

1 BOARDS AND COMMISSIONS

2 Kentucky Board of Veterinary Examiners

3 (Amended After Comments)

4 201 KAR 16:702. Standards for veterinary surgery.

5 RELATES TO: KRS 321.175, 321.190, 321.193, 321.441, 321.443

6 STATUTORY AUTHORITY: KRS 321.175, 321.235(2)(b)3.c.

7 NECESSITY, FUNCTION, AND CONFORMITY: KRS 321.175 and 321.235 declare that the

8 Kentucky Board of Veterinary Examiners shall protect the public by ensuring only qualified

9 individuals are allowed to practice veterinary medicine the Commonwealth in the interest of the

10 health, safety, and welfare of the animal population and the citizens of Kentucky. KRS 321.190

11 and 321.193 detail that a license is required for veterinarians to practice veterinary medicine in

12 the Commonwealth. KRS 321.441 and 321.443 detail that veterinary technicians and veterinary

13 assistants shall be properly supervised when assisting a veterinarian with the practice of

14 veterinary medicine. This administrative regulation sets forth minimum standards for surgical

15 procedures to ensure the safety and welfare of animal patients, and provides confidence in basic

16 care and support for clients.

17 Section 1. **Definitions.**

18 **(1) “Animal” has the same meaning as KRS 321.181(5).**

19 **(2) “Large animal” includes bovids, camelids, cervids, equids, swine, or other**

20 **animals ordinarily raised or used on a farm.**

21 **(3) “Patient” has the same meaning as KRS 321.181(47).**

1 **(4) “Professional arrangements” means that the veterinary facility where surgery**
2 **takes place or the veterinarian who performed surgery shall not list another veterinary**
3 **facility as able to provide services to a client unless they have previously confirmed that the**
4 **alternate veterinary facility is available to provide services. This does not need to be done**
5 **on a case-by-case basis but may be professionally arranged in advance for all clients.**

6 **(5) “Small animal” includes any animal not within the definition of large animal,**
7 **and regardless of weight includes avians, canids, felines, rabbits, pocket pets, and other**
8 **animals typically kept as companion animals.**

9 **Section 2.** All veterinary **surgeries**~~[medical]~~ procedures performed in the
10 Commonwealth shall comply with the following basic surgical standards.

11 (1) If **patients**~~[animals]~~ are housed or retained for treatment **in a veterinary facility:**

12 (a) Appropriate housing shall be provided for each **patient**~~[animal]~~ before and after
13 surgery; and

14 **(c)**~~(b)~~ Enclosures shall be secure and provide a flat surface for the **patient**~~[animal]~~ that
15 is clean, dry, and warm with adequate space for the **patient**~~[animal]~~ to turn around, while
16 allowing for safety at various stages of sedation and anesthesia and sufficient visibility by the
17 staff.

18 (2) All drugs and biologicals shall be labeled in accordance with 201 KAR 16:600, and
19 **procured, managed, and disposed of**~~[maintained, administered, dispensed, and prescribed]~~
20 in compliance with state and federal laws.

21 (3) During the postoperative period, care shall be taken to provide patients with a smooth
22 transition from the anesthetized state.

1 (4) Plans shall be in place to handle any emergency that might occur throughout the
2 procedure, and immediately postoperatively while the patient is with the veterinarian or in
3 the veterinary facility.

4 (5) Immediately prior to release, patients [Patients] shall be evaluated and deemed
5 adequately recovered, stable, mobile[ambulatory], and within normal physiological parameters
6 following anesthesia. A veterinarian shall use their best professional judgment and medical
7 training to make an appropriate determination about recovery for the specific species and
8 patient. [immediately prior to release]

9 (6) The client shall be provided clear [Clear] instructions for postoperative care [~~by~~
10 ~~the client shall be provided to the client both verbally and~~] in writing. For those clients
11 which are provided repeated services, a single instance of written instructions may be
12 provided during the term of the VCPR pursuant to KRS 321.185.

13 (7) The client shall be provided options in writing [Arrangements-]for follow-up or
14 emergency care during the forty-eight (48) hour period after surgery that includes information
15 for a twenty-four (24) hour emergency veterinary facility or with another veterinary
16 facility where professional arrangements have been made to see clients[shall be provided to
17 ~~the client both verbally and in writing].~~

18 [~~(8) A veterinarian may perform emergency aseptic surgical procedures in another~~
19 ~~room when the room designated for aseptic surgery is occupied or temporarily~~
20 ~~unavailable.]~~

21 Section 3[Section 2]. Additional Requirements for Small Animal Patients[Animals].

22 All veterinary medical procedures performed on small animals in the Commonwealth shall

1 comply with **Section 2**~~[Section 1]~~ of this administrative regulation and the following basic
2 surgical standards.

3 (1) The operating area shall:

4 (a) Be dedicated to surgery **while in use for surgical purposes**; and

5 (b) Contain the necessary equipment for anesthesia, appropriate intubation,
6 administration of oxygen, and monitoring; and

7 (2) Establish, maintain, and follow the following protocols:

8 (a) Infectious disease protocols to be performed in an environment to minimize infectious
9 disease;

10 (b) Aseptic surgical technique protocols;

11 (c) Sterile instruments protocols ensuring separate sterile instruments to be used for each
12 patient. Cold sterilization is not considered an appropriate method to adequately sterilize surgical
13 instruments for small animals, except for cold sterilization for endoscopic, laproscopic, and
14 arthroscopic procedures. In these allowable instances of cold sterilization, the method is
15 permitted only by use of **FDA-Cleared Liquid Chemical Sterilants and High Level**
16 **Disinfectants**~~[glutaraldehyde-based products]~~;

17 (d) Anesthetic protocols that are balanced and include sedation, the provision of **peri-**
18 **[pre-]** and post-operative analgesia, stress reduction, muscle relaxation, and controlled, complete
19 recovery of consciousness prior to discharge;

20 (e) Pre- and post-op monitoring protocols to monitor patients; and

21 (f) Thermal support protocols.

22 **Section 4**~~[Section 3]~~. Responsibility for Patient Care.

1 (1) During the forty-eight (48) hour period after surgery, a client shall be provided
2 information in accordance with Section 1(7) of this administrative regulation[the
3 ~~veterinarian who performed the surgery is responsible for patient aftercare and 24/7~~
4 ~~emergency management following the surgery~~].

5 (2) If there are no personnel on the premises during any time a patient[~~an animal~~] is left
6 at the veterinary facility:

7 (a) Prior notice of this fact shall be given to the client in writing and the notification
8 recorded in the medical records; and

9 (b) If requested, the client shall be provided an option to transfer the patient care to a
10 twenty-four (24) hour facility.

