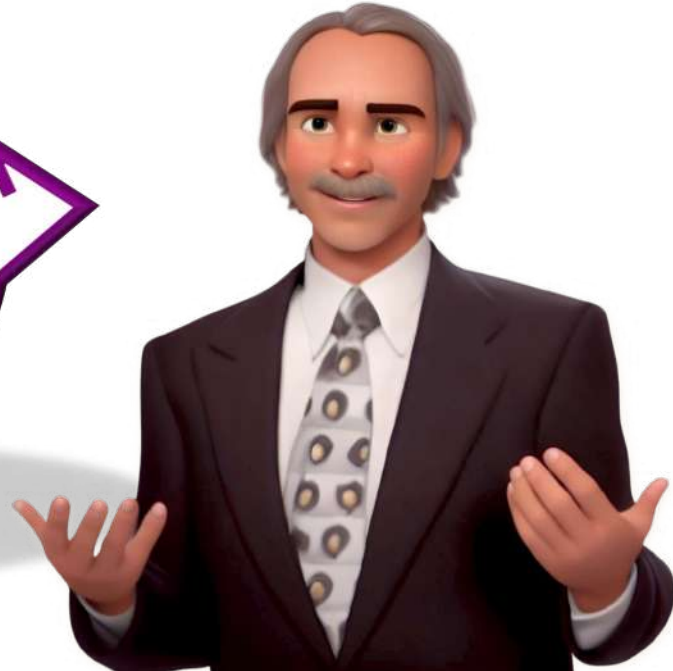


Per Business and Professions Code
B&P § 4826



The “Practice of Veterinary Medicine” – Owner Exception

NOTE: Owners (or their agents) can “practice” veterinary medicine on their own animals (as long as it doesn’t constitute cruelty).



The “Practice of Veterinary Medicine” – Owner Exception

Over the years there has been a lot of discussion about whether or not shelters “own” the animals in their care after legal holding periods.



The “Practice of Veterinary Medicine” – Owner Exception

**If shelters do “own” those animals,
restrictions on practicing
veterinary medicine wouldn’t
exist.**

**We recommend you discuss this
issue with your legal counsel.**



Roles by Title, Education & License Requirements



Roles by Title, Education & License Requirements



VETERINARY MEDICAL BOARD

Who's Who in the Vet Office



INSIDE A VETERINARY HOSPITAL

Veterinary hospitals work a lot like human hospitals. Veterinarians (DVMs) are the doctors, registered veterinary technicians are similar to registered nurses, while everyone else is considered a DVM assistant. Most people know who the DVM is in a veterinary hospital, but sometimes consumers (even animal health professionals) may blur the line between licensed and unlicensed staff. It's important for consumers to know who the licenses and unlicensed staff are and the roles they play in a pet's care. Here's an overview of who's who in veterinary health care from the California Veterinary Medical Board (VMB).

LICENSED STAFF

DVMs

DVMs are trained to diagnose medical problems, prescribe therapies, and perform surgeries. They have completed veterinary school, passed both a national and state licensing examination, and passed a background check. Every veterinary premises must be registered with VMB and have a managing license (DVM) who is responsible for ensuring the facility and veterinary professional providing services at the facility comply with all requirements under the Veterinary Medicine Practice Act and supporting regulations.

Tip: Veterinary licenses and veterinary premises registrations must be posted for public view at veterinary facilities.

Registered Veterinary Technicians (RVTs)

RVTs are skilled animal nursing professionals who have passed a national examination* and passed a background check. An RVT performs veterinary medical tasks under the direct or indirect supervision of a DVM.

Tip: Direct supervision means the DVM is present and is quickly available where the animal health care is being performed. Indirect supervision means the DVM is not present but has given instructions for the animal's care.

Under direct supervision, an RVT may:

- (1) Induce anesthesia.
- (2) Perform dental extractions.
- (3) Suture cutaneous and subcutaneous tissues, skin, and oral mucosa membranes.
- (4) Create a relief hole in the skin to facilitate placement of an intravascular catheter.
- (5) Drug compounding from bulk substances.



Under indirect supervision, an RVT may:

- Operate radiographic equipment.
- Perform specific emergency life-saving procedures.
- Administer medications, including controlled substances.
- Apply or change bandages.
- Draw blood and run lab tests.
- Drug compounding from non-bulk substances.

Tip: DVMs, RVTs must post their registration in the veterinary hospital in public view and carry the printed version of their registration.

Veterinary Assistant Controlled Substances Permit (VACSP)

VACSP holders pass a background check and are authorized by VMB to handle and administer controlled substances at veterinary premises as directed by the licensed DVM.

Tip: While VACSP holders can administer controlled substances, only a DVM can prescribe medications.

Unlicensed Staff—Veterinary Assistants (VAs)

All unlicensed staff in a veterinary facility are considered veterinary assistants and may assist with supporting tasks under the direct or indirect supervision of a DVM or under the direct supervision of an RVT. But you must always perform tasks restricted to DVMs, RVTs or VACSP holders. Unlicensed staff may not treat animals outside a hospital setting.

(continued on page 2)

https://www.vmb.ca.gov/forms_pubs/vmb_whos_who.pdf

Tip: VAs may operate radiographic equipment, but only after completing specific training and only under direct supervision.

Veterinary Facilities

VMB is responsible for registering and inspecting veterinary premises where veterinary medicine is being practiced. By inspecting these facilities, VMB is ensuring that facilities are complying with the Veterinary Medicine Practice Act and supporting regulations for the health, safety, and welfare of California consumers and their pets.

THE VETERINARY MEDICAL BOARD

VMB is responsible for licensing DVMs, RVTs, VACSPs, and veterinary premises. VMB also is responsible for enforcing the Veterinary Medicine Practice Act and supporting regulations. VMB receives and investigates complaints submitted by consumers alleging veterinary professional misconduct. If warranted, VMB can take disciplinary action against the veterinary professional.

Laws and Regulations

DVMs and RVTs are responsible for knowing and following the Veterinary Medicine Practice Act. For more about the laws, regulations, policies, and legal opinions relating to veterinary care, visit www.vmb.ca.gov/laws_pubs.

Consumers

As a California consumer, your role is to know the members of your pet's health care team. Ask questions, and to check licenses, it's also up to you to practice good preventative care for your pet, including regular checkups. Your pet depends on you!

