March 13, 2020

**Corona Virus Update from the NCVMB**

**Continuing Education Requirements**

The rules and regulations of the North Carolina Veterinary Practice Act currently remain in effect. You are able to receive up to 50% of your total CE requirement online (see details below).

If a meeting that you registered for has cancelled the program due to Corona Virus concerns and changed it to an online format, then the NCVMB will honor that CE as “in person”. It is important that you maintain proof/certification of all CE courses you plan to utilize in the case that you are audited at the next renewal cycle.

*If circumstances in the future necessitate a change in our requirements, then all licensees and registrants will be informed immediately by email (make sure your listed email address with the Board is correct).*

For individuals concerned about obtaining their required continuing education please refer to the following information...

For DVMs: **Continuing Education:** Proof of twenty (20) hours required each year - Ten (10) **on-line** hours of training will be accepted during each renewal, however, five (5) of those hours will need to be 'interactive' (e.g. live webinar).

For Registered Veterinary Technicians: **Continuing Education:** Proof of twelve (12) hours required every two (2) years - Six (6) **on-line** hours of training will be accepted during each renewal, however, three (3) of those hours will need to be 'interactive' (e.g. live webinar).

**The Practice of Veterinary Medicine**

The practice of Veterinary Medicine in the State of North Carolina requires the establishment of a Veterinary-Client-Patient relationship. This can only take place with the physical examination of the animal in question. It cannot be established over the phone, Skype, or other online source.

If you are worried about the health status of your clients you can consider having them wait in the car/lobby when the animal is taken to a room for a physical examination.

Consider placing a sign in your lobby requesting that clients, who are ill, respect the health of the others in the hospital and cover when they cough etc.

When appointments are made on the phone have your receptionist request that clients who are ill have someone else bring in the pet for the examination.
As there is currently no vaccine for novel coronavirus (COVID-19), the best way to prevent illness is to avoid being exposed to the virus and to follow strict handwashing and other hygiene protocols, the American Veterinary Medical Association (AVMA) says.

The organization recommends the following:
- Designate your practice/workplace as a temporary "no handshake zone"
- Practice good hygiene-remind your staff to wash their hands often with soap and water for at least 20 seconds (especially after using the restroom; before eating; after blowing their nose, coughing, or sneezing; and between client/patient visits). If soap and water are not readily available, use an alcohol-based hand sanitizer with 60 to 95 percent alcohol
- Place hand sanitizer, sanitizing wipes, and tissues in all exam rooms, meeting rooms, restrooms, break rooms, and other common areas
- Avoid touching your eyes, nose, and mouth with unwashed hands
- Cough or sneeze into your elbow or use a tissue to cover your nose and mouth
- Ensure staff members have received the annual influenza vaccine
- Impose home isolation for any team members with symptoms of respiratory disease (e.g. fever, cough, shortness of breath, sore throat, runny or stuffy nose, body aches, headache, chills, fatigue, etc.). Additionally, CDC recommends individuals remain at home until at least 24 hours after they are free of fever (100 F [37.8 C]) or signs of a fever without the use of fever-reducing medications.
- Take steps to prevent the spread of disease among veterinary personnel and to/from clients by following guidelines and procedures laid out in the National Association of State Public Health Veterinarians (NASPHV) Compendium of Veterinary Standard Precautions for Zoonotic Disease Prevention in Veterinary Personnel (found online here).
COVID-19 and The Practice of Veterinary Medicine in N.C.

The N.C. Veterinary Medical Board ("NCVMB") is aware of the upheaval the COVID-19 outbreak has caused to many veterinary practices, the industry, and to the public at large. By this statement the NCVMB hopes to clarify certain aspects of the delivery of veterinary services and to encourage an abundance of caution by you, your hospitals and in your personal lives as you deliver veterinary care to your patients.

The NCVMB is greatly indebted to the N.C. Veterinary Medical Association (NCVMA) and its officers and staff for their excellent advice and input in developing this statement.

Both the NCVMB and the NCVMA have received questions relating to the delivery of veterinary services during this COVID-19 outbreak. Some have asked whether "telemedicine" is permitted in North Carolina. For clarification, telemedicine is not yet allowed under the N.C. Veterinary Practice Act but recent legislative amendments gave the NCVMB the authority to develop administrative rules to define telemedicine and its use. The rules have been drafted and in the next few weeks will be presented to the Rules Review Commission for approval.