11 ~~[(3) The veterinarian who performed the surgery shall be relieved of this~~
12 ~~responsibility only when the following conditions are met:~~

13 ~~(a) The veterinarian or veterinary facility has made specific arrangements in~~
14 ~~writing with another veterinarian to provide emergency care for the surgical patient;~~

15 ~~(b) The client has been informed both verbally and in writing of the transfer of~~
16 ~~responsibility; and~~

17 ~~(c) The client has been provided current contact information for the new responsible~~
18 ~~care provider.]~~

19 Section 4. Large Animal Patient Standards and Exceptions.

20 (1) Field surgeries shall be performed within an appropriate environment as
21 possible.

22 (2) Appropriate cold sterilization is acceptable in field work.

1 **(3) During the postoperative period, care shall be taken to provide patients with a**
2 **smooth transition from the anesthetized state. A veterinarian shall use their best**
3 **professional judgment and medical training to make an appropriate determination about**
4 **recovery for the specific species and patient.**

5 **(4) All drugs and biologicals shall be labeled in accordance with 201 KAR 16:600,**
6 **and procured, managed, and disposed of in compliance with state and federal laws.**

7 **(5) Plans shall be in place to handle any emergency that might occur throughout the**
8 **procedure, and postoperatively while the patient is with the veterinarian.**


9 **(6) The client shall be provided clear instructions for postoperative care in writing.**
10 **For those clients which are provided repeated services, a single instance of written**
11 **instructions may be provided during the term of the VCPR pursuant to KRS 321.185.**

12 **(7) The client shall be provided options in writing for follow-up or emergency care**
13 **during the 48-hour period after surgery that includes information for a 24-hour emergency**
14 **veterinary facility or professional arrangements with another veterinary facility**

15 ~~**[Client Notification. Clients, owners, or the designated care provider for the patient**~~
16 ~~**shall be informed both verbally and in writing of the following information following**~~
17 ~~**surgery.**~~

18 ~~**(1) Post-operative medical care instructions; and**~~

19 ~~**(2) 24/7 emergency contact information for the forty-eight (48) hour period**~~
20 ~~**following surgery].**~~



p.p Michelle M. Shane, Executive Director
on behalf of John C. Park, DVM, Board Chair
Kentucky Board of Veterinary Examiners

11/13/2023
Date

REGULATORY IMPACT ANALYSIS AND TIERING STATEMENT

Contact Person: Michelle Shane, Executive Director
Phone: 502-782-0273
Email: michelle.shane@ky.gov

(1) Provide a brief summary of:

(a) What this administrative regulation does:

This administrative regulation establishes standards regarding basic requirements for veterinary surgery.

(b) The necessity of this administrative regulation:

This administrative regulation is necessary to establish the standard protocols and procedures for credential holders of the board to perform veterinary surgery on animals.

(c) How this administrative regulation conforms to the content of the authorizing statutes:

KRS 321.235, 321.351, 321.360, 321.990 specifically direct the board enforce the provisions of KRS Chapter 321 and impose penalties, where appropriate. KRS 321.235 authorizes the board promulgate administrative regulations to carry out the provisions of the chapter.

(d) How this administrative regulation currently assists or will assist in the effective administration of the statutes:

This administrative regulation shall assist in effective administration by clearly detailing the basic requirements and standards for veterinary surgery.

(2) If this is an amendment to an existing administrative regulation, provide a brief summary of:

(a) How the amendment will change this existing administrative regulation:

This is a new administrative regulation.

(b) The necessity of the amendment to this administrative regulation:

This is a new administrative regulation.

(c) How the amendment conforms to the content of the authorizing statutes:

This is a new administrative regulation.

(d) How the amendment will assist in the effective administration of the statutes:

This is a new administrative regulation.

(3) List the type and number of individuals, businesses, organizations, or state and local governments affected by this administrative regulation:

2,690 veterinarians and 590 licensed veterinary technicians, and future applicants.

(4) Provide an analysis of how the entities identified in question (3) will be impacted by either the implementation of this administrative regulation, if new, or by the change, if it is an amendment, including:

(a) List the actions that each of the regulated entities identified in question (3) will have to take to comply with this administrative regulation or amendment:

All licensees identified in question (3) are required to have and maintain minimum equipment and supplies to safely and humanely conduct animal surgery. This new administrative regulation establishes the requirements for veterinary surgery, ensuring transparency of board expectations and standardizing veterinary surgery in order to assist in patient care and welfare.

(b) In complying with this administrative regulation or amendment, how much will it cost each of the entities identified in question (3):

There shall be no additional costs imposed as a result of this administrative regulation unless a licensee does not have appropriate equipment and supplies on hand for the services offered.

(c) As a result of compliance, what benefits will accrue to the entities identified in question (3):

Administrative ease of clear communications of the approved requirements.

(5) Provide an estimate of how much it will cost the administrative body to implement this administrative regulation:

(a) Initially: No costs are anticipated.

(b) On a continuing basis: No costs are anticipated.

(6) What is the source of the funding to be used for the implementation and enforcement of this administrative regulation:

This administrative regulation does not establish fees. Funding for the KBVE comes from licensure and certification fees.

(7) Provide an assessment of whether an increase in fees or funding will be necessary to implement this administrative regulation, if new, or by the change if it is an amendment:

There is no anticipation of an increase in fees or needed funding to implement this administrative regulation, as the regulation establishes standards for veterinary surgery

performed by licensees of the board.

(8) State whether or not this administrative regulation establishes any fees or directly or indirectly increases any fees:

No fees are established or increased by this administrative regulation.

(9) TIERING: Is tiering applied? (Explain why or why not)

No. All regulated entities have the same requirements.

FISCAL NOTE

Contact Person: Michelle Shane, Executive Director

Phone: 502-782-0273

Email: Michelle.Shane@ky.gov

(1) What units, parts, or divisions of state or local government (including cities, counties, fire departments, or school districts) will be impacted by this administrative regulation?

The Kentucky Board of Veterinary Examiners.

(2) Identify each state or federal statute or federal regulation that requires or authorizes the action taken by the administrative regulation.

KRS 321.235, 321.351, 321.360, 321.990.

(3) Estimate the effect of this administrative regulation on the expenditures and revenues of a state or local government agency (including cities, counties, fire departments, or school districts) for the first full year the administrative regulation is to be in effect.

(a) How much revenue will this administrative regulation generate for the state or local government (including cities, counties, fire departments, or school districts) for the first year?

No revenue will be generated from this filing.

(b) How much revenue will this administrative regulation generate for the state or local government (including cities, counties, fire departments, or school districts) for subsequent years?

No revenue will be generated from this filing.

(c) How much will it cost to administer this program for the first year?

This is not an agency program. This regulation establishes requirements for licensees of the board.