If you are unhappy with the care your pet receives, the committee at the veterinary hospital, at other related matters, you should first discuss your concerns with your veterinarian. Many problems can be resolved at that level. If you are not satisfied, you may file a complaint with VMB.

APPLICABLE LAWS

Business and Professions Code (BPC) 4936.5

This board shall take action pursuant to Article 4 (commencing with Section 4937) of this chapter against any veterinarian licensed or authorized to practice in this state who commits any responsive veterinary malpractice or veterinary incident to perform any animal health care services other than those allowed by this article.



BPC 4936.5

No person shall use the title "registered veterinary technician" or "veterinary technician," or any other words, letters, or symbols, including, but not limited to, the abbreviation "RVT," with the intent to represent that the person is authorized to act as a registered veterinary technician, unless that person meets the requirements of Section 4936.



To check a license or file a complaint, visit www.breeze.ca.gov.

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Roles by Title, Education & License Requirements



DVM

Veterinary School Education

Standardized Testing

Currently Licensed in State as DVM



RVT

Veterinary Technician Education

Standardized Testing

Currently Licensed/Registered in
State as RVT



VA

Appropriate training for duties
assigned

No required specific education or
testing

No license required



Duties Legally Allowed by Role - DVM



DVM

Veterinary School Education

Standardized Testing

Currently Licensed in State as DVM

All duties that fall within the practice of veterinary medicine allowed under the DVM's license and other training/certification/registration.



Duties Legally Allowed by Role - RVT



RVT

Veterinary Technician Education

Standardized Testing

Currently Licensed in State as RVT

Can perform animal health care services specifically identified in the law, under the direct or indirect supervision of a vet.

In an emergency can begin lifesaving aid and treatment.

Has broad permission to perform basic care necessary to prevent spread of disease, and to protect public/animals.

Cannot establish VCPR or generally engage in **veterinary practice** -- surgery, diagnose, offer prognosis, prescribe.

**Under B&P 4826.7 new allowances for vaccine clinics.*



Per Business and Professions Code B&P § 4839



Duties Legally Allowed by Role - VA



VA

Appropriate training for duties assigned

No required specific education or testing

No license required

May perform and assist with allowed supporting tasks under the direct or indirect supervision of a DVM or direct supervision of an RVT.

Not allowed to perform tasks restricted to DVMs, RVTs or VACSP holders (unless they hold a *VACSP themselves).

**VACSP is a permit that can be applied for through the CA VMB and allows holders to administer controlled drugs under the indirect supervision of a DVM.*



VACSP FAQs on VMB of CA Website



Intake and Routine Medical Care – RVTs and VAs



RVT

Veterinary Technician Education

Standardized Testing

Currently Licensed in State as RV



VA

Appropriate training for duties assigned

No required specific education or testing

No license required

An RVT or VA can undertake animal health care tasks necessary to protect the public and animals, **without direct vet supervision**, including recommended intake and routine medical care.



Intake and Routine Medical Care – RVTs and VAs



RVT

Veterinary Technician Education

Standardized Testing

Currently Licensed in State as RV



VA

Appropriate training for duties assigned

No required specific education or testing

No license required

- Collect history
- Initial assessment in carrier/cage
- Photograph, scan for microchip and other ID
- Weigh, determine sex and estimate age
- Perform physical exam, behavioral assessment and any other initial screening tests as indicated by the needs of your population and DVM's orders (standing, written or direct/telephone orders)
- Vaccinate with core vaccines per DVM's orders
- De-worm/apply external parasite control per vet's orders
- Other basic medical care/animal health care tasks per DVM's orders
- Communicate with DVM/RVT re any obvious health problems or injuries



Intake and Routine Medical Care – RVTs and VAs



RVT

Veterinary Technician Education

Standardized Testing

Currently Licensed in State as RV



VA

Appropriate training for duties assigned

No required specific education or testing

No license required

- Acts done for public health and safety
- Diagnostics tests for infectious diseases (Parvo, parasites, FeLV/FIV, etc.)
- Microchipping
- Ear cleaning, other hygiene
- Remove sutures
- Non-surgical dental work
 - RVTs have some additional dental procedure allowances beyond VA's.
- For non-premises permit holder shelters, 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



For More Information on Who Can Do What



RVT

Veterinary Technician Education
Standardized Testing
Currently Licensed in State as RV



VA

Appropriate training for duties assigned
No required specific education or testing
No license required