Nevertheless, even without formal telemedicine rules, quality care for patients can be provided under existing statutes and rules, but in doing so, veterinarians should take precautions when dealing with clients and animals that are sick.

The Practice of Veterinary Medicine

Veterinarians must first establish a Veterinary-Client-Patient relationship (VCPR) when first treating a patient. The VCPR can only be established with the physical examination of the animal in question – it cannot be established over the phone, by Skype, email, or other online source. However, phone calls, texted or emailed pictures, Skype or other online sources can be very useful in advising clients about their pets’ condition and the need for possible treatment. BUT, they cannot be used to diagnose patients.

The VCPR is defined in the Practice Act, G.S. § 90-181 (7a) as follows:

(7a) "Veterinarian-client-patient relationship" means that:

a. The veterinarian has assumed the responsibility for making medical judgments regarding the health of the animal and the need for medical treatment, and the client (owner or other caretaker) has agreed to follow the instruction of the veterinarian.
b. There is sufficient knowledge of the animal by the veterinarian to initiate at least a general or preliminary diagnosis of the medical condition of the animal. This means that the veterinarian has recently seen and is personally acquainted with the keeping and care of the animal by virtue of an examination of the animal, or by medically appropriate and timely visits to the premises where the animal is kept.

c. The practicing veterinarian is readily available or provides for follow-up in case of adverse reactions or failure of the regimen of therapy.

Further Advice for Dealing with Sick Owners or Sick Animals

The following is drawn from information from the American Veterinary Medical Association (AVMA).

If the animal needs to be seen in person, the ill owner should have a healthy family member or friend bring their sick animal to a veterinary hospital or clinic.

Consider meeting clients with ill animals at their cars, rather than having them bring those animals into your waiting room. When meeting clients, as a precaution, veterinary team members should wear appropriate protective equipment. This should reduce risk for both veterinary team members and clients, as human-to-human contact is still believed to be the primary mode of transmission of the virus.

Mobile and house call veterinarians can consider examining animals in their vehicle, outside, or seeking the assistance of a local clinic. If mobile or house call veterinarians must examine an animal in a home where someone is ill with COVID-19 and no other options are available, they should consult with local public health officials for guidance. Appropriate protective equipment should be considered in all cases, and mobile and house call veterinarians should ensure they have access to handwashing and disinfection materials.

Additional Information on NCVMB Website

Please also review information on the NCVMB website regarding continuing education requirements; additional information regarding the practice of veterinary medicine; and further information from the AVMA regarding COVID-19.

Susan K. Bull, DVM
President
N.C. Veterinary Medical Board
COVID-19 and The Practice of Veterinary Medicine in N.C.

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Susan K. Bull, DVM
President
N.C. Veterinary Medical Board
March 26, 2020

- "Stay at Home" and "Shelter in Place" Mandates
- Is Veterinary Medicine an Essential Business?
- Essential vs. Non-essential Procedures and Services

Wake County is expected to announce on Thursday March 26th, 2020 a “shelter in place” mandate. This mandate is expected to mirror mandates currently in effect for both Mecklenberg and Pitt counties. These mandates both included the following statement in regards to essential businesses/services “Healthcare and Public Health Operations also includes veterinary care and all urgent healthcare services provided to animals”. The Governor has not yet issued a statewide mandate.

Veterinarians are reminded that under recommended COVID-19 “shelter in place” protocols, visits should be limited only to those patients requiring frequent follow-up care, and sick or emergency patients. It is up to the DVM in charge of the case to determine if treatment and services are essential for that animal.

Non-essential visits (those that can be reasonably postponed given the health of the patient) and elective procedures should be delayed.
March 26, 2020

From the NCVMB: Covid-19, the Veterinary-Client-Patient-Relationship, and Telemedicine

The FDA has recently issued information regarding their rules and the utilization of telemedicine in veterinary medicine. **This does not change the rules and regulations regarding the VCPR and telemedicine in the State of North Carolina** (please see a description of the NCVMB’s requirements at the bottom of this page).