(d) How much will it cost to administer this program for subsequent years?

This is not an agency program. Costs will be very minimal.

Note: If specific dollar estimates cannot be determined, provide a brief narrative to explain the fiscal impact of the administrative regulation.

Revenues (+/-): None.

Expenditures (+/-): None or negligible.

Other Explanation: n/a

(4) Estimate the effect of this administrative regulation on the expenditures and cost savings of regulated entities for the first full year the administrative regulation is to be in effect.

(a) How much cost savings will this administrative regulation generate for the regulated entities for the first year?

There will be no cost savings; this amendment simply codifies the requirements for veterinary surgery standards, making them easily accessible for regulated entities and the public.

(b) How much cost savings will this administrative regulation generate for the regulated entities for subsequent years?

There will be no cost savings.

(c) How much will it cost the regulated entities for the first year?

There will be no additional costs involved.

(d) How much will it cost the regulated entities for subsequent years?

There will be no additional costs involved.

Note: If specific dollar estimates cannot be determined, provide a brief narrative to explain the fiscal impact of the administrative regulation.

Cost Savings (+/-): None.

Expenditures (+/-): None or negligible.

Other Explanation: n/a

(5) Explain whether this administrative regulation will have a major economic impact, as defined below. *"Major economic impact" means an overall negative or adverse economic impact from an administrative regulation of five hundred thousand dollars (\$500,000) or more on state or local government or regulated entities, in aggregate, as determined by the promulgating administrative bodies. [KRS 13A.010(13)]*

This amendment shall not have a "major economic impact", as defined in KRS 13A.010(13).

STATEMENT OF CONSIDERATION
Relating to 201 KAR 16:702

Kentucky Board of Veterinary Examiners
(Amended After Comments)

I. The public hearing on 201 KAR 16:550, 201 KAR 16:552, 201 KAR 16:560, 201 KAR 16:701, 201 KAR 16:702, and 201 KAR 16:750 scheduled for September 25, 2023, at 1:00 p.m. at the Office of the State Veterinarian, 107 Corporate Drive, Frankfort, KY 40601, was held, and written comments were received during the public comment period.

II. The following people either attended the hearing, submitted written comments, or both:

Name and Title	Agency / Organization / Entity / Other
O. Wayne Bailey, DVM	Countryside Animal Hospital (Mt. Sterling, KY)
James Beckman, DVM	Gas Light Equine (Westport, KY)
Abbey E. Biddle, DVM	Commonwealth Veterinary Clinic (Georgetown, KY)
William E. Bollinger, DVM	Central Kentucky Veterinary Center (Georgetown, KY)
Ashley Book, Director	Louisville Metro Animal Services (Louisville, KY)
Emily P. Bridge, DVM	Commonwealth Veterinary Clinic (Georgetown, KY)
Mark Brengelman, Attorney and Legal Counsel for the Board	Kentucky Board of Veterinary Examiners (KBVE) (Frankfort, KY)
Amanda C. Briggs	KBVE Board Staff (Frankfort, KY)
Jason A. Burcham, DVM	Tri Point Veterinary Clinic (Hebron, KY)
Irene Carter-Ballard, DVM	Town & Country Veterinary Services (Lebanon, KY)
Johanna Choate, DVM	Choate Veterinary Services (Almo, KY)
Darrell L. Coffey, DVM	Russell County Animal Clinic (Russell Springs, KY)
Janet D. Donlin, DVM, on behalf of AVMA	American Veterinary Medical Association (AVMA) (national)
Catherine Donworth, MVE	Donworth Veterinary (Lexington, KY)
LaNita S. Flanary, DVM	Flanary Veterinary Clinic (Paducah, KY)
Tim R. Gardner, DVM	KBVE Board Member (Scottsville, KY)
Brandy Glaza, Hospital Manager	Licking Valley Veterinary Services (Butler, KY)
Nathan Glaza, DVM	Licking Valley Veterinary Services (Butler, KY)
Linda K. Grimes, DVM	Animal Clinic of Estill County (Irvine, KY), and Animal Control Advisory Board (ACAB) (statewide)
Debra Hamelback, Executive Director on behalf of Members of the KVMA Board	Kentucky Veterinary Medical Association (KVMA) (statewide)

Robert B. "Chip" Harkins, LVT, and
on behalf of KVTA

Robert E. Holland, Jr., DVM, PhD.
John A. Keith, DVM, MBA, MEcon
Amy Kerley, DVM
W. Wade King, DVM
Barb Lewis, MA, LVT, VTS (Clinical
Pathology)
Mike McNutt, AES, and on behalf of
KACCA

Barbie M. Papajeski, MS, LVT,
RLATG, VTS (Clinical Pathology)
John C. Park, DVM
Denia M. Pelphey, DVM
Stephanie W. Raispis, DVM
Andre Regard, Attorney
R. Thomas Riney, DVM
Jason L. Rodgers, DVM
Phillip E. Russo, CAE on behalf of
NAVTA
Michelle Shane, Executive Director
Debra K. Shoulders, DVM
Tammy T. Smith, DVM
Scott A. Steele, MS, LVT, VTS
(Dentistry), and on behalf of KVTA
and NAVTA

Aaron H. Stamper, DVM
Rachael Stephenson, LVT
Angalyn D. Theno, DVM
Jon M. Todd, DVM
Scott S. Tritsch, DVM

R. Steven Velasco, III, DVM

James M. Weber, Jr., DVM
Laura E. Williams, DVM
Steven J. Wills, DVM
Mary A. Zink, DVM

Crescent Hill Animal Hospital (Louisville, KY) and
Kentucky Veterinary Technician Association (KVTA)
(statewide)

Robert E Holland Jr DVM PSC (Lexington, KY)
Crossroads Veterinary Clinic, LLC (Versailles, KY)
Progressive Animal Healthcare (Paducah, KY)
Frankfort Animal Clinic (Frankfort, KY)
Morehead State University (Morehead, KY)

Hardin County Animal Control (Elizabethtown, KY),
and Kentucky Animal Care and Control Association
(KACCA) (statewide)
Hutson School of Agriculture (Murray, KY)