**MMPC Learniverse
At Maddie's University**

**Veterinary Care in Shelters:
Who Can Legally Do What?
Legal Considerations with Shelter
PALS**



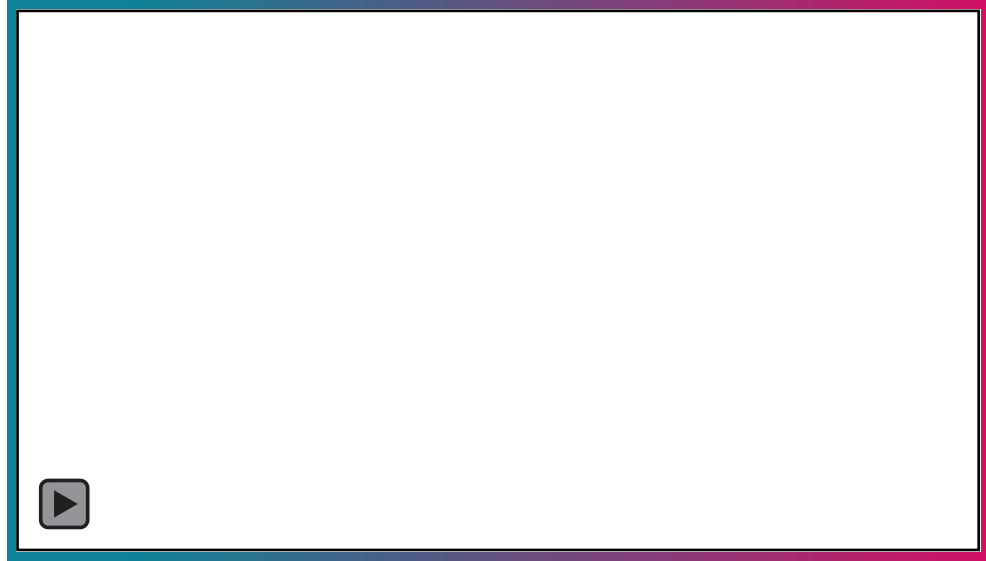
<http://tinyurl.com/WhoCanDoWhat>



Types of Supervision Explained - Direct

“Direct” Supervision

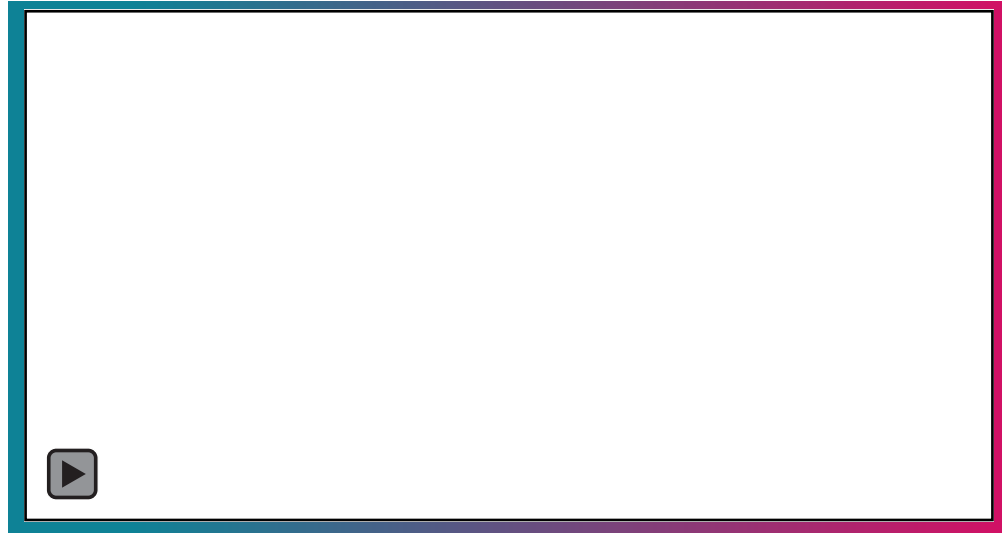
Supervising professional is on-site and is “quickly and easily available.”



Types of Supervision Explained - Indirect

“Indirect” Supervision

Supervising professional is not on-site (or not quickly and easily available) and has given orders (written or oral) for treatment.



Let's Talk About Vaccines – In the Shelter

Vaccines in the Shelter

(Not Including public vaccine clinics – covered later)

Can be administered by RVT or VA under **direct or indirect** supervision of a **DVM**.

Can be administered by **VA under direct 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*
- X *But, no guarantee for reimbursement by owner redeeming the animal.*



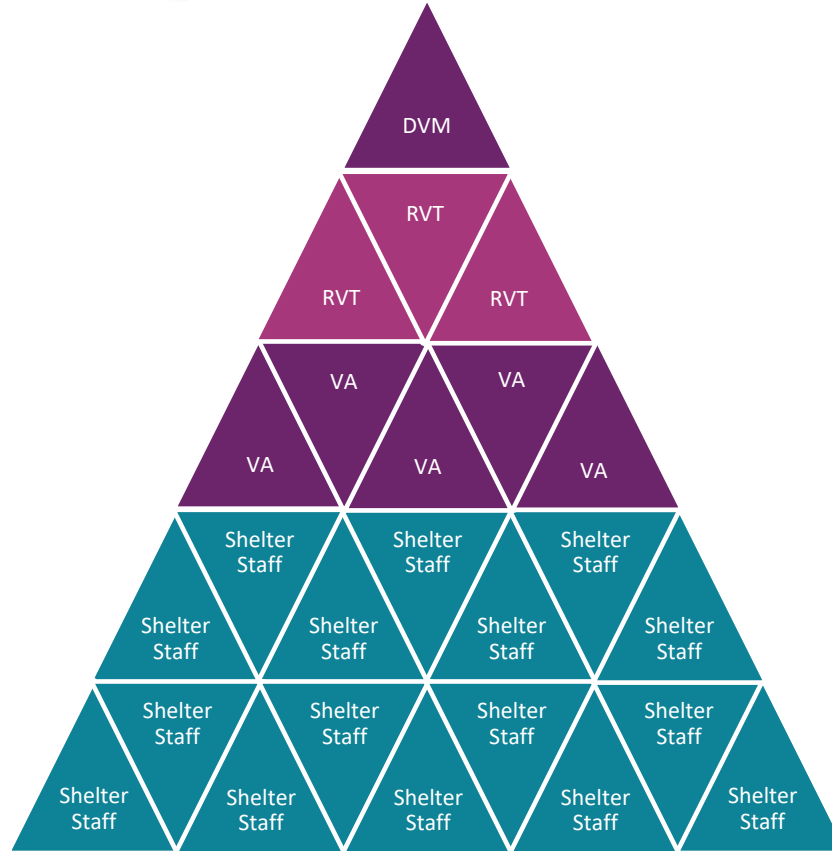
Let's Talk About Vaccines – In the Shelter

What about RABIES vaccination?