The FDA’s statement is:

“In order to help veterinarians utilize telemedicine to address animal health needs during the COVID-19 pandemic, the FDA generally does not intend to enforce the animal examination and premises visit portion of the VCPR requirements relevant to the FDA regulations governing Extralabel Drug Use in Animals and Veterinary Feed Directive (VFD) drugs. This will allow veterinarians to prescribe drugs in an extra label manner or authorize the use of VFD drugs without direct examination of or making visits to their patients, which will limit human-to-human interaction and potential spread of COVID-19 in the community.

Although the FDA intends to temporarily suspend certain federal VCPR requirements, **veterinarians still need to consider state VCPR requirements that may exist in their practice area.”**

From the NCVMB: Covid-19, the Veterinary-Client-Patient-Relationship, and Telemedicine

For a veterinarian to practice medicine (this includes telemedicine) in the State of North Carolina they need to first establish a veterinary-client-patient-relationship (VCPR).

A VCPR is established only when a veterinarian examines an animal in person, and is maintained by regular veterinary visits as needed to monitor an animal's health. If a VCPR is established but a veterinarian does not regularly see the animal afterward, the VCPR is no longer valid and it would be illegal and unethical for a veterinarian to dispense or prescribe medications or recommend treatment without recently examining the patient.

A valid VCPR cannot be established online (virtually), via email, or over the phone. However, once a VCPR is established, it may be able to be maintained between medically necessary examinations via telephone or other methods; but it's up to the veterinarian's discretion to determine if this is appropriate and in the best interests of an animals' health.

**A VCPR is present when all of the following requirements are met:**

• The veterinarian has assumed responsibility for making clinical judgments regarding the health of the patient, and the client has agreed to follow the veterinarians' instructions.
• The veterinarian has sufficient knowledge of the patient to initiate at least a general or preliminary diagnosis of the patient's medical condition. This means the veterinarian is personally acquainted with the keeping and care of the patient by virtue of a timely and medically appropriate examination of the patient.

• The veterinarian is readily available for follow-up evaluation or has arranged for the following: veterinary emergency coverage, and continuing care and treatment.

• The veterinarian provides oversight of treatment, compliance and outcome.

• Patient records are maintained.

**What is a "timely and medically appropriate examination of the patient by the veterinarian"**

This time frame can vary greatly due to the age of the animal and existing health conditions. This decision can be made by the VCPR-DVM with the best interests of the client and patient in mind. The following are examples:

• A young healthy animal may only need to be seen once a year to establish a VCPR. However, an older animal will require more frequent examinations to ensure their health status.

• An animal with existing health problems such as epilepsy, heart disease, renal disease, etc. will require more frequent examinations to maintain a valid VCPR.

**Within an established VCPR** - A veterinarian may remotely gather essential veterinary medical information from the animal owner or other caretaker; access the patient's medical records; and utilize patient information from a variety of sources (photos, videos, etc.).

**Without an established VCPR** - The veterinarian may provide general advice but must specifically stay clear of diagnosing, prognosing, or treating patients. Advice should not be specific to an individual animal, diagnosis or treatment. In addition to being helpful, use the time to acquaint the caller with the value of your practice and services and try to schedule an appointment for the caller if the case is urgent, or if not, for a time after the crisis has eased.
March 26, 2020

PPEs: Urgent Request from Senator Bill Rabon, DVM

If you or your business has any of the following items that you are willing to donate, please contact my office:

- N95 masks
- Face masks
- Disposable gloves
- Disposable gowns
- Nasal swabs for medical use
- Disinfectant
- Eye protection, including safety goggles/glasses
- Hand sanitizer, greater than 60% alcohol
- Hand soap
- Disposable shoe covers

My office will be glad to arrange pickup and ensure these supplies get to the facilities where they are needed most.

If you know of a supplier who currently has any of these items for sale, please share that information too.

You can reach us at bill.rabon@ncleg.net.

