

# North Carolina Veterinary Medical Board

June 2019

*Regulatory  
Bulletin*

Volume 3 Issue 2

From the NCVMB website: <http://www.ncvmb.org/>

## **Veterinary Reporting of Dispensed Controlled Drugs**

General Statute 90-113.70 (STOP Act) requires that the North Carolina Department of Health and Human Services (NC DHHS) establish and maintain a reporting system of prescriptions for all Schedule II -V controlled substances. This statute requires that all dispensers of controlled substances submit information in accordance with the transmission methods and frequency promulgated by the Commission for Mental Health, Developmental Disabilities and Substance Abuse Services.

The purpose of this legislation is to improve the State's ability to identify controlled substance misusers and refer them for treatment, and to identify and stop diversion of prescription drugs in an efficient and cost-effective manner that will not impede the appropriate medical utilization of licit controlled substances.

As per North Carolina General Statute, 90-113.73. Dispensers are required to report to the NC Controlled Substance Reporting System (CSRS) no later than the close of the next business day after the prescription is delivered; however, veterinary dispensers are encouraged to report the information at least weekly.

Only controlled substance drugs (Schedule II –V) in excess of a 48-hour supply that are dispensed for administration by the owner must be reported. Drugs administered in the hospital by veterinarians or their staff do NOT need to be reported. You do not need to report controlled substances that you write a prescription for...the reporting of these will be done by the pharmacy that fills the prescription.

*Please see the user guide and quick reference sheet from the DHHS (on the NCVMB's web site) to help answer your questions*



## **What CE will fulfill the new requirement for “abuse of controlled substances”?**

Courses that fulfill this requirement include, but are not limited to, the following:

“instruction on controlled substance prescribing practices, proper medical use of controlled drugs, opioid indications and contraindications, and recognizing and preventing the abuse of controlled substances by Veterinary Practice Employees.

The new 2-hour CE requirement is not in addition to the existing requirement of 20 hours of CE. For example: Veterinarians need 2 hours of “drug CE” and 18 hours of other veterinary related CE each year.

Please refer to the information on the NCVMB website to learn of CE offerings available to NC Veterinarians to fulfill this requirement.

## Stabilize Patients Prior to their Transfer

The NCVMB has received complaints dealing with patients who were not stabilized prior to their transfer to another facility. Some clinics do not have protocols for the efficient transfer of patients and this makes it harder for the next clinic to effectively treat the animal. Here are a couple of basics to put on a checklist if you often refer emergency cases.

1. Call the clinic that the patient is being transferred to- if you plan on sending a case please call the facility and discuss the situation. The best route is to have the referring doctor call and give information to a technician or the referral doctor for a clear line of communication. Having a receptionist call is not a good option because often they cannot properly answer basic medical questions. When in doubt always relay the information directly to the referral doctor.
2. Start an IV catheter- There aren't many situations where this isn't necessary. This is a critical step in stabilization and many animals do not receive this before going to a different facility.
3. Provide pain management- Often patients are not provided pain management before being transferred.
4. Send diagnostic results- It is essential to send the results of the diagnostics that you have performed. If you don't have in house diagnostic equipment, and plan on referring that day, it is best to allow the new facility to perform it. This speeds efficiency in the treatment of the patient and decreases the owner's expense.
5. Ensure that the owners know where the new facility is located. You want to make sure that the patient is transferred as fast and safe as possible.
6. Inform owners. Please make sure that owners know what they are getting themselves into. Often pets are transferred without the knowledge of what potential treatments and expenses await their pet.

### NCVMB FACEBOOK Page

<https://www.facebook.com/NCVetMedicalBoard>

The NCVMB Facebook page has a vast variety of information available for veterinarians, technicians, and pet owners. Examples of recent posting include the following topics:

- Stop Act: Veterinary Reporting of Dispensed Scheduled Drugs
- 8 essential steps in a veterinary practice sale
- Chronic Colic in Horses
- Gabapentin
- Invasive tick species found in East Tennessee
- Salt water poisoning & sand ingestion in dogs



# Radiology Compliance Branch

## Division of Health Service Regulation/N.C. Department of Health and Human Services

As required by the "North Carolina Regulations For Protection Against Radiation" rule .1603 Radiation Protection Programs. Each licensee or registrant shall **develop, document, and implement** a radiation protection program. The registrant (Radiation Safety Officer) shall annually review the radiation protection program's content and implementation.