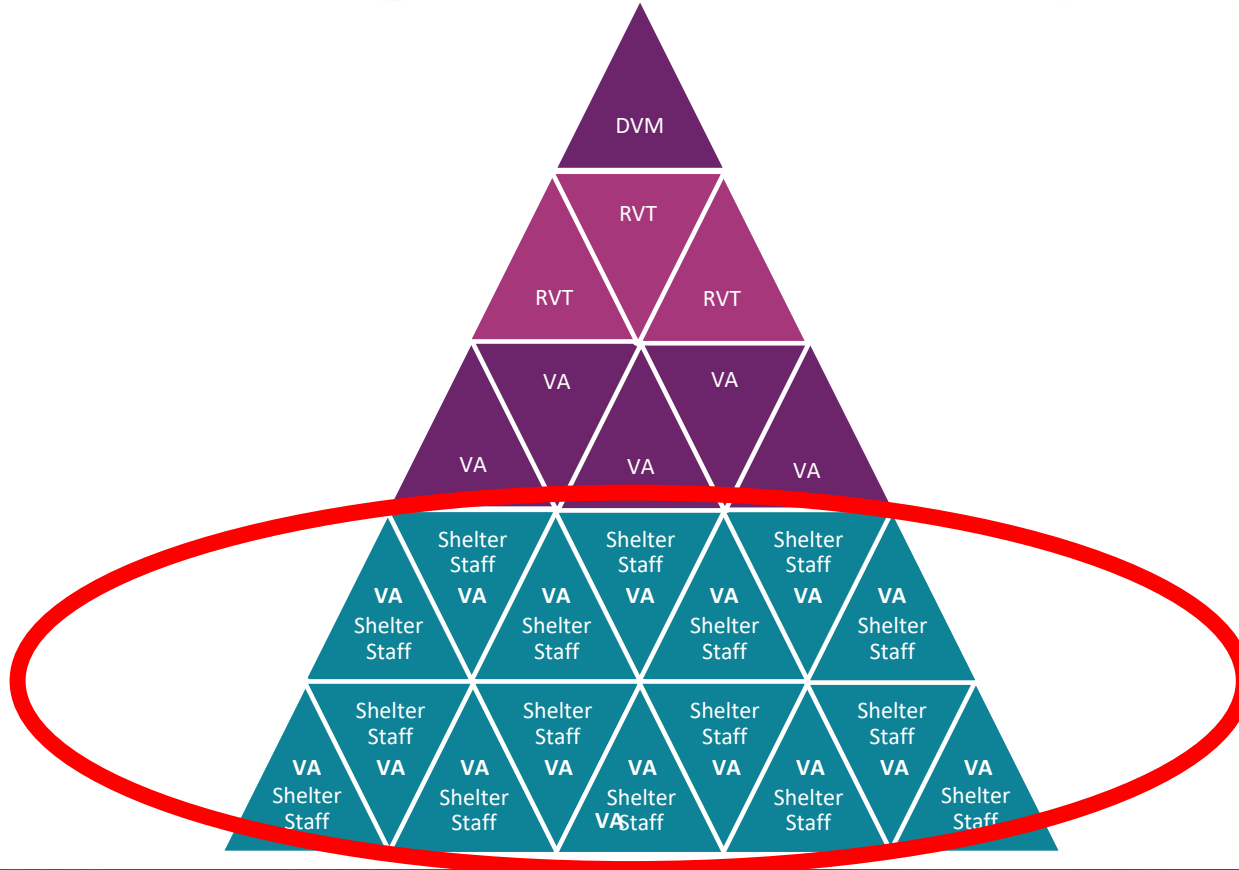
- Can be administered by RVT or VA under **direct or indirect** supervision of a **DVM**.
 - Including written, oral or telephonic orders.
- Can be administered by **VA under direct supervision of RVT**.
- Requires signed certificate – signed by administering DVM or other “authorized by” the DVM
 - Ex. RVT or VA signing “John RVT on behalf of Dr. Jane DVM



Best Practices – Delegation, Duties, Staffing Levels



Best Practices – Delegation, Duties, Staffing Levels





What is a VCPR?

VCPR stands for Veterinarian-Client- Patient-Relationship

It is the basis for interaction between veterinarians, their human clients and their animal patients.

Represents that the professional providing care has sufficient knowledge of the animal's medical status and relationship/communications with the human client to give the appropriate oversight of the case to the professional.



Is a VCPR required for all animals in shelters?

NO

A VCPR is only required in shelters for animals owned by a private citizen AND only during the legal holding period before that legal ownership no longer applies.



Which animals don't require a VCPR?

UNOWNED

- For animals in shelters with no indications of ownership, no VCPR is required.
- Animals arriving as stray with no known owner are considered unowned unless they have indications of ownership (collar, tags, registered microchip).
- Why? Because shelter animals, with no indications of ownership, **during the holding period**, are “unowned.”
- And because they are unowned, no VCPR is required by 2032.1(a).



What Is the New Legislation?

DAVE CORTESE
REPRESENTING SENATE DISTRICT 15

Signed into law!

SB 669
Vet Techs
Protecting
Dogs and Cats

SB 669 allows vet techs to step up their duties under the supervision of licensed veterinarians, dramatically expanding access to pet healthcare and prolonging the lives of pets across California.

WWW.SENATE.CA.GOV/CORTESE



PUBLIC Vaccine Clinics – SB 669

Before SB 669

- DVM had to establish VCPR with every owner of an animal brought into a vaccine clinic.
- Vaccine clinics for the public where there were fees charged for the services were prohibited without an on-site DVM.

**This was previously regulated under Title 16 CCR § 2030.3.*

With SB 669 Effective 1/1/24

- VCPR authority can be delegated to RVT.
- Public vaccine clinics can be held without an on-site DVM.
 - This applies to non-premises permit holding shelters.
 - Vaccine clinics done at a registered veterinary premise (e.g., veterinary hospital, whether private or part of shelter), the veterinarian still must be “physically present” at the facility, but not necessarily at the actual vaccine clinic space.

**New law (SB 669, BPC § 4826.7) is a statute and over-rides the previous regulations where they conflict (i.e. SB 669 takes precedence over Title 16 CCR § 2030.3).*



Full SB 669 Language



What Issues Does SB 669 Address

Access to Care Issues and Benefits of SB 669

- SB 669 acknowledges and is responsive to the DVM shortage (especially in animal shelters).
- Lack of access to affordable medical care – especially basic care like vaccinations and parasite control.
- Issue is often greatest in low income and unhoused populations.
- Allows shelters without a veterinary premises permit or staff DVM to offer vaccine clinics.
- Allows shelters with a veterinary premises permit to increase their capacity for offering these needed services.
- Allows shelters to empower and leverage RVTs in their roles.
- Very beneficial to the community and the shelter by improving population health of animals in your community.
- Lifesaving potential and public health issues related to increasing access to this care are significant.