KBVE Chairman (Lexington, KY)
Corydon Animal Hospital, Inc. (Corydon, IN)
Wilderness Trace Vet Clinic (Junction City, KY)
Regard Law Group (Lexington, KY)
Nicholasville Road Animal Hospital (Lexington, KY)
Lone Oak Animal Clinic (Paducah, KY)
National Association of Veterinary Technicians in
America (NAVTA) (national)
KBVE Board Staff (Frankfort, KY)
House Calls for Paws & Claws (Bowling Green, KY)
Knox County Veterinary Services (Barbourville, KY)
Clays Mill Veterinary Clinic (Lexington, KY), and
Kentucky Veterinary Technician Association (KVTA)
(statewide), and National Association of Veterinary
Technicians in America (NAVTA) (national)
Pet WOW (Highland Heights, KY)
Progressive Animal Healthcare (Paducah, KY)
Bluegrass Animal Care Center (Radcliff, KY)
Logan County Animal Clinic (Russellville, KY)
Central Kentucky Veterinary Center (Georgetown,
KY)
Kentucky State Veterinarian (statewide), and KBVE
Board Member as proxy for the KDA Commissioner
of Agriculture (Versailles, KY)
Retired (Alexandria, KY)
Luna Veterinary Services (Mayfield, KY)
KBVE Board Member (Owensboro, KY)
Phoenix Animal Care (Bedford, KY)

III. The following people from the promulgating administrative body responded to the written comments:

Name and Title

John C. Park, DVM, Chairman of the Board
Gene Smith, DVM, Vice Chair of the Board
Dianne J. Dawes-Torres, DVM, Board Member
Thomas M. Dorman, Citizen-at-Large, Board Member
Dale R. Eckert, DVM, Board Member
Tim R. Gardner, DVM, Board Member
Stephanie M. Kennedy, DVM, Board Member
Amy J. Staton, EdD, LVT, Board Member
Steven J. Wills, DVM, Board Member
Michelle M. Shane, Executive Director
Mark R. Brengelman, Attorney and Legal Counsel for the Board

IV. Summary of Comments and Responses

(1) Subject Matter: General comment regarding standards for veterinary surgery

(a) Comment: KVMA, Dr. Beckman, Dr. Kerley, Dr. Smith, Dr. Weber – The commentors applauded the Board’s effort to update the administrative regulations regulating the practice of veterinary medicine in Kentucky, and to establish minimum requirements for safe and humane animal surgery.

(b) Response: Members of the Kentucky Board of Veterinary Examiners (KBVE) appreciate this feedback, as this work has been a herculean effort and is much needed to establish transparency of expectations for veterinary medicine in the Commonwealth of Kentucky. In response to this comment, KBVE declined to make any changes to the proposed administrative regulation.

(2) Subject Matter: Standards for veterinary surgery go beyond the minimum

(a) Comment: Dr. Kerley – The commentor feels that the proposed administrative regulation goes far beyond minimum patient care and welfare. They feel that for “surgery, this regulation should focus on basic surgical standards including sanitization, hygiene, anesthetic, preoperative, postoperative monitoring, and thermal support protocols, aseptic surgical technique and sterile instruments protocol per patient.”

(b) Response: KBVE is unclear about what is excessive in the proposed regulation. Members of the Board conclude that the requirements in the proposed administrative regulation meet the minimum standards of care in veterinary medicine. In response to this comment, KBVE declined to make any changes to the proposed administrative regulation.

(3) Subject Matter: Definition of “small animal”.

(a) Comment: KVMA, Dr. Weber – A definition or clarification of “small animal” may be needed for this regulation.

(b) Response: In response to this comment, KBVE added a definition to the proposed administrative regulation.

(4) Subject Matter: Interchangeable use of the word “animal” or “patient” throughout the regulation

(a) Comment: KVMA, Dr. Pelphrey – The commentor suggests using a consistent term throughout the regulation for clarity.

(b) Response: Members of the Board discussed this comment and agreed that “patient” was the better when referring to veterinary medicine services provided to an animal, pursuant to KRS 321.181(47). In response to this comment, KBVE made a change to the proposed administrative regulation.

(5) Subject Matter: Section 1 – “All veterinary medical procedures performed in the Commonwealth shall comply with the following basic surgical standards.”

(a) Comment: Dr. Beckman – The commentor stated that it is unreasonable to expect Kentucky farms to be equipped with climate-controlled facilities for large animal surgery. They stated, “This will eliminate the ability of practitioners to do any veterinary medical procedures using sedation in the barn or ‘in the field’ due to not having climate-controlled facilities for at least 6 months of the year. The expense of providing climate-controlled handling facilities or barns is more than the farmers of Kentucky can bear”.

(b) Response: Members of the Board discussed this comment and agree that the basic standards in this section should not apply to large animals because it is not possible, for the reasons cited by the commentor, to always provide housing and warmth to large animals before and after surgery. In response to this comment, KBVE made changes to the proposed administrative regulation to reflect different standards for large animals and small animal surgeries.

(6) Subject Matter: Section 1(3), and newly proposed Section 4(3) – “During the postoperative period, care shall be taken to provide patients with a smooth transition from the anesthetized state.”

(a) Comment: AVMA – The commentor stated, “While obviously every effort should be made to do this, it may not be accomplished in every case, so some latitude will be necessary.”

(b) Response: The wording in this administrative regulation states, “care shall be taken”; it does not state “shall” in the absence of a qualifier. I.e., the requirement already allows for latitude in cases where a smooth transition is not able to be achieved. In response to this comment, KBVE declined to make any changes to the administrative regulation.

(7) Subject Matter: Section 1(5) – “Patients shall be evaluated and deemed adequately recovered, stable, ambulatory, and within normal physiological parameters following anesthesia immediately prior to release.” Specifically, to small animals.

(a) Comment: Dr. Rogers, Dr. Smith – The commentors stated that there are times that animals are released from surgery stable and recovering, but not yet ambulatory. E.g., live trapped strays that recover in the trap.

(b) Response: Members of the Board discussed this comment and noted that the intent of this provision is to ensure a patient is “mobile”, self-acting, or able to move of their own accord. Such movement may be accomplished within a confined space in a post-operative situation. In response to this comment, KBVE made changes to provide clarity to the proposed administrative regulation.

(8) Subject Matter: Section 1(5) – “Patients shall be evaluated and deemed adequately recovered, stable, ambulatory, and within normal physiological parameters following anesthesia immediately prior to release.” Specifically, to large animals.

(a) Comment: Dr. Beckman – The commentor stated, “There is serious concern as to what ‘Normal Physiological Parameters’ would mean. Very few of the patients of ambulatory practitioners are within ‘normal’ parameters when the veterinarian leaves the farm. Often, they have an elevated heart rate, not fully resolved intestinal impaction, and often draining wounds. Does this mean that the ambulatory vet has to stay at the farm for the days that this takes to resolve?” They asked, “Are normal physiological parameters defined somewhere? How is this required to be documented by the veterinarian. Can the post-op TPR be assumed, or must it be recorded?”

(b) Response: Members of the Board discussed this comment and agree that the basic standards in this section should not apply to large animals. Normal physiological parameters are those that have been established by historical data for the species in question and specific to the patient receiving services. However, “normal physiological parameters” for each species are not appropriate to include in regulation, and the practitioner should rely on their professional training and judgement to make the appropriate determination for each patient. In response to this comment, KBVE made changes to provide clarity in the proposed administrative regulation.