*(Personal note from the NCVMB Executive Director: It is a good practice to review each dosimetry report, as it arrives, with all involved employees and have them sign/initial and date the document for your records).*

### ITEMS TO INCLUDE IN RADIATION PROTECTION PROGRAM AND OPERATING PROCEDURES

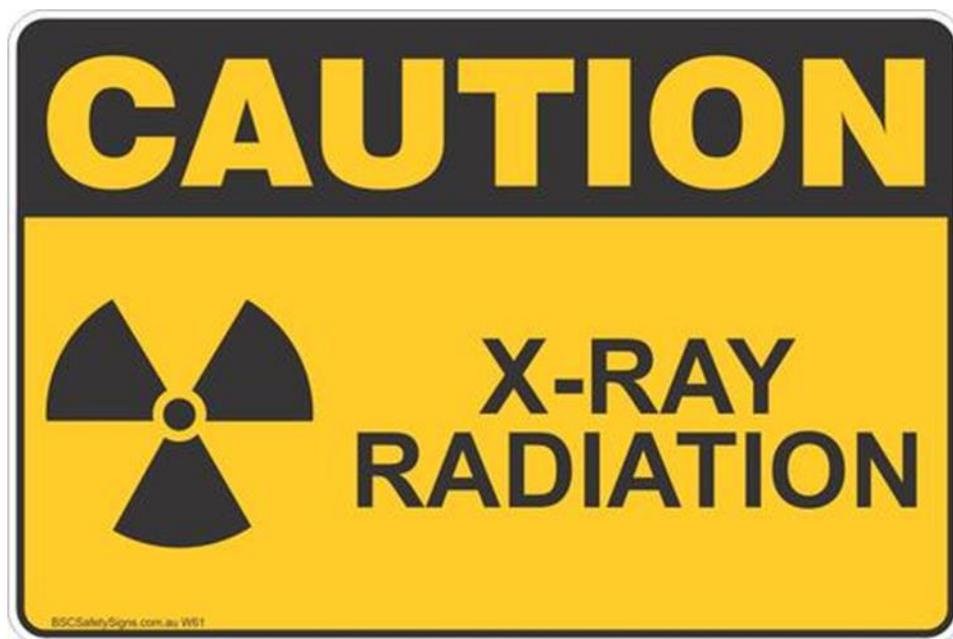
#### Radiation Protection Program: [.1603(a)]

#### ALARA (As Low As Reasonably Achievable) Radiation Protection Principles)

- Describe the procedures and engineering controls that are used based upon sound radiation principles to achieve occupational doses and doses to members of the public ALARA. [.1603(b)]
- Identify any additional procedures or controls used that are specific to the facility to achieve ALARA.

#### Personnel

- Describe how individuals are notified if occupational doses exceed 1 mSv (100 mrem) TEDE or 1 mSv (100 mrem) to any individual organ or tissue [.1004] (effective 1/1/14)
- State the facilities annual occupational dose limits. [.1604(a)] Dose Limits
- Explain how doses that an individual may receive in the current year are reduced by the occupational exposures received while employed by another person. [.1604(f)]
- State the dose limits to an Embryo/Fetus. [.1610] [.1614(1)(c)]
- Explain the facilities personnel voluntary declared pregnancy policy. [.1640(f)]
- Describe the facilities personnel monitoring exposure policy. [.1614]
  - Frequency of exchanging badges
  - Storage of control and personnel badges
- Explain the facilities retention period for exposure records. (keep all dosimetry reports) [.1640(a)(1)&(g)]



## Veterinary Practitioners' Guide to DEA Security Requirements

According to federal regulations, all Drug Enforcement Administration (DEA) applicants and registrants shall provide effective controls and procedures to guard against thefts and diversion of controlled substances.

Practitioners should consider the following factors when evaluating their controlled substance security:

- The location of the facility;
- The type of building and office construction;
- The type of storage medium (safe, vault, or steel cabinet);
- Use of an effective alarm or detective system;
- Availability of police or security personnel;
- The quantity of the controlled substance handled;
- The number of employees, customers and/or patients who may have access to controlled substances; and
- Procedures for handling guests, visitors, and nonemployee service personnel.

## N.C. Department of Agriculture: *State Vet Encourages Livestock Owners to Vaccinate Before Peak Rabies Season*

Summer is peak rabies season and State Veterinarian Dr. Doug Meckes is encouraging North Carolina livestock owners to consider having their animals vaccinated against the disease. “This year we have seen a rise in the number of reported rabies in livestock at seven cases,” Meckes said. “Last year the state had three cases reported for the entire year. Horses, cattle and goats are naturally curious animals, which puts them at risk for a bite if a rabid animal gets through their fence line.”

Rabies is transmitted primarily in saliva through a bite. Livestock infected with rabies usually appear depressed, have a lack of appetite; difficulty eating, drinking or swallowing; profuse salivation; blindness; head-pressing; circling; vocalization; fever; strained defecation; increased sexual excitement or activity; limp tail, anus, or tongue. Constant yawning, itching or nibbling may be a sign of rabies, too. Rabies can be associated with neurological problems such as incoordination, decreased muscle tone and reflexes, shifting lameness, or partial to complete paralysis. Horse owners should be aware that rabies can often mimic symptoms of colic in horses. The incubation for rabies is between two weeks and six months. Once symptoms appear, the disease is almost always fatal.

Other ways to protect yourself and animals: Do not feed or attract wildlife to your yard or try to capture wild animals. Call your local animal control if you notice a nocturnal animal out during the day and demonstrating strange behavior such as no fear of humans or aggressive behavior. If you hunt, use gloves while skinning animals, particularly when handling nerve tissue or organs. If you are scratched or come into contact with the saliva of an animal you suspect was rabid, seek medical attention immediately.

Livestock owners should discuss with their veterinarians about the risk of rabies in their area and preventive vaccinations.