[*Full SB 669 Language*](#)



Vaccine Clinics – The OLD Rules

Before SB 669

- Rules with respect to **owned animals** applied, plus regulations (VCPR, VMPA), in cases where there was a fee charged for services.
- DVM was required to be **on-site at all times** for any vaccination clinic where vaccinations were provided to multiple animals, and where the DVM might also perform preventative procedures for parasitic control.
- Vaccine delivery could be delegated to an RVT or a VA, but **DVM had to be in the building.**
- DVM was responsible for consultation and referral of clients when disease was detected or suspected.
- Because these clinics involve the administration of vaccines to owned animals, a **VCPR was required to be established for each animal.**
- Previously the VCPR for vax clinics was established by a **veterinarian's onsite presence and general oversight of the clinic.**



Vaccine Clinics – The NEW Rules & Requirements

With SB 669 – Effective 1/1/24

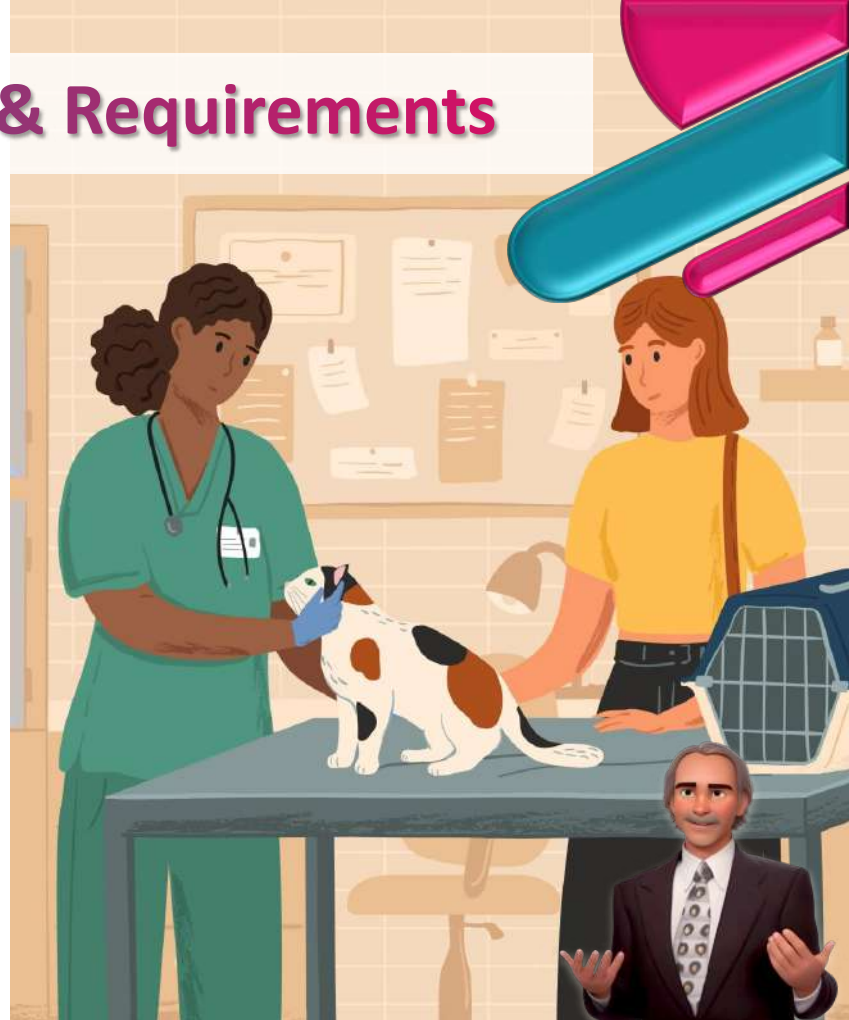
- Before beginning vaccination appointment, RVT must inform the client orally or in writing that the RVT is acting as an agent of the veterinarian for the designated purposes, and must provide the veterinarian's name and license number to the client.
- The VCPR is still between the veterinarian and the client – RVT simply acts as the agent of the veterinarian.
- RVT does not have the right or authority to write prescriptions related to the clinic; all prescriptions still must be written by the veterinarian.
- The RVT must comply with the medical record requirements in the statute, BPC 4826.7(b)(3)(G).
- The veterinarian must comply with the record retention requirements in the statute, BPC 4826.7(c)(1-2).



Vaccine Clinics – The NEW Rules & Requirements

With SB 669 – Effective 1/1/24

- Any vaccine clinic in a location **WITHOUT** a Premises Permit through CA VMB (e.g. shelters, parking lots, high school gyms):
 - The RVT must have equipment and drugs necessary to provide immediate emergency care expected in clinic settings.
 - The veterinarian must be “quickly and easily available” by telephone, if not in the “general vicinity” of the clinic.
- Shelters **WITH** a Premises Permit through CA VMB:
 - Veterinarian must be on the premises where the clinic is occurring, but not required to be in the same area as the clinic.



Vaccine Clinics – The NEW Rules and Requirements

With SB 669 – Effective 1/1/24

A California licensed DVM must “establish” written protocols and procedures for the RVT(s) running the clinic, found in BPC 4826.7(b)(3)(A-G).

Additionally, the DVM and RVT must sign documents regarding:

1. DVM's assumption of legal risks
2. RVT's authorization to establish VCPR for sole purpose of clinic activities (“administering preventive or prophylactic vaccines or medications for the control or eradication of apparent or anticipated internal or external parasites”)

Note that RVT is limited to these tasks; if an RVT encounters an abnormal physical finding, or, is asked to do anything by the client other than the above, the veterinarian must get involved (although can be through telemedicine).



Vaccine Clinics – What Does it Mean to YOU?

For Public Vaccine Clinics – DVM Location

- Non-premises permit holder shelters can have RVTs run clinics without a DVM on-site at the shelter.
- The veterinarian must be “quickly and easily available” by telephone, if not in the “general vicinity” of the clinic.
- Premises permit holding shelters RVTs can run clinic and establish VCPR but DVM must be “physically present” on the premises where the clinic is occurring but is not required to be in the area where the vaccines are being given.

What Must Happen First

- DVM must establish written protocols and procedures for the clinic that will be used by the RVT.
- DVM and RVT must sign documents regarding:
 - DVM assumption of legal risks.
 - RVT’s authorization to establish VCPR solely for limited purpose of clinic activities (vaccinations/parasite control).

Stipulations/Conditions to Be Met

- RVT must have equipment and drugs for immediate emergency care. (In clinics done in locations WITHOUT a premises permit – locations with a premises permit are presumed to already have this available.)
- RVT must inform client they are acting as agent of DVM and provide DVM name and license # (recommend done with a clinic authorization form).



Amazing Resource from SF SPCA for YOU!!!!