(9) Subject Matter: Section 1(6), (7), Section 3(3)(b), Section 4 – Notifications “provided to the client both verbally and in writing.”

(a) Comment: Dr. King – The commentor stated that it is an unnecessary burden to require verbal notification in many instances. They asked, “How do you even prove that you provided verbal notification?”

(b) Response: In response to this comment, KBVE made changes to the proposed administrative regulation to remove the requirement for verbal notifications.

(10) Subject Matter: Section 1(7), and newly proposed Section 4(7) – proposed edits to filed administrative regulation, stating “The client shall be provided options in writing [~~Arrangements~~] for follow-up or emergency care during the 48-hour period after surgery **that includes information for a 24-hour emergency veterinary facility or professional arrangements with another veterinary facility**~~[shall be provided to the client both verbally and in writing].”~~

(a) Comment: AVMA – The commentor reviewed proposed changes in response to comments received to the filed administrative regulation and stated, “Meaning of this is not clear. Does this refer to another veterinary practice that will cover the patient in the absence of coverage from the practice where surgery was performed? Or is this a triage service (although

that doesn't seem to fit the definition of 'veterinary facility')? Or is the point to distinguish this from practices that are open 24 hours? This seems confusing.”

(b) Response: This paragraph simply states that the client shall be provided options in writing for follow-up or emergency care during the 48-hour period after surgery. Further, the paragraph states that options may include information for a 24-hour emergency clinic or another veterinary facility. This paragraph is mandating that if the information provided includes information for another veterinary facility, then the practitioner should have “professional arrangements” with that facility to ensure they are available to provide services. A practitioner cannot simply list other local veterinary facilities without ensuring the other facility(s) are available to respond to the need of the client. This does not mean that the practitioner needs to check on a patient-by-patient case regarding availability. Rather, this means that the practitioner should have professionally reached out to and received confirmation from the other veterinary facility that recommending their own clients to the other location is appropriate, that coverage will be available, and during what times the coverage is available. KBVE is hearing more often from clients that veterinarian practitioners tell them to call other veterinary facilities after hours, and when the clients reach out for help, those alternate locations are closed or unable to accept their emergency. If a practitioner is going to recommend to a client in writing that another veterinary facility is an option for services, the original, referring veterinarian has a professional obligation to ensure that access to care is available. In response to this comment, KBVE added additional information to the proposed amendments to clarify what is meant by professional arrangements.

(11) Subject Matter: Section 1(8) – “A veterinarian may perform emergency aseptic surgical procedures in another room when the room designated for aseptic surgery is occupied or temporarily unavailable.” Specifically, “room” vs. “area”.

(a) Comment: AVMA – The commentor states, “This language refers to a dedicated room, but in other places in the regulation, it refers to “area”. Which is actually required?”

(b) Response: In response to this comment, KBVE changed the proposed administrative regulation to indicate a dedicated “area” for consistency.

(12) Subject Matter: Section 1(8) – room designated for aseptic surgery.

(a) Comment: AVMA, Dr. Glaza, Dr. Pelphrey – The commentors state that the KBVE should not dictate that a room be dedicated for surgery. AVMA stated, “Is this always possible? For example, some mobile facilities may have surgical space, but typically that space will be dual use. Also, what about dental surgery? Must that be carried out in the designated space? Cat castrations? Is ‘surgery’ defined or described?” One commentor stated that the ability to choose where to perform surgery in their own clinic should be up to the decision of the practitioner and not dictated by the KBVE. Further, one commentor states that less invasive surgeries (like neuters) are completed in a “treatment” room in their clinic in order to limit contamination in their dedicated surgery room. One commentor states that this will be too restrictive for rural and solo practices, who use a dedicated room on surgery days, but then use the room for other things at other times.

(b) Response: Multiple grievance cases to the KBVE have revealed that a lack of surgical standards in regulation allows some practitioners to perform surgery at a level below current medical standards and standards of care. Therefore, KBVE determined it was necessary to file this administrative regulation to set minimum standards for animal surgery. However, KBVE also recognizes that veterinary facilities differ in their layout, number of rooms available, and other factors. KBVE acknowledges that in some veterinary facilities, an area may be dedicated to surgery only during the time of the surgery, and then used for other purposes at other times. In response to this comment, KBVE made changes to the proposed administrative regulation.

(13) Subject Matter: Section 1(8) – “A veterinarian may perform emergency aseptic surgical procedures in another room when the room designated for aseptic surgery is occupied or temporarily unavailable.” Specifically, as related to large animal work.

(a) Comment: Dr. Beckman – The commentor stated, “This would mean that the cattle vet could not do an abdominal surgery such as an LDA, surgical castration, or surgical dehorning and laceration repairs in the field. This would mean that the equine vets could not do joint injections, castrations, laceration repairs, abdominocentesis, regional limb perfusions, periosteal stripping, physal [sic] stimulation, transfphyseal [sic] bridging or removal of orthopedic screws and many other procedures in the field”. The commentor went on to provide more examples, talked about the logistics of costs and infrastructure requirements, and the burden to practitioners and their clients. They note that the trend in human medicine is to get people out of hospitals ASAP to reduce both cost and risk of infection. This provision, if applied to large animal and equine practices, will be a huge step backward for veterinary medicine in Kentucky.

(b) Response: Members of the Board discussed this comment and agree that the basic standards in this section should not apply to large animals. In response to this comment, KBVE made changes to the proposed regulation to reflect different standards for large animals and small animal surgeries.

(14) Subject Matter: Section 2(2)(c) – “cold sterilization is not considered an appropriate method to adequately sterilize surgical instruments for small animals.”

(a) Comment: AVMA, Dr. Glaza, Dr. Pelphey – The commentor states that they disagree that cold sterilization is not an appropriate technique. The AVMA asked, “How about instruments that may be used to drain cat abscesses?” Another commentor feels that forcing practitioners to use autoclave technologies will only increase the cost of services, especially in rural areas. Additionally, this commentor feels that if cold sterilization is to be banned, then it should be banned across the board, including in large animal practice and field work. Finally, another commentor feels that there are more procedures that can be safely performed with cold sterilization than are listed. They stated, “This decision should be that of the veterinarian performing the procedure.”

(b) Response: Members of the KBVE determined that in almost all cases cold sterilization is not considered an appropriate method to adequately sterilize surgical instruments for small animals. As to the example cited by AVMA, KBVE notes this is one of very few exceptions. Members of the KBVE determined that autoclaving in all small animal surgeries is part of the minimum standard of care. Additionally, not all small animal best practices equate to best practices for large animals. In the field with large animals, it is impractical to autoclave. In

response to this comment, KBVE declined to make changes to the proposed administrative regulation.

