



AAVSB
AMERICAN ASSOCIATION OF
VETERINARY STATE BOARDS

MODEL REGULATIONS – SCOPE OF PRACTICE FOR VETERINARY TECHNICIANS AND VETERINARY TECHNOLOGISTS

As recommended by the AAVSB Regulatory Policy Task Force in December 2020

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Introduction

These Model Regulations are meant to support the statutory language that can be found in the AAVSB Practice Act Model (PAM) for Jurisdictions that regulate Veterinary Technicians and Veterinary Technologists. Each model regulation from the AAVSB is presented separately for ease of use for the AAVSB Member Boards as a model in developing regulations or rules specific to targeted topics. The AAVSB Regulatory Policy Task Force will continue to develop Model Regulations to address pressing issues in the regulation of Veterinary Medicine.

Revisions

Created 2020

Structure and Format

The AAVSB Model Regulations have been structured to allow Member Boards to develop new regulations or rules within their Jurisdiction to address the specific language that can be found in the Jurisdiction's existing statute or bylaws. It has been formatted to include the model language with corresponding commentary. To provide the rationale and thought processes behind the Model Regulations, readers are encouraged to read the commentary as well as the Regulation to receive a complete perspective. Commentary follows each section if appropriate.

Scope of Practice for Veterinary Technicians and Veterinary Technologists

Model Regulation.

A Veterinary Technician may be allowed to perform the following acts under the direction, supervision, and responsibility of a Veterinarian, who has established the Veterinarian-Client-Patient Relationship (VCPR). The Veterinarian and Veterinary Technician shall comply with the record keeping rule established by the Board.

Commentary

Section 106. Practice of Veterinary Technology in the AAVSB PAM encourages The Board to promulgate regulations establishing Animal health care tasks and an appropriate degree of Supervision required for those tasks that may be performed only by a Veterinary Technician/Nurse, Veterinary Technologist, or a Veterinarian. For common terminology for this scope of practice, Veterinary Technician is used to identify a credentialed Veterinary Technician/Nurse or Veterinary Technologist.

Definitions.

As there have been statute changes in at least one Jurisdiction to recognize the education difference between a Veterinary Technician (2-year degree) and a Veterinary Technologist (4 -year degree), the AAVSB believes it will be helpful for Boards to define the distinction.

At its June 2006 meeting, the AVMA Executive Board approved a recommendation that the AVMA recommends that veterinary technician credentialing (i.e., licensing, registration, or certification) entities in the US recognize graduates of Canadian Veterinary Medical Association (CVMA)-accredited veterinary technology programs as eligible for credentialing. In turn, the CVMA recommends that Canadian provincial licensing bodies recognize graduates of AVMA CVTEA (Committee on Veterinary Technician, Education, and Activities)-accredited veterinary technology/nursing programs as being eligible for licensure. As always, eligibility for licensure/registration/certification of veterinary technicians is the purview of each state and provincial credentialing agency.

The AAVSB strongly believes there should be uniform degrees and titles for Veterinary Technicians. Regardless, in all cases, Jurisdictions are strongly encouraged to specify the roles of each designated title (in the rules), recognizing that all veterinary employees must be Supervised by a Veterinarian.

Commentary (cont.)

Definitions for levels of supervision, etc, can be found in the AAVSB PAM, Section 104. X, 1-4:

Supervision-related terms are defined as follows:

- (1) Supervising Veterinarian means a Veterinarian who assumes responsibility for the veterinary care given to a Patient by an individual working under his or her direction. The Supervising Veterinarian must have examined the Patient pursuant to currently acceptable standards of care.
- (2) Immediate Supervision means the Supervising Veterinarian is in the immediate area and within audible and visual range of the Patient and the individual treating the Patient.
- (3) Direct Supervision means the Supervising Veterinarian is readily available on the Premises where the Patient is being treated.
- (4) Indirect Supervision means a Supervising Veterinarian need not be on the Premises but has given either written or oral instructions for the treatment of the Patient and is readily available for communication.

Qualifications for Licensure by Examination can be found in the AAVSB PAM.

Licensure Transfer means the method whereby a Veterinarian or a Veterinary Technician currently licensed in another Jurisdiction can also become licensed as a Veterinarian or Veterinary Technician in this Jurisdiction.

Some Jurisdictions may recognize credentialed Veterinary Technicians who are not graduates of accredited veterinary technology/nursing programs through endorsement or reciprocity.

The AAVSB Regulatory Policy Task Force advises the term "treated" in the current AAVSB PAM definition of Direct Supervision implies the inclusion of diagnostic collection and sampling. The AAVSB Regulatory Policy Task Force suggests that the definition of **Direct Supervision** be revised in the AAVSB PAM to the following: Direct Supervision means the Supervising Veterinarian is readily available on the Premises where the patient is located.