Vaccine Clinic
Protocols and Procedures under
Business & Professions
Code Section 4826.7 (SB 669 (2023))



<http://tinyurl.com/TMVXResources>

Developed by Shelter PALS at the San Francisco SPCA
Contact Email: ShelterPALS@sfsPCA.org
Last Updated by Developer on January 22, 2024

Available for personalization by shelters in the state of California

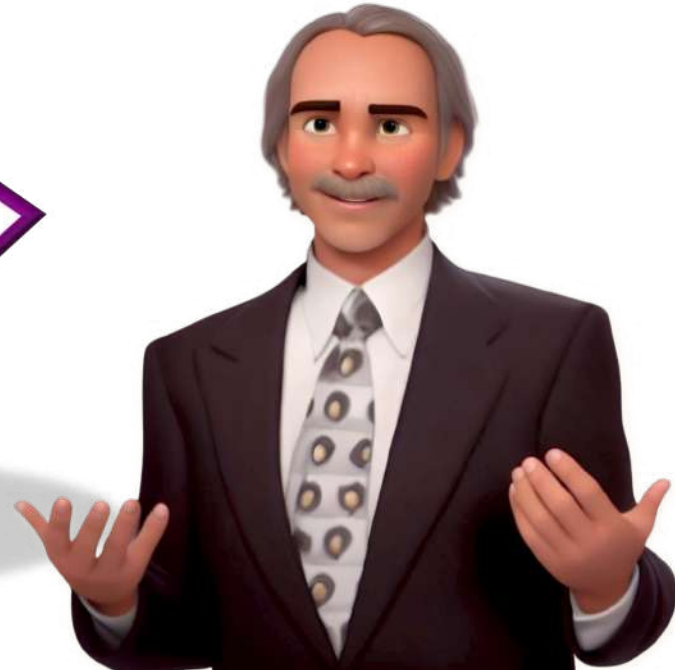
VACCINE CLINIC PROTOCOLS AND PROCEDURES





What is Telemedicine?

Telemedicine is the practice of veterinary medicine (assessment, diagnosis, prescribing treatment) which occurs at a distance using telecommunication between a veterinarian and an animal owner.



Veterinary Telemedicine – AB 1399

Before AB 1399

- Remember, we discussed the **Veterinary Client Patient Relationship (VCPR) applies ONLY to owned animals.**
- Owned animals include those who are on a legal hold with a known owner or have indications of ownership **AND animals who have left the shelter via adoption, transfer.**
- In California before AB 1399 a VCPR could only be established through in-person visits.
- A new VCPR was required for each new “medical condition” even with existing patients.
- This severely limited the options for using telemedicine in veterinary medicine, especially in shelters with respect to owned animals.
- **Telemedicine could always be used for “unowned” animals.**

**This was previously regulated under T16 CCR § 2032.1.*

With AB 1399 - Effective 1/1/24

- Veterinarians can employ sound professional judgment to determine whether using telemedicine is appropriate.
- A VCPR (required for owned animals) can be established by “examining the animal patient by use of synchronous audio-video communication” (i.e. Facetime, Zoom, etc.).
- A new VCPR is still required for each new “medical condition”
- After initial VCPR is established, synchronous audio-video communication is not required for the same medical condition (email, phone, text, etc. is okay once VCPR is established).

**New law (AB 1399) is a statute and overrides the previous regulations where they conflict (i.e. AB 1399 takes precedence over 16 CCR § 2032.1).*



[Full AB 1399
Language](#)



Veterinary Telemedicine – Details

With AB 1399

- Once the VCPR is established, “telehealth” encompasses the use of any electronic communication – audio, video, and/or electronic transmission of records, images etc.
- Veterinarian must:
 - Inform client (animal owner) about the use and “potential limitations” of telehealth
 - Get consent from the client.
 - Use the same standards of care in telehealth as in other veterinary care.
 - Let the client know they can opt for an in-person visit if they want.
 - Inform the client how to receive follow up care if needed because of adverse reactions on failure of technological methods.





Veterinary Telemedicine - Examples

Community Cat Program Cat

- An ear-tipped community cat is brought into the shelter with an abscess that needs attention?
- NO VCPR is required – cat is unowned.
- Telemedicine is permitted without a VCPR with any owner and without any outside consent or other requirements.
- DVM can use telemedicine to provide assessment and instruct team in care.

Stray Dog WITHOUT ID

- A dog is brought in by a finder.
- Dog has no collar, no tags, no microchip, no known owner.
- Telemedicine is permitted without a VCPR as no owner can be identified.
- DVM can use telemedicine to provide assessment and instruct team in care.

Stray Dog WITH ID

- Dog picked up by field officer and found to have a microchip.
- Chip is traced, owner's info obtained and call is made to owner – going to voicemail. No non-emergency care or telemedicine until able to contact owner to establish VCPR.
- IF owner returns call and doesn't want the dog it becomes an owner surrender. No need for VCPR as dog is now unowned as long as formal transfer of ownership is documented.
- IF owner never returns call, stray hold ends, no VCPR needed for any care as dog is now unowned/shelter ownership.



Who is it for? – Telemedicine with no VCPR (Unowned Animals)



Stray Animals During Hold
With no Known Owner or ID



Owner Surrender Animals




Stray Animals After Hold



Underage Animals
No Legal Hold



Wild animals



Animals in Foster Care
With no Known Owner or Beyond Hold if Had ID



Community Cat Program Cats



Animals in the Field
If no known owner or ID



Foster to Adopt Animals
Ownership not yet transferred.



Who is it for? – Telemedicine WITH VCPR (Owned Animals)



**Stray Owned Animals
During Hold**
Known Owner or ID



Shelter Adopted Animals



**Shelter Transferred to
Partner**



**Owned - Shelter Providing
Medical Care**
Could be at shelter or in home.



Owned – Special Hold
Rabies Hold, Safekeeping



Telemedicine - Be Proactive with Owned Animals

Secure VCPR Consent to Care Immediately

In cases where you are able to identify and contact an owner – consider securing VCPR consent immediately in case care is needed and you can't get back in touch with owner (even if no medical issue at the moment).