(15) Subject Matter: Section 2(2)(c) – cold sterilization - “In these allowable instances of cold sterilization, the method is permitted only by use of glutaraldehyde-based products.”

(a) Comment: KVMA, Dr. King – The commentors stated that it would be better to say that for cold sterilization that only FDA approved High Level Disinfectants can be used to allow for additional options as new products are approved by FDA.

(b) Response: Members of the KBVE discussed and concurred with this statement. In response to this comment, KBVE made changes to the proposed administrative regulation.

(16) Subject Matter: Section 2(2)(c) – Requirement to establish and maintain anesthetic protocols that are balanced and include sedation, the provision of pre- and post-operative analgesia, stress reduction, muscle relaxation, and controlled, complete recovery of consciousness prior to discharge

(a) Comment: Dr. Glaza – The commentor states they do not use pre-op pain medicines; rather they do intrasurgery and post-op pain control. The commentor puts forth scenarios in which a practitioner may spay or neuter fewer animals because of this requirement. Another scenario involved possible consequences for a practitioner who takes a patient with a laceration directly to surgery without pre-op pain medicines. Finally, the commentor professes apparently sarcastic confusion about what is meant by “stress reduction”.

(b) Response: KBVE discussed this comment and agreed that “peri-” operative was the more precise term allowing the option to administer pain control either before or during an operation, at the discretion of the veterinarian. In response to this comment, KBVE changed the proposed administrative regulation.

(17) Subject Matter: Section 3 – Responsibility for patient care – general provision.

(a) Comment: Dr. Carter-Ballard, Dr. Keith, Dr. Raispis – Commentors are concerned that any rules established shall apply to any and all licensees performing veterinary surgery, including application of the same standards for low cost spay/neuter clinics.

(b) Response: Members of the KBVE feel strongly that all veterinary facilities, including those where low cost spay/neuter clinics occur, shall meet the same basic, minimum standards for all animal patients in Kentucky. The lower cost should not equate to compromised standards for animal patients. In response to this comment, KBVE declined to make changes to the proposed administrative regulation.

(18) Subject Matter: Section 3 – Responsibility for patient care during the 48-hours period after surgery and afterhours access to patient care.

(a) Comment: KVMA, Dr. Beckman, Dr. Burcham, Dr. Carter-Ballard, Dr. Choate, Dr. Coffey, Dr. Donworth, Dr. Flanary, Dr. Glaza, Dr. Kerley, Dr. Raispis, Dr. Riney, Dr. Stamper, Dr. Williams – Commentors are concerned that the requirement for a veterinarian to be available to the client and patient for the 48-hour period after surgery will have negative, unintended consequences, particularly for small practices and individual practitioners as well as rural and

large animal practitioners. Some commentators state that this provision will cause them to reduce the number of days on which they perform surgery on patients or to stop performing surgeries all together, because their facility is not open on weekends or holidays. Some rural or large animal practitioners cite that this provision penalizes their work / business model and makes it virtually impossible for a solo or rural practitioner to see large animal emergencies, or to large animal needs (e.g., castration, dehorning, etc.) in general. Practitioners do not want to be on call 24/7, as they value a work-life balance to avoid burnout in their chosen career field.

Multiple commentators were concerned about which party would be responsible for the cost of care provided during the 48-hour period after surgery, especially if the need for care could have been avoided by the client following the aftercare instructions provided. One commentator noted that human medicine requires the surgeon to be available only 24 hours post-surgery (rather than 48 hours). One commentator noted that this arrangement does not consider the work of relief (locum) veterinarians. Yet another commentator noted for equine and large animal practitioners the logistical infeasibility of the cost and resources to meet this requirement, let alone the cost to their clients. Additionally, commentators are concerned that requirements for follow-up care be the same for all licensees, particularly those who perform low cost spay neuter clinics at a temporary location and then leave town and are not present to handle any adverse effects of the surgery. Several commentators indicated that keeping this provision would drive people from the profession, especially large animal and rural work. One commentator even indicated that if this provision were left in the regulation, it would increase the suicide rate for the profession.

(b) Response: KBVE has seen multiple grievance cases whereby a client cannot reach the veterinary surgeon or veterinary facility post operatively and they were not told about alternative options for postoperative follow-up care. In conformity with the Board's mandate regarding public protection purposes, KBVE attempted to implement this provision as a solution. However, KBVE did not intend to place all the burden on the veterinary surgeon (the responsibility may be shared by all practitioners at a given veterinary facility), nor increase burdens on small, rural, large animal, or individual practitioners, nor cause practitioners to reduce the availability of services. In response to this comment, the KBVE changed this provision in the proposed administrative regulation to focus on client communication responsibilities so that a client knows all the options available to them in the event of an adverse situation for the patient.

(19) Subject Matter: Section 3 – Responsibility for patient care.

(a) Comment: KVMA, Dr. King – The commentator stated that recently even 24-hour facilities have experienced long wait times and intermittent closures. They ask, “who then bears the responsibility for an animal not being seen in a timely manner for an emergency post-operative complication if a surgeon has referred after hours emergencies to those facilities?” They want to know if the original practitioner or the emergency facility are liable in the event an animal patient cannot be seen or helped.

(b) Response: KBVE acknowledges acute workforce shortages now present in the veterinary community. The Board has no intention of penalizing any veterinary facility for not being able to meet the demands of the public for services when many facilities do not even have enough staff to meet the needs of every person seeking services. Members of the Board do not

wish to add to the burnout and attrition already present in veterinary professions, and decided not to add any provisions in the proposed administrative regulation which may inadvertently add to the workforce shortage. In response to this comment, KBVE made changes to the proposed administrative regulation.

(20) Subject Matter: Section 3(1) – Proposed revisions to this section state, “During the 48-hour period after surgery, **a client shall be provided information in accordance with Section 1(7) of this administrative regulation.** [~~the veterinarian who performed the surgery is responsible for patient aftercare and 24/7 emergency management following the surgery.~~]

(a) Comment: AVMA – The commentor reviewed proposed edits in response to comments received to this filed administrative regulation. They suggest that this sentence appears incomplete and recommend alternative wording, stating, “To support care during the 48-hour period after surgery...”

(b) Response: It is not necessary to provide a reason for the requirement in the regulation. In response to this comment, KBVE declined to make any changes to the proposed administrative regulation.

(21) Subject Matter: Section 3(3)(a) – “The veterinarian or veterinary facility has made specific arrangements in writing with another veterinarian to provide emergency care for the surgical patient.”