The AAVSB Regulatory Policy Task Force also suggests that the definition of **Indirect Supervision** be revised in the AAVSB PAM to the following: Indirect Supervision means a Supervising Veterinarian need not be physically on the Premises but has given either written or oral instructions for the treatment of the Patient and is readily available for communication either in person or through use of electronic information and communication technology.

Allowable Animal Healthcare Tasks

Section 1. Immediate Supervision.

- (1) Assisting the Veterinarian with surgical procedures
- (2) Placement of abdominal, thoracic, or percutaneous endoscopic gastrostomy (PEG) tubes

Section 2. Direct Supervision

- (1) General anesthesia and sedation, maintenance and recovery
- (2) Non-emergency endotracheal intubation
- (3) Regional anesthesia, including paravertebral blocks, epidurals, local blocks
- (4) Dental procedures including, but not limited to:
 - a. The removal of calculus, soft deposits, plaque, and stains;
 - b. The smoothing, filing, and polishing of teeth
 - c. Single root extractions not requiring sectioning of the tooth or sectioning of the bone.
- (5) Euthanasia
- (6) Blood or blood component collection, preparation, and administration for transfusion or blood banking purposes
- (7) Placement of tubes, including but not limited to, gastric, nasogastric, and nasoesophageal
- (8) Ear flushing with pressure or suction
- (9) Application of casts, splints, and slings for the immobilization of fractures
- (10) Fluid aspiration from a body cavity or organ (i.e., cystocentesis, thoracocentesis, abdominocentesis)
- (11) Suturing, stapling, and gluing of an existing surgical skin incision
- (12) Suturing a gingival incision
- (13) Placement of epidural, intraosseous, and nasal catheters

Section 3. Indirect Supervision

- (1) Administration, preparation, and application of treatments, including but not limited to, drugs, medications, controlled substances, enemas, biological and immunological agents, unless prohibited by government regulation
- (2) Intravenous catheterizations and maintenance of intra-arterial catheterizations
- (3) Imaging including, but not limited to, radiography, ultrasonography, computed tomography, magnetic resonance imaging, and fluoroscopy and the administration of radio-opaque agents/materials
- (4) Collection of blood except when in conflict with government regulations, (i.e., Coggins)
- (5) Collection and preparation of cellular, or microbiological samples by skin scrapings, impressions, or other non- surgical methods except when in conflict with government regulations
- (6) Collection of urine by bladder expression, catheterization (unobstructed) and insertion of an indwelling urinary catheter
- (7) Monitoring including, but not limited to, electrocardiogram (ECG), blood pressure, carbon dioxide (CO₂) and blood oxygen saturation
- (8) Clinical laboratory test procedures
- (9) Handling and disposal of biohazardous waste materials
- (10) Implantation of a subcutaneous microchip
- (11) Laser Therapy
- (12) Animal Rehabilitation Therapies
- (13) Ocular tonometry, Schirmer tear test, and fluorescein stain application
- (14) Suture and staple removal
- (15) Application of splints and slings for the temporary immobilization of fractures
- (16) Emergency animal patient care including, but not limited to:
 - a. Application of tourniquets and/or pressure procedures to control hemorrhage, application of appropriate wound dressings in severe burn cases, resuscitative oxygen procedures, anti-seizure treatment, and supportive treatment in heat prostration cases;

- b. Administration of a drug or controlled substance to manage and control pain, to prevent further injury, and prevent or control shock, including parenteral fluids, under direct communication with a Veterinarian or in accordance with written guidelines consistent with accepted standards of veterinary medical practice;
- c. Administration of a drug or controlled substance to prevent suffering of an animal, up to and including euthanasia, under direct communication with a Veterinarian; and
- d. Initiate and perform CPR, including administration of medication and defibrillation, and provide immediate post resuscitation care according to established protocols.

Commentary

Indirect Supervision

Jurisdictions may want to have a special exception to allow a Veterinary Technician to perform routine accepted livestock management practices, conduct pregnancy examination of food animals, with or without diagnostic equipment, rectal palpation, and artificial insemination. Jurisdictions may also want to exclude Veterinary Technicians from performing these duties at livestock auctions due to the lack of a VCPR and abundance of governmental regulatory requirements (i.e., interstate health certificates).

The AAVSB Regulatory Policy Task Forces suggests referring to the AAVSB PAM on special provisions concerning lab animal medicine and a Veterinary Technician tasks in Section 107. Special Provisions, (i): Any Persons engaged in scientific research that reasonably requires experimentation involving Animals and is conducted in a facility or with a company that complies with federal and Jurisdictional regulations regarding Animal welfare.