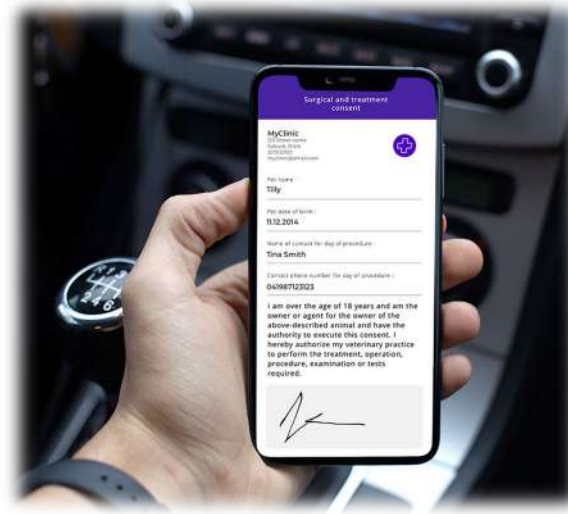
Especially for:

- Safekeeping Holds
 - Owner arrest, hospitalization, death, etc.
 - Cruelty case
- Normal impounds in case owner doesn't pick up immediately.
- Ask owner (or owner's authorized agent – next of kin, power of attorney holder, etc.) to consent to needed medical care while at the shelter.

Consent via:

- Electronic form – Ex. Docusign
- Telephone consent – “witnessed” by a 2nd person at shelter over telephone

Gives you needed VCPR to proceed with needed care if becomes necessary.



Telemedicine – Sample Owner Consent to Care



AUTHORIZATION TO ACT AS AGENT OF OWNER FOR VETERINARY CARE AND ESTABLISHMENT OF VETERINARIAN-CLIENT-PATIENT RELATIONSHIP

By signing below, I certify that I am the legal owner (or the authorized agent of the legal owner) of the animal described below (the "Animal"), and that no other person's consent is required to execute this Authorization and Agreement to authorize _____ ("my Agent") to act as my agent for purposes of establishing a veterinarian-client-patient-relationship for all purposes (this "Authorization") and approving any and all veterinary care decisions for the Animal.

I hereby give my Agent all the rights and privileges I would have with respect to decisions made concerning any veterinary care for the Animal.

I hereby give any veterinarian involved with the Animal's care the right to establish a veterinarian-client-patient-relationship with my Agent, for purposes of providing any aspect of the practice of veterinary medicine that might require a veterinarian-client-patient-relationship.

This Authorization shall remain in effect indefinitely, from the date of its execution until such time as I rescind the Authorization.

Animal's Name: _____
Shelter's Animal ID# _____
Species: _____ Breed: _____
Color: _____ Age: _____ Sex: _____

I have read this Authorization, and understand and agree to the terms and conditions set forth herein.

Owner:
Printed Name: _____
Signature: _____ Date: _____
Address: _____
Telephone: _____ Email: _____

Witness to Owner's Signature:
Printed Name: _____
Signature: _____ Date: _____

Last Revised: 1/24/24 SF SPCA – Shelter PALS B. Wagman



<http://tinyurl.com/TMVXResources>



Telemedicine – When and Where Should it Be Used?

Think of examples of when you might want to use telemedicine in your shelter.

Drop some ideas in the chat.



Telemedicine – When and Where Should it Be Used?

Anytime animal, DVM, person providing care and owner (if one) are not in the same location.

Animal could be – in the field with officer or finder, in the shelter, at an off-site event, in foster, in new home, with transfer partner, in another area of the facility.

DVM could be – at the shelter, in surgery, in a meeting, off-site but working, not working (but has agreed to some amount of on-call).

Owner (if one identified) could be - with the animal or at another location away from the animal.

Telemedicine allows use of audio and video to allow DVM to assess animal or share findings with others to recommend treatment or next steps. When an owner is involved they provide input and consent to care.



Telemedicine – Set Yourself Up for Success

Develop Protocols

- Create robust protocols for common medical issues.
- Make these easily accessible and keep them up to date.

Training

- Train staff in basic animal assessment, communication of findings and use of protocols (cross-train – medical, kennel, field, office).
- Train staff in using technology so that is not a barrier to its use.

Delegation

- Delegate medical related tasks to appropriate staffing (and as many staff as possible to leverage telemedicine)

Technology

- Make work environment telemedicine friendly – computers, devices – phone, tablet, cameras, consider chest/head mounted GoPro type, regular video cameras, speakers, microphones.
 - Wall-mounted screens in treatment areas, surgery prep, surgery.
 - Tripods – gorilla pod to attach to surfaces, free-standing tripods, remote control to start/stop.
 - Ear pieces for audio – microphone and speaker.

Treatment

- Use telemedicine to assess, diagnose and guide treatment (using telephone, video call, text or email - in lieu of in-person, hands-on).
- Document telemedicine visits in medical record like normal visits.



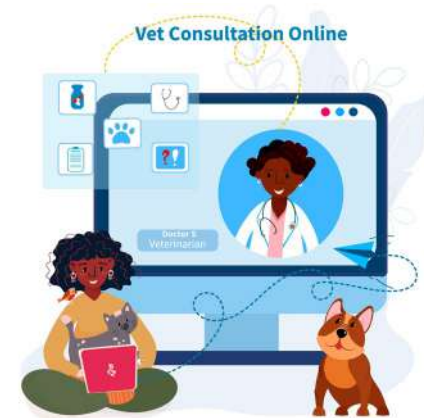
Telemedicine/Remote Medicine – Some Options

Timing:

- Can be **synchronous**/live assessment using phone/video/images in real time (live video chat or telephone conversation)
- Can be **asynchronous** – information, images, etc. sent via text, email or other means and responded to in a “non-live” manner

Formats

- Telephone call
- Text message
- Video call
- Still photos or video sent
- Email
- Other electronic means of sharing information
- Remember telemedicine visits require a medical record to be created just like normal visits.
- Capture and store video, images, etc. related to the assessment.



Telemedicine – Who can be involved?