(a) Comment: Dr. King, Dr. Stamper, Dr. Williams – The commentors indicate they think this provision is extreme and unreasonable. Letting their clients know of options for treatment should be enough, and they should not need to have an arrangement with another veterinarian in writing to cover every individual surgery. Who becomes liable when a patient cannot be seen? One commentor interpreted the paragraph to mean that the wording was too specific, stating that an arrangement had to be made with “another veterinarian” and that this did not allow for afterhours care by another veterinary facility (regardless of who is on duty). Commentors generally felt this provision was too burdensome on the individual practitioner.

(b) Response: Members of the Board discussed this concern and allowing for simple notification of treatment options as well as allowing the client choice in where they preferred to be seen. However, KBVE determined that the notification of options to the client shall still be required in writing. In response to this comment, KBVE made changes to the proposed administrative regulation.

(22) Subject Matter: Large animal surgery

(a) Comment: KVMA – As there can be significant differences in acceptable standards and protocols for different species and/or classes of animals, the KVMA feels that further expansion of the regulation should be considered, such as guidelines for large animal surgery.

(b) Response: In response to this comment, KBVE added a section focused on large animal surgery to the proposed administrative regulation.

(23) Subject Matter: Proposed new section regarding large animal surgeries. A portion of this new section stated, “Large animal and equine patient standards and exceptions. (1) Field

surgeries shall be performed within an appropriate environment as possible. (2) Appropriate cold sterilization is acceptable...”

(a) Comment: AVMA – The commentor reviewed proposed edits in response to comments received to the filed administrative regulation. AVMA asked, “Even when surgery is performed in a hospital facility, rather than in the field? For all types of surgeries (e.g., orthopedic)?”

(b) Response: In response to this comment, KBVE made changes to clarify the intent of the proposed changes was to limit cold sterilization to work in the field in the proposed administrative regulation.

(24) Subject Matter: Proposed new section regarding large animal surgeries.

(a) Comment: Dr. Beckman – The commentor reviewed proposed edits in response to comments received about the filed administrative regulation. The commentor thanked KBVE for adding this critical section. They asked, is there a way to provide blanket discharge instructions for clients who have the same procedure performed repeatedly, e.g., castrations performed multiple times per week for the same farm?

(b) Response: Members of the Board discussed this issue and felt that as long as the client had been provided the information in writing that would be sufficient; it was not necessary to provide a copy for every individual patient or repeatedly to the same client for the same procedure throughout the term of the VCPR. In response to this comment, KBVE added clarifying language to the proposed administrative regulation.

(25) Subject Matter: Opportunity to review proposed changes to the regulations prior to being finalized.

(a) Comment: KVMA, Ms. Hamelback, Dr. Weber – The commentors asked if there would be opportunity for stakeholders to review and provide additional feedback on any proposed changes to the draft prior to final filing with LRC. One commentor asked for a timeline on the final processes for these filed regulations.

(b) Response: Under KRS Chapter 13A, the answer is no. However, KBVE did work on the regulations during two board meetings prior to the public meeting and published the proposed changes to the filed regulations in an effort to allow stakeholder review prior to the final filings. KBVE is required to provide a Statement of Consideration (SOC) to LRC on each filed administrative regulation that received comments, including a response to all comments received and detailed description of the changes made. Once the final filing is made, the General Assembly Administrative Regulations Review Subcommittee (ARRS) shall have final review. For the current filed regulations, the SOCs were targeted for completion and filing with LRC by October 15; if that date was met, the ARRS would have heard these regulations in November. However, development of the SOCs took longer; the final filing shall occur by November 15 and the ARRS shall hear the regulations in December. After the hearing, Members of the ARRS shall have 90 days to further review the regulations. Unless deferred or found deficient, an ordinary regulation will go into effect on or before expiration of the 90-day review period. If and when these final filings become effective administrative regulations, the Board may take up the regulation again at any time and file an amendment under the process established in KRS

Chapter 13A. Anyone can request that the Board take up the regulation for revision by making the request in writing to the Board's executive director or attending a board meeting and making such a request for review. In response to this comment, KBVE declined to make any changes to the proposed administrative regulation.

(26) Subject Matter: Failure to provide advance copies of these regulations prior to filing to KVMA, KVTA, and other stakeholders.

(a) Comment: Dr. Smith – The commentor stated that they represented the KVMA Southeast region. They relayed that many constituents from this area had volunteered to participate in working groups were not consulted for these regulations. They asked what happened. Several of their colleagues have expressed a feeling of betrayal and breach of trust.

(b) Response: KBVE notes that there appears to have been a miscommunication. KBVE did pledged to work with stakeholders in advance of filing on regulations for the new programs in the modernized Practice Act, specifically those for registered facilities, allied animal health professional permits, and the educational awards program. However, KBVE did not commit to working in advance of filing on all administrative regulations within 201 KAR Chapter 16. In general, the opportunity to provide feedback on administrative regulations promulgated by a government agency is given in the public comment period under KRS Chapter 13A. KBVE is still committed to working with stakeholders in advance of filing in specific, limited areas, and drafts for review are already available on the KBVE website at <https://www.kybe.com/practice-act.html>. No comments on those drafts have been received to date. KBVE will be scheduling stakeholder meetings to discuss these drafts prior to filing with LRC. In response to this comment, KBVE declined to make any changes to the proposed administrative regulation.

(27) Subject Matter: Notification procedures on the filing of the administrative regulations were inadequate

(a) Comment: Dr. Todd – The commentor was upset that the KBVE did not send notification to the entire licensee population when these regulations were filed.

(b) Response: KBVE sent notification within one (1) business day to those entities required by law in KRS 13A.270, those on the RegWatch list, and to the Kentucky Veterinary Medical Association (KVMA). Subsequently, KVMA sent an email blast to its Membership. Additionally, the KBVE posted the filings on its website within 24 hours of filing. KBVE notified Dr. Todd how to sign-up for RegWatch notifications, but he had not done so by the time of this SOC filing. KBVE did not send out an email blast to all licensees about these filings because the board did not want to foster confusion amongst the licensee population about when requirements would become effective. Nonetheless, some commentors still interpreted the filings as new rules which they needed to follow immediately, rather than a filing that was still in the public comment phase and not yet effective. In response to this comment, KBVE declined to make any changes to the proposed administrative regulation.

(28) Subject Matter: Transcripts of the hearing

(a) Comment: Dr. Beckman, Dr. Bollinger, Dr. Tritsch – Multiple commentors requested copies of a transcript of the hearing.