Senator Rabon also instructed that shipments can be sent to his attention at the address below:

4955 Southport Supply Road SE
Southport, NC 28461
March 26, 2020

Office Closed to the Public

Due to recommendations and guidance from local and state health officials to help prevent the spread of the Coronavirus (COVID-19), our building is closed to the public starting Thursday March 26th, 2020 at 5:00 pm, until further notice. However, our office will remain open for employees during this pandemic. During this time, you may experience some delays in reaching staff, and we appreciate your patience. We apologize for any inconvenience. Please email us with any questions at:

For Facilities/Corporations/Inspections: facilities@ncvmb.org
For Licensing: licensing@ncvmb.org
For Complaints: complaints@ncvmb.org
For General questions: keith@ncvmb.org

If you need to send material to the NCVMB office, please send it by USPS. We will be unable to accept UPS and FedEx deliveries in a timely manner or accept “signature only” items. Email will be the best contact method during this health crisis.

For the most up to date information concerning the Covid-19 pandemic, please view the NCVMB webpage http://www.ncvmb.org, visit the NCVMB Facebook page https://www.facebook.com/NCVetMedicalBoard, and monitor your email.

Please ensure your contact information on record with the NCVMB is current.
North Carolina Department of Agriculture
and Consumer Services

Veterinary Division

March 28th, 2020

To my veterinary colleagues throughout North Carolina:

In the midst of the constant flow of guidance/information/misinformation associated with all things COVID-19, there remains some confusion about appropriate activities for veterinarians in the face of shelter in place/stay in place/stay in home directives in North Carolina. No matter the “shelter” status in which a veterinarian might find themselves, the North Carolina Department of Agriculture and Consumer Services (NCDA&CS) advises that veterinarians, under the umbrella of the Veterinary Patient Client Relationship (VCPR), engaged in food animal production and rendering of care to livestock, including horses, continue in those activities as needed for the health and welfare of the production animals and livestock for which they are responsible.

Additionally, particularly given the NCDA&CS’ engagement with shelters and kennels under the Animal Welfare Act in the state of North Carolina, the NCDA&CS supports the characterization of the provision of companion animal veterinary care and all health and welfare services provided to companion animals as essential healthcare operations. Said care, again under the umbrella of the VCPR, should be limited to those patients requiring frequent follow-up care/visits, animals which are sick or animals which require emergency services. The veterinarian in charge of the case will determine which treatments and services are essential for their respective patients. Non-essential visits, those that can be reasonably postponed given the health of the patient, and elective procedures should be delayed.

The provision of the aforementioned veterinary services must always be balanced with the responsibility each veterinarian has to themselves, their family, and their staff to fully implement all requirements necessary to prevent the introduction and spread of COVID-19 in any and every environment where such services might be rendered.

Please be careful out there,

R. Douglas (Doug) Meckes, D.V.M.
State Veterinarian
North Carolina Department of Agriculture and Consumer Services
doug.meckes@ncagr.gov
Covid-19 FAQ: Essential Services, Client Records, and Rabies Vaccines

Essential Services:
Veterinarians are reminded that under the recommended COVID-19 “shelter in place” protocols, visits should be limited only to those patients requiring frequent follow-up care, and sick or emergency patients. **It is up to the DVM in charge of the case to determine if treatment and services are essential for that animal.** Non-essential visits (those that can be reasonably postponed given the health of the patient) and elective procedures should be delayed.

**Boarding:** This service is generally considered as non-essential. However, if a health provider needs their pet boarded/day care to allow for them to work it would be considered essential.

**Grooming:** This service is considered as non-essential. This is consistent with the closure of barbers, hair salons, etc. across the State.

**Your responsibility as a DVM and a health care provider:**
The “shelter in place” and “stay at home” decrees were put into place for a very important reason. It is important for all DVMs to realize that being deemed as an essential business comes with an important responsibility. Please do you part to help mitigate and control this deadly virus.

**Don’t forget that the services that you include as essential will potentially place the following people (and their families) at risk: the client, your employees, and yourself.**

**If you opt to close your practice or limit hours during the Corona Crisis:**
You need to post emergency information on your clinic’s door and include it on your answering message to ensure that owners can obtain care for their pet. Additionally, you must consider the availability of patient records if you plan to close your facility for a period of time.

**Questions about Rabies Vaccines:**
Rabies rules and regulations are under the control of the NC Department of Public Health. Information regarding their rules is available at: https://epi.dph.ncdhhs.gov/cd/rabies/control.html

If you have additional questions please contact them at (919) 733-3419 (main number; 24 hours)