DVM



RVT



VA

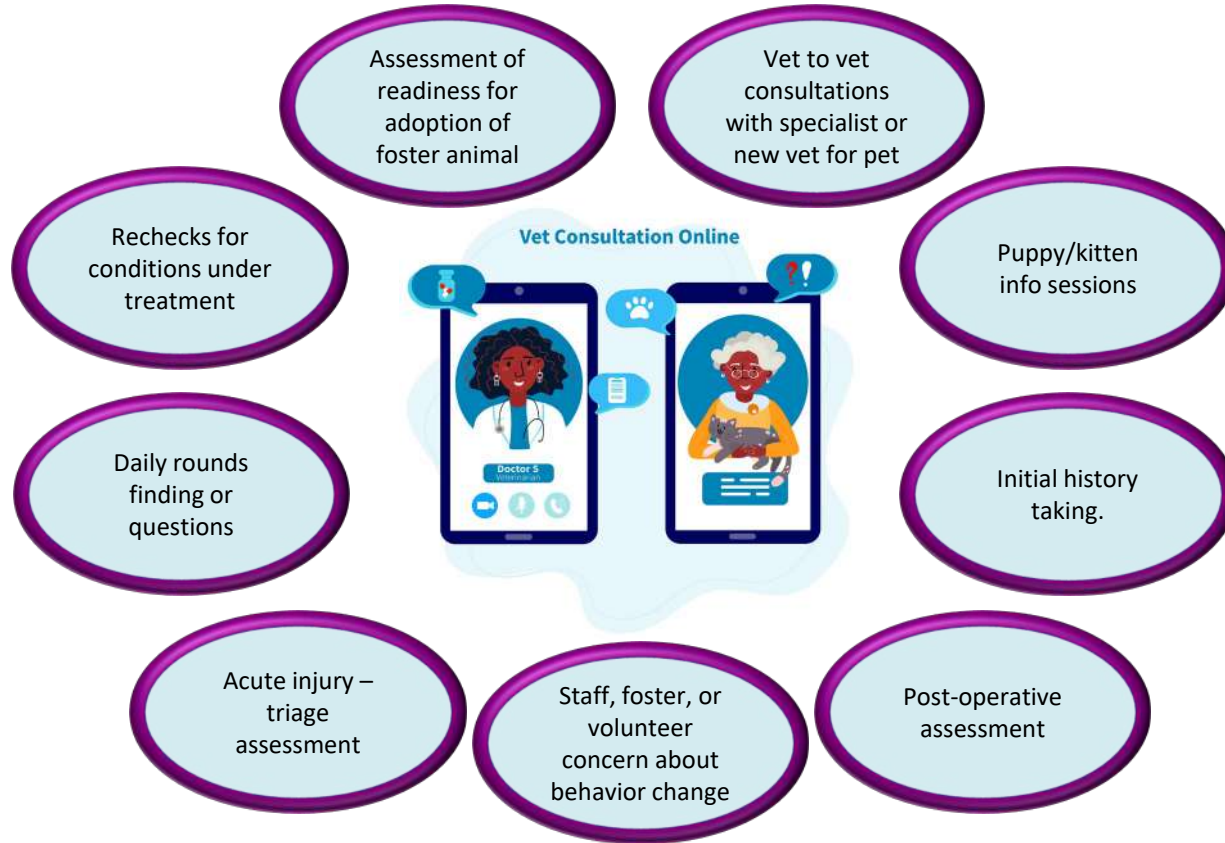


OTHERS

- ✓ Field Officers
- ✓ Kennel Staff
- ✓ Front Office Staff
- ✓ Volunteers
- ✓ Foster Parents
- ✓ Owners
- ✓ Anyone!



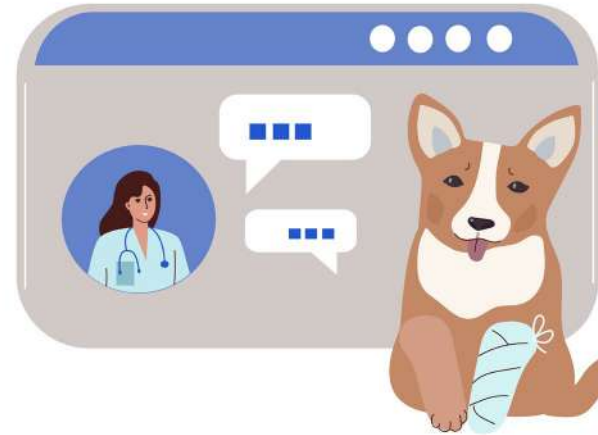
Telemedicine – When would you use it?



Is There a Difference Between Guidance and Telemedicine?

YES

- Telephone +/- video can be used to provide guidance without becoming full telemedicine (without full medical assessment, diagnosing, prescribing).
- There are many situations where a member of the shelter team, foster parent or member of the public can be provided guidance using this type of interaction.
- This especially applies to guidance on when and where the animal should be taken to receive appropriate care – this is not telemedicine (can be supplied in person, by telephone, by standing protocol).
- This general guidance can be provided by any trained staff member as long as it doesn't become diagnosing/prescribing (i.e. not “the practice of veterinary medicine”).



Beyond Telemedicine

As many of us learned during and after the pandemic - there are other uses of technology to assess animals, assess situations, discuss findings with people, and offer advice and help.

OTHER Examples?

- Telebehavior – behavior modification
- Teletraining – animal training (fosters, adopters, owners needing help)
- Tele-adoptions – meeting animals virtually
- Telefostertraining – learning about being a foster parent
- Televolunteer training – volunteer training
- Telehelp/advice – for owners, adopters, other members of the public

These other uses of technology are not limited as they are not practicing medicine

Opens up access to experts within the shelter and outside of the shelter (veterinarians, behaviorists, social workers, other agencies, etc.)



Q&A on Maddie's Pet Forum After the Webinar

If we don't get to your question in the Q&A hop onto Maddie's Pet Forum.

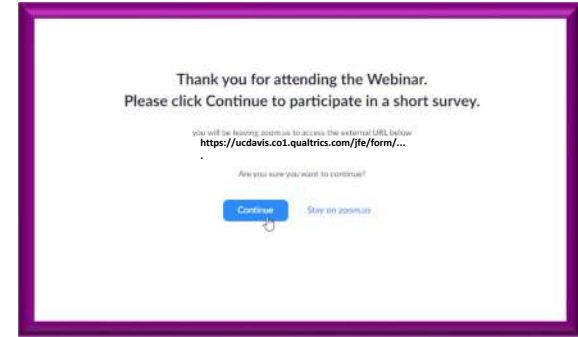
We'll gather those up and post responses after the webinar to an event Discussion Thread on Maddie's Pet Forum.



<http://tinyurl.com/TMVX-Qanda>



After the Webinar – We'd LOVE your feedback!



Back Where They Belong

An online solution-sharing summit
to get animals home faster, easier, better.

February 21 & 28
9 AM to 2 PM (Pacific)

More Info and Register here:
<http://tinyurl.com/BWTB-Info>



Most of our shelters are full of stray animals — animals who have been separated from their people, their home, their habitat. Animals who very well may have been living their best lives before they appeared in the corner of our kennel card.

Join us to hear leaders and shelter team members share how they're getting animals back where they belong faster, easier, and better... and how you can too.