(b) Response: Pursuant to KRS 13A.270(11), any individual requesting a transcript has the responsibility to pay for the transcript. KBVE did not intend to bring in a court reporter to transcribe the meeting, but did plan to and follow through with capturing an audio recording of the meeting. Prior to the meeting, all parties were notified of this provision in statute and provided the option to arrange for and pay in advance for a court reporter and written transcript. However, all parties declined the written transcript option and instead agreed to accept the audio recording of the public hearing in lieu of a written transcript. Copies of the audio recording were provided to the requestor less than three (3) hours after the conclusion of the meeting. In response to this comment, KBVE declined to make any changes to the proposed administrative regulation.

V. Summary of Statement of Consideration and Action Taken by Promulgating Administrative Body

The public hearing on this administrative regulation was held and written comments were received. The Kentucky Board of Veterinary Examiners responded to the comments and amends the administrative regulation as follows:

Page 1

Section 1

Line 17

After "Section 1.", insert the following:

"Definitions.

(1) "Animal" has the same meaning as KRS 321.181(5).

(2) "Large animal" includes bovids, camelids, cervids, equids, swine, or other animals ordinarily raised or used on a farm.

(3) "Patient" has the same meaning as KRS 321.181(47).

(4) "Professional arrangements" means that the veterinary facility where surgery takes place or the veterinarian who performed surgery shall not list another veterinary facility as able to provide services to a client unless they have previously confirmed that the alternate veterinary facility is available to provide services. This does not need to be done on a case-by-case basis but may be professionally arranged in advance for all clients.

(5) "Small animal" includes any animal not within the definition of large animal, and regardless of weight includes avians, canids, felines, rabbits, pocket pets, and other animals typically kept as companion animals.

Section 2."

Page 1

Section 1(1)

Line 19

After "If", insert "**patients**".

After “treatment”, insert “**in a veterinary facility**”.
Delete “animals”.

Page 1

Section 1(1)(a)

Line 20

After “each”, insert “**patient**”.
Delete “animal”.

Page 2

Section 1(1)(b)

Line 1

After “surface for the”, insert “**patient**”.
Delete “animal”.

Page 2

Section 1(1)(b)

Line 2

After “space for the”, insert “**patient**”.
Delete “animal”.

Page 2

Section 1(2)

Line 4-5

After “201 KAR 16:600, and”, insert “**procured, managed, and disposed of**”
Delete “maintained, administered, dispensed, and prescribed”.

Page 2

Section 1(4)

Line 9

After “and”, insert “**immediately**”
After “postoperatively”, insert “**while the patient is with the veterinarian or in the
veterinary facility**”.

Page 2

Section 1(5)

Line 10

After “(5)”, insert “**Immediately prior to release, patients**”.
After “stable,”, insert “**mobile**”.
Delete “Patients”.
Delete “ambulatory”.

Page 2

Section 1(5)

Line 11

After “anesthesia”, insert “**. A veterinarian shall use their best professional judgment and medical training to make an appropriate determination about recovery for the specific species and patient**”

Delete “immediately prior to release”.

Page 2

Section 1(6)

Line 12-13

After “(6)”, insert “**The client shall be provided clear**”

After “in writing.”, insert “**For those clients which are provided repeated services, a single instance of written instructions may be provided during the term of the VCPR pursuant to KRS 321.185.**”

Delete “Clear”.

Delete “by the client shall be provided to the client both verbally and”.

Page 2

Section 1(7)

Line 14-15

After “(7)”, insert “**The client shall be provided options in writing**”

After “after surgery”, insert “**that includes information for a twenty-four (24) hour emergency veterinary facility or with another veterinary facility where professional arrangements have been made to see clients**”

After “and in writing”, insert “**Section 3**”.

Delete “Arrangements”.

Delete “shall be provided to the client both verbally and in writing”.

Page 2

Section 1(8)

Line 16-17

Delete “(8) A veterinarian may perform emergency aseptic surgical procedures in another room when the room designated for aseptic surgery is occupied or temporarily unavailable.”.

Page 2

Section 2

Line 18

After “for Small”, insert “**Animal Patients**”

Delete “Section 2”.

Delete “animals”.

Page 2

Section 2

Line 19

After “comply with”, insert “**Section 2**”

Delete “Section 1”.

Page 2

Section 2

Line 22

After “to surgery”, insert “**while in use for surgical purposes**”

Page 3

Section 2(2)(c)

Line 11

After “by use of”, insert “**FDA-Cleared Liquid Chemical Sterilants and High Level Disinfectants**”

Delete “glutaraldehyde-based products”.

Page 3

Section 2(2)(d)

Line 12

After “provision of”, insert “**peri-**”

Delete “pre-”.

Page 3

Section 3

Line 17

At the beginning of the line, insert “**Section 4**”

Delete “Section 3”.

Page 3

Section 3(1)

Line 18-19

After “after surgery,”, insert “**a client shall be provided information in accordance with Section 1(7) of this administrative regulation**”

Delete “the veterinarian who performed the surgery is responsible for patient aftercare and 24/7 emergency management following the surgery”.

Page 3

Section 3(2)

Line 20

After “any time”, insert “**a patient**”

Delete “an animal”.

Page 4

Section 3(3)

Line 3-10

Delete “(3) The veterinarian who performed the surgery shall be relieved of this responsibility only when the following conditions are met:

- (a) The veterinarian or veterinary facility has made specific arrangements in writing with another veterinarian to provide emergency care for the surgical patient;
- (b) The client has been informed both verbally and in writing of the transfer of responsibility; and
- (c) The client has been provided current contact information for the new responsible care provider.”

Page 4

Section 4

Line 11-

After “Section 4”, insert the following:

“Large Animal Patient Standards and Exceptions.

(1) Field surgeries shall be performed within an appropriate environment as possible.

(2) Appropriate cold sterilization is acceptable in field work.

(3) During the postoperative period, care shall be taken to provide patients with a smooth transition from the anesthetized state. A veterinarian shall use their best professional judgment and medical training to make an appropriate determination about recovery for the specific species and patient.

(4) All drugs and biologicals shall be labeled in accordance with 201 KAR 16:600, and procured, managed, and disposed of in compliance with state and federal laws.

(5) Plans shall be in place to handle any emergency that might occur throughout the procedure, and postoperatively while the patient is with the veterinarian.

(6) The client shall be provided clear instructions for postoperative care in writing. For those clients which are provided repeated services, a single instance of written instructions may be provided during the term of the VCPR pursuant to KRS 321.185.

(7) The client shall be provided options in writing for follow-up or emergency care during the 48-hour period after surgery that includes information for a 24-hour emergency veterinary facility or professional arrangements with another veterinary facility”

Delete “Client Notification. Clients, owners, or the designated care provider for the patient shall be informed both verbally and in writing of the following information following surgery.

- (1) Post-operative medical care instructions; and
- (2) 24/7 emergency contact information for the 48-hour period following surgery.